

File No. 151038

Committee Item No. 11

Board Item No. 41

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance

Date December 2, 2015

Board of Supervisors Meeting

Date December 8, 2015

#### Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input checked="" 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 (Use back side if additional space is needed)

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Completed by: Victor Young Date November 23, 2015  
Completed by: \_\_\_\_\_ Date \_\_\_\_\_

AMENDED IN COMMITTEE

12/2/15

FILE NO. 151038

RESOLUTION NO.

1 [Contract Amendment - HealthRIGHT360 - Behavioral Health Services - Not to Exceed  
2 \$91,525,506]

3 **Resolution approving amendment two to the Department of Public Health contract for**  
4 **behavioral health services with HealthRIGHT360 to extend the contract by two years,**  
5 **from July 1, 2010, through December 31, 2015, to July 1, 2010, through December 31,**  
6 **2017, with a corresponding increase of \$22,073,719 for a total amount not to exceed**  
7 **\$91,525,506.**

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 HealthRIGHT360  
15 through a Request For Proposals process to provide behavioral health services for the period  
16 of July 1, 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 Board of Supervisors has previously approved amendments to this  
20 contract under Resolution No. 302-14; and

21 WHEREAS, The Department of Public Health wishes to extend the term of that  
22 contract in order to allow the continuation of services while Requests For Proposals are  
23 administered to take into account the changes to behavioral health services business needs  
24 related to the Affordable Care Act and the State Department of Health Care Services' 1115  
25



1 Demonstration Waiver pertaining to the delivery of substance abuse Drug Medi-Cal funded  
2 services; and

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

7 WHEREAS, The Department of Public Health requests approval of an amendment to  
8 the Department of Public Health contract for behavioral health services with HealthRIGHT360  
9 to extend the contract by two years, from July 1, 2010, through December 31, 2015, to July 1  
10 2010, through December 31, 2017, with a corresponding increase of \$22,073,719 for a total  
11 not-to-exceed amount of \$91,525,506; now, therefore, be it

12 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health  
13 and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and  
14 County of San Francisco to amend the contract with HealthRIGHT360, extending the term of  
15 the contract by two years, through December 31, 2017, and increasing the total, not-to-  
16 exceed amount of the contract by \$22,073,719, to \$91,525,506;

17 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being  
18 fully executed by all parties, the Director of Health and/or the Director of the Office of Contract  
19 Administration/Purchaser shall provide the final contract to the Clerk of the Board for inclusion  
20 into the official file (File No. 151038).

1 RECOMMENDED:

2 

3 Barbara A. Garcia,  
4 Director of Health

APPROVED:

  
5 Mark Morewitz,  
6 Health Commission Secretary

<b>Items 1 through 20</b> <b>Files 15-1030, 15-1031, 15-1032, 15-1033, 15-1034, 15-1035, 15-1036, 15-1038, 15-1039, 15-1040, 15-1043, 15-1044, 15-1046, 15-1047, 15-1048, 15-1049 &amp; 15-1050</b>	<b>Department:</b> Department of Public Health (DPH)
<b>EXECUTIVE SUMMARY</b>	
<p style="text-align: center;"><b>Legislative Objectives</b></p> <ul style="list-style-type: none"> <li>In 2010, the Board of Supervisors extended 22 behavioral health contracts between DPH and 18 non-profit organizations and the Regents of the University of California at San Francisco. The proposed resolutions would amend 17 of the 22 behavioral health services contracts between DPH and 14 non-profit organizations (15 contracts) and the Regents of the University of California at San Francisco (2 contracts) to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract.</li> </ul> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>In June 2015, DPH informed the Board of Supervisors of their intention to request two-year contract extensions for their behavioral health services contracts in order to meet the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver regarding Medi-Cal organized drug delivery system.</li> <li>The extension period would allow DPH to have sufficient time to complete the planning process, issue new RFPs, and award new contracts for behavioral health services.</li> </ul> <p style="text-align: center;"><b>Fiscal Impact</b></p> <ul style="list-style-type: none"> <li>The current total not-to-exceed amount of the 17 contracts is \$651,283,455. DPH is requesting a total increase in these contracts of \$225,289,816 for total contract not-to-exceed amounts of \$876,573,271.</li> <li>The Budget and Legislative Analyst found the requested increase for each of the 17 contracts to be reasonable, based on actual and projected contract expenditures.</li> </ul> <p style="text-align: center;"><b>Policy Consideration</b></p> <ul style="list-style-type: none"> <li>DPH is now in the process of determining how to best align contracted services with the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration, and plans to issue Requests for Proposals (RFP) in approximately March 2016. DPH considers the two-year contract extension to be necessary in order to prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of these RFPs, and award new contracts, while preventing any break in service delivery.</li> </ul> <p style="text-align: center;"><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>Approve the proposed resolutions.</li> </ul>	

**MANDATE STATEMENT**

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

**BACKGROUND**

In December 2010, the Board of Supervisors retroactively approved the extension of 22 contracts between the Department of Public Health (DPH) and 18 non-profit organizations and the Regents of the University of California at San Francisco for the provision of behavioral health services. The 22 contracts were extended for five years and six months from July 1, 2010 through December 31, 2015.<sup>1</sup> Funding for the 22 contracts was a combination of (i) General Funds, (ii) State Realignment and State General Funds, (iii) Federal Medi-Cal and other Federal funds, (iv) Work Orders, grants, and other State funds, and (v) 12 percent contingencies on the total combined not-to-exceed amount, which did not have a designated funding source.

In June 2015, DPH informed the Board of Supervisors of their intention to request two-year contract extensions for their behavioral health services contracts in order to meet the requirements of the Affordable Care Act. DPH has been involved in a planning process to optimize and integrate contracted community based services into DPH's San Francisco Health Network, an integrated service delivery system. The extension period would allow DPH to have sufficient time to complete the planning process, issue new RFPs, and award new contracts for behavioral health services.

**DETAILS OF PROPOSED LEGISLATION**

The proposed resolutions would amend 17 of the 22 behavioral health services contracts between DPH and 14 non-profit organizations (15 contracts) and the Regents of the University of California at San Francisco (2 contracts) to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract, as shown in the Table 1 below.

The 14 non-profit organizations include Alternative Family Services, HealthRight360 (formerly Walden House), Baker Places, Central City Hospitality House, Community Awareness and Treatment Services, Conard House, Edgewood Center for Children and Families, Family Service Agency of San Francisco, Hyde Street Community Service, Instituto Familiar de la Raza, Progress

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<sup>1</sup> The 18 non-profit organizations included Alternative Family Services, Asian American Recovery Services (now HealthRight360), Baker Places, Bayview Hunters Point Foundation for Community Improvement, Central City Hospitality House, Community Awareness and Treatment Services, Community Vocational Enterprises, Conard House, Edgewood Center for Children and Families, Family Service Agency, Hyde Street Community Service, Instituto Familiar de la Raza, Progress Foundation, Richmond Area Multi-Services (two contracts), San Francisco Study Center, Seneca Center, Walden House (now HealthRight360), and Westside Community Mental Health Center.

Foundation, Richmond Area Multi-Services (two contracts), Seneca Center, and Westside Community Mental Health Center.<sup>2</sup>

In addition to meeting new requirements for the Affordable Care Act, DPH must also comply with the State Department of Health Care Services 1115 demonstration waiver regarding Medical organized drug delivery system, which was approved by the State in August 2015. Ms. Michelle Ruggels, Director of the DPH Business Office, explained that DPH will need to make significant changes to the current substance abuse delivery system and in some cases, create new service models. DPH is now in the process of determining how to best align contracted services with the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver.

#### **FISCAL IMPACT**

The current total not-to-exceed amount of the 17 contracts is \$\$651,283,455. DPH is requesting a total increase in these contracts of \$225,289,816 for total contract not-to-exceed amounts of \$876,573,271, as shown in the Table below.

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<sup>2</sup> There are five outstanding contracts that were extended in 2010 but are not included in the proposed resolution. The Bayview Hunters Point Foundation for Community Improvement contract was approved for a two-year extension by the Board of Supervisors in October 2015. The San Francisco Study Center, Asian American Recovery Services (now HealthRight360), and Community Vocational Enterprises no longer have contracts with DPH. One additional Regents of the University of California at San Francisco contract will be submitted for review at a later date.

**Table. Current and Proposed Contract Not-to-Exceed Amounts<sup>3</sup>**

Contractor	Item No.	Current Not-to-Exceed Amount	Requested Increase	Revised Not-to-Exceed Amount
Alternative Family Services	15-1030	\$11,057,200	\$7,674,939	\$18,732,139
Baker Places	15-1031	69,445,722	15,981,652	85,427,374
Central City Hospitality	15-1032	15,923,347	3,636,666	19,560,013
Community Awareness and Treatment Services	15-1033	35,699,175	6,454,201	42,153,376
Conard House	15-1034	37,192,197	16,867,780	54,059,977
Edgewood Center for Children and Families	15-1035	36,958,528	19,276,057	56,234,585
Family Service Agency of San Francisco	15-1036	45,483,140	14,976,909	60,460,049
HealthRight360 (former Walden contract)	15-1038	69,451,787	22,073,719	91,525,506
Hyde Street Community Services	15-1039	17,162,210	5,968,409	23,130,619
Instituto Familiar de la Raza	15-1040	14,219,161	11,917,749	26,136,910
Progress Foundation	15-1043	92,018,333	28,972,744	120,991,077
The Regents of the University of California San Francisco (CCM) <sup>1</sup>	15-1044	24,962,815	9,380,507	34,343,322
The Regents of the University of California San Francisco (CCM-SPR) <sup>2</sup>	15-1046	32,024,839	22,521,671	54,546,510
Richmond Area Multi-Services, Inc. (RAMS - Children)	15-1047	19,904,452	9,721,109	29,625,561
Richmond Area Multi-Services, Inc. (RAMS - Adults)	15-1048	22,602,062	10,989,524	33,591,586
Seneca Center	15-1049	63,495,327	6,134,854	69,630,181
Westwide Community Mental Health Center	15-1050	43,683,160	12,741,326	56,424,486
<b>Total</b>		<b>\$651,283,455</b>	<b>\$225,289,816</b>	<b>\$876,573,271</b>

Source: Department of Public Health staff.

The Budget and Legislative Analyst found the requested increase for each of the 17 contracts to be reasonable, based on actual and projected contract expenditures.

<sup>3</sup> DPH will submit specific revised resolutions to the December 2, 2015 Budget and Finance Committee with corrected language or amounts. The Table above is based on the revised resolutions.

**Five Contracts have Significant Expenditure Increases**

*Alternative Family Services (increase of \$7,674,939).* According to Ms. Michelle Ruggels, DPH Director of Business Office, DPH costs for this contract have increased because the Department is required to serve an increasing number of foster care children who are San Francisco residents but who are placed outside of the county. DPH contracted with Alternative Family Services to ensure that DPH complies with State mandates to complete assessments for all out-of-county placements. Previously 30-40 percent of foster care youth received an assessment. DPH now completes assessments for all foster care youth placements, and has budgeted for the associated cost increases.

*Edgewood Center for Children and Families (increase of \$19,276,057).* In 2014, DPH received a State grant in the amount of \$1,751,827 funded with Mental Health Services Act funding, which will fund two new DPH programs including the Youth Crisis Stabilization Center and the Mobile Crisis Team (File 14-0511).<sup>4</sup> According to Ms. Ruggels, the remaining portion of these program costs will be reimbursed by Medi-Cal for those clients with Medi-Cal eligibility.

*The Regents of the University of California at San Francisco: Citywide Case Management – Single Point of Responsibility (CCM-SPR; increase of 22,521,671).* DPH has expanded all intensive care management programs. In FY 2012-13, DPH transferred the Citywide Forensics program from the Citywide Case Management program to Citywide Case Management program for Single Point of Responsibility (CCM-SPR) as the CCM-SPR contract uses a capitation model rather than fee-for-service.<sup>5</sup> During this time, DPH also expanded the Citywide Focus program, which provides outpatient mental health services to reduce unnecessary institutional care for high risk and mentally ill transitional aged youth, adults, and older adults. Both of these programs are funded through the federal Mental Health Services Act.

*Richmond Area Multi-Services, Inc. for Children (RAMS Children; increase of \$9,721,109).* DPH costs for implementing Wellness Centers in high schools increased as the Wellness programs have been gradually expanded to additional high schools. DPH will receive reimbursements for program costs from Medi-Cal.

*Richmond Area Multi-Services, Inc. for Adults (increase of \$10,989,524).* Program costs will increase mainly because of four programs, including the I-Ability Vocational IT program, Asian Pacific Islander Mental Health Collaborative, the Peer Specialist Mental Health Certificate program, and the Broderick Street Adult Residential Facility. All of these programs will be funded by the State Mental Health Services Act.

**POLICY CONSIDERATION**

Ms. Ruggels advised that the purpose of extending the current contract period by two years until December 31, 2017 is to allow the Department to:

<sup>4</sup> DPH received this grant to participate in a program entitled Mental Health Triage Personnel Grant for the period from April 1, 2014 through June 30, 2014.

<sup>5</sup> Under a capitation model, the contractor is paid a flat fee for each client rather than a fee for each service.

- (a) Complete its planning process to identify any service model changes necessary to better meet the needs of the Department's integrated service delivery system, the San Francisco Health Network, in response to the implementation of the Affordable Care Act;
- (b) Finalize its plan for addressing the new requirements of the State Department of Health Care Services 1115 demonstration waiver (Drug Medi-Cal Organized Delivery System) approved by the State in August 2015, which will require significant changes to the current substance abuse delivery system, including entirely new service models; and
- (c) Prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of these RFPs, and award new contracts, while preventing any break in service delivery.

DPH will finalize its RFP schedule, which is estimated to be completed by March 2016, pending the completion of an evaluation of community-based services that meet the requirements of the Affordable Care Act and the State's 1115 demonstration waiver.

According to Ms. Ruggels, DPH will prepare a schedule for the issuance of the multiple RFPs for behavioral health services that includes the timeline of the issuance of the RFPs, as well as the effective date of the new services. DPH will submit the new contracts to the Board of Supervisors for approval in accordance with Charter Section 9.118(b).

#### **RECOMMENDATION**

Approve the proposed resolutions.





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](mailto: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  
11:17 AM

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The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~  
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

[Jacquie.hale@sfdph.org](mailto:Jacquie.hale@sfdph.org) — office 415-554-2509 fax 415 554-2555

101 Grove Street, Room 307, San Francisco, CA 94102



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

**Second Amendment**

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015, in San Francisco, California, by and between "HealthRIGHT360 (Contractor)", and the City and County of San Francisco, a municipal corporation ("City"); acting by and through its Director of the Office of Contract Administration.

**RECITALS**

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

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

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

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

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

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

<b>First amendment</b>	<b>dated July 1, 2013 and</b>
<b>Second amendment</b>	<b>this amendment</b>

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

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

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

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

2. Terms of the Agreement. Subject to Section 1, 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. Terms of the Agreement. Subject to Section 1, 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 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Sixty Four Million Five Hundred Sixty Two Thousand Four Hundred Three Dollars (\$64,562,403)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

**5. Compensation.** Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Ninety One Million Five Hundred Twenty Five Thousand Five Hundred Six Dollars (\$91,525,506)**. 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.

**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) 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 the Services.

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.

i. 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](http://www.sfgov.org/olse/fco). A partial listing of some of Contractor's obligations under Chapter 12T is set forth in this Section. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

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

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

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

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

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

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

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

**2e. Protected Health Information.** Section 64. is hereby replaced in its entirety to read as follows:

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

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

**2f. Delete Appendices A-1 through A-24 and replace in its entirety with Appendices A-1 through A25, to Agreement as amended.**

**2g. Delete Appendices B (Calculation of Charges) and Appendices B-1 through B-24 and replace in its entirety with Appendix B (Calculation of Charges) Appendices B-1 through B-25, to Agreement as amended.**

**2h Delete Appendix E and replace in its entirety with Appendix E dated 5/7/14.**

**2i. Delete Appendix F and replace in its entirety with Appendix F dated 7/1/15.**

**2j. Appendix J is hereby added.**

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

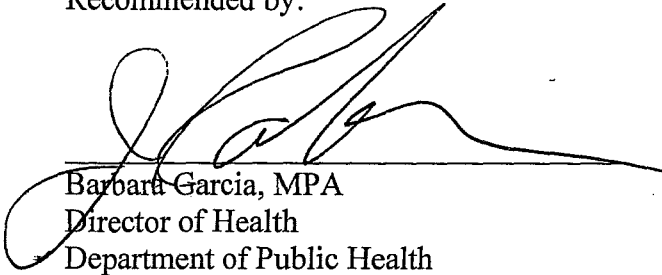
**4. Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.



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

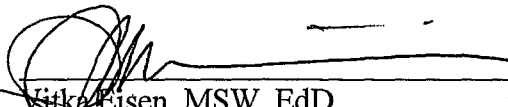
**CITY**

Recommended by:

  
Barbara Garcia, MPA  
Director of Health  
Department of Public Health

**CONTRACTOR**

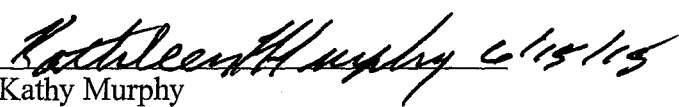
HealthRIGHT360

  
Vitka Eisen, MSW, EdD  
Chief Executive Officer  
1735 Mission Street  
San Francisco, CA 94103

City vendor number: 08817

Approved as to Form:

Dennis J. Herrera  
City Attorney

  
Kathy Murphy  
Deputy City Attorney

Approved:

\_\_\_\_\_  
Jaci Fong  
Director of the Office of Contract  
Administration, and Purchaser



**Appendix A****COMMUNITY BEHAVIORAL HEALTH SERVICES**

The following requirements are incorporated into Appendix A, as provided in this Agreement under Section 4. SERVICES.

**A. Contract Administrator:**

In performing the SERVICES hereunder, CONTRACTOR shall report to Elizabeth Davis, Contract Administrator for the CITY, or her designee.

**B. Reports:**

(1) 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.

(2) CONTRACTOR agrees to submit to the Director of Public Health or his designated agent (hereinafter referred to as "DIRECTOR") the following reports: Annual County Plan Data; Utilization Review Data and Quarterly Reports of De-certifications; Peer Review Plan, Quarterly Reports, and relevant Peer Review data; Medication Monitoring Plan and relevant Medication Monitoring data; Charting Requirements, Client Satisfaction Data, Program Outcome Data, and Data necessary for producing bills and/or claims in conformance with the State of California Uniform Method for Determining Ability to Pay (UMDAP; the state's sliding fee scale) procedures.

**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.

Space owned, leased or operated by providers, including satellites, and used for SERVICES or staff shall meet local fire codes. Documentation of fire safety inspections and corrections of any deficiencies shall be made available to reviewers upon request.

**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. 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, except to the extent that the SERVICES are to be rendered to a specific

population as described in Appendix A. CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and State statutes and regulations. CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

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, §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 record keeping.

(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.

(3) 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.

L. Billing and Information System

CONTRACTOR agrees to participate in the CITY'S Community Mental Health Services (CMHS) and Community Substance Abuse Services (CSAS) Billing and Information System (BIS) and to follow data reporting procedures set forth by the CMHS/CSAS BIS and Quality Improvement Units.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. 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.

O. Quality Improvement:

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

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

P. Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures

In the provision of SERVICES under Community Mental Health Services or Community Substance Abuse Services contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by Community Mental Health Services or Community Substance Abuse Services, as

applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

**Q. Working Trial Balance with Year-End Cost Report**

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

**R. Harm Reduction**

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

**2. Description of Services**

Detailed description of services are listed below and are attached hereto

- Appendix A-1 – Adult Residential
- Appendix A-2 – Bridges Residential
- Appendix A-3 – AB109 Residential
- Appendix A-4 – AB109 ONPD Residential
- Appendix A-5 – CARE MDSP Residential
- Appendix A-6 – CARE Detox Residential
- Appendix A-7 – CARE Variable Length Residential
- Appendix A-8 – CARE Lodestar Residential
- Appendix A-9 – SFGH Residential
- Appendix A-10 – Satellite ONPD Residential
- Appendix A-11 – Social Detox Residential
- Appendix A-12 – Transgender Residential
- Appendix A-13 – WHITS Residential
- Appendix A-14 – Women’s Hope Residential
- Appendix A-15 – Adult Outpatient
- Appendix A-16 – African American Family Healing Outpatient
- Appendix A-17 – Bridges Outpatient
- Appendix A-18 – Buprenorphine Medical Monitoring Outpatient
- Appendix A-19 – Family Strength Outpatient
- Appendix A-20 – SHOP
- Appendix A-21 – Representative Payee Program
- Appendix A-22 – Second Chances
- Appendix A-23 – IFO Healthy Changes
- Appendix A-24 – Adult Medical Health Medi-Cal
- Appendix A-25 – WRAPS

**1. Identifiers:**

Program Name: HR360 Men's Adult Residential  
Program Address: 890 Hayes Street  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 701-5100  
www.healthright360.org

Program Name: HR360 Women's Adult Residential  
Program Address: 214 Haight Street  
City, State, Zip Code: San Francisco, CA 94102  
Telephone: (415) 554-1480

Program Name: HR360 Dual Recovery Adult Residential  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Codes:** 38342, 38062, 3805WR-RSD

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

- Polysubstance abusers
- Intravenous route of administration
- Homeless

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

SA-Residential Recovery Long Term (over 30 days)

**6. Methodology**

HR360's Gender Responsive Men's/ Women's/ Dual Recovery Residential Substance Abuse Treatment Programs are gender responsive residential substance abuse treatment. This program provides integrated substance abuse and mental health treatment in a safe, recovery-oriented environment. Each participant's

treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered.

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

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street or through TAP ( County Central Intake Program) at 1380 Howard Street.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Once the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP.

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

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

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

**Program Phases:**

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

**Program Service Locations:** These Adult Residential Programs are located at three HR360 facilities, one at 815 Buena Vista West, San Francisco, CA, 214 Haight Street, and the other at 890 Hayes Street, San



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

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

## **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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

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

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

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

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

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

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

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

**9. Required Language- N/A**

**1. Identifiers:**

Program Name: HR360 Bridges Residential  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
www.healthright360.org

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person Completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 3806BR-RES**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

- CDCR Parolees
- Poly-Substance Abusers
- Mentally Ill

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

SA-Residential Recovery Long Term (over 30 days)

**6. Methodology**

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

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

**B. Admissions and Intake:** Admission is open to referred parolees with a substance abuse & mental health issues. The person served may access services through an appointment or walk-in at the Program Site at the Multi-Services building located at 1899 Mission Street or specific referrals from CDCR Parole Agents.

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

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

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions. Please see Adult Residential A-1 for more details of the treatment process.

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

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

**D. Program Staffing:** See salaries & benefits detail page in Appendix B.

## 7. Objectives and Measurements

### A. Required Objectives

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

## 8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

- **Clinical Data Integrity:** Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.
- **Standards and Compliance:** Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.
- **Health and Safety:** Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.
- **Training:** Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.
- **Clinical:** Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.
- **Steering Committee:** Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

#### **9. Required Language- N/A**



**1. Identifiers:**

Program Name: HR360 AB109 Residential  
Program Address: 1254 13<sup>th</sup> Street  
City, State, Zip Code: San Francisco, CA 94130  
Telephone: (415) 701-5100  
www.healthright360.org

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 87342**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

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

- SA-Res Recov Long Term (over 30 days)
- SA-Ancillary Svcs Case Mgmt

**6. Methodology**

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

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment

programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

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

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Once the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP.

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

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

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

**Program Phases:**

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

**Program Service Locations:** These Adult AB109 Residential Programs is located at 890 Hayes Street, San Francisco, CA. These facilities are licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual and Group Counseling, MH services, and other substance abuse treatment related activities. This facility is staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.



**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

## **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

- **Clinical Data Integrity:** Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.
- **Standards and Compliance:** Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.
- **Health and Safety:** Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.
- **Training:** Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.
- **Clinical:** Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.
- **Steering Committee:** Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and

issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

**9. Required Language- N/A**

**1. Identifiers:**

Program Name: HR360 AB109 (ONPD) Transitional  
Program Address: 625 13<sup>th</sup> Street  
City, State, Zip Code: San Francisco, CA 94130  
Telephone: (415) 701-5100  
www.healthright360.org

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 86077**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

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

SA-Res Recov Long Term (over 30 days)

**6. Methodology**

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

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

publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

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

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP.

**C. Program Service Delivery Model:** The Ab109 Transitional residential program is a variable-length program that provides up to 6 months of supportive residential services.

**Program Phases:**

Transitional phase is usually clients wanting a continuity of care after leaving primary residential program. This phase is designed to provide a continuum of care for each client as they transition back into the community.

**Program Service Locations:** These Residential Programs are located on Treasure Island at 625 13<sup>th</sup> Street SF, CA 94130.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

**7. Objectives and Measurements**

**A. Required Objectives**

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

**8. Continuous Quality Assurance and Improvement**

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- **Standards and Compliance:** Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.
- **Health and Safety:** Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.
- **Training:** Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.
- **Clinical:** Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.
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Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

#### 9. Required Language- N/A



**1. Identifiers:**

Program Name: HR360 CARE MDSP Residential  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450

**Program Code: 3806CM-RES**

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

HIV+/AIDS plus:

Substance abusers

Mentally Ill

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

SA-Residential Recovery Long Term (over 30 days)

**6. Methodology**

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

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

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

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

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

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

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

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

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

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

**Program Phases:**



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

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

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

## **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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

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

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

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

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

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

**9. Required Language- N/A**

**1. Identifiers**

Program Name: HR360 HIV Detox Residential  
Program Address: 815 Buena Vista Street  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
www.healthright360.org

**Program Code: 3806CX-RSD**

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

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

SA-Residential Recovery Long Term (over 30 days)

**6. Methodology**

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

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

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

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

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

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

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

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

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

**Program Phases:**

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

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

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based

upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**Program Staffing:** See salaries & benefits detail page in Appendix B.

## 7. Objectives and Measurements

### A. Required Objectives

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

## 8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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

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

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

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

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

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

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

demographically compatible with consumers and that possesses empathic experience and language capability.

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

**9. Required Language- N/A**

**1. Identifiers:**

Program Name: HR360 CARE Variable Length Residential  
Program Address: 890 Hayes Street  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 701-5100  
www.healthright360.org

**Program Code: 3834CV-RES**

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

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

SA-Residential Recovery Long Term (over 30 days)

**6. Methodology**

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

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

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

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

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

**C. Program Service Delivery Model:** The CARE MDSP program provides up to 45 days of detox / stabilization residential services. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

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

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

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

**Program Phases:**

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

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

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



drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**Program Staffing:** See salaries & benefits detail page in Appendix B.

## 7. Objectives and Measurements

### A. Required Objectives

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

## 8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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

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

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

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

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

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

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

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

**9. Required Language- N/A**

**1. Identifiers:**

Program Name: HR360 CARE Lodestar Residential  
Program Address: 214 Haight Street  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1480  
www.healthright360.org

Contractor Address: 1735 Mission Street

City, State, Zip Code: SF, CA 94103

Person completing this Narrative: Denise Williams, VP of Contracts & compliance

Telephone: (415) 762-3712

Email Address: dwilliams@healthright360.org

**Program Code: 3805LC-RES**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

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

SA-Residential Recovery Long Term (over 30 days)

**6. Methodology**

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

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

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

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

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

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

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

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

#### **Program Phases:**

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

**Program Service Locations:** This program is located at 214 Haight Street. This facility is licensed by the State to provide adult substance abuse residential treatment. This facility is staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

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

treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**D. Program Staffing:** See salaries & benefits detail page in Appendix B.

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

## **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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

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

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

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

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

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

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

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

**9. Required Language- N/A**

**1. Identifiers:**

Program Name: HR360 Men's SFGH Residential  
Program Address: 890 Hayes Street  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 701-5100

Program Name: HR360 Women's SFGH Residential  
Program Address: 214 Haight Street  
City, State, Zip Code: San Francisco, CA 94102  
Telephone: (415) 554-1480

Program Name: HR360 Dual Recovery SFGH Residential  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
www.healthright360.org

**Program Codes:** 3834G-RES, 3805SW-RES, 3806SG-RES

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

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

SA-Residential Recovery Long Term (over 30 days)

**6. Methodology**

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

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

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP.

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

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

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

**Program Phases:**

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

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



**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

## **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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

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

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

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

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

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

**9. Required Language- N/A**

**1. Identifiers:**

Program Name: HR360 Men's Satellite OPND  
Program Address: 1254 13<sup>th</sup> street (TI)  
City, State, Zip Code: San Francisco, CA 94130  
Telephone: (415) 701-5100

Program Name: HR360 Women's OPND Satellite  
Program Address: 214 Haight Street  
City, State, Zip Code: San Francisco, CA 94102  
Telephone: (415) 554-1480  
www.healthright360.org

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Codes: 88077, 3805WS-CSL**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

- Polysubstance abusers
- Intravenous route of administration
- Homeless

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

SA-Residential Recovery Long Term (over 30 days)

**6. Methodology**

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

administered at these two location 1254 13<sup>th</sup> Street and 214 Haight. Satellite referrals come from the Primary Residential programs.

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

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. Clients are referred into Satellite after completing a primary residential program but must receive authorization from TAP.

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

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

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

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

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

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

E. **Program Staffing:** See salaries & benefits detail page in Appendix B.

**7. Objectives and Measurements**

**A. Required Objectives**

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

**8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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

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

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

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

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

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

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

that is demographically compatible with consumers and that possesses empathic experience and language capability.

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

**9. Required Language- N/A**

**1. Identifiers:**

Program Name: HR360 Social Detox Center (Residential)  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
www.healthright360.org

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 88062**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

- Polysubstance abusers

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

SA-Res Free Standing Res Detox

**6. Methodology**

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

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

through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

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

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

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

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

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

**Program Service Locations:** This Program is located at 815 Buena Vista West. This facility is licensed by the State to provide adult substance abuse residential treatment. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

**D. Exit Criteria and Process:** Discharge planning begins at intake, and each client participates in an exit planning counseling session where long-term recovery options are explored and discussed to provide an accurate referral conducive to a clean and sober lifestyle. All clients are referred based on their discharge plan. Many clients transfer into other HR360 programs while others are referred back TAP case managers when discharged if requested.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

## **8. Continuous Quality Assurance and Improvement**



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

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

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

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

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

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

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

## 9. Required Language- N/A



**1. Identifiers:**

Program Name: HR360 Transgender Residential  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450

Program Name: HR360 Transgender Residential  
Program Address: 214 Haight Street  
City, State, Zip Code: San Francisco, CA 94102  
Telephone: (415) 554-1480  
www.healthright360.org

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Codes: 3806TG- RES, 3805TG-RES**

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

☐ New      ☒ Renewal      ☐ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

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

SA-Res Recov Long Term (over 30 days)

**6. Methodology**

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

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

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street or through TAP ( County Central Intake Program) at 1380 Howard Street.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Once the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP.

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

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

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

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

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful

completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

## **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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

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

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

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

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

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

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achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

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

**9. Required Language- N/A**

**1. Identifiers:**

Program Name: HR360 Intensive Treatment Services (WHITS)  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
[www.healthright360.org](http://www.healthright360.org)

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: [dwilliams@healthright360.org](mailto:dwilliams@healthright360.org)

**Program Codes: 3806WT-RES**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

The target population served in WHITS Residential is chronically mentally ill, adult poly-substance abusers who live in San Francisco. A pattern of repeated involvement in both mental health and substance abuse treatment programs is characteristic of this population. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. People with mental illness are a part of all HR360 programs; however, this program is designed specifically for the dual diagnosed population.

- Polysubstance abusers
- Chronically mentally ill individuals
- Homeless

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

SA-Res Recov Long Term (over 30 days)

**6. Methodology**

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

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

publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals. However, these beds are managed by CBHS and therefore all referrals must be authorized by TAP.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street or through TAP ( County Central Intake Program) at 1380 Howard Street.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Once the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP.

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

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

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

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

## **7. Objectives and Measurements**

### **A. Required Objectives**



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

#### 8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

**9. Required Language- N/A**

**1. Identifiers:**

Program Name: HR360 Women's HOPE (Healing Opportunities & Parenting Education) Program  
Program Address: 2261 Bryant Street  
City, State, Zip Code: San Francisco, CA 94110  
Telephone: (415) 800-7534

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

Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 89102**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

- Pregnant Women
- Post-partum Women
- Polysubstance abusers

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

SA-Residential Recovery Long Term (over 30 days)

**6. Methodology**

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

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies,

participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street or through TAP ( County Central Intake Program) at 1380 Howard Street.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Once the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP.

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

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

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

**Program Phases:**

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

**Program Service Locations:** This program is located at 2261 Bryant Street. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual and Group Counseling, MH services, and other substance abuse treatment related activities. This facility is staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion

includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

## **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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

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

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

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

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

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

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demographically compatible with consumers and that possesses empathic experience and language capability.

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

**9. Required Language- N/A**

**1. Identifiers:**

Program Name: HR360 Adult OP Services  
Program Address: 1735 Mission Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

Program Codes: 3820OP, 38201 (DMC)

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

The target population served by this Outpatient Program is adults, 18 and above, who abuse and/or are dependant on drugs and/or alcohol with a focus on individuals residing in the Central City area of San Francisco and who are homeless and/or indigent. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent.

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

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

- 1) SA-Nonresidntl ODF Grp
- 2) SA-Nonresidntl ODF Ind

**6. Methodology**

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

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to

recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street or through TAP ( County Central Intake Program) at 1380 Howard Street.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Once the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP.

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

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

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

**Program Service Locations:** 1735 Mission Street, Hours of Operations are: 9am -8pm.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

## **7. Objectives and Measurements**

### **A. Required Objectives**

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



## 8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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

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

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

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

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

## 9. Required Language- N/A



**1. Identifiers:**

Program Name: HR360 African American Healing Center (AAHC)  
Program Address: 1601 Donner #3  
City, State, Zip Code: San Francisco, CA 94124  
Telephone: (415) 762-3700  
www.healthright360.org

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 87301**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

- AA/ persons of color
- Polysubstance abusers

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

- 1) SA-Nonresidntl ODF Grp
- 2) SA-Nonresidntl ODF Ind

**6. Methodology**

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

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

**B. Admissions and Intake:** Admission to the AAHC Program is open to all adult persons of San Francisco who desire treatment. We target the BVHP community because that is where the program is located.

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

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

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

**Program Phases:**

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

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

**Program Service Locations:** The AAHC is located at 1601 Donner #3, San Francisco, CA. This program is certified by the State (DHCS).

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

**C. Program Staffing:** See salaries & benefits detail page in Appendix B.

**7. Objectives and Measurements**

**A. Required Objectives**

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

**8. Continuous Quality Assurance and Improvement**

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

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

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

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

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

## 9. Required Language- N/A



**1. Identifiers:**

Program Name: HR360 Bridges CM Outpatient Services  
Program Address: 1016 Howard Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700  
www.healthright360.org

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 85351**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

- CDCR Parolees
- Poly-Substance Abusers
- Mentally Ill

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

- 1) SA-Nonresidntl ODF Grp
- 2) SA-Nonresidntl ODF Indv
- 3) SA-Ancillary Svcs Case Mgmt

**6. Methodology**

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

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

for referrals. In addition, because this program only serves parolees, the program staff have good referral relationships with the Parole agencies that serve parolees in San Francisco.

**B. Admissions and Intake:** Admission is open to all adult parolees with a substance abuse problem authorized by Parole Department. The person served may access services through an appointment or walk-in at the Program Site. A referral phone call secures an intake interview appointment at 1899 Mission Street with a program staff. The program staff checks to ensure clients are eligible to receive specialty funded services collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

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

The program includes:

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

**Program Service Location:** The Bridges OP Program is located at 1016 Howard Street, San Francisco, CA.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

## 7. Objectives and Measurements

### A. Required Objectives

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

## 8. Continuous Quality Assurance and Improvement



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

## 9. Required Language- N/A



**1. Identifiers:**

Program Name: HR360 Buprenorphine Medical Monitoring  
Program Address: 1735 Mission St  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 226-1775  
www.healthright360.org

Contractor Address: 1735 Mission Street

City, State, Zip Code: SF, CA 94103

Person completing this Narrative: Denise Williams, VP of Contracts & compliance

Telephone: (415) 762-3712

Email Address: dwilliams@healthright360.org

**Program Code: 88201**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

SA-Narcotic Tx Prog Rehab/Amb Detox (other than Methadone)

**6. Methodology**

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

**B. Admissions and Intake:**

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

**C. Service Delivery Model****Step 1 Assessment**

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

**Step 2: Induction & Stabilization**

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

**Step 3: Maintenance**

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

Non-pharmacological services, such as the psychosocial supports provided by HR360's outpatient treatment program, address comprehensively the co-morbidities and other complex needs of clients related to opioid addiction, and maximize the chances of the best possible treatment outcomes. Program participants are strongly encouraged to seek psychosocial services either on-site at HR360's Integrated Care Center, or through referral to a provider within HR360's extensive

network of partners. Clients are also encouraged to attend mutual-aid support groups outside of HR360, and the program provides assistance for identifying the most appropriate mutual aid group based on linguistic or other needs, preferences, etc.

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

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

**D. Exit Criteria and Process: *Successful Completion, Aftercare and Discharge Planning***

Through ongoing communication with the OBOT counselor and outpatient care managers, the treatment team considers a number of factors when determining suitability for long-term medication-free status, including: stable housing and income, adequate psychosocial support, and the absence of legal problems. For clients who have not achieved these domains of stabilization, a longer period of maintenance, during which they work through any barriers that exist, is often recommended. To prevent relapse and continue working on maintenance issues, clients are encouraged to attend weekly after-care groups. Clients receive continuing care with, an emphasis on providing support and skills for self-management of substance use illness as a chronic condition (for example, 12-step, and other mutual help programs). Aftercare addresses not only the maintenance of sobriety, but also the tangible needs and social isolation of clients. Some of the issues addressed include: getting along better with people, dealing with stress, anger, and conflict, maintaining a positive self-concept, improving family relationships, making plans and solving problems, dealing with cravings and triggers, taking credit for your successes, and getting involved in the recovering community.

**C. Program Staffing:** See salaries & benefits detail page in Appendix B.

**7. Objectives and Measurements**

**A. Required Objectives**

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

**8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively

capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

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

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

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

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

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

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

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

## 9. Required Language- N/A

**1. Identifiers:**

Program Name: HR360 Family Strength OP  
Program Address: 1735 Mission Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700

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

Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712

Email Address: dwilliams@healthright360.org

Program Code: 38731

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

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

- 1) SA-Nonresidntl ODF Grp
- 2) SA-Nonresidntl ODF Indv
- 3) SA-Ancillary Svcs Case Mgmt

**6. Methodology**

The HR360 Family Strength Program services are arrayed to address the needs of women with children who are in residential and/or outpatient services at HR360. These services focus on family strengthening activities and are designed to assist women in recovery from substance abuse and mental health problems to fulfill important family role obligations and for their children to thrive and grow.

Women with children who might benefit from receiving family services are identified through assessment during the orientation phase of treatment. They are then referred to the Family Services Manager who assigns a Family Strength Program Case Manager (Masters-level Case Manager III) to conduct further assessment and develop specific family related goals for their treatment plan. Adult clients will be assessed with the ANSA and children with the CANS.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment

programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through a referral from one of the Primary treatment programs of HR360. They must be currently in one of the existing programs to access this family supportive services program.

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

The program includes:

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

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

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

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

## 7. Objectives and Measurements

### A. Required Objectives



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

## 8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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

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

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

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

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

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

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

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

## 9. Required Language- N/A



**1. Identifiers:**

Program Name: HR360 Southeast Health Opportunities Project (SHOP)  
Program Address: 1601 Donner #3  
City, State, Zip Code: San Francisco, CA 94124  
Telephone: (415) 762-3700  
www.healthright360.org

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 85731**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

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

- 1) SA-Nonresidntl ODF Grp
- 2) SA-Nonresidntl ODF Indv

**6. Methodology**

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

counseling, and referrals to HIV medical and support services to decrease the spread and progression of HIV in the Southeast communities.

**A. Outreach & Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals. For this contract, we have street Outreach workers that walk to recruit for our program targeting those that are harder to reach.

**B. Admissions and Intake:** Admission to the SHOP Program is open to all adult African Americans/Persons of Color of the Southeast area who desire treatment. We target this area because this is the requirement of the grant.

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

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

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

**Program Phases:**

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

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

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

**C. Program Staffing:** See salaries & benefits detail page in Appendix B.

## 7. Objectives and Measurements

### A. Required Objectives

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

### B. Individualized Program Objectives

1. During Fiscal Year 2014-15, 300 persons will be contacted through our outreach team as documented in HR360 records of which 100 of these persons will receive additional engagement, pre-treatment or other program related services.
2. During Fiscal Year 2014-15, HR360 will provide OP services to 70 UDC.
3. During Fiscal Year 2014-15, HR360 will provide HIV testing, education & counseling to 150 persons needing to know their HIV status.
4. During Fiscal Year 2014-15, HR360 will provide PC referrals to at least 30 clients needing health care services.

## 8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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

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

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

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

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

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

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

**9. Required Language- N/A**

**1. Identifiers:**

Program Name: HR360 Representative Payee (RPI)  
Program Address: 1016 Howard Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: 415-934-3407  
www.healthright360.org

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 88359**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

The program serves recipients receiving financial benefits from Supplemental Security Income (SSI) or Social Security Administration (SSA). These recipients are in need of a representative payee case management services to manage their financial obligations because this target population includes those most difficult to serve due to serious disability or mental health impairments: they present with severe, often untreated mental illness, homelessness, substance abuse or addiction and other behavioral problems.

Key characteristics of the RPI target population:

- Disability/mental health impairments
- Homelessness/difficulty with social support
- Poly-substance abuse and addictions

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

SA-Ancillary Svcs Case Mgmt

**6. Methodology**

The Representative Payee Program (RPI) serves recipients in need of financial case management assistance focused on stabilizing basic needs of housing, medical, mental health, and substance abuse care. Case management services will be provided on a monthly basis from monthly check-ins or more frequently if the recipient appears to be intoxicated or under the influence of drugs or alcohol.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies,

participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

The RPI program makes presentations and maintains a working relationship with various community agencies as a way of promoting and increasing the community's knowledge of the services we provide to the recipients. The program services will be promoted through HR360's participation in service provider groups and public health meetings.

**B. Admissions and Intake:** Upon intake, the recipient will be given a scheduled check day and a budget will be established utilizing the following formula: we will deduct the monthly rent, program service fee and stipulated bills from the monthly gross deposit. The remaining balance is divided by five (5), which represents living expenses for five weeks in the month. If the current month contains only 4 weeks, the 5<sup>th</sup> weeks' living expense can be requested as a special request (this does not apply to those recipients receiving the maximum weekly amount of \$250.00). If the client doesn't pick up their 5<sup>th</sup> week special, their ending balance is automatically given to them (up to the \$250.00 limit) at the end of the month. Once the budget is set for the month, the recipient is encouraged to remain within that budget. However, budget modification will be made whenever changes are made which reflect benefit amounts.

**C. Program Service Delivery Model:** The Representative Payee Program is committed to being effective in maintaining the recipients' level of functioning. To accomplish this goal, the program ensures that staff has the capacity to function effectively as compassionate and caring individuals for recipients who are unable to care for themselves. The program consists of three services:

- Financial management conducted in accordance with Social Security Administration rules and regulations
- Connection of the recipient with the needed community services through case management in cooperation with the mental health system
- Transition of the city's mentally ill homeless population into permanent housing.

Recipients will be referred primarily from the Social Security Offices here in San Francisco, senior programs, mental health providers and various hospitals. A phone call secures an intake interview appointment at the HR360's Multi-Services facility. If the recipient is unable to come into the office, an out-of-office visit can be made in order to complete the intake.

**Program Service Location:** The RPI Program is located at 1016 Howard Street, San Francisco, CA.

**D. Exit Criteria and Process:** The Representative Payee Program will provide services to the recipient as long as the Social Security Administration deems it necessary that the recipient is required to have a payee or until the recipient opts to terminate financial services. However, our current rate of stay per recipient is greater than one year. Our program will refer recipients interested in the Mental Health Services or Residential services provided here at HR360 to the appropriate intake staff. If accepted into either program, the recipient will become eligible for no-fee Representative Payee services. The monthly fee is based on the current rate approved by Social Security and is deducted from the recipients' benefits.

A majority of the recipients transfer to free payee services (subsidized by the city) within a year after their intake at the HR360 Representative Payee Program. Because city-subsidized



Representative Payee services are available for free, only about 40% of HR360 Representative Program recipients have been enrolled for more than 12 months, although a significant number of our clients are long term recipients. Thus, the HR360 Representative Payee Program provides the initial intake to a very difficult population, and successfully links them with housing and other services essential to their remaining in permanent housing. Only a small percentage of the program's recipients remain homeless.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

**7. Objectives and Measurements**

**A. Required Objectives**

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

**8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

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

**9. Required Language- N/A**

**1. Identifiers:**

Program Name: HR360 2<sup>nd</sup> Chances (WOA)  
Program Address: 1735 Mission Street, 3<sup>rd</sup> floor  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 3835SC-ANS**

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

3. ☐ New ☐ Renewal ☒ Modification

**4. Goal Statement**

To increase access to community resources and provide wrap around case management services in order to reduce recidivism and increase pro-social life skills/choices in the target population.

**5. Target Population**

The target population served by the 2<sup>nd</sup> Chance program is SF County women sentenced to State prison. Services will be provided in-custody and when inmates parole back to San Francisco County.

- CDCR Inmates and Parolees from San Francisco County
- Adult Females

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

SA-Ancillary Svcs Case Mgmt

**7. Methodology**

HR360 will serve as the primary point of contact and Case Manager for the women involved in the 2<sup>nd</sup> Chance Program. In conjunction with the programs partners client needs will be assessed and appropriate service referrals will be made.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community and the criminal justice system. We make presentations and maintain working relationships with both community based service agencies and the criminal justice system. In addition, we make direct contact with incarcerated individuals in SF County jail and state prison to make individuals aware of available programs and services through HealthRIGHT 360. In the community as well as in the criminal justice institutions we distribute brochures and publications about our programs. Recruitment is also done through HR360's website at [www.healthright360.org](http://www.healthright360.org), word of mouth and self-referrals both in the community and in the criminal justice system. Specifically, because this program's target population is CDCR parolees, the program staff has good referral relationships with the Parole Agencies that serve parolees in San Francisco. In addition regular outreach visits to the institutions (SF County Jail, CCWF,) will occur in order to identify women that qualify for the program and then presentations will be conducted to educate them on services available.

**B. Admissions and Intake:** Admission to the 2<sup>nd</sup> Chance Program occurs through an initial referral by the SF Adult Probation Department. A referral form will be faxed to secure an intake interview appointment at the SF County Jail by a Case Manager. The Case Management staff checks to ensure clients are eligible to receive funded services.

Upon release from the criminal justice system (SF County Jail, CCWF) further intake paperwork will be done so that participants can be appropriately entered into San Francisco County substance abuse/mental health system. Additionally as clients enter the community and are referred to partner agencies those agencies may complete additional assessments.

**C. Program Service Delivery Model:** Second Chance is designed to provide intensive case management to incarcerated individuals and parolees managing significant reentry challenges including mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support. The program services are arrayed in order to help clients avoid reincarceration, build family relationships, and increase overall quality of life.

Program services will occur in two distinct segments incarceration/post incarceration. Clients will initially be assessed at San Francisco County Jail while they are pending transfer to state prison. Upon their transfer from SF County Jail and into state prison Case Management visits will continue to occur. During the clients time of incarceration services will consist of weekly Case Management visits. Upon the client entering San Francisco County and being post release from state prison the referral services will be implemented, a case conference will occur to formalize the Individual Personal Service Plan, weekly case management will continue to occur to ensure proper follow up on needs and referrals, and as appropriate reassessments will occur.

During the case management visits, both while incarcerated and post incarceration, the appropriateness of referrals will continually be assessed and Case Managers will work on building and maintaining client motivation for treatment.

**Program Service Location:** The 2<sup>nd</sup> Chances Program is located at 1735 Mission Street, 3<sup>rd</sup> floor, San Francisco, CA. This Program provides Case management wraparound services for clients.

**Orientation:** An initial orientation will occur in SF County Jail where potential clients will be informed of the services available. In the event that a client is identified after transfer from SF County Jail to state prison then this initial orientation will take place at the housing institution (CCWF). Upon release from the criminal justice system and placement into San Francisco County another orientation will occur within three days, each parolee will receive a face-to-face orientation to the program along with a copy of written policies and procedures.

**Development of the Individual Personal Services Plan:** Prior to release from state prison the Case Manager and client will have formed a preliminary Individual Personal Services Plan. This plan will be based on the client's objectives, Needs Assessment, and Clinical Assessments. Within seven days of release into San Francisco County, a case conference will take place and a goal oriented Individual Personal Services Plan will be developed. The plan will guide case management efforts and activities in key areas including establishing income, housing, medical and mental health treatment, social support, etc. The clients Needs/Clinical Assessments, the Preliminary Individual Personal Services Plan, Project Partners feedback and client objectives will inform the service plan process. Clients will be encouraged to make full use of available referral services.

**Program Services** The program is configured in such a way as to provide clients with intensive case management services.

Upon release into San Francisco County the project partners will be the primary referral source; as needed (based on client need and suitability) other referral sources will also be used. A case conference will be conducted with all applicable partners and the client upon their release from prison to design the Individual Personal Services Plan.

During both the in custody and out custody portion of case management regular follow-up on the service referrals will be made in addition to periodic reassessment of the client and their needs.

The program is relationally oriented and case managers engage clients with respect and empathy and seek to develop a sense of connection with them. The program also works to shore up inadequate or poorly utilized networks of interpersonal support so that help is at hand for clients when they need it the most. One significant way this will be accomplished is by the community referrals. However, monthly, client family members will be provided transportation support to encourage family connection and reunification which will also be a significant part of the interpersonal support process.

**D. Exit Criteria and Process:** HR360 program staff will engage in exit planning during any transitions of care for any reason or at least 90 days prior to an anticipated discharge. The focus of the exit planning phase will be to ensure a smooth transition of services. Specifically exit planning will occur when clients are preparing to move from the criminal justice system and when a client is preparing to complete their case management services.

Successful completion of program consists of being discharged from parole or having successfully taken part in the 2<sup>nd</sup> Chance referral services for one year post release from CDCR. Those who complete the program have stabilized their lives and have moved on to safe housing within the community.

Unsuccessful completion includes those who fail to make use of any of the referral services, and those who engage in acts of violence or threats of violence towards staff or other clients. Those who abandoned treatment may return at which time counselors seek to engage back into case management services. Upon discharge, clients are offered referral information and a discharge summary is completed.

Admissions/Intakes are conducted at the SF County Jail and CDCR institutions prior to release and 1735 Mission Street, 3<sup>rd</sup> floor for post release. All sites are ADA compliant and comply with all health, safety, and fire codes.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

## **8. Objectives and Measurements**

### **A. Required Objectives**

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## **9. Continuous Quality Assurance and Improvement**

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#### **10. Required Language- N/A**

**1. Identifiers:**

Program Name: HR360 IPO Healthy Changes  
Program Address: 1601 Donner #3  
City, State, Zip Code: San Francisco, CA 94124  
Telephone: (415) 762-3700  
www.healthright360.org

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: N/A**

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

☐ New      ☐ Renewal      ☒ Modification  
n

**3. Goal Statement**

To increase participant employability.

**4. Target Population**

The target population served by this program are 18- 24 (TAY) participating in the City's IPO program.

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

SA-Sec Prev Outreach

**6. Methodology**

The delivery of comprehensive behavioral health services to participants in the City's Interrupt, predicts, and organize (IPO) program with the goal to increase participant employability. The behavioral health services will provide behavioral health assessments, group therapy/ self-care sessions during both, the initial job readiness training and the social support services phase. This also includes individual & crisis intervention services as needed, in addition to transition to longer term treatment when needed, as well.

- A. Outreach & Recruitment:** IPO participants are specific referrals from Probation, SFPD, SVIP, & HSA.
- B. Admissions and Intake:** All IPO participants receive an ASI assessment to determine need for services.
- C. Program Service Delivery Model-** Participants are required to attend a weekly 2-hour self-care group that supports their commitment to obtain & maintain employment. Their attendance is reported weekly to their IPO case manager.

**Program Service Location:** IPO Health Changes is located at 1601 Donner #3, San Francisco, CA.

- D. Program exit criteria-** All participants must complete 12 months of self-care services to successfully complete program and be considered for long-term employment.
- E. Program Staffing:** See salaries & benefits detail page in Appendix B.
- 7. Objectives and Measurements- N/A**
- 8. Continuous Quality Assurance and Improvement**

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## 9. Required Language- N/A



**1. Identifiers:**

Program Name: HR360 Adult MH Medi-cal  
Program Address: 1735 Mission Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700  
www.healthright360.org

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 38CC3**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

To assist participants to maintain or restore personal independence and/or functioning consistent with requirements for learning, development, and enhanced self-sufficiency through treatment of their mental health disorders in the settings of residential substance abuse treatment, substance abuse day treatment or outpatient office visits.

**4. Target Population**

This component serves individuals in the community whose psychiatric disorders are accompanied by co-morbid substance abuse or dependence. In many cases, individuals present with longstanding psychiatric histories, numerous psychiatric hospitalizations and crisis services. HR360 serves individuals from all racial and cultural backgrounds and from all economic classes. Participants in this program are either Medi-CAL eligible or qualify under the Short-Doyle law. The agency will provide these outpatient services for clients referred through ACCESS, San Francisco General Hospital, Swords to Plowshares, Baker Places, our treatment partners and from within other HR360 programs. These clients must meet medical and service necessity criteria as defined for Medi-CAL services.

- Adult psychiatric disorders
- Co-morbid substance abuse or dependence
- MediCal eligible or indigent
- 

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

- 1) MH Svcs
- 2) Medication Support
- 3) Case Mgt Brokerage

**6. Methodology**

HR360 is a comprehensive behavioral health program providing a wide range of high quality services to adult San Francisco residents. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for individuals with specific needs. The HR360 environment is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by

encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes. The philosophy of HR360 reflects an emphasis on self-reliance, shared community values, and the development of supportive peer relationships. Each individual learns to take responsibility for his/her own actions, and to share in the daily operations of each treatment site. Group and individual counseling helps individuals focus on issues related to their substance abuse and mental disorders. Coordinated efforts with ACCESS are designed to maintain appropriate service options for participants. The agency has had extensive experience with multiply-diagnosed adult clients.

All HR360 community-based programs are staffed with licensed, waived or registered mental health professionals who provide assessments, plan development, individual and group therapy, collateral, case management and crisis intervention services. Additionally these staffs have been trained in the use of **Dialectical Behavior Therapy** as a treatment modality. DBT skills training and cognitive behavioral therapy are currently being used as an agency standard and are available in all outpatient facilities. **Seeking Safety** treatment has also been adopted as a best practice for clients with PTSD diagnoses and issues with traumatic experiences, which are common with those who have histories of substance abuse. **Motivational Interviewing** is also in the process of being introduced as a best practice this year, bringing a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

As an agency, HR360 endeavors to broaden access to treatment in a welcoming way and to identify and eliminate barriers to seeking and remaining in treatment. Potential clients who take prescription medications for medical or psychological disorders and/or utilize methadone or other agonist therapies are welcome to receive services at HR360.

Harm reduction principles are applied in all of our programs, including our abstinence-based residential programs. HR360 teaches formal relapse prevention techniques to all of its clients, using the Bio-Psycho-Spiritual-Social model and ways of effectively self-analyzing and stopping pre-relapse behaviors. Classes are held regularly to help all of our residential and day treatment clients recognize and deal with the behavior that leads to relapse.

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

**B. Admissions and Intake:** The Mental Health Medi-CAL component of HR360's Co-Occurring Disorders program provides mental health services to residents of San Francisco County who meet the County's criteria for medical and service necessity.

**Assessments/ Diagnosis & Written Evaluation:** The Multi-Service Center, located at 1735 Mission Street in San Francisco, is the central intake site for adult mental health services. After referral from ACCESS, the HR360 intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week.

HealthRIGHT 360 mental health clinicians providing services to clients funded through our MediCal/Short Doyle contract obtain and maintain ANSA certification. The ANSA is administered at the time of the

opening of the mental health episode and renewed annually or at the time of discharge if the client is available. Because the baseline ANSA is administered at the time of initial assessment at the beginning of mental health services, it is primarily used by our clinicians to help identify life domains that might be prioritized for clinical focus. The information provided by the baseline ANSA informs treatment planning. We have learned that the latest reports (while based on a small number of clients with at least two ANSAs to permit comparison) do indicate that our clients' strengths increase as a result of treatment. Depression, impulsivity, adjustment to trauma, and substance use is decreased.

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

The program includes:

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

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

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

**D. Exit Criteria and Process: Mental Health Discharge Guidelines:**

HR360 is committed to providing quality mental health services and substance abuse treatment to our clients with co-occurring disorders. However, if after a period of treatment, assessment, and clinical review by mental health and substance abuse treatment staff, a client is found to be inappropriate for the Adult Rehabilitation Program at HR360, Mental Health Discharge Guidelines will be implemented. Discharge from the program may occur under the following circumstances:

**Completion of treatment:** Completion of treatment is jointly determined by clinical staff, the client, and applicable, outside coordinating care managers. Decisions about the completion of treatment are informed by the status of goals on the treatment plan as well as behavioral and lifestyle markers. Ideally, a discharge plan should be developed at least two weeks before the completion of the program. The discharge plan will be coordinated with other mental health providers in the client's network of care and should address issues regarding continued mental health treatment, medication support, and linkage to other appropriate service providers for medical, vocational, educational, and housing needs.

**Client elects to withdraw before the completion of treatment:** In the event that the client chooses to withdraw from the program before the completion of significant treatment goals, a discharge plan should be developed. During a face-to-face session with the client, clinical staff will review the client's progress

or lack thereof and offer appropriate referrals dealing with the above-mentioned areas. If the client was receiving medication services through the program, special care will be taken to ensure that the client does not experience a gap in services. In the event that the client suddenly withdraws from treatment and is not available to develop a treatment plan, every effort will be made to contact the client and offer them a face-to-face discharge planning session and follow up with the HR360 psychiatrist.

**Client discharged by HR360 before completion of treatment:** Clients who engage in threatening or assaultive behavior, repeatedly violate rules, destroy or steal property, or refuse to cooperate with treatment will be discharged from the. Clients and outside case managers will be notified of the discharge and a plan will be created in order to ensure continued services. The specific nature of these plans will be determined by the situation and the nature of the client's existing care network.

**Reasons For Discharge:**

1. Client has engaged in assaultive or threatening behavior to HR360 staff or peers.
2. Client introduced or used drugs or alcohol on the adult residential facility premises.
3. Client is a threat to self; e.g., intentionally causes physical injury to self threatens suicide, or engages in suicidal gestures.
4. Client destroys HR360 property.
5. Client repeatedly violates program rules and norms.
6. Client refuses to comply with psychotropic medication recommendation resulting in a worsening of symptoms.
7. Despite a reasonable time in treatment, client fails to demonstrate stabilization or improvement of symptoms, thereby indicating a need for a higher level of care.

**Transfer of Care Policy and Procedure:** In the interest of ensuring continuity of care and in accordance with San Francisco Community Behavioral Health guidelines, HR360 Adult Mental Health Services maintains that any San Francisco County Medi-Cal eligible client who meets service necessity guidelines will have ongoing access to mental health services upon exiting treatment. At the time of a client's transfer from HR360 treatment services, the client will continue to be followed by their HR360 care manager who, in most cases, is his or her psychotherapist. This HR360 care manager will coordinate with any primary care manager the client may have. The care manager will facilitate transfer of services to another appropriate provider. In the event that a client is involuntarily discharged or elects to leave treatment prematurely (AWOL) and does not wish to return to treatment with HR360, that client will be referred to community resources, if possible. All clients who were prescribed psychotropic medications and are continuing to take those medications at the time of transfer will leave with three days' supply of medication. If clients have been prescribed psychoactive medications, arrangements are made to ensure that the clients have continued access to their medications. A short - term transition plan and case management will establish medication services outside of HR360 SOC.

E. **Program Staffing:** See salaries & benefits detail page in Appendix B.

**7. Objectives and Measurements**

**A. Required Objectives**

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**8. Continuous Quality Assurance and Improvement**

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

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

## 9. Required Language- N/A



**1. Identifiers:**

Program Name: HR360 Acute Psychiatric Stabilization (WRAPS)  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
www.healthright360.org

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 38IT3**

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

☐ New      ☐ Renewal      ☒ Modification

**3. Goal Statement**

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

**4. Target Population**

The target populations served by **WRAPS Program** are adults, 18-59, chronically mentally ill, poly-substance abusers or dependant on drugs and/or alcohol; undergoing acute psychiatric episodes, considered legal residents of San Francisco who are homeless and/or indigent. A pattern of repeated involvement in both mental health and substance abuse treatment programs is characteristic of this population. These clients may have no medical insurance coverage (private or public) or be eligible for SSI/Medi-Cal/Short-Doyle benefits or in the process of applying for benefits; Potential clients do not need to be Medi-CAL or Short-Doyle eligible in order to participate in this program. Mental Health services provided to Medi-CAL or Short-Doyle eligible clients will be billed under the HR360 Mental Health Medi-CAL contract.

- Behavioral health disordered persons with persistent, serious or chronic mental illness who are San Francisco residents.
- Acute Psychiatric episodic persons
- Substance abusers or substance-dependent persons

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

Residential Other

**6. Methodology**

The **HR360 WRAPS Program** is designed to provide recovery-oriented residential treatment services for adult individuals in the community undergoing acute psychiatric episodes, to enable them to receive support towards stabilization, and to engage in a partnership with the system towards recovery.

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

**B. Admissions and Intake:** Admission to the WRAPS is open to all acute psychiatric, seriously and chronically mentally ill, adult poly-substance abusers who live in San Francisco, that have either no insurance, Medi-CAL/Short-Doyle coverage or are in the process of applying for benefits and meet the County's criteria for medical and service necessity.

*Medical Necessity* is defined as interference in level of functioning due to a mental illness that disrupts or interferes with community living to the extent that without service the individual would be unable to function in the family/guardian's residence, attend school, or engage in activities normal to developmental stage and age group.

*Service Necessity* refers to the requirement for evidence of a mental illness that satisfies ICD-9-CM/DSM-IV-TR criteria or a description of the individual's symptoms and history that suggests mental illness.

**Process for Initiating Services:** Residential treatment services offered to individuals undergoing acute psychiatric episode services fall under San Francisco County's category of planned services. When an individual applies for or is referred for planned mental health services, HR360 intake staff will first ascertain that person's status of treatment with other providers in the DPH safety net by locating the client's BIS client ID number and care management status on the MHS-140 report. Clients not yet registered into the BHBIS system will be registered at HR360. Care managers will be notified of their clients' intake within the first 7 days of treatment in the WRAPS program.

**C. Program Service Delivery Model:** WRAPS will participate in the CBHS Advance Access Initiative and will provide intake assessment within 24-48 hours of referral; provide medication evaluation (as needed) within 24-48 hours of request; ensure timely collection and reporting of data to CBHS as required; provide quarterly measurements of new client demand according to Advance Access methodology and more frequently if required by CBHS; and measure delay or access for both new and ongoing clients on at least a monthly basis according to Advance Access methodology and more frequently if required by CBHS. The vision, goals, principles, and purpose of SF MHSA Behavioral Health Innovations Task Force are integrated into the service structure.

**Assessments/ Diagnosis & Written Evaluation:** This process begins at the central intake site located at 1735 Mission Street. After referral from ACCESS, the HR360 intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week. Once referral is made, clients are interviewed and given an appointment for assessment usually on the spot and within 48 hours.

Prior to admission, all HR360 prospective participants are screened to determine type and severity of psychiatric and substance abuse disorders in order to determine appropriate level of care. HR360 will also assess clients already in HR360 substance abuse treatment who indicate a need for mental health services.



Individuals referred from ACCESS will be pre-screened; i.e., not be in need of medical detoxification services, appropriate for this sub-acute mental health setting, and also have a co-occurring substance abuse problem.

**Program Service Locations:** The WRAPS Program is located at one at 815 Buena Vista West, San Francisco, CA. This facility is licensed by the State to provide adult substance abuse residential treatment.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

**E. Program Staffing:** See salaries & benefits detail page in Appendix B.

**7. Objectives and Measurements**

**A. Required Objectives**

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

**8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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

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

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

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

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

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

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

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

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

**9. Required Language- N/A**

**Appendix B**  
**Calculation of Charges**

**1. Method of Payment**

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

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): B-1, B-2, B-3, B-4, B-5, B-6, B-7, B-8, B-9, B-10, B-11, B-12, B-13, B-14, B-15, B-16, B-17, B-19, B-21, B-24 & B-25

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) 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): B-18, B-20, B-22, & B-23

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) 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 \$1,150,549 (25%) of the General Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.

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

## 2. Program Budgets and Final Invoice

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

### Budget Summary

- Appendix B-1 – Adult Residential
- Appendix B-2 – Bridges Residential
- Appendix B-3 – AB109 Residential
- Appendix B-4 – AB109 ONPD Residential
- Appendix B-5 – CARE MDSP Residential
- Appendix B-6 – CARE Detox Residential
- Appendix B-7 – CARE Variable Length Residential
- Appendix B-8 – CARE Lodestar Residential
- Appendix B-9 – SFGH Residential
- Appendix B-10 – Satellite ONPD Residential
- Appendix B-11 – Social Detox Residential
- Appendix B-12 – Transgender Residential
- Appendix B-13 – WHITS Residential
- Appendix B-14 – Women's Hope Residential
- Appendix B-15 – Adult Outpatient
- Appendix B-16 – African American Family Healing Outpatient
- Appendix B-17 – Bridges Outpatient
- Appendix B-18 – Buprenorphine Medical Monitoring Outpatient
- Appendix B-19 – Family Strength Outpatient
- Appendix B-20 – SHOP
- Appendix B-21 – Representative Payee Program
- Appendix B-22 – Second Chances
- Appendix B-23 – IFO Healthy Changes
- Appendix B-24 – Adult Medical Health Medi-Cal
- Appendix B-25 – WRAPS

## B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> 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 **Ninety One Million Five**

**Hundred Twenty Five Thousand Five Hundred Six Dollars (\$91,525,506) for the period of July 1, 2010 through December 31, 2017.**

CONTRACTOR understands that, of this maximum dollar obligation \$3,126,806 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through June 30, 2011	\$ 1,020,358
July 1, 2011 through June 30, 2012	\$ 14,011,729
July 1, 2012 through June 30, 2013	\$ 14,057,526
July 1, 2013 through June 30, 2014	\$ 14,465,062
July 1, 2014 through June 30, 2015	\$ 12,524,873
July 1, 2015 through June 30, 2016	\$ 12,524,873
July 1, 2016 through June 30, 2017	\$ 13,280,100
July 1, 2017 through December 31, 2017	\$ 6,514,179
Total: July 1, 2010 through December 31, 2017	\$ 88,398,700
Contingency	\$3,126,806
<b>G. Total:</b>	<b>\$ 92,525,506</b>

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

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

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from

CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

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

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

**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number	00348	Prepared By/Phone #: Paul Kroeger (415) 912-1820					Fiscal Year:	15-16
Contractor Name	HealthRIGHT 360					Document Date:		7/1/15
Appendix Number						Appendix B	Page 5	
	B-1	B-2	B-3	B-4	B-5	B-6	B-7	
Provider/Program Name	Adult Residential	Bridges Residential	AB109 Residential	AB109 ONPD Residential	CARE MDSP Residential	CARE Detox Residential	CARE Variable Length Residential	
Provider Number	383805, 383806, 383834	383806	383834	383807	383806	383806	383834	
Program Code	3805WR-RSD, 38062, 38342	3806BR-RES	87342	86077	3806CM-RES	3806CX-RSD	3834CV-RES	
FUNDING TERM	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	
FUNDING USES								
Salaries & Employee Benefits	2,595,189	80,841	498,430	99,639	208,422	143,081	139,316	
Operating Expenses	1,087,916	25,151	279,242	150,518	127,717	60,874	67,910	
Capital Expenses	-	-	-	-	-	-	-	
Subtotal Direct Expenses	3,683,105	105,992	777,672	250,157	336,139	203,955	207,226	
Indirect Expenses	441,971	12,719	93,320	30,018	40,338	24,474	24,867	
Indirect %	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	
TOTAL FUNDING USES	4,125,076	118,711	870,992	280,175	376,477	228,429	232,093	
BHS MENTAL HEALTH FUNDING SOURCES								
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-	-	-	-	-	
MH Realignment	-	HMHMCC730515	-	-	-	-	-	
MH COUNTY - General Fund	-	HMHMCC730515	-	-	-	-	-	
MH PROJECT - MHSA	-	PHMS63-1505	-	-	-	-	-	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			-	-	-	-	-	
BHS SUBSTANCE ABUSE FUNDING SOURCES								
SA FED - SAPT Fed Discretionary	93,959	HMHS CCRES227	950,437	-	-	-	-	
SA FED - Drug Medi-Cal	93,778	HMHS CCRES227	-	-	-	-	-	
SA STATE - PSR Drug Medi-Cal	-	HMHS CCRES227	-	-	-	-	-	
SA STATE - PSR Non Drug Medi-Cal	-	HMHS CCRES227	-	-	-	-	-	
SA COUNTY - General Fund	-	HMHS CCRES227	1,981,781	-	-	366,477	218,429	
SA COUNTY - General Fund - WO CODB	-	HMHS CCRES227	12,752	-	-	-	-	
SA GRANT - Fed SAMHSA SHOP	93,243	HCSA03-14	-	-	-	-	-	
SA GRANT - Fed DOJ Second Chance	16,812	HCSA02-14	-	-	-	-	-	
SA WORK ORDER - HSA FSET	10,561	HMHS CCADM377	850,106	-	-	-	-	
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHS109CMGWOW	-	830,992	280,175	-	-	
SA GRANT - State CDCR ISMIP	-	HMAD01-15	-	118,711	-	-	-	
SA WORK ORDER - OEWD	-	HMHS MYOEWDWO	-	-	-	-	-	
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			3,795,076	118,711	830,992	280,175	366,477	
OTHER DPH FUNDING SOURCES								
			-	-	-	-	-	
			-	-	-	-	-	
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-	
TOTAL DPH FUNDING SOURCES			3,795,076	118,711	830,992	280,175	366,477	
NON-DPH FUNDING SOURCES								
NON DPH - Patient/Client Fees			330,000	-	40,000	10,000	10,000	
			-	-	-	-	-	
TOTAL NON-DPH FUNDING SOURCES			330,000	-	40,000	10,000	10,000	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			4,125,076	118,711	870,992	280,175	376,477	

**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number		00348	Prepared By/Phone #: Paul Kroeger (415) 912-1820				Fiscal Year: 14-15	
Contractor Name		HealthRIGHT 360					Document Date: 7/1/15	
Appendix Number		Appendix B						Page 6
		B-8	B-9	B-10	B-11	B-12	B-13	B-14
Provider/Program Name		CARE Lodestar Residential	SFGH Residential	Satellite ONPD Residential	Social Detox Residential	Transgender Residential	WHITS Residential	Women's Hope Residential
Provider Number		383805	383805, 383806, 383834	383805, 383807	383806	383805, 383806	383806	388910
Program Code		3805LC-RES	3805SW-RES, 3806SG-RES, 3834G-RES	87067, 88077	88062	3805TG-RES, 3806TD-RES	3806WT-RES	89102
FUNDING TERM		7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
FUNDING USES								
Salaries & Employee Benefits		120,392	272,946	174,153	453,652	228,088	191,328	443,447
Operating Expenses		63,910	137,287	144,105	259,316	106,186	100,343	159,250
Capital Expenses		-	-	-	-	-	-	-
Subtotal Direct Expenses		184,302	410,233	318,258	712,968	334,274	291,671	602,697
Indirect Expenses		22,117	49,228	38,190	85,555	40,112	35,001	72,323
Indirect %		12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
TOTAL FUNDING USES		206,419	459,461	356,448	798,523	374,386	326,672	675,020
BHS MENTAL HEALTH FUNDING SOURCES								
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-	-	-	-	-	-
MH Realignment	-	HMHMCC730515	-	-	-	-	-	-
MH COUNTY - General Fund	-	HMHMCC730515	-	-	-	-	-	-
MH PROJECT - MHSA	-	PHMS63-1505	-	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES								
SA FED - SAPT Fed Discretionary	93,959	HMHSCCRES227	-	-	-	-	-	633,519
SA FED - Drug Medi-Cal	93,778	HMHSCCRES227	-	-	-	-	-	-
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227	-	-	-	-	-	-
SA STATE - PSR Non Drug Medi-Cal	-	HMHSCCRES227	-	-	-	-	-	-
SA COUNTY - General Fund	-	HMHSCCRES227	196,919	440,461	313,448	798,523	359,702	323,672
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227	-	-	-	-	-	-
SA GRANT - Fed SAMHSA SHOP	93,243	HCSA03-14	-	-	-	-	-	-
SA GRANT - Fed DOJ Second Chance	16,812	HCSA02-14	-	-	-	-	-	-
SA WORK ORDER - HSA FSET	10,561	HMHSCCADM377	-	-	-	-	-	-
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHS109CMGWO	-	-	-	-	-	-
SA GRANT - State CDCR ISMIP	-	HMAD01-15	-	-	-	-	-	-
SA WORK ORDER - OEWD	-	HMHSMYOEWDWO	-	-	-	-	-	-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			196,919	440,461	313,448	798,523	359,702	323,672
OTHER DPH FUNDING SOURCES								
			-	-	-	-	-	-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES			196,919	440,461	313,448	798,523	359,702	323,672
NON DPH FUNDING SOURCES								
NON DPH - Patient/Client Fees			9,500	19,000	43,000	-	14,684	3,000
TOTAL NON-DPH FUNDING SOURCES			9,500	19,000	43,000	-	14,684	3,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			206,419	459,461	356,448	798,523	374,386	326,672



**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number	00348		Prepared By/Phone #: Paul Kroeger (415) 912-1820				Fiscal Year:	14-15
Contractor Name	HealthRIGHT 360		Document Date:				7/1/15	
Appendix Number			Appendix B				Page 7	
	B-15	B-16	B-17	B-18	B-19	B-20	B-21	
Provider/Program Name	Adult Outpatient	African American Family Healing Outpatient	Bridges Outpatient	Buprenorphine Medical Monitoring Outpatient	Family Strength Outpatient	SHOP	Representative Payee Program	
Provider Number	383820	383873	383835	383820	383820	383873	383835	
Program Code	38201, 3820OP	87301	85351	88201	38731	85731	88359	
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	9/30/14-9/29/15	7/1/15-6/30/16	
FUNDING USES								
Salaries & Employee Benefits	873,770	209,929	324,830	46,271	181,921	243,377	104,114	
Operating Expenses	268,049	76,447	99,136	166	10,668	45,521	50,378	
Capital Expenses	-	-	-	-	-	-	-	
Subtotal Direct Expenses	1,141,819	286,376	423,966	46,437	192,589	288,898	154,492	
Indirect Expenses	137,019	34,368	50,876	5,571	23,110	34,667	18,538	
Indirect %	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	
TOTAL FUNDING USES	1,278,838	320,744	474,842	52,008	215,699	323,565	173,030	
BHS MENTAL HEALTH FUNDING SOURCES								
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-	-	-	-	-	
MH Realignment	-	HMHMCC730515	-	-	-	-	-	
MH COUNTY - General Fund	-	HMHMCC730515	-	-	-	-	-	
MH PROJECT - MHSA	-	PHMS63-1505	-	-	-	-	-	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			-	-	-	-	-	
BHS SUBSTANCE ABUSE FUNDING SOURCES								
SA FED - SAPT Fed Discretionary	93.959	HMHS CCRES227	285,645	-	-	-	-	
SA FED - Drug Medi-Cal	93.778	HMHS CCRES227	15,000	-	-	-	-	
SA STATE - PSR Drug Medi-Cal	-	HMHS CCRES227	15,000	-	-	-	-	
SA STATE - PSR Non Drug Medi-Cal	-	HMHS CCRES227	132,552	-	-	-	-	
SA COUNTY - General Fund	-	HMHS CCRES227	830,641	320,744	52,008	206,699	80,030	
SA COUNTY - General Fund - WO CODB	-	HMHS CCRES227	-	-	-	-	-	
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14	-	-	-	323,565	-	
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14	-	-	-	-	-	
SA WORK ORDER - HSA FSET	10.561	HMHS CCADM377	-	-	-	-	-	
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHS109CMGWO	-	-	-	-	-	
SA GRANT - State CDCR ISMIP	-	HMA01-15	-	474,842	-	-	-	
SA WORK ORDER - OEWD	-	HMHS MYOEWDWO	-	-	-	-	-	
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			1,278,838	320,744	474,842	52,008	206,699	
OTHER DPH FUNDING SOURCES								
			-	-	-	-	-	
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-	
TOTAL DPH FUNDING SOURCES			1,278,838	320,744	474,842	52,008	206,699	
NON-DPH FUNDING SOURCES								
NON DPH - Patient/Client Fees			-	-	-	9,000	93,000	
TOTAL NON-DPH FUNDING SOURCES			-	-	-	9,000	93,000	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			1,278,838	320,744	474,842	215,699	323,565	

DHCS Legal Entity Number		00348				Prepared By/Phone #: Paul Kroege (415) 912-1820		Fiscal Year: 14-15	
Contractor Name		HealthRIGHT 360						Document Date: 7/1/15	
Appendix Number		Appendix B						Page 7	
Provider/Program Name		B-22	B-23	B-24	B-25				
Provider Number		Second Chances	IPO Healthy Changes	Adult Mental Health Medi-Cal	WRAPS				TOTAL
Program Code		383835	383873	38CC	38IT				
FUNDING TERM		3835SC-ANS	N/A	38CC3	38IT3				
		10/1/14-4/30/15	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16				7/1/14-9/30/15
FUNDING USES									
Salaries & Employee Benefits		145,376	115,280	274,314	54,803				8,222,909
Operating Expenses		101,894	18,648	31,237	23,402				3,495,271
Capital Expenses		-	-	-	-				-
Subtotal Direct Expenses		247,270	133,928	305,551	78,205				11,718,180
Indirect Expenses		29,671	16,072	36,668	9,384				1,406,177
Indirect %		12.00%	12.00%	12.00%	12.00%				12.00%
TOTAL FUNDING USES		276,941	150,000	342,219	87,589	-	-	-	13,124,357
BHS MENTAL HEALTH FUNDING SOURCES									
MH FED - SDMC Regular FFP (50%)		-	-	74,773	-				74,773
MH Realignment		-	-	224,810	-				224,810
MH COUNTY - General Fund		-	-	42,636	-				42,636
MH PROJECT - MHSA		-	-	-	86,589				86,589
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	342,219	86,589	-	-	-	428,808
BHS SUBSTANCE ABUSE FUNDING SOURCES									
SA FED - SAPT Fed Discretionary		93,959	-	-	-				1,869,601
SA FED - Drug Medi-Cal		93,778	-	-	-				15,000
SA STATE - PSR Drug Medi-Cal		-	-	-	-				15,000
SA STATE - PSR Non Drug Medi-Cal		-	-	-	-				132,552
SA COUNTY - General Fund		-	-	-	-				6,745,828
SA COUNTY - General Fund - WO CODB		-	-	-	-				12,752
SA GRANT - Fed SAMHSA SHOP		93,243	-	-	-				323,565
SA GRANT - Fed DOJ Second Chance		16,812	276,941	-	-				276,941
SA WORK ORDER - HSA FSET		10,561	-	-	-				850,106
SA WORK ORDER - APD CJ Realignment (AB109)		-	-	-	-				1,111,167
SA GRANT - State CDCR ISMP		-	-	-	-				593,553
SA WORK ORDER - OEWD		-	150,000	-	-				150,000
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		276,941	150,000	-	-	-	-	-	12,096,065
OTHER DPH FUNDING SOURCES									
		-	-	-	-				-
		-	-	-	-				-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		276,941	150,000	342,219	86,589	-	-	-	12,524,873
NON-DPH FUNDING SOURCES									
NON DPH - Patient/Client Fees		-	-	-	1,000				599,484
TOTAL NON-DPH FUNDING SOURCES		-	-	-	1,000	-	-	-	599,484
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		276,941	150,000	342,219	87,589	-	-	-	13,124,357

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

Contractor Name: HealthRIGHT 360			Appendix #: B-1 page 1				
Provider/Program Name: Adult Residential			Document Date: 7/1/15				
Provider Number: 383805, 383806, 383834			Fiscal Year: 15-16				
Program Name	Adult Residential	Adult Residential					
Program Code	3805WR-RSD, 38062, 38342	3805WR-RSD, 38062, 38342					
Mode/SFC (MH) or Modality (SA)	Res-51	Res-51					
Service Description	SA-Res Recov Long Term (over 30 days)	SA-Res Recov Long Term (over 30 days)					
FUNDING TERM	7/1/15-6/30/16	7/1/15-6/30/16					<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	1,992,834	602,355					2,595,189
Operating Expense	852,870	235,046					1,087,916
Capital Expense	-	-					-
Subtotal Direct Expense	2,845,704	837,401	-	-	-	-	3,683,105
Indirect Expense	341,484	100,487					441,971
<b>TOTAL FUNDING USES</b>	<b>3,187,188</b>	<b>937,888</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4,125,076</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	950,437				950,437
SA COUNTY - General Fund	-	HMHSCCRES227	1,981,781				1,981,781
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227		12,752			12,752
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377		850,106			850,106
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>2,932,218</b>	<b>862,858</b>	<b>-</b>	<b>-</b>	<b>3,795,076</b>
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>			<b>2,932,218</b>	<b>862,858</b>	<b>-</b>	<b>-</b>	<b>3,795,076</b>
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			254,970	75,030			330,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>			<b>254,970</b>	<b>75,030</b>	<b>-</b>	<b>-</b>	<b>330,000</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>3,187,188</b>	<b>937,888</b>	<b>-</b>	<b>-</b>	<b>4,125,076</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	98	29					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS	FFS					
Units of Service	32,537	9,575					
Unit Type	Bed Days	Bed Days					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	90.12	90.12					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	97.96	97.96					
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	343	101					<b>Total UDC:</b> 444

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Adult Residential

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

	TOTAL		SAPT Fed Discretionary, General Fund & Non-DPH Funding Sources		HSA FSET Work Order, Work Order CODB & Non-DPH Funding Sources							
	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
V.P. of Programs	0.298	44,638	0.230	33,489	0.068	11,149						
Program Director	1.750	105,000	1.352	80,127	0.398	24,873						
Clinical Coordinator	0.500	20,000	0.386	14,453	0.114	5,547						
Director of QA & Compliance	0.460	45,996	0.355	34,538	0.105	11,458						
Manager of Licensing & Certification	0.570	28,671	0.440	22,152	0.130	6,519						
Care Coordinators	14.000	444,780	10.817	341,654	3.183	103,126						
Overnight Monitor	3.000	90,000	2.318	69,537	0.682	20,463						
Weekend Coordinator	0.556	19,455	0.430	15,032	0.126	4,423						
T.C. Admin. Assistant (Nexus)	1.439	51,656	1.112	38,911	0.327	12,745						
Director Of Facility Operations	0.268	22,108	0.207	17,081	0.061	5,027						
Maintenance Worker	0.853	32,209	0.659	23,886	0.194	8,323						
Transportation & Facility Manager	0.472	30,320	0.365	23,426	0.107	6,894						
Warehouse Coordinator	0.564	25,009	0.436	19,323	0.128	5,886						
Driver	2.278	70,652	1.760	53,588	0.518	17,064						
Cook/Food Service	3.296	121,134	2.547	93,593	0.749	27,541						
Director of Food Services	0.358	28,678	0.277	22,158	0.081	6,520						
Client Services Manager	0.539	26,940	0.416	20,815	0.123	6,125						
Client Services Support	1.585	44,380	1.225	34,290	0.360	10,090						
Family Services Coordinator	0.35	19,903	0.270	15,378	0.079	4,525						
Medical Services Director	0.58	47,712	0.447	36,864	0.132	10,848						
Medical Services Support	1.95	63,242	1.506	48,470	0.443	14,772						
Physician	0.01	1,425	0.011	1,101	0.003	324						
V.P. of Mental Health Services	0.38	47,855	0.297	36,975	0.087	10,880						
Mental Health Training Director	0.43	28,141	0.335	21,743	0.098	6,398						
Administrative Assistant	0.41	13,070	0.315	10,098	0.093	2,972						
Therapist	3.48	166,368	2.685	128,542	0.790	37,826						
Mental Health Manager	0.72	51,442	0.559	39,746	0.165	11,696						
Director of Workforce Development	0.54	46,836	0.415	36,187	0.122	10,649						
Education Coordinator	0.40	16,131	0.311	12,463	0.092	3,668						
Computer Lab Tech	0.48	15,076	0.367	11,648	0.108	3,428						
Housing & Community Service	0.60	21,122	0.467	16,320	0.137	4,802						
Employment Counselor	1.53	47,483	1.183	36,687	0.348	10,796						
IT Specialist - Data Control	0.51	20,235	0.396	15,634	0.116	4,601						
Psychiatrist	0.87	99,421	0.668	76,816	0.197	22,605						
Psychologist	0.37	23,972	0.286	18,522	0.084	5,450						
Totals:	46.398	1,981,060	35.850	1,521,247	10.55	459,813	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	614,129	31.00%	471,587	31.00%	142,542						
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**TOTAL SALARIES & BENEFITS**

**2,595,189**

**1,992,834**

**4294**

**602,355**

**-**

**-**

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-1 page 3

Provider/Program Name: Adult Residential

Document Date: 7/1/15

Expenditure Category	TOTAL	SAPT Fed Discretionary, General Fund & Non-DPH Funding Sources	HSA FSET Work Order, Work Order CODB & Non-DPH Funding Sources			
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:
<b>Occupancy</b>	-	-	-			
Rent	252,000	196,665	55,335			
Utilities (Telephone, Electricity, Water, Gas)	232,426	169,350	63,076			
Building Repair/Maintenance	130,106	109,024	21,082			
<b>Materials &amp; Supplies</b>	-	-	-			
Office Supplies	12,101	9,350	2,751			
Photocopying	-	-	-			
Printing	2,663	2,058	605			
Program Supplies	229,111	185,346	43,765			
Computer Hardware/Software	4,000	3,000	1,000			
<b>General Operating</b>	-	-	-			
Training/Staff Development	2,000	1,500	500			
Insurance	41,156	33,388	7,768			
Professional License	15,270	11,798	3,472			
Permits	-	-	-			
Equipment Lease & Maintenance	29,000	24,000	5,000			
<b>Staff Travel</b>	-	-	-			
Local Travel	2,668	2,311	357			
Out-of-Town Travel	-	-	-			
Travel Expenses	-	-	-			
<b>Consultant/Subcontractor</b>	-	-	-			
	-	-	-			
	-	-	-			
<b>Other</b>	-	-	-			
Client Transportation	80,000	62,080	17,920			
Taxes & Licenses	55,415	43,000	12,415			
	-	-	-			
<b>TOTAL OPERATING EXPENSE</b>	<b>1,087,916</b>	<b>852,870</b>	<b>235,046</b>	<b>-</b>	<b>-</b>	<b>-</b>

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

Contractor Name: HealthRIGHT 360				Appendix #: B-2 page 1			
Provider/Program Name: Bridges Residential				Document Date: 7/1/15			
Provider Number: 383806				Fiscal Year: 14-15			
Program Name	Bridges Residential						
Program Code	3806BR-RES						
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						<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	80,841						80,841
Operating Expense	25,151						25,151
Capital Expense	-						-
Subtotal Direct Expense	105,992	-	-	-	-	-	105,992
Indirect Expense	12,719						12,719
<b>TOTAL FUNDING USES</b>	<b>118,711</b>	-	-	-	-	-	<b>118,711</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	-	-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA GRANT - State CDCR ISMIP	-	HMAD01-15	118,711				118,711
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	118,711	-	-	-	-	-	118,711
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	-	-	-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>	118,711	-	-	-	-	-	118,711
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>	-	-	-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	118,711	-	-	-	-	-	118,711
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	2						
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	1,099						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	108.00						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	108.00						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	30						<b>Total UDC:</b> 30

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Bridges Residential

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

	TOTAL		CDCR ISMP Grant									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.010	1,500	0.010	1,500								
Program Director	0.040	2,640	0.040	2,640								
V.P. of QA & Compliance	0.010	1,000	0.010	1,000								
Manager of Licensing & Certification	0.020	1,005	0.020	1,005								
Managing Director of Clinical Services	0.010	1,100	0.010	1,100								
Supervising Care Coordinators	0.010	420	0.010	420								
Care Coordinators	0.300	10,800	0.300	10,800								
HIV/AIDS Clinical Manager	0.200	7,800	0.200	7,800								
Overnight Monitor	0.100	3,000	0.100	3,000								
Weekend Coordinator	0.100	3,500	0.100	3,500								
T.C. Admin. Assistant (Nexus)	0.031	1,086	0.031	1,086								
Director Of Facility Operations	0.003	228	0.003	228								
Maintenance Worker	0.013	417	0.013	417								
Transportation & Facility Manager	0.009	590	0.009	590								
Warehouse Coordinator	0.013	582	0.013	582								
Driver	0.040	1,240	0.040	1,240								
Cook/Food Service	0.100	3,100	0.100	3,100								
Director of Food Services	0.012	926	0.012	926								
Client Services Manager	0.050	2,531	0.050	2,531								
Client Services Support	0.034	1,028	0.034	1,028								
Family Services Coordinator	0.003	194	0.003	194								
Medical Services Director	0.010	830	0.010	830								
Medical Services Support	0.150	6,809	0.150	6,809								
Physician	0.000	34	0.000	34								
V.P. of Mental Health Services	0.008	938	0.008	938								
Mental Health Training Director	0.005	379	0.005	379								
Director of Mental Health Services	0.007	410	0.007	410								
Mental Health Care Coordinators	0.006	193	0.006	193								
Therapist	0.090	4,500	0.090	4,500								
Mental Health Manager	0.018	1,077	0.018	1,077								
Director of Workforce Development	0.001	40	0.001	40								
Housing & Community Service	0.008	309	0.008	309								
IT Specialist - Data Control	0.011	435	0.011	435								
Psychologist	0.017	1,070	0.017	1,070								
	-	-	-	-								
<b>Totals:</b>	<b>1.439</b>	<b>61,711</b>	<b>1.439</b>	<b>61,711</b>	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	19,130	31.00%	19,130		-						
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**TOTAL SALARIES & BENEFITS**

**80,841**

**80,841 4297**

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: Bridges Residential

Appendix #: B-2 page 3

Document Date: 7/1/15

Expenditure Category	TOTAL	CDCR ISMIP Grant				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	2,686	2,686				
Utilities (Telephone, Electricity, Water, Gas)	4,469	4,469				
Building Repair/Maintenance	2,246	2,246				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	250	250				
Photocopying	-	-				
Printing	50	50				
Program Supplies	7,500	7,500				
Computer Hardware/Software	500	500				
<b>General Operating</b>	-	-				
Training/Staff Development	-	-				
Insurance	1,050	1,050				
Professional License	650	650				
Permits	-	-				
Equipment Lease & Maintenance	650	650				
<b>Staff Travel</b>	-	-				
Local Travel	150	150				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	2,000	2,000				
Food	2,950	2,950				
	-	-				

TOTAL OPERATING EXPENSE

25,151

25,151



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

Contractor Name: HealthRIGHT 360			Appendix #: B-3 page 1				
Provider/Program Name: AB109 Residential			Document Date: 7/1/15				
Provider Number: 383834		Fiscal Year: 15-16					
Program Name	AB109 Residential	AB109 Reentry Pod Counseling					
Program Code	87342	N/A					
Mode/SFC (MH) or Modality (SA)	Res-51	Anc-68					
Service Description	SA-Res Recov Long Term (over 30 days)	SA-Ancillary Svcs Case Mgmt					TOTAL
FUNDING TERM	7/1/15-6/30/16	7/1/15-6/30/16					7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	452,580	45,850					498,430
Operating Expense	279,242	-					279,242
Capital Expense	-						-
Subtotal Direct Expense	731,822	45,850	-	-	-	-	777,672
Indirect Expense	87,818	5,502					93,320
<b>TOTAL FUNDING USES</b>	<b>819,640</b>	<b>51,352</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>870,992</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>							-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHS109CMGWO	779,640	51,352			830,992
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			779,640	51,352	-	-	830,992
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>							-
<b>TOTAL DPH FUNDING SOURCES</b>			779,640	51,352	-	-	830,992
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			40,000				40,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>			40,000	-	-	-	40,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			819,640	51,352	-	-	870,992
<b>POINTS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	23						
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	CR					
Units of Service	8,213	920					
Unit Type	Bed Days	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	94.93	55.82					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	99.80	55.82					
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	30	16					46

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: AB109 Residential

Appendix #: B-3 page 2

Document Date: 7/1/15

	TOTAL		APD CJ Realignment Work Order & Non-DPH Funding Sources		APD CJ Realignment Work Order							
	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
V.P. of Programs	0.060	7,500	0.060	7,500	-	-						
Program Director	0.400	26,000	0.400	26,000	-	-						
V.P. of QA & Compliance	0.050	5,000	0.050	5,000	-	-						
Manager of Licensing & Certification	0.120	5,026	0.120	5,026	-	-						
Managing Director of Clinical Services	0.020	2,200	0.020	2,200	-	-						
Supervising Care Coordinators	0.400	14,800	0.400	14,800	-	-						
Care Coordinators	1.500	54,000	1.500	54,000	-	-						
HIV/AIDS Clinical Manager	0.030	1,170	0.030	1,170	-	-						
Overnight Monitor	0.500	15,000	0.500	15,000	-	-						
Weekend Coordinator	0.200	6,800	0.200	6,800	-	-						
T.C. Admin. Assistant (Nexus)	0.250	8,750	0.250	8,750	-	-						
Director Of Facility Operations	0.050	3,500	0.050	3,500	-	-						
Maintenance Worker	0.200	7,000	0.200	7,000	-	-						
Transportation & Facility Manager	0.020	3,209	0.020	3,209	-	-						
Warehouse Coordinator	0.100	4,429	0.100	4,429	-	-						
Driver	0.438	13,482	0.438	13,482	-	-						
Cook/Food Service	0.690	21,344	0.690	21,344	-	-						
Director of Food Services	0.090	6,893	0.090	6,893	-	-						
Client Services Manager	0.110	5,374	0.110	5,374	-	-						
Client Services Support	0.300	9,099	0.300	9,099	-	-						
Family Services Coordinator	0.070	4,254	0.070	4,254	-	-						
Medical Services Director	0.120	9,523	0.120	9,523	-	-						
Medical Services Support	0.340	10,891	0.340	10,891	-	-						
Physician	0.003	334	0.003	334	-	-						
V.P. of Mental Health Services	0.070	9,072	0.070	9,072	-	-						
Mental Health Training Director	0.060	4,426	0.060	4,426	-	-						
Director of Mental Health Services	0.050	2,962	0.050	2,962	-	-						
Mental Health Care Coordinators	0.190	6,132	0.190	6,132	-	-						
Therapist	0.320	15,823	0.320	15,823	-	-						
Mental Health Manager	0.070	4,045	0.070	4,045	-	-						
Director of Workforce Development	0.160	8,118	0.160	8,118	-	-						
Education Coordinator	0.079	3,143	0.079	3,143	-	-						
Computer Lab Tech	0.140	4,575	0.140	4,575	-	-						
Housing & Community Service	0.120	4,689	0.120	4,689	-	-						
Employment Counselor	0.370	11,606	0.370	11,606	-	-						
IT Specialist - Data Control	0.100	4,124	0.100	4,124	-	-						
Psychiatrist	0.160	17,988	0.160	17,988	-	-						
Psychologist	0.050	3,200	0.050	3,200	-	-						
Reentry Pod Counselor	1.000	35,000	-	-	1.000	35,000						
Totals:	9.000	380,481	8.000	345,481	1.000	35,000	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	117,949	31.00%	107,099	31.00%	10,850						
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TOTAL SALARIES & BENEFITS

498,430

452,580

4300

45,850

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**DPH 4: Operating Expenses Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: AB109 Residential

Appendix #: B-3 page 3  
 Document Date: 7/1/15

Expenditure Category	TOTAL	APD CJ Realignment Work Order & Non-DPH Funding Sources	APD CJ Realignment Work Order			
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:
<b>Occupancy</b>	-	-	-			
Rent	58,324	58,324				
Utilities (Telephone, Electricity, Water, Gas)	50,562	50,562				
Building Repair/Maintenance	25,263	25,263				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	3,234	3,234				
Photocopying	-	-				
Printing	673	673				
Program Supplies	67,998	67,998				
Computer Hardware/Software	1,986	1,986				
<b>General Operating</b>	-	-				
Training/Staff Development	837	837				
Insurance	10,292	10,292				
Professional License	3,166	3,166				
Permits	-	-				
Equipment Lease & Maintenance	7,137	7,137				
<b>Staff Travel</b>	-	-				
Local Travel	390	390				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	16,381	16,381				
Food	32,999	32,999				
	-	-				

**TOTAL OPERATING EXPENSE**

**279,242**

**279,242**

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

Contractor Name: HealthRIGHT 360				Appendix #: B-4 page 1			
Provider/Program Name: AB109 ONPD Residential				Document Date: 7/1/15			
Provider Number: 383807				Fiscal Year: 15-16			
Program Name	AB109 ONPD Residential						
Program Code	86077						
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						<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	99,639						99,639
Operating Expense	150,518						150,518
Capital Expense	-						-
Subtotal Direct Expense	250,157	-	-	-	-	-	250,157
Indirect Expense	30,018						30,018
<b>TOTAL FUNDING USES</b>	<b>280,175</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>280,175</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHS109CMGWO	280,175				280,175
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>280,175</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>280,175</b>
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>280,175</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>280,175</b>
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>280,175</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>280,175</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	21						
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	6,805						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	41.17						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	41.17						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	53						<b>Total UDC:</b> 53

## DPH 3: Salaries &amp; Benefits Detail

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: AB109 ONPD Residential

Appendix #: B-4 page 2  
 Document Date: 7/1/15

	TOTAL		APD CJ Realignment Work Order									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.007	1,019	0.007	1,019								
Program Director	0.050	3,250	0.050	3,250								
V.P. of QA & Compliance	0.011	1,080	0.011	1,080								
Manager of Licensing & Certification	0.012	601	0.012	601								
Managing Director of Clinical Services	0.025	2,425	0.025	2,425								
Supervising Care Coordinators	0.104	3,964	0.104	3,964								
Care Coordinators	0.250	9,000	0.250	9,000								
Overnight Monitor	0.100	3,000	0.100	3,000								
T.C. Admin. Assistant (Nexus)	0.030	2,050	0.030	2,050								
Director Of Facility Operations	0.033	2,751	0.033	2,751								
Maintenance Worker	0.236	7,313	0.236	7,313								
Transportation & Facility Manager	0.029	1,869	0.029	1,869								
Warehouse Coordinator	0.011	499	0.011	499								
Driver	0.165	5,102	0.165	5,102								
Cook/Food Service	0.080	2,480	0.080	2,480								
Director of Food Services	0.098	7,811	0.098	7,811								
Client Services Manager	0.009	464	0.009	464								
Client Services Support	0.031	927	0.031	927								
Family Services Coordinator	0.017	989	0.017	989								
Medical Services Director	0.017	1,370	0.017	1,370								
Medical Services Support	0.058	1,897	0.058	1,897								
Physician	0.000	37	0.000	37								
V.P. of Mental Health Services	0.010	1,250	0.010	1,250								
Mental Health Training Director	0.004	310	0.004	310								
Director of Mental Health Services	0.011	601	0.011	601								
Mental Health Care Coordinators	0.060	1,945	0.060	1,945								
Mental Health Manager	0.019	1,118	0.019	1,118								
Director of Workforce Development	0.056	2,794	0.056	2,794								
Education Coordinator	0.030	1,216	0.030	1,216								
Computer Lab Tech	0.045	1,494	0.045	1,494								
Housing & Community Service	0.066	2,520	0.066	2,520								
Employment Counselor	0.046	1,428	0.046	1,428								
Psychiatrist	0.009	1,013	0.009	1,013								
Psychologist	0.007	473	0.007	473								
	-	-	-	-								
Totals:	1.736	76,060	1.736	76,060	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	23,579	31.00%	23,579	-	-	-	-	-	-	-	-
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TOTAL SALARIES &amp; BENEFITS

99,639

99,639

4303

**DPH 4: Operating Expenses Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: AB109 ONPD Residential

Appendix #: B-4 page 3  
 Document Date: 7/1/15

Expenditure Category	TOTAL	APD CJ Realignment Work Order				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	17,848	17,848				
Utilities (Telephone, Electricity, Water, Gas)	53,345	53,345				
Building Repair/Maintenance	8,507	8,507				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	709	709				
Photocopying	-	-				
Printing	120	120				
Program Supplies	45,121	45,121				
Computer Hardware/Software	444	444				
<b>General Operating</b>	-	-				
Training/Staff Development	165	165				
Insurance	7,451	7,451				
Professional License	2,845	2,845				
Permits	-	-				
Equipment Lease & Maintenance	7,419	7,419				
<b>Staff Travel</b>	-	-				
Local Travel	357	357				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	2,231	2,231				
Food	3,956	3,956				
	-	-				

**TOTAL OPERATING EXPENSE**

**150,518**

**150,518**

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

Contractor Name: HealthRIGHT 360				Appendix #: B-5 page 1			
Provider/Program Name: CARE MDSP Residential				Document Date: 7/1/15			
Provider Number: 383806				Fiscal Year: 15-16			
Program Name	CARE MDSP Residential						
Program Code	3806CM-RES						
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						<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	208,422						208,422
Operating Expense	127,717						127,717
Capital Expense	-						-
Subtotal Direct Expense	336,139	-	-	-	-	-	336,139
Indirect Expense	40,338						40,338
<b>TOTAL FUNDING USES</b>	<b>376,477</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>376,477</b>
<b>BHS/MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>BHS/SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCCRES227	366,477				366,477
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			366,477	-	-	-	366,477
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			366,477	-	-	-	366,477
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			10,000				10,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>			10,000	-	-	-	10,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			376,477	-	-	-	376,477
<b>DPH UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	6						
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	1,863						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	196.76						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	202.13						
Published Rate (Medi-Cal Providers Only)							<b>Total UDC:</b>
Unduplicated Clients (UDC)	49						49

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: CARE MDSP Residential

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

	TOTAL		General Fund & Non-DPH Funding Sources									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.020	3,000	0.020	3,000								
Program Director	0.100	6,500	0.100	6,500								
V.P. of QA & Compliance	0.040	4,000	0.040	4,000								
Manager of Licensing & Certification	0.050	2,513	0.050	2,513								
Managing Director of Clinical Services	0.010	1,100	0.010	1,100								
Supervising Care Coordinators	0.030	1,110	0.030	1,110								
Care Coordinators	1.050	37,800	1.050	37,800								
HIV/AIDS Clinical Manager	0.100	3,900	0.100	3,900								
Overnight Monitor	0.150	4,500	0.150	4,500								
Weekend Coordinator	0.020	980	0.020	980								
T.C. Admin. Assistant (Nexus)	0.100	3,500	0.100	3,500								
Director Of Facility Operations	0.010	799	0.010	799								
Maintenance Worker	0.060	1,800	0.060	1,800								
Transportation & Facility Manager	0.030	1,925	0.030	1,925								
Warehouse Coordinator	0.050	2,220	0.050	2,220								
Driver	0.150	4,654	0.150	4,654								
Cook/Food Service	0.350	10,855	0.350	10,855								
Director of Food Services	0.030	2,383	0.030	2,383								
Client Services Manager	0.050	2,511	0.050	2,511								
Client Services Support	0.100	2,990	0.100	2,990								
Family Services Coordinator	0.011	632	0.011	632								
Medical Services Director	0.040	3,296	0.040	3,296								
Medical Services Support	0.100	3,247	0.100	3,247								
Physician	0.002	161	0.002	161								
V.P. of Mental Health Services	0.030	3,810	0.030	3,810								
Mental Health Training Director	0.020	1,506	0.020	1,506								
Director of Mental Health Services	0.030	1,643	0.030	1,643								
Mental Health Care Coordinators	0.028	907	0.028	907								
Therapist	0.380	19,003	0.380	19,003								
Mental Health Manager	0.082	4,855	0.082	4,855								
Director of Workforce Development	0.016	788	0.016	788								
Education Coordinator	0.001	42	0.001	42								
Computer Lab Tech	0.002	98	0.002	98								
Housing & Community Service	0.006	216	0.006	216								
Employment Counselor	0.017	519	0.017	519								
IT Specialist - Data Control	0.051	2,053	0.051	2,053								
Psychiatrist	0.106	12,220	0.106	12,220								
Psychologist	0.079	5,065	0.079	5,065								
	-	-	-	-								
<b>Totals:</b>	<b>3.501</b>	<b>159,101</b>	<b>3.501</b>	<b>159,101</b>	-	-	-	-	-	-	-	-

<b>Employee Fringe Benefits:</b>	31.00%	49,321	31.00%	49,321	-	-	-	-	-	-	-	-
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**TOTAL SALARIES & BENEFITS**

**208,422**

**208,422**

**4306**



# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-5 page 3

Provider/Program Name: CARE MDSP Residential

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	11,893	11,893				
Utilities (Telephone, Electricity, Water, Gas)	27,226	27,226				
Building Repair/Maintenance	11,294	11,294				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	710	710				
Photocopying	-	-				
Printing	210	210				
Program Supplies	42,228	42,228				
Computer Hardware/Software	474	474				
<b>General Operating</b>	-	-				
Training/Staff Development	72	72				
Insurance	5,714	5,714				
Professional License	1,154	1,154				
Permits	-	-				
Equipment Lease & Maintenance	2,638	2,638				
<b>Staff Travel</b>	-	-				
Local Travel	116	116				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	7,198	7,198				
Food	16,790	16,790				
	-	-				
<b>TOTAL OPERATING EXPENSE</b>	<b>127,717</b>	<b>127,717</b>	-	-	-	-

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

Contractor Name: HealthRIGHT 360						Appendix #: B-6 page 1	
Provider/Program Name: CARE Detox Residential						Document Date: 7/1/15	
Provider Number: 383806						Fiscal Year: 15-16	
Program Name	CARE Detox Residential						
Program Code	3806CX-RSD						
Mode/SFC (MH) or Modality (SA)	Res-50						
Service Description	SA-Res Free Standing Res Detox						
FUNDING TERM	7/1/15-6/30/16						<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	143,081						143,081
Operating Expense	60,874						60,874
Capital Expense	-						-
Subtotal Direct Expense	203,955	-	-	-	-	-	203,955
Indirect Expense	24,474						24,474
<b>TOTAL FUNDING USES</b>	<b>228,429</b>	-	-	-	-	-	<b>228,429</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	-	-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCCRES227	218,429				218,429
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			218,429	-	-	-	218,429
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			218,429	-	-	-	218,429
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			10,000				10,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>			10,000	-	-	-	10,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			228,429	-	-	-	228,429
<b>UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	4						
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	1,524						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	143.28						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	149.84						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	24						<b>Total UDC:</b> 24

## DPH 3: Salaries &amp; Benefits Detail

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: CARE Detox Residential

Appendix #: B-6 page 2  
 Document Date: 7/1/15

	TOTAL		General Fund							
	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
V.P. of Programs	0.015	2,209	0.015	2,209						
Program Director	0.090	5,854	0.090	5,854						
V.P. of QA & Compliance	0.025	2,474	0.025	2,474						
Manager of Licensing & Certification	0.050	2,480	0.050	2,480						
Managing Director of Clinical Services	0.010	963	0.010	963						
Supervising Care Coordinators	0.030	1,261	0.030	1,261						
Care Coordinators	0.600	21,600	0.600	21,600						
HIV/AIDS Clinical Manager	0.060	2,534	0.060	2,534						
Overnight Monitor	0.150	4,500	0.150	4,500						
Weekend Coordinator	0.023	816	0.023	816						
T.C. Admin. Assistant (Nexus)	0.074	2,565	0.074	2,565						
Director Of Facility Operations	0.010	839	0.010	839						
Maintenance Worker	0.041	1,271	0.041	1,271						
Transportation & Facility Manager	0.019	1,245	0.019	1,245						
Warehouse Coordinator	0.031	1,369	0.031	1,369						
Driver	0.086	2,671	0.086	2,671						
Cook/Food Service	0.213	6,608	0.213	6,608						
Director of Food Services	0.022	1,736	0.022	1,736						
Client Services Manager	0.034	1,714	0.034	1,714						
Client Services Support	0.078	2,338	0.078	2,338						
Family Services Coordinator	0.009	513	0.009	513						
Medical Services Director	0.028	2,166	0.028	2,166						
Medical Services Support	0.082	2,670	0.082	2,670						
Physician	0.001	88	0.001	88						
V.P. of Mental Health Services	0.018	2,211	0.018	2,211						
Mental Health Training Director	0.014	1,028	0.014	1,028						
Director of Mental Health Services	0.016	893	0.016	893						
Mental Health Care Coordinators	0.019	608	0.019	608						
Therapist	0.300	15,029	0.300	15,029						
Mental Health Manager	0.052	3,080	0.052	3,080						
Director of Workforce Development	0.008	389	0.008	389						
Housing & Community Service	0.006	217	0.006	217						
Employment Counselor	0.009	278	0.009	278						
IT Specialist - Data Control	0.025	1,003	0.025	1,003						
Psychiatrist	0.060	6,901	0.060	6,901						
Psychologist	0.080	5,101	0.080	5,101						
	-	-	-	-						
Totals:	2.386	109,222	2.386	109,222	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	33,859	31.00%	33,859	-	-	-	-	-	-
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TOTAL SALARIES &amp; BENEFITS

143,081

143,081

4309

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: CARE Detox Residential

Appendix #: B-6 page 3

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	5,868	5,868				
Utilities (Telephone, Electricity, Water, Gas)	12,004	12,004				
Building Repair/Maintenance	4,715	4,715				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	334	334				
Photocopying	-	-				
Printing	103	103				
Program Supplies	21,491	21,491				
Computer Hardware/Software	267	267				
<b>General Operating</b>	-	-				
Training/Staff Development	45	45				
Insurance	2,624	2,624				
Professional License	548	548				
Permits	-	-				
Equipment Lease & Maintenance	1,202	1,202				
<b>Staff Travel</b>	-	-				
Local Travel	67	67				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	3,425	3,425				
Food	8,181	8,181				
	-	-				

TOTAL OPERATING EXPENSE

60,874

60,874

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

Contractor Name: HealthRIGHT 360				Appendix #: B-7 page 1			
Provider/Program Name: CARE Variable Length Residential				Document Date: 7/1/15			
Provider Number: 383834				Fiscal Year: 15-16			
Program Name	CARE Variable Length Residential						
Program Code	3834CV-RES						
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						<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	139,316						139,316
Operating Expense	67,910						67,910
Capital Expense	-						-
Subtotal Direct Expense	207,226	-	-	-	-	-	207,226
Indirect Expense	24,867						24,867
<b>TOTAL FUNDING USES</b>	<b>232,093</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>232,093</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCRES227	224,093				224,093
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>224,093</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>224,093</b>
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>224,093</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>224,093</b>
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees	8,000						8,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>8,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>8,000</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>232,093</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>232,093</b>
<b>DPH UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	7						
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	2,540						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	88.21						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	91.36						
Published Rate (Medi-Cal Providers Only)							<b>Total UDC:</b>
Unduplicated Clients (UDC)	28						28

## DPH 3: Salaries &amp; Benefits Detail

Contractor Name: HealthRIGHT 360Appendix #: B-7 page 2Provider/Program Name: CARE Variable Length ResidentialDocument Date: 7/1/15

	TOTAL		General Fund & Non-DPH Funding Sources									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.015	2,250	0.015	2,250								
Program Director	0.100	6,500	0.100	6,500								
V.P. of QA & Compliance	0.025	2,500	0.025	2,500								
Manager of Licensing & Certification	0.029	1,480	0.029	1,480								
Managing Director of Clinical Services	0.008	792	0.008	792								
Supervising Care Coordinators	0.056	2,140	0.056	2,140								
Care Coordinators	0.500	18,000	0.500	18,000								
HIV/AIDS Clinical Manager	0.025	1,052	0.025	1,052								
Overnight Monitor	0.200	6,000	0.200	6,000								
Weekend Coordinator	0.052	1,834	0.052	1,834								
T.C. Admin. Assistant (Nexus)	0.080	2,812	0.080	2,812								
Director Of Facility Operations	0.017	1,436	0.017	1,436								
Maintenance Worker	0.059	1,836	0.059	1,836								
Transportation & Facility Manager	0.018	1,149	0.018	1,149								
Warehouse Coordinator	0.030	1,321	0.030	1,321								
Driver	0.100	3,100	0.100	3,100								
Cook/Food Service	0.200	6,200	0.200	6,200								
Director of Food Services	0.021	1,678	0.021	1,678								
Client Services Manager	0.030	1,506	0.030	1,506								
Client Services Support	0.078	2,325	0.078	2,325								
Family Services Coordinator	0.011	639	0.011	639								
Medical Services Director	0.026	2,174	0.026	2,174								
Medical Services Support	0.090	2,925	0.090	2,925								
Physician	0.001	83	0.001	83								
V.P. of Mental Health Services	0.017	2,129	0.017	2,129								
Mental Health Training Director	0.015	1,116	0.015	1,116								
Director of Mental Health Services	0.012	687	0.012	687								
Mental Health Care Coordinators	0.050	1,625	0.050	1,625								
Therapist	0.150	7,500	0.150	7,500								
Mental Health Manager	0.030	1,785	0.030	1,785								
Director of Workforce Development	0.074	3,675	0.074	3,675								
Education Coordinator	0.010	395	0.010	395								
Computer Lab Tech	0.043	1,410	0.043	1,410								
Housing & Community Service	0.026	993	0.026	993								
Employment Counselor	0.106	3,290	0.106	3,290								
IT Specialist - Data Control	0.027	1,061	0.027	1,061								
Psychiatrist	0.050	5,750	0.050	5,750								
Psychologist	0.050	3,200	0.050	3,200								
	-	-	-	-								
Totals:	2.431	106,348	2.431	106,348	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	32,968	31.00%	32,968		-		-		-		-
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TOTAL SALARIES &amp; BENEFITS

139,316

139,316

4312

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-7 page 3

Provider/Program Name: CARE Variable Length Residential

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	14,581	14,581				
Utilities (Telephone, Electricity, Water, Gas)	13,100	13,100				
Building Repair/Maintenance	6,622	6,622				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	757	757				
Photocopying	-	-				
Printing	152	152				
Program Supplies	15,291	15,291				
Computer Hardware/Software	660	660				
<b>General Operating</b>	-	-				
Training/Staff Development	102	102				
Insurance	2,488	2,488				
Professional License	577	577				
Permits	-	-				
Equipment Lease & Maintenance	1,580	1,580				
<b>Staff Travel</b>	-	-				
Local Travel	88	88				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	3,716	3,716				
Food	8,196	8,196				
	-	-				

TOTAL OPERATING EXPENSE

67,910

67,910

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

Contractor Name: HealthRIGHT 360						Appendix #: B-8 page 1	
Provider/Program Name: CARE Lodestar Residential						Document Date: 7/1/15	
Provider Number: 383805						Fiscal Year: 15-16	
Program Name	CARE Lodestar Residential						
Program Code	3805LC-RES						
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						<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	120,392						120,392
Operating Expense	63,910						63,910
Capital Expense	-						-
Subtotal Direct Expense	184,302	-	-	-	-	-	184,302
Indirect Expense	22,117						22,117
<b>TOTAL FUNDING USES</b>	<b>206,419</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>206,419</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCCRES227	196,919				196,919
							-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			196,919	-	-	-	196,919
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			196,919	-	-	-	196,919
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			9,500				9,500
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			9,500	-	-	-	9,500
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			206,419	-	-	-	206,419
<b>UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	6						
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	1,863						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	105.72						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	110.82						
Published Rate (Medi-Cal Providers Only)							<b>Total UDC:</b>
Unduplicated Clients (UDC)	24						24



**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: CARE Lodestar Residential

Appendix #: B-8 page 2  
 Document Date: 7/1/15

	TOTAL		General Fund & Non-DPH Funding Sources							
	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
V.P. of Programs	0.020	2,986	0.020	2,986						
Program Director	0.062	6,173	0.062	6,173						
V.P. of QA & Compliance	0.022	2,175	0.022	2,175						
Manager of Licensing & Certification	0.026	1,289	0.026	1,289						
Managing Director of Clinical Services	0.006	538	0.006	538						
Supervising Care Coordinators	0.121	4,615	0.121	4,615						
Care Coordinators	0.523	18,830	0.523	18,830						
HIV/AIDS Clinical Manager	0.031	1,309	0.031	1,309						
Overnight Monitor	0.137	4,096	0.137	4,096						
T.C. Admin. Assistant (Nexus)	0.064	2,232	0.064	2,232						
Director Of Facility Operations	0.009	721	0.009	721						
Maintenance Worker	0.043	1,344	0.043	1,344						
Transportation & Facility Manager	0.028	1,796	0.028	1,796						
Warehouse Coordinator	0.026	1,152	0.026	1,152						
Driver	0.160	4,971	0.160	4,971						
Cook/Food Service	0.153	4,742	0.153	4,742						
Director of Food Services	0.020	1,576	0.020	1,576						
Client Services Manager	0.027	1,342	0.027	1,342						
Client Services Support	0.070	2,114	0.070	2,114						
Family Services Coordinator	0.024	1,348	0.024	1,348						
Medical Services Director	0.029	2,381	0.029	2,381						
Medical Services Support	0.105	3,404	0.105	3,404						
Physician	0.001	76	0.001	76						
V.P. of Mental Health Services	0.019	2,374	0.019	2,374						
Mental Health Training Director	0.010	726	0.010	726						
Director of Mental Health Services	0.017	943	0.017	943						
Mental Health Care Coordinators	0.062	2,003	0.062	2,003						
Therapist	0.111	5,524	0.111	5,524						
Mental Health Manager	0.032	1,875	0.032	1,875						
Director of Workforce Development	0.010	504	0.010	504						
Education Coordinator	0.005	184	0.005	184						
Computer Lab Tech	0.007	234	0.007	234						
Housing & Community Service	0.010	372	0.010	372						
Employment Counselor	0.023	715	0.023	715						
IT Specialist - Data Control	0.026	1,025	0.026	1,025						
Psychiatrist	0.020	2,318	0.020	2,318						
Psychologist	0.030	1,895	0.030	1,895						
	-	-	-	-						
<b>Totals:</b>	<b>2.089</b>	<b>91,902</b>	<b>2.089</b>	<b>91,902</b>	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	28,490	31.00%	28,490	-	-	-	-	-	-
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**TOTAL SALARIES & BENEFITS**

**120,392**

**120,392**

**4315**

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: CARE Lodestar Residential

Appendix #: B-8 pag 2

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	7,322	7,322				
Utilities (Telephone, Electricity, Water, Gas)	15,332	15,332				
Building Repair/Maintenance	5,899	5,899				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	602	602				
Photocopying	-	-				
Printing	145	145				
Program Supplies	14,080	14,080				
Computer Hardware/Software	249	249				
<b>General Operating</b>	-	-				
Training/Staff Development	185	185				
Insurance	3,238	3,238				
Professional License	1,435	1,435				
Permits	-	-				
Equipment Lease & Maintenance	1,460	1,460				
<b>Staff Travel</b>	-	-				
Local Travel	108	108				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	4,569	4,569				
Food	9,286	9,286				
	-	-				

TOTAL OPERATING EXPENSE

63,910

63,910

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

Contractor Name: HealthRIGHT 360				Appendix #: B-9 page 1			
Provider/Program Name: SFGH Residential				Document Date: 7/1/15			
Provider Number: 383805, 383806, 383834				Fiscal Year: 15-16			
Program Name	SFGH Residential						
Program Code	3805SW-RES, 3806SG-RES, 3834G-RES						
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						<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	272,946						272,946
Operating Expense	137,287						137,287
Capital Expense	-						-
Subtotal Direct Expense	410,233	-	-	-	-	-	410,233
Indirect Expense	49,228						49,228
<b>TOTAL FUNDING USES</b>	<b>459,461</b>	-	-	-	-	-	<b>459,461</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCCRES227	440,461				440,461
							-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			440,461	-	-	-	440,461
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			440,461	-	-	-	440,461
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			19,000				19,000
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			19,000	-	-	-	19,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			459,461	-	-	-	459,461
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	10						
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	3,387						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	130.04						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	135.65						
Published Rate (Medi-Cal Providers Only)							<b>Total UDC:</b>
Unduplicated Clients (UDC)	45						45

## DPH 3: Salaries &amp; Benefits Detail

Contractor Name: HealthRIGHT 360Appendix #: B-9 page 2Provider/Program Name: SFGH ResidentialDocument Date: 7/1/15

	TOTAL		General Fund & Non-DPH Funding Sources							
	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
V.P. of Programs	0.029	4,418	0.029	4,418						
Program Director	0.192	12,456	0.192	12,456						
V.P. of QA & Compliance	0.044	4,399	0.044	4,399						
Manager of Licensing & Certification	0.058	2,914	0.058	2,914						
Managing Director of Clinical Services	0.009	918	0.009	918						
Supervising Care Coordinators	0.221	8,392	0.221	8,392						
Care Coordinators	1.110	39,952	1.110	39,952						
HIV/AIDS Clinical Manager	0.039	1,644	0.039	1,644						
Overnight Monitor	0.295	8,861	0.295	8,861						
Weekend Coordinator	0.067	2,332	0.067	2,332						
T.C. Admin. Assistant (Nexus)	0.139	4,848	0.139	4,848						
Director Of Facility Operations	0.029	2,388	0.029	2,388						
Maintenance Worker	0.112	3,464	0.112	3,464						
Transportation & Facility Manager	0.049	3,155	0.049	3,155						
Warehouse Coordinator	0.058	2,580	0.058	2,580						
Driver	0.274	8,506	0.274	8,506						
Cook/Food Service	0.345	10,700	0.345	10,700						
Director of Food Services	0.042	3,383	0.042	3,383						
Client Services Manager	0.055	2,775	0.055	2,775						
Client Services Support	0.152	4,553	0.152	4,553						
Family Services Coordinator	0.046	2,646	0.046	2,646						
Medical Services Director	0.059	4,864	0.059	4,864						
Medical Services Support	0.193	6,288	0.193	6,288						
Physician	0.002	171	0.002	171						
V.P. of Mental Health Services	0.038	4,812	0.038	4,812						
Mental Health Training Director	0.026	1,972	0.026	1,972						
Director of Mental Health Services	0.030	1,624	0.030	1,624						
Mental Health Care Coordinators	0.106	3,448	0.106	3,448						
Therapist	0.341	17,068	0.341	17,068						
Mental Health Manager	0.059	3,524	0.059	3,524						
Director of Workforce Development	0.101	5,049	0.101	5,049						
Education Coordinator	0.037	1,477	0.037	1,477						
Computer Lab Tech	0.025	828	0.025	828						
Housing & Community Service	0.086	3,253	0.086	3,253						
Employment Counselor	0.143	4,445	0.143	4,445						
IT Specialist - Data Control	0.052	2,064	0.052	2,064						
Psychiatrist	0.086	9,880	0.086	9,880						
Psychologist	0.036	2,305	0.036	2,305						
Totals:	4.785	208,358	4.785	208,358	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	64,590	31.00%	64,590	-	-	-	-	-	-
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TOTAL SALARIES &amp; BENEFITS

272,946

272,946

4318

# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-9 page 3

Provider/Program Name: SFGH Residential

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	22,010	22,010				
Utilities (Telephone, Electricity, Water, Gas)	27,630	27,630				
Building Repair/Maintenance	12,843	12,843				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	1,335	1,335				
Photocopying	-	-				
Printing	369	369				
Program Supplies	33,938	33,938				
Computer Hardware/Software	1,013	1,013				
<b>General Operating</b>	-	-				
Training/Staff Development	423	423				
Insurance	5,637	5,637				
Professional License	2,607	2,607				
Permits	-	-				
Equipment Lease & Maintenance	2,987	2,987				
<b>Staff Travel</b>	-	-				
Local Travel	263	263				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	8,668	8,668				
Food	17,564	17,564				
	-	-				

TOTAL OPERATING EXPENSE

137,287

137,287

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

Contractor Name: HealthRIGHT 360						Appendix #: B-10 page 1	
Provider/Program Name: Satellite ONPD Residential						Document Date: 7/1/15	
Provider Number: 383805, 383807						Fiscal Year: 15-16	
Program Name	Satellite ONPD Residential						
Program Code	87067, 88077						
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						<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	174,153						174,153
Operating Expense	144,105						144,105
Capital Expense	-						-
Subtotal Direct Expense	318,258	-	-	-	-	-	318,258
Indirect Expense	38,190						38,190
<b>TOTAL FUNDING USES</b>	<b>356,448</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>356,448</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCCRES227	313,448				313,448
							-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			313,448	-	-	-	313,448
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			313,448	-	-	-	313,448
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			43,000				43,000
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			43,000	-	-	-	43,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			356,448	-	-	-	356,448
<b>B UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	21						
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	7,113						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	44.07						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	50.12						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	84						<b>Total UDC:</b> 84

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Satellite ONPD Residential

Appendix #: B-10 page 2  
 Document Date: 7/1/15

	TOTAL		General Fund & Non-DPH Funding Sources							
	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
V.P. of Programs	0.005	688	0.005	688						
Program Director	0.144	9,348	0.144	9,348						
V.P. of QA & Compliance	0.071	7,120	0.071	7,120						
Manager of Licensing & Certification	0.009	439	0.009	439						
Managing Director of Clinical Services	0.007	653	0.007	653						
Supervising Care Coordinators	0.076	2,899	0.076	2,899						
Care Coordinators	1.040	37,423	1.040	37,423						
Overnight Monitor	0.064	1,923	0.064	1,923						
Weekend Coordinator	0.001	41	0.001	41						
T.C. Admin. Assistant (Nexus)	0.021	726	0.021	726						
Director Of Facility Operations	0.028	2,281	0.028	2,281						
Maintenance Worker	0.182	5,645	0.182	5,645						
Transportation & Facility Manager	0.021	1,343	0.021	1,343						
Warehouse Coordinator	0.009	381	0.009	381						
Driver	0.107	3,313	0.107	3,313						
Cook/Food Service	0.041	1,280	0.041	1,280						
Director of Food Services	0.064	5,086	0.064	5,086						
Client Services Manager	0.008	406	0.008	406						
Client Services Support	0.027	818	0.027	818						
Family Services Coordinator	0.013	763	0.013	763						
Medical Services Director	0.013	1,089	0.013	1,089						
Medical Services Support	0.044	1,416	0.044	1,416						
Physician	0.000	28	0.000	28						
V.P. of Mental Health Services	0.007	1,155	0.007	1,155						
Mental Health Training Director	0.004	265	0.004	265						
Director of Mental Health Services	0.006	325	0.006	325						
Mental Health Care Coordinators	0.036	1,163	0.036	1,163						
Therapist	0.134	6,682	0.134	6,682						
Mental Health Manager	0.010	593	0.010	593						
Director of Workforce Development	0.222	11,122	0.222	11,122						
Education Coordinator	0.063	2,537	0.063	2,537						
Computer Lab Tech	0.134	4,437	0.134	4,437						
Housing & Community Service	0.093	3,550	0.093	3,550						
Employment Counselor	0.270	8,383	0.270	8,383						
IT Specialist - Data Control	0.080	3,184	0.080	3,184						
Psychiatrist	0.037	4,223	0.037	4,223						
Psychologist	0.003	213	0.003	213						
	-	-	-	-						
	-	-	-	-						
Totals:	3.094	132,941	3.094	132,941	-	-	-	-	-	-
Employee Fringe Benefits:	31.00%	41,212	31.00%	41,212		-		-		-
TOTAL SALARIES & BENEFITS		174,153		174,153	4321	-		-		-

# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: Satellite ONPD Residential

Appendix #: B-10 page 3

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	29,244	29,244				
Utilities (Telephone, Electricity, Water, Gas)	38,829	38,829				
Building Repair/Maintenance	8,532	8,532				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	2,000	2,000				
Photocopying	-	-				
Printing	500	500				
Program Supplies	36,000	36,000				
Computer Hardware/Software	1,500	1,500				
<b>General Operating</b>	-	-				
Training/Staff Development	1,500	1,500				
Insurance	6,000	6,000				
Professional License	2,000	2,000				
Permits	-	-				
Equipment Lease & Maintenance	8,000	8,000				
<b>Staff Travel</b>	-	-				
Local Travel	500	500				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	4,000	4,000				
Food	5,500	5,500				
	-	-				

TOTAL OPERATING EXPENSE

144,105

144,105



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

Contractor Name: HealthRIGHT 360				Appendix #: B-11 page 1			
Provider/Program Name: Social Detox Residential				Document Date: 7/1/15			
Provider Number: 383806				Fiscal Year: 15-16			
Program Name	Social Detox Residential						
Program Code	88062						
Mode/SFC (MH) or Modality (SA)	Res-50						
Service Description	SA-Res Free Standing Res Detox						
FUNDING TERM	7/1/15-6/30/16						<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	453,652						453,652
Operating Expense	259,316						259,316
Capital Expense	-						-
Subtotal Direct Expense	712,968	-	-	-	-	-	712,968
Indirect Expense	85,555						85,555
<b>TOTAL FUNDING USES</b>	<b>798,523</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>798,523</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCCRES227	798,523				798,523
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			798,523	-	-	-	798,523
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			798,523	-	-	-	798,523
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			798,523	-	-	-	798,523
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	35						
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	11,856						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	67.35						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	67.35						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	140						<b>Total UDC:</b> 140

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Social Detox Residential

Appendix #: B-11 page 2  
 Document Date: 7/1/15

	TOTAL		General Fund									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.061	9,169	0.061	9,169								
Program Director	0.245	15,903	0.245	15,903								
V.P. of QA & Compliance	0.083	8,292	0.083	8,292								
Manager of Licensing & Certification	0.100	5,043	0.100	5,043								
Managing Director of Clinical Services	0.013	1,259	0.013	1,259								
Coordiators	4.251	153,044	4.251	153,044								
HIV/AIDS Clinical Manager	0.261	10,958	0.261	10,958								
Overnight Monitor	0.670	20,102	0.670	20,102								
T.C. Admin. Assistant (Nexus)	0.243	8,458	0.243	8,458								
Director Of Facility Operations	0.022	1,778	0.022	1,778								
Maintenance Worker	0.103	3,195	0.103	3,195								
Transportation & Facility Manager	0.067	4,269	0.067	4,269								
Warehouse Coordinator	0.106	4,689	0.106	4,689								
Driver	0.280	8,691	0.280	8,691								
Cook/Food Service	0.732	22,707	0.732	22,707								
Director of Food Services	0.072	5,782	0.072	5,782								
Family Services Coordinator	0.020	1,135	0.020	1,135								
Medical Services Director	0.083	6,827	0.083	6,827								
Medical Services Support	0.289	9,383	0.289	9,383								
Physician	0.003	294	0.003	294								
V.P. of Mental Health Services	0.061	7,654	0.061	7,654								
Mental Health Training Director	0.040	3,014	0.040	3,014								
Director of Mental Health Services	0.055	3,029	0.055	3,029								
Mental Health Care Coordinators	0.021	677	0.021	677								
Therapist	0.001	60	0.001	60								
Mental Health Manager	0.141	8,401	0.141	8,401								
IT Specialist - Data Control	0.081	3,230	0.081	3,230								
Psychologist	0.029	1,861	0.029	1,861								
Admissions Counselor	0.544	17,395	0.544	17,395								
	-	-	-	-								
<b>Totals:</b>	<b>8.677</b>	<b>346,299</b>	<b>8.677</b>	<b>346,299</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

Employee Fringe Benefits:	31.00%	107,353	31.00%	107,353	-	-	-	-	-	-	-	-
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**TOTAL SALARIES & BENEFITS**

**453,652**

**453,652**

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**-**

# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-11 page 3

Provider/Program Name: Social Detox Residential

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	21,000	21,000				
Utilities (Telephone, Electricity, Water, Gas)	51,000	51,000				
Building Repair/Maintenance	40,000	40,000				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	1,500	1,500				
Photocopying	-	-				
Printing	500	500				
Program Supplies	78,000	78,000				
Computer Hardware/Software	700	700				
<b>General Operating</b>	-	-				
Training/Staff Development	200	200				
Insurance	11,000	11,000				
Professional License	2,200	2,200				
Permits	-	-				
Equipment Lease & Maintenance	5,500	5,500				
<b>Staff Travel</b>	-	-				
Local Travel	216	216				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	13,500	13,500				
Food	34,000	34,000				
	-	-				

TOTAL OPERATING EXPENSE

259,316

259,316

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

Contractor Name: HealthRIGHT 360						Appendix #: B-12 page 1	
Provider/Program Name: Transgender Residential						Document Date: 7/1/15	
Provider Number: 383805, 383806						Fiscal Year: 15-16	
Program Name	Transgender Residential						
Program Code	3805TG-RES, 3806TD-RES						
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						<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	228,088						228,088
Operating Expense	106,186						106,186
Capital Expense	-						-
Subtotal Direct Expense	334,274	-	-	-	-	-	334,274
Indirect Expense	40,112						40,112
<b>TOTAL FUNDING USES</b>	<b>374,386</b>	-	-	-	-	-	<b>374,386</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund		HMHSCRES227	359,702				359,702
							-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			359,702	-	-	-	359,702
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			359,702	-	-	-	359,702
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			14,684				14,684
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			14,684	-	-	-	14,684
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			374,386	-	-	-	374,386
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	8						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	2,709						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	132.78						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	138.20						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	36						<b>Total UDC:</b> 36

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Transgender Residential

Appendix #: B-12 page 2  
 Document Date: 7/1/15

	TOTAL		General Fund & Non-DPH Funding Sources									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.022	3,277	0.022	3,277								
Program Director	0.131	8,483	0.131	8,483								
V.P. of QA & Compliance	0.035	3,469	0.035	3,469								
Manager of Licensing & Certification	0.040	2,018	0.040	2,018								
Managing Director of Clinical Services	0.010	923	0.010	923								
Supervising Care Coordinators	0.270	10,277	0.270	10,277								
Care Coordinators	0.815	29,323	0.815	29,323								
HIV/AIDS Clinical Manager	0.026	1,111	0.026	1,111								
Overnight Monitor	0.256	7,669	0.256	7,669								
T.C. Admin. Assistant (Nexus)	0.121	4,248	0.121	4,248								
Director Of Facility Operations	0.014	1,165	0.014	1,165								
Maintenance Worker	0.065	2,001	0.065	2,001								
Transportation & Facility Manager	0.050	3,194	0.050	3,194								
Warehouse Coordinator	0.040	1,759	0.040	1,759								
Driver	0.288	8,935	0.288	8,935								
Cook/Food Service	0.207	6,415	0.207	6,415								
Director of Food Services	0.027	2,186	0.027	2,186								
Client Services Manager	0.035	1,738	0.035	1,738								
Client Services Support	0.099	2,981	0.099	2,981								
Family Services Coordinator	0.051	2,931	0.051	2,931								
Medical Services Director	0.049	4,018	0.049	4,018								
Medical Services Support	0.186	6,060	0.186	6,060								
Physician	0.001	117	0.001	117								
V.P. of Mental Health Services	0.032	3,992	0.032	3,992								
Mental Health Training Director	0.015	1,100	0.015	1,100								
Director of Mental Health Services	0.022	1,208	0.022	1,208								
Mental Health Care Coordinators	0.134	4,360	0.134	4,360								
Therapist	0.474	23,696	0.474	23,696								
Mental Health Manager	0.059	3,509	0.059	3,509								
Director of Workforce Development	0.090	4,517	0.090	4,517								
Education Coordinator	0.038	1,534	0.038	1,534								
Computer Lab Tech	0.064	2,115	0.064	2,115								
Housing & Community Service	0.025	986	0.025	986								
Employment Counselor	0.105	3,249	0.105	3,249								
IT Specialist - Data Control	0.035	1,385	0.035	1,385								
Psychiatrist	0.063	7,203	0.063	7,203								
Psychologist	0.015	961	0.015	961								
	-	-	-	-								
Totals:	4.009	174,113	4.009	174,113	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	53,975	31.00%	53,975	-	-	-	-	-	-
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**TOTAL SALARIES & BENEFITS**

**228,088**

**228,088**

**4327**

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**DPH 4: Operating Expenses Detail**

Contractor Name: HealthRIGHT 360

Provider/Program Name: Transgender Residential

Appendix #: B-12 page 3

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	19,348	19,348				
Utilities (Telephone, Electricity, Water, Gas)	25,759	25,759				
Building Repair/Maintenance	10,038	10,038				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	1,363	1,363				
Photocopying	-	-				
Printing	314	314				
Program Supplies	18,188	18,188				
Computer Hardware/Software	500	500				
<b>General Operating</b>	-	-				
Training/Staff Development	168	168				
Insurance	5,039	5,039				
Professional License	2,237	2,237				
Permits	-	-				
Equipment Lease & Maintenance	2,197	2,197				
<b>Staff Travel</b>	-	-				
Local Travel	76	76				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	7,012	7,012				
Food	13,947	13,947				
	-	-				

**TOTAL OPERATING EXPENSE**

**106,186**

**106,186**

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

Contractor Name: HealthRIGHT 360				Appendix #: B-13 page 1			
Provider/Program Name: WHITS Residential				Document Date: 7/1/15			
Provider Number: 383806				Fiscal Year: 15-16			
Program Name	WHITS Residential						
Program Code	3806WT-RES						
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						<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	191,328						191,328
Operating Expense	100,343						100,343
Capital Expense	-						-
Subtotal Direct Expense	291,671	-	-	-	-	-	291,671
Indirect Expense	35,001						35,001
<b>TOTAL FUNDING USES</b>	<b>326,672</b>	-	-	-	-	-	<b>326,672</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCCRES227	323,672				323,672
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			323,672	-	-	-	323,672
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			323,672	-	-	-	323,672
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			3,000				3,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>			3,000	-	-	-	3,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			326,672	-	-	-	326,672
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	5						
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	1,693						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	191.18						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	192.95						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	22						<b>Total UDC:</b> 22

## DPH 3: Salaries &amp; Benefits Detail

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: WHITS Residential

Appendix #: B-13 page 2  
 Document Date: 7/1/15

	TOTAL		General Fund									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.022	3,309	0.022	3,309								
Program Director	0.099	6,459	0.099	6,459								
V.P. of QA & Compliance	0.034	3,374	0.034	3,374								
Manager of Licensing & Certification	0.041	2,048	0.041	2,048								
Managing Director of Clinical Services	0.005	480	0.005	480								
Care Coordinators	0.091	32,742	0.091	32,742								
HIV/AIDS Clinical Manager	0.106	4,457	0.106	4,457								
Overnight Monitor	0.140	4,202	0.140	4,202								
T.C. Admin. Assistant (Nexus)	0.098	3,422	0.098	3,422								
Director Of Facility Operations	0.009	706	0.009	706								
Maintenance Worker	0.045	1,395	0.045	1,395								
Transportation & Facility Manager	0.027	1,749	0.027	1,749								
Warehouse Coordinator	0.044	1,937	0.044	1,937								
Driver	0.114	3,544	0.114	3,544								
Cook/Food Service	0.299	9,256	0.299	9,256								
Director of Food Services	0.029	2,296	0.029	2,296								
Client Services Manager	0.052	2,594	0.052	2,594								
Client Services Support	0.109	3,263	0.109	3,263								
Family Services Coordinator	0.025	1,438	0.025	1,438								
Medical Services Director	0.040	3,296	0.040	3,296								
Medical Services Support	0.120	3,900	0.120	3,900								
Physician	0.001	123	0.001	123								
V.P. of Mental Health Services	0.025	3,097	0.025	3,097								
Mental Health Training Director	0.020	1,500	0.020	1,500								
Director of Mental Health Services	0.030	1,650	0.030	1,650								
Mental Health Care Coordinators	0.010	325	0.010	325								
Mental Health Medi-Cal Admin Coord.	0.189	8,772	0.189	8,772								
Therapist	0.450	22,500	0.450	22,500								
Mental Health Manager	0.090	5,355	0.090	5,355								
Director of Workforce Development	0.001	62	0.001	62								
Housing & Community Service	0.006	246	0.006	246								
IT Specialist - Data Control	0.050	2,000	0.050	2,000								
Psychiatrist	0.004	437	0.004	437								
Psychologist	0.064	4,118	0.064	4,118								
	-	-	-	-								
Totals:	2.489	146,052	2.489	146,052	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	45,276	31.00%	45,276	-	-	-	-	-	-	-	-
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TOTAL SALARIES &amp; BENEFITS

191,328

191,328

4330

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: WHITS Residential

Appendix #: B-13 page 3

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	11,000	11,000				
Utilities (Telephone, Electricity, Water, Gas)	24,000	24,000				
Building Repair/Maintenance	10,000	10,000				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	1,000	1,000				
Photocopying	-	-				
Printing	193	193				
Program Supplies	32,000	32,000				
Computer Hardware/Software	500	500				
<b>General Operating</b>	-	-				
Training/Staff Development	100	100				
Insurance	1,000	1,000				
Professional License	1,000	1,000				
Permits	-	-				
Equipment Lease & Maintenance	2,400	2,400				
<b>Staff Travel</b>	-	-				
Local Travel	150	150				
Out-of-Town Travel	-	-				
Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	2,500	2,500				
Food	14,500	14,500				
	-	-				

TOTAL OPERATING EXPENSE

100,343

100,343

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

Contractor Name: HealthRIGHT 360				Appendix #: B-14 page 1			
Provider/Program Name: Women's Hope Residential				Document Date: 7/1/15			
Provider Number: 388910				Fiscal Year: 15-16			
Program Name	Women's Hope Residential						
Program Code	89102						
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						<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	443,447						443,447
Operating Expense	159,250						159,250
Capital Expense	-						-
Subtotal Direct Expense	602,697	-	-	-	-	-	602,697
Indirect Expense	72,323						72,323
<b>TOTAL FUNDING USES</b>	<b>675,020</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>675,020</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	633,519				633,519
SA COUNTY - General Fund	-	HMHSCCRES227	32,201				32,201
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			665,720	-	-	-	665,720
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			665,720	-	-	-	665,720
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			9,300				9,300
<b>TOTAL NON-DPH FUNDING SOURCES</b>			9,300	-	-	-	9,300
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			675,020	-	-	-	675,020
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	16						
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	5,418						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	122.87						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	124.59						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	35						<b>Total UDC:</b> 35

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Women's Hope Residential

Appendix #: B-14 page 2  
 Document Date: 7/1/15

	TOTAL		SAPT Fed Discretionary, General Fund & Non-DPH Funding Sources									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.359	23,322	0.359	23,322								
Managing Director of Clinical Services	0.064	6,210	0.064	6,210								
Supervising Care Coordinators	0.800	30,400	0.800	30,400								
Care Coordinators	1.772	63,803	1.772	63,803								
Clinical Coordinator	0.171	6,320	0.171	6,320								
On-site Monitor	0.347	10,409	0.347	10,409								
Weekend Coordinator	1.112	38,937	1.112	38,937								
T.C. Admin. Assistant (Nexus)	0.446	13,376	0.446	13,376								
Director Of Facility Operations	0.001	47	0.001	47								
Maintenance Worker	0.095	2,934	0.095	2,934								
Transportation & Facility Manager	0.004	284	0.004	284								
Driver	0.030	940	0.030	940								
Cook/Food Service	0.400	12,401	0.400	12,401								
Director of Food Services	0.031	2,504	0.031	2,504								
Parenting Counselor	1.840	55,337	1.840	55,337								
Medical Services Director	0.032	2,613	0.032	2,613								
Therapist	1.181	59,059	1.181	59,059								
Mental Health Manager	0.002	146	0.002	146								
Director of Workforce Development	0.029	1,430	0.029	1,430								
Education Coordinator	0.009	349	0.009	349								
Computer Lab Tech	0.014	455	0.014	455								
Hr & Community Service	0.040	1,515	0.040	1,515								
Employment Counselor	0.060	1,865	0.060	1,865								
IT Specialist - Data Control	0.058	2,303	0.058	2,303								
Psychiatrist	0.014	1,550	0.014	1,550								
	-	-	-	-								
Totals:	8.911	338,509	8.911	338,509	-	-	-	-	-	-	-	-

<b>Employee Fringe Benefits:</b>	31.00%	104,938	31.00%	104,938	-	-	-	-	-	-	-	-
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**TOTAL SALARIES & BENEFITS**

**443,447**

**443,447**

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-14 page 3

Provider/Program Name: Women's Hope Residential

Document Date: 7/1/15

Expenditure Category	TOTAL	SAPT Fed Discretionary, General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	5,500	5,500				
Utilities (Telephone, Electricity, Water, Gas)	42,000	42,000				
Building Repair/Maintenance	17,500	17,500				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	4,500	4,500				
Photocopying	-	-				
Printing	350	350				
Program Supplies	27,500	27,500				
Computer Hardware/Software	700	700				
<b>General Operating</b>	-	-				
Training/Staff Development	500	500				
Insurance	4,500	4,500				
Professional License	2,000	2,000				
Permits	-	-				
Equipment Lease & Maintenance	12,000	12,000				
<b>Staff Travel</b>	-	-				
Local Travel	200	200				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	12,000	12,000				
Food	30,000	30,000				
	-	-				
<b>TOTAL OPERATING EXPENSE</b>	<b>159,250</b>	<b>159,250</b>	-	-	-	-

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

Contractor Name: HealthRIGHT 360					Appendix #: B-15 page 1		
Provider/Program Name: Adult Outpatient					Document Date: 7/1/15		
Provider Number: 383820					Fiscal Year: 15-16		
Program Name	Adult Outpatient	Adult Outpatient					
	DMC: 38201	DMC: 38201					
	Non-DMC:	Non-DMC:					
Program Code	3820OP	3820OP					
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34					
Service Description	SA-Nonresidntl	SA-Nonresidntl					
	ODF Grp	ODF Indv					
FUNDING TERM	7/1/15-6/30/16	7/1/15-6/30/16					<b>TOTAL</b>
							7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	771,206	102,564					873,770
Operating Expense	236,585	31,464					268,049
Capital Expense	-	-					-
Subtotal Direct Expense	1,007,791	134,028	-	-	-	-	1,141,819
Indirect Expense	120,936	16,083					137,019
<b>TOTAL FUNDING USES</b>	<b>1,128,727</b>	<b>150,111</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,278,838</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
	CEDA	FAMIS					
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	252,116	33,529			285,645
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227	13,239	1,761			15,000
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227	13,239	1,761			15,000
SA STATE - PSR Non Drug Medi-Cal	-	HMHSCCRES227	116,993	15,559			132,552
SA COUNTY - General Fund	-	HMHSCCRES227	733,140	97,501			830,641
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>1,128,727</b>	<b>150,111</b>	<b>-</b>	<b>-</b>	<b>1,278,838</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>1,128,727</b>	<b>150,111</b>	<b>-</b>	<b>-</b>	<b>1,278,838</b>
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>1,128,727</b>	<b>150,111</b>	<b>-</b>	<b>-</b>	<b>1,278,838</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)	1,017						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS	FFS					
Units of Service	12,417	1,651					
Unit Type	Staff Hour	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	90.90	90.90					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	90.90	90.90					
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	364	43					<b>Total UDC:</b>
							407

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Adult Outpatient

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

	TOTAL		SAPT Fed Discretionary, Fed Drug Medi-Cal, State PSR DMC & General Fund									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.157	63,641	1.157	63,641								
V.P. of QA & Compliance	0.071	7,106	0.071	7,106								
Managing Director of Clinical Services	0.088	8,562	0.088	8,562								
Case Managers	9.298	334,745	9.298	334,745								
Clinical Coordinator	1.898	69,379	1.898	69,379								
Assistant	0.859	30,369	0.859	30,369								
Director Of Facility Operations	0.047	3,840	0.047	3,840								
Maintenance Worker	0.483	14,986	0.483	14,986								
Transportation & Facility Manager	0.155	9,947	0.155	9,947								
Driver	0.546	16,915	0.546	16,915								
Cook/Food Service	0.056	1,731	0.056	1,731								
Family Services Coordinator	0.165	9,386	0.165	9,386								
V.P. of Mental Health Services	0.027	3,318	0.027	3,318								
Mental Health Training Director	0.188	14,084	0.188	14,084								
Director of Mental Health Services	0.019	1,036	0.019	1,036								
Mental Health Manager	0.137	8,156	0.137	8,156								
IT Specialist - Data Control	0.115	4,580	0.115	4,580								
Psychologist	0.045	2,906	0.045	2,906								
LCSW	1.140	62,313	1.140	62,313								
	-	-	-	-								
<b>Totals:</b>	<b>16.494</b>	<b>667,000</b>	<b>16.494</b>	<b>667,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

<b>Employee Fringe Benefits:</b>	31.00%	206,770	31.00%	206,770		-		-		-		-
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**TOTAL SALARIES & BENEFITS**

<b>873,770</b>	<b>873,770</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: Adult Outpatient

Appendix #: B-15 page 3

Document Date: 7/1/15

Expenditure Category	TOTAL	SAPT Fed Discretionary, Fed Drug Medi-Cal, State PSR DMC & General Fund				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	152,000	152,000				
Utilities (Telephone, Electricity, Water, Gas)	35,000	35,000				
Building Repair/Maintenance	6,000	6,000				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	3,000	3,000				
Photocopying	-	-				
Printing	2,055	2,055				
Program Supplies	17,000	17,000				
Computer Hardware/Software	4,867	4,867				
<b>General Operating</b>	-	-				
Training/Staff Development	1,035	1,035				
Insurance	6,000	6,000				
Professional License	3,047	3,047				
Permits	-	-				
Equipment Lease & Maintenance	10,000	10,000				
<b>Staff Travel</b>	-	-				
Local Travel	200	200				
Out-of-Town Travel	-	-				
Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	12,600	12,600				
Food	15,245	15,245				
	-	-				

TOTAL OPERATING EXPENSE

268,049

268,049

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

Contractor Name: HealthRIGHT 360				Appendix #: B-16 page 3			
Provider/Program Name: African American Family Healing Outpatient				Document Date: 7/1/15			
Provider Number: 383873				Fiscal Year: 15-16			
Program Name	African American Family Healing Outpatient	African American Family Healing Outpatient					
Program Code	87301	87301					
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34					
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv					TOTAL
FUNDING TERM	7/1/15-6/30/16	7/1/15-6/30/16					7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	175,920	34,009					209,929
Operating Expense	64,063	12,384					76,447
Capital Expense	-						-
Subtotal Direct Expense	239,983	46,393	-	-	-	-	286,376
Indirect Expense	28,800	5,568					34,368
<b>TOTAL FUNDING USES</b>	<b>268,783</b>	<b>51,961</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>320,744</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCCRES227	268,783	51,961			320,744
							-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			268,783	51,961	-	-	320,744
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			268,783	51,961	-	-	320,744
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			268,783	51,961	-	-	320,744
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)	665						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS	FFS					
Units of Service	3,182	615					
Unit Type	Staff Hour	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	84.47	84.47					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	84.47	84.47					
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	66	35					101



**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: African American Family Healing Outpatient

Appendix #: B-16 page 2  
 Document Date: 7/1/15

	TOTAL		General Fund									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.500	27,509	0.500	27,509								
Case Managers	3.606	129,648	3.606	129,648								
Director Of Facility Operations	0.024	2,024	0.024	2,024								
Maintenance Worker	0.034	1,070	0.034	1,070								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
<b>Totals:</b>	<b>4.164</b>	<b>160,251</b>	<b>4.164</b>	<b>160,251</b>	-	-	-	-	-	-	-	-

<b>Employee Fringe Benefits:</b>	31.00%	49,678	31.00%	49,678		-		-		-		-
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**TOTAL SALARIES & BENEFITS**

**209,929**

**209,929**

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-16 page 3

Provider/Program Name: African American Family Healing Outpatient

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	39,000	39,000				
Utilities (Telephone, Electricity, Water, Gas)	13,000	13,000				
Building Repair/Maintenance	1,000	1,000				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	700	700				
Photocopying	-	-				
Printing	401	401				
Program Supplies	8,971	8,971				
Computer Hardware/Software	1,861	1,861				
<b>General Operating</b>	-	-				
Training/Staff Development	100	100				
Insurance	2,000	2,000				
Professional License	-	-				
Permits	1,714	1,714				
Equipment Lease & Maintenance	2,100	2,100				
<b>Staff Travel</b>	-	-				
Local Travel	200	200				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	4,100	4,100				
Food	1,300	1,300				
	-	-				

TOTAL OPERATING EXPENSE

76,447

76,447

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

Contractor Name: HealthRIGHT 360				Appendix #: B-17 page 1			
Provider/Program Name: Bridges Outpatient				Document Date: 7/1/15			
Provider Number: 383835				Fiscal Year: 15-16			
Program Name	Bridges Outpatient	Bridges Outpatient	Bridges Outpatient				
Program Code	85351	85351	85351				
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34	Anc-68				
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv	SA-Ancillary Svcs Case Mgmt				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
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	161,086	15,816	147,928				324,830
Operating Expense	49,162	4,827	45,147				99,136
Capital Expense	-						-
Subtotal Direct Expense	210,248	20,643	193,075	-	-	-	423,966
Indirect Expense	25,229	2,478	23,169				50,876
<b>TOTAL FUNDING USES</b>	<b>235,477</b>	<b>23,121</b>	<b>216,244</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>474,842</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>				-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA GRANT - State CDCR ISMIP	-	HMA01-15	235,477	23,121	216,244		474,842
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			235,477	23,121	216,244	-	474,842
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL DPH FUNDING SOURCES</b>			235,477	23,121	216,244	-	474,842
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>							
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			235,477	23,121	216,244	-	474,842
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)	331						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS	FFS	FFS				
Units of Service	1,866	183	1,713				
Unit Type	Staff Hour	Staff Hour	Staff Hour				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	126.22	126.22	126.22				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	126.22	126.22	126.22				
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	40	40	40				Total UDC: 40

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Bridges Outpatient

Appendix #: B-17 page 2  
 Document Date: 7/1/15

	TOTAL		CDCR ISMIP Grant							
	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
Program Director	0.550	35,750	0.550	35,750						
Case Managers	2.750	117,038	2.750	117,038						
Director Of Facility Operations	0.006	8,517	0.006	8,517						
Maintenance Worker	0.011	1,550	0.011	1,550						
Transportation & Facility Manager	0.003	2,817	0.003	2,817						
D	0.010	1,530	0.010	1,530						
Cook/Food Service	0.050	6,200	0.050	6,200						
V.P. of Mental Health Services	0.047	6,299	0.047	6,299						
Mental Health Training Director	0.043	3,749	0.043	3,749						
Director of Mental Health Services	0.033	1,647	0.033	1,647						
Mental Health Medi-Cal Admin Coord.	0.066	4,609	0.066	4,609						
Therapist	0.762	49,996	0.762	49,996						
Mental Health Manager	0.033	2,962	0.033	2,962						
Employment Counselor	0.001	165	0.001	165						
IT Specialist - Data Control	0.030	1,988	0.030	1,988						
Psychologist	0.020	3,145	0.020	3,145						
	-	-	-	-						
	-	-	-	-						
<b>Totals:</b>	<b>4.415</b>	<b>247,962</b>	<b>4.4150</b>	<b>247,962</b>	-	-	-	-	-	-

<b>Employee Fringe Benefits:</b>	31.00%	76,868	31.00%	76,868		-		-		-
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**TOTAL SALARIES & BENEFITS**

**324,830**

**324,830**

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: Bridges Outpatient

Appendix #: B-17 page 3

Document Date: 7/1/15

Expenditure Category	TOTAL	CDCR ISMIP Grant				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	50,000	50,000				
Utilities (Telephone, Electricity, Water, Gas)	1,500	1,500				
Building Repair/Maintenance	7,000	7,000				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	1,250	1,250				
Photocopying	-	-				
Printing	300	300				
Program Supplies	7,615	7,615				
Computer Hardware/Software	4,441	4,441				
<b>General Operating</b>	-	-				
Training/Staff Development	300	300				
Insurance	1,600	1,600				
Professional License	250	250				
Permits	-	-				
Equipment Lease & Maintenance	3,830	3,830				
<b>Staff Travel</b>	-	-				
Local Travel	50	50				
Out-of-Town Travel	-	-				
Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	12,000	12,000				
Food	9,000	9,000				
	-	-				
<b>TOTAL OPERATING EXPENSE</b>	<b>99,136</b>	<b>99,136</b>	-	-	-	-

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

Contractor Name: HealthRIGHT 360				Appendix #: B-18 page 1			
Provider/Program Name: Buprenorphine Medical Monitoring Outpatient				Document Date: 7/1/15			
Provider Number: 383820				Fiscal Year: 15-16			
Program Name	Buprenorphine Medical Monitoring Outpatient						
Program Code	88201						
Mode/SFC (MH) or Modality (SA)	NTP-44						
Service Description	Prog Rehab/Amb Detox (other than Methadone)						
FUNDING TERM	7/1/15-6/30/16						<b>TOTAL</b>
							7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	46,271						46,271
Operating Expense	166						166
Capital Expense	-						-
Subtotal Direct Expense	46,437	-	-	-	-	-	46,437
Indirect Expense	5,571						5,571
<b>TOTAL FUNDING USES</b>	<b>52,008</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>52,008</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCCRES227	52,008				52,008
							-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			52,008	-	-	-	52,008
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			52,008	-	-	-	52,008
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			52,008	-	-	-	52,008
<b>UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR						
Units of Service	482						
Unit Type	Slot Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	107.87						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	107.87						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	60						<b>Total UDC:</b>
							60

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Buprenorphine Medical Monitoring Outpatient

Appendix #: B-18 page 2  
 Document Date: 7/1/15

	TOTAL		General Fund									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinic Intake Receptionist	0.16	5,672	0.156	5,672								
Medical Assistant	0.22	8,080	0.216	8,080								
Physician	0.12	21,569	0.120	21,569								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
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	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
<b>Totals:</b>	<b>0.49</b>	<b>35,321</b>	<b>0.49</b>	<b>35,321</b>	-	-	-	-	-	-	-	-

<b>Employee Fringe Benefits:</b>	31.00%	10,950	31.00%	10,950	-	-	-	-	-	-	-	-
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<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>46,271</b>	<b>46,271</b>	-	-	-	-	-	-	-	-	-	-
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**DPH 4: Operating Expenses Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Buprenorphine Medical Monitoring Outpatient

Appendix #: B-18 page 3  
 Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	-	-				
Utilities (Telephone, Electricity, Water, Gas)	-	-				
Building Repair/Maintenance	-	-				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	-	-				
Photocopying	-	-				
Printing	-	-				
Program Supplies	71	71				
Computer Hardware/Software	-	-				
<b>General Operating</b>	-	-				
Training/Staff Development	-	-				
Insurance	95	95				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
<b>Staff Travel</b>	-	-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
	-	-				
	-	-				
	-	-				
<b>TOTAL OPERATING EXPENSE</b>	<b>166</b>	<b>166</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>



Contractor Name: HealthRIGHT 360				Appendix #: B-19 page 1			
Provider/Program Name: Family Strength Outpatient				Document Date: 7/1/15			
Provider Number: 383820				Fiscal Year: 14-15			
Program Name	Family Strength Outpatient	Family Strength Outpatient	Family Strength Outpatient				
Program Code	38731	38731	38731				
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34	Anc-68				
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv	SA-Ancillary Svcs Case Mgmt				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
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	120,068	45,480	16,373				181,921
Operating Expense	7,041	2,667	960				10,668
Capital Expense	-						-
Subtotal Direct Expense	127,109	48,147	17,333	-	-	-	192,589
Indirect Expense	15,253	5,778	2,079				23,110
<b>TOTAL FUNDING USES</b>	<b>142,362</b>	<b>53,925</b>	<b>19,412</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>215,699</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>				-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCCRES227	136,421	51,675	18,603		206,699
							-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>136,421</b>	<b>51,675</b>	<b>18,603</b>	<b>-</b>	<b>206,699</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>136,421</b>	<b>51,675</b>	<b>18,603</b>	<b>-</b>	<b>206,699</b>
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			5,941	2,250	809		9,000
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			<b>5,941</b>	<b>2,250</b>	<b>809</b>	<b>-</b>	<b>9,000</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>142,362</b>	<b>53,925</b>	<b>19,412</b>	<b>-</b>	<b>215,699</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)	200						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS	FFS	FFS				
Units of Service	2,176	824	297				
Unit Type	Staff Hour	Staff Hour	Staff Hour				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	62.68	62.68	62.68				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	65.41	65.41	65.41				
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	76	29	10				115

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Family Strength Outpatient

Appendix #: B-19 page 2  
 Document Date: 7/1/15

	TOTAL		General Fund									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Family Services Manager	0.379	22,745	0.379	22,745								
Family Services Therapist	2.000	100,000	2.000	100,000								
Mental Health Training Director	0.131	9,462	0.131	9,462								
Mental Health Manager	0.105	6,664	0.105	6,664								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
Totals:	2.615	138,871	2.615	138,871	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	43,050	31.00%	43,050		-		-		-		-
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TOTAL SALARIES & BENEFITS	181,921	181,921	-	-	-	-
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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: Family Strength Outpatient

Appendix #: B-19 page 3

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	5,000	5,000				
Utilities (Telephone, Electricity, Water, Gas)	2,000	2,000				
Building Repair/Maintenance	-	-				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	500	500				
Photocopying	-	-				
Printing	168	168				
Program Supplies	1,500	1,500				
Computer Hardware/Software	-	-				
<b>General Operating</b>	-	-				
Training/Staff Development	500	500				
Insurance	1,000	1,000				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
<b>Staff Travel</b>	-	-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
	-	-				
	-	-				
	-	-				

TOTAL OPERATING EXPENSE

10,668

10,668

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

Contractor Name: HealthRIGHT 360						Appendix #: B-20 page 1	
Provider/Program Name: SHOP						Document Date: 7/1/15	
Provider Number: 383873						Fiscal Year: 15-16	
Program Name	SHOP	SHOP					
Program Code	85731	85731					
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34					
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv					
FUNDING TERM	9/30/14-9/29/15	9/30/14-9/29/15					<b>TOTAL</b> 9/30/14-9/29/15
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	190,078	53,299					243,377
Operating Expense	35,552	9,969					45,521
Capital Expense	-	-					-
Subtotal Direct Expense	225,630	63,268	-	-	-	-	288,898
Indirect Expense	27,075	7,592					34,667
<b>TOTAL FUNDING USES</b>	<b>252,705</b>	<b>70,860</b>	-	-	-	-	<b>323,565</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14	252,705	70,860			323,565
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			252,705	70,860	-	-	323,565
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			252,705	70,860	-	-	323,565
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			252,705	70,860	-	-	323,565
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)	586						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR					
Units of Service	4,032	1,131					
Unit Type	Staff Hour	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	62.68	62.68					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	62.68	62.68					
Published Rate (Medi-Cal Providers Only)							<b>Total UDC:</b>
Unduplicated Clients (UDC)	70	-					70

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: SHOP

Appendix #: B-20 page 2  
 Document Date: 7/1/15

	TOTAL		SAMHSA SHOP Grant									
	Term: 9/30/14-9/29/15		Term: 9/30/14-9/29/15		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of QA & Compliance	0.010	1,000	0.010	1,000								
Supervising Case Manager	1.000	50,000	1.000	50,000								
Subst. Abuse/HIV Case Manager	1.000	36,370	1.000	36,370								
HIV Testing Coordinator	1.000	45,760	1.000	45,760								
Outreach Workers	1.000	33,000	1.000	33,000								
In/	0.500	15,024	0.500	15,024								
Epidemiologist	0.200	4,630	0.200	4,630								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
<b>Totals:</b>	<b>4.710</b>	<b>185,784</b>	<b>4.710</b>	<b>185,784</b>	-	-	-	-	-	-	-	-

<b>Employee Fringe Benefits:</b>	31.00%	57,593	31.00%	57,593		-		-		-		-
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**TOTAL SALARIES & BENEFITS**

**243,377**

**243,377**

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: SHOP

Appendix #: B-20 page 3

Document Date: 7/1/15

Expenditure Category	TOTAL	SAMHSA SHOP Grant				
	Term: 9/30/14-9/29/15	Term: 9/30/14-9/29/15	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	25,681	25,681				
Utilities (Telephone, Electricity, Water, Gas)	9,911	9,911				
Building Repair/Maintenance	546	546				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	755	755				
Photocopying	-	-				
Printing	195	195				
Program Supplies	1,500	1,500				
Computer Hardware/Software	-	-				
<b>General Operating</b>	-	-				
Training/Staff Development	550	550				
Insurance	1,467	1,467				
Professional License	725	725				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
<b>Staff Travel</b>	-	-				
Local Travel	980	980				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	1,900	1,900				
Food	1,311	1,311				
	-	-				

TOTAL OPERATING EXPENSE

45,521

45,521

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

Contractor Name: HealthRIGHT 360				Appendix #: B-21 page 1			
Provider/Program Name: Representative Payee Program				Document Date: 7/1/15			
Provider Number: 383835				Fiscal Year: 15-16			
Program Name	Representative Payee Program						
Program Code	88359						
Mode/SFC (MH) or Modality (SA)	Anc-68						
Service Description	SA-Ancillary Svcs Case Mgmt						
FUNDING TERM	7/1/15-6/30/16						<b>TOTAL</b> 7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	104,114						104,114
Operating Expense	50,378						50,378
Capital Expense	-						-
Subtotal Direct Expense	154,492	-	-	-	-	-	154,492
Indirect Expense	18,538						18,538
<b>TOTAL FUNDING USES</b>	<b>173,030</b>	-	-	-	-	-	<b>173,030</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	-	-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
GFDA	FAMIS						
SA COUNTY - General Fund	HMHSCRES227	80,030					80,030
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	80,030	-	-	-	-	-	80,030
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	-	-	-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>	80,030	-	-	-	-	-	80,030
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees	93,000						93,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>	93,000	-	-	-	-	-	93,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>173,030</b>	-	-	-	-	-	<b>173,030</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	977						
Unit Type	Staff Hour						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	81.88						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	177.03						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	100						<b>Total UDC:</b> 100

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Representative Payee Program

Appendix #: B-21 page 2  
 Document Date: 7/1/15

	TOTAL		General Fund & Non-DPH Funding Sources									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
RPI Admin. Assistant	1.56	52,392	1.563	52,392								
Director Of Facility Operations	0.01	437	0.005	437								
Maintenance Worker	0.01	248	0.008	248								
Transportation & Facility Manager	0.00	130	0.002	130								
Driver	0.01	260	0.008	260								
C. Services Manager	0.51	25,305	0.506	25,305								
IT Specialist - Data Control	0.02	704	0.018	704								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
<b>Totals:</b>	<b>2.11</b>	<b>79,476</b>	<b>2.11</b>	<b>79,476</b>	-	-	-	-	-	-	-	-

<b>Employee Fringe Benefits:</b>	31.00%	24,638	31.00%	24,638		-		-		-		-
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**TOTAL SALARIES & BENEFITS**

<b>104,114</b>	<b>104,114</b>	-	-	-	-
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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: Representative Payee Program

Appendix #: B-21 page 3

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	21,000	21,000				
Utilities (Telephone, Electricity, Water, Gas)	9,628	9,628				
Building Repair/Maintenance	6,000	6,000				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	1,030	1,030				
Photocopying	-	-				
Printing	4,570	4,570				
Program Supplies	3,311	3,311				
Computer Hardware/Software	1,453	1,453				
<b>General Operating</b>	-	-				
Training/Staff Development	-	-				
Insurance	574	574				
Professional License	103	103				
Permits	-	-				
Equipment Lease & Maintenance	2,338	2,338				
<b>Staff Travel</b>	-	-				
Local Travel	28	28				
Out-of-Town Travel	-	-				
Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	343	343				
	-	-				
	-	-				

TOTAL OPERATING EXPENSE

50,378

50,378

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

Contractor Name: HealthRIGHT 360				Appendix #: B-22 page 1			
Provider/Program Name: Second Chances				Document Date: 7/1/15			
Provider Number: 383835				Fiscal Year: 15-16			
Program Name		Second Chances					
Program Code		3835SC-ANS					
Mode/SFC (MH) or Modality (SA)		Anc-68					
Service Description		SA-Ancillary Svcs Case Mgmt					
FUNDING TERM		10/1/14-4/30/15					<b>TOTAL</b> 10/1/14-4/30/15
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense		145,376					145,376
Operating Expense		101,894					101,894
Capital Expense		-					-
Subtotal Direct Expense		247,270		-	-	-	247,270
Indirect Expense		29,671					29,671
<b>TOTAL FUNDING USES</b>		<b>276,941</b>		-	-	-	<b>276,941</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>				-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA GRANT - Fed DOJ Second Chance		16.812	HCSA02-14	276,941			276,941
							-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>				276,941	-	-	276,941
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>				-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>				276,941	-	-	276,941
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>				-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>				276,941	-	-	276,941
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		CR					
Units of Service		4,601					
Unit Type		Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		60.19					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		60.19					
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)		86					<b>Total UDC:</b> 86

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Second Chances

Appendix #: B-22 page 2  
 Document Date: 7/1/15

	TOTAL		DOJ Second Chance Grant									
	Term: 10/1/14-4/30/15		Term: 10/1/14-4/30/15		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Associate CJ Programs	0.100	5,467	0.100	5,467								
Program Director	1.000	35,534	1.000	35,534								
Case Managers	3.000	65,600	3.000	65,600								
Admin Assistant	0.250	4,373	0.250	4,373								
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
<b>Totals:</b>	4.350	110,974	4.350	110,974	-	-	-	-	-	-	-	-

<b>Employee Fringe Benefits:</b>	31.00%	34,402	31.00%	34,402		-		-		-		-
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**TOTAL SALARIES & BENEFITS**

<b>145,376</b>	<b>145,376</b>	-	-	-	-
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**DPH 4: Operating Expenses Detail**

Contractor Name: HealthRIGHT 360

Provider/Program Name: Second Chances

Appendix #: B-22 page 3

Document Date: 7/1/15

Expenditure Category	TOTAL	DOJ Second Chance Grant				
	Term: 10/1/14-4/30/15	Term: 10/1/14-4/30/15	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	3,553	3,553				
Utilities (Telephone, Electricity, Water, Gas)	5,849	5,849				
Building Repair/Maintenance	1,913	1,913				
<b>Meals &amp; Supplies</b>	-	-				
Office Supplies	273	273				
Photocopying	137	137				
Printing	137	137				
Program Supplies	-	-				
Computer Hardware/Software	-	-				
<b>General Operating</b>	-	-				
Training/Staff Development	407	407				
Insurance	875	875				
Professional License	137	137				
Permits	137	137				
Equipment Lease & Maintenance	1,367	1,367				
<b>Staff Travel</b>	-	-				
Local Travel	10,518	10,518				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
Homeless Prenatal Program	30,001	30,001				
Iris Center	30,001	30,001				
<b>Other</b>	-	-				
Client Expenses	4,346	4,346				
Evaluation Incentives	12,243	12,243				
	-	-				
<b>TOTAL OPERATING EXPENSE</b>	<b>101,894</b>	<b>101,894</b>	-	-	-	-

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

Contractor Name: HealthRIGHT 360				Appendix #: B-23 page 1			
Provider/Program Name: IPO Healthy Changes				Document Date: 7/1/15			
Provider Number: 383873				15-16			
Program Name	IPO Healthy Changes						
Program Code	N/A						
Mode/SFC (MH) or Modality (SA)	SecPrev-19						
Service Description	SA-Sec Prev Outreach						
FUNDING TERM	7/1/15-6/30/16						<b>TOTAL</b>
							7/1/15-6/30/16
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	115,280						115,280
Operating Expense	18,648						18,648
Capital Expense							-
Subtotal Direct Expense	133,928	-	-	-	-	-	133,928
Indirect Expense	16,072						16,072
<b>TOTAL FUNDING USES</b>	<b>150,000</b>	-	-	-	-	-	<b>150,000</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>							-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA WORK ORDER - OEWD	-	HMHSMYOEWDWO	150,000				150,000
							-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							150,000
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>							-
<b>TOTAL DPH FUNDING SOURCES</b>							150,000
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>							-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>							150,000
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)				CR			
Units of Service				2,829			
Unit Type				Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)				53.02			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)				53.02			
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)				25			<b>Total UDC:</b>
							25

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: IPO Healthy Changes

Appendix #: page 2  
 Document Date: 7/1/15

	TOTAL		OEWD Work Order									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Managing Director of Clinical Services	0.050	5,000	0.050	5,000.00								
Supervising Case Manager	1.000	50,000	1.000	50,000.00								
Supportive Services Counselor	1.000	33,000	1.000	33,000.00								
	-	-										
	-	-										
	-	-										
	-	-										
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	-	-										
	-	-										
	-	-										
<b>Totals:</b>	<b>2.050</b>	<b>88,000</b>	<b>2.050</b>	<b>88,000</b>	-	-	-	-	-	-	-	-

<b>Employee Fringe Benefits:</b>	31.00%	27,280	31.00%	27,280		-		-		-		-
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<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>115,280</b>	<b>115,280</b>		-		-		-		-		-
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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: IPO Healthy Changes

Appendix #: B-23 page 3

Document Date: 7/1/15

Expenditure Category	TOTAL	OEWD Work Order				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	15,773	15,773				
Utilities (Telephone, Electricity, Water, Gas)	817	817				
Building Repair/Maintenance	547	547				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	500	500				
Photocopying	-	-				
Printing	-	-				
Program Supplies	547	547				
Computer Hardware/Software	-	-				
<b>General Operating</b>	-	-				
Training/Staff Development	-	-				
Insurance	191	191				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
<b>Staff Travel</b>	-	-				
Local Travel	273	273				
Out-of-Town Travel	-	-				
Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	-	-				
Client Food	-	-				
	-	-				

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

Contractor Name: HealthRIGHT 360				Appendix #: B-24 page 1			
Provider/Program Name: Adult Mental Health Medi-Cal				Document Date: 7/1/15			
Provider Number: 38CC				Fiscal Year: 15-16			
Program Name	Adult Mental Health Medi-Cal	Adult Mental Health Medi-Cal	Adult Mental Health Medi-Cal				
Program Code	38CC3	38CC3	38CC3				
Mode/SFC (MH) or Modality (SA)	15/10-57	15/60-69	15/01-09				
Service Description	MH Svcs	Medication Support	Case Mgt Brokerage				<b>TOTAL</b>
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
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense	267,182	3,840	3,292				274,314
Operating Expense	30,425	437	375				31,237
Capital Expense	-						-
Subtotal Direct Expense	297,607	4,277	3,667	-	-	-	305,551
Indirect Expense	35,714	514	440				36,668
<b>TOTAL FUNDING USES</b>	<b>333,321</b>	<b>4,791</b>	<b>4,107</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>342,219</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	72,829	1,047	897		74,773
MH Realignment	-	HMHMCC730515	218,965	3,147	2,698		224,810
MH COUNTY - General Fund	-	HMHMCC730515	41,527	597	512		42,636
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>			<b>333,321</b>	<b>4,791</b>	<b>4,107</b>	<b>-</b>	<b>342,219</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>			<b>333,321</b>	<b>4,791</b>	<b>4,107</b>	<b>-</b>	<b>342,219</b>
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>			<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>333,321</b>	<b>4,791</b>	<b>4,107</b>	<b>-</b>	<b>342,219</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS	FFS	FFS				
Units of Service	127,709	992	2,085				
Unit Type	Staff Minute	Staff Minute	Staff Minute				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	4.83	1.97				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	2.61	4.83	1.97				
Published Rate (Medi-Cal Providers Only)	2.85	5.30	2.20				
Unduplicated Clients (UDC)	214	2	3				<b>Total UDC:</b>
							219



**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: Adult Mental Health Medi-Cal

Appendix #: B-24 page 2  
 Document Date: 7/1/15

	TOTAL		SDMC Regular FFP, MH Realignment & General Fund (HMMCC730515)									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Mental Health Services	0.300	37,500	0.300	37,500								
V.P. of QA & Compliance	0.100	10,000	0.100	10,000								
Case Managers	0.100	4,500	0.100	4,500								
Director Of Facility Operations	0.100	6,450	0.100	6,450								
Maintenance Worker	0.050	1,550	0.050	1,550								
D	0.030	900	0.030	900								
MH Medi-Cal Admin Coordinator	1.000	54,000	1.000	54,000								
Director of Mental Health Services	0.300	19,500	0.300	19,500								
Therapist	1.000	56,000	1.000	56,000								
LCSW	0.100	6,000	0.100	6,000								
Psychologist	0.200	13,000	0.200	13,000								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
<b>Totals:</b>	<b>2.980</b>	<b>209,400</b>	<b>2.980</b>	<b>209,400</b>	-	-	-	-	-	-	-	-

<b>Employee Fringe Benefits:</b>	31.00%	64,914	31.00%	64,914		-		-		-		-
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**TOTAL SALARIES & BENEFITS**

**274,314**

**274,314**

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**DPH 4: Operating Expenses Detail**

Contractor Name: HealthRIGHT 360

Appendix #: B-24 page 3

Provider/Program Name: Adult Mental Health Medi-Cal

Document Date: 7/1/15

Expenditure Category	TOTAL	SDMC Regular FFP, MH Realignment & General Fund (HMHMCC730515)				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	8,000	8,000				
Utilities (Telephone, Electricity, Water, Gas)	3,000	3,000				
Building Repair/Maintenance	2,000	2,000				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	787	787				
Photocopying	-	-				
Printing	350	350				
Program Supplies	4,000	4,000				
Computer Hardware/Software	1,000	1,000				
<b>General Operating</b>	-	-				
Training/Staff Development	1,000	1,000				
Insurance	3,500	3,500				
Professional License	1,000	1,000				
Permits	-	-				
Equipment Lease & Maintenance	600	600				
<b>Staff Travel</b>	-	-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	3,000	3,000				
Food	3,000	3,000				
	-	-				

**TOTAL OPERATING EXPENSE**

**31,237**

**31,237**

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

Contractor Name: HealthRIGHT 360				Appendix #: page 1			
Provider/Program Name: WRAPS				Document Date: 7/1/15			
Provider Number: 38IT				Fiscal Year: 15-16			
Program Name		WRAPS					
Program Code		38IT3					
Mode/SFC (MH) or Modality (SA)		05/60-64					
Service Description		Residential Other					
FUNDING TERM		7/1/15-6/30/16				TOTAL 7/1/15-6/30/16	
<b>FUNDING USES</b>							
Salaries & Employee Benefits Expense		54,803				54,803	
Operating Expense		23,402				23,402	
Capital Expense		-				-	
Subtotal Direct Expense		78,205		-		78,205	
Indirect Expense		9,384				9,384	
<b>TOTAL FUNDING USES</b>		87,589		-		87,589	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
CFDA		FAMIS					
MH PROJECT - MHSA CSS		- PHMS63-1505		86,589		86,589	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>				86,589		86,589	
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>				-		-	
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>				-		-	
<b>TOTAL DPH FUNDING SOURCES</b>		86,589		-		86,589	
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees		1,000				1,000	
<b>TOTAL NON-DPH FUNDING SOURCES</b>		1,000		-		1,000	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		87,589		-		87,589	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)		2					
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		752					
Unit Type		Client Day					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		115.12					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		116.45					
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)		9				Total UDC: 9	

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360  
 Provider/Program Name: WRAPS

Appendix #: B-25 page 2  
 Document Date: 7/1/15

	TOTAL		MHSA CSS (PHMS63-1405) & Non-DPH Funding Sources									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.001	170	0.001	170								
Program Director	0.027	1,752	0.027	1,752								
V.P. of QA & Compliance	0.008	777	0.008	777								
Manager of Licensing & Certification	0.010	499	0.010	499								
Managing Director of Clinical Services	0.001	145	0.001	145								
Coordinator TC Admn Nexus	0.025	866	0.025	866								
Care Coordinators	0.250	9,000	0.250	9,000								
Subst. Abuse/HIV Case Manager	0.021	892	0.021	892								
Overnight Monitor	0.033	988	0.033	988								
Weekend Coordinator	0.005	174	0.005	174								
Director Of Facility Operations	0.003	226	0.003	226								
Maintenance Worker	0.013	398	0.013	398								
Transportation & Facility Manager	0.007	424	0.007	424								
Warehouse Coordinator	0.010	455	0.010	455								
Driver	0.031	951	0.031	951								
Cook/Food Service	0.067	2,070	0.067	2,070								
Director of Food Services	0.006	490	0.006	490								
Client Services Manager	0.012	612	0.012	612								
Client Services Support	0.027	795	0.027	795								
Family Services Therapist	0.002	139	0.002	139								
Medical Services Director	0.009	732	0.009	732								
Medical Services Support	0.028	914	0.028	914								
MH Medi-Cal Admin Coordinator	0.043	1,972	0.043	1,972								
Physician	0.000	30	0.000	30								
V.P. of Mental Health Services	0.006	772	0.006	772								
Mental Health Training Director	0.005	372	0.005	372								
Director of Mental Health Services	0.005	258	0.005	258								
Mental Health Care Coordinators	0.020	663	0.020	663								
Therapist	0.101	5,047	0.101	5,047								
Mental Health Manager	0.022	1,310	0.022	1,310								
Housing & Community Service	0.002	85	0.002	85								
Employment Counselor	0.001	32	0.001	32								
IT Specialist - Data Control	0.010	417	0.010	417								
Psychiatrist	0.052	6,029	0.052	6,029								
Psychologist	0.022	1,378	0.022	1,378								
	-	-	-	-								
Totals:	0.885	41,834	0.885	41,834	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	12,969	31.00%	12,969		-		-		-		-
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TOTAL SALARIES & BENEFITS

54,803

54,803

4366

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-25 apge 3

Provider/Program Name: WRAPS

Document Date: 7/1/15

Expenditure Category	TOTAL	MHSA CSS (PHMS63-1405) & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	1,978	1,978				
Utilities (Telephone, Electricity, Water, Gas)	4,753	4,753				
Building Repair/Maintenance	2,253	2,253				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	137	137				
Photocopying	-	-				
Printing	40	40				
Program Supplies	7,668	7,668				
Computer Hardware/Software	69	69				
<b>General Operating</b>	-	-				
Training/Staff Development	100	100				
Insurance	1,045	1,045				
Professional License	205	205				
Permits	-	-				
Equipment Lease & Maintenance	484	484				
<b>Staff Travel</b>	-	-				
Local Travel	24	24				
Out-of-Town Travel	-	-				
Travel Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	1,520	1,520				
Food	3,126	3,126				
	-	-				

TOTAL OPERATING EXPENSE

23,402

23,402

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**DPH 6: Contract-Wide Indirect Detail**

Contractor Name: HealthRIGHT 360

Appendix B page 9

Document Date: 7/1/15

**1. SALARIES & BENEFITS**

Position Title	FTE	Salaries
Chief Executive Officer	0.345	72,303
Chief Financial Officer	0.382	65,273
Chief Information Officer	0.382	51,883
Chief Operating Officer	0.191	13,055
VP of Quality and Compliance	0.363	19,082
VP of Development	0.254	16,736
Research and Evaluation Director	0.241	16,880
Workforce Development Director	0.031	2,337
Controller	0.382	37,940
Grants Director	0.382	26,109
Budget Manager	0.164	12,953
Fiscal Projects Director	0.382	20,084
Budget/Fiscal Analyst	0.355	19,183
Payroll Manager	0.382	24,703
Budget Coordinator	0.382	16,736
General Ledger Accountant	0.074	3,583
Accounts Payable	0.756	33,416
Billing Specialist	0.382	20,084
Billing Assistant	0.382	13,517
Human Resources Director	0.187	11,509
Human Resources Analyst	0.382	16,736
Human Resources Coordinator	0.382	13,535
Electronic Medical Records Manager	0.378	16,570
EMR OPs Software Development Director	0.382	30,126
EMR Training and Data Analyst	0.265	9,298
Client Programmer II	0.096	5,602
IT Manager - Data Control	0.382	17,928
Senior IT Systems Analyst	0.211	10,711
IT Analyst	0.382	16,234
PC Support Analyst	0.382	16,234
IT Specialist - Data Specialist	0.418	12,169
IT Specialist - Data Entry	0.382	11,064
IT Specialist - Data Control	0.382	11,064
IT Data Analyst	0.132	4,059
Donations Manager	0.382	18,409
Travel Coordinator	0.191	8,964
Administrative Assistant	0.312	8,570
Procurement Manager	0.382	16,736
Driver/Procurement Assistant	0.073	2,054
Facility Operations Director	0.022	1,617
Transportation and Facility Manager	0.018	1,010
Maintenance Staff	0.088	2,456
EMPLOYEE FRINGE BENEFITS		232,037
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>980,549</b>

**2. OPERATING COSTS**

Expenditure Category	Amount
Rent	63,684
Utilities (Telephone, Electricity, Water, Gas)	22,890
Building Repair/Maintenance	1,934
Office Supplies	15,662
Insurance	29,812
Training/Staff Development	6,019
Staff Travel (Local & Out of Town)	24,546
Rental of Equipment	19,476
Professional Services	131,595
Payroll Service	6,051
IT Licenses	18,922
Program Licenses	44,663
Property Taxes	40,374
<b>TOTAL OPERATING COSTS</b>	<b>425,628</b>

**TOTAL INDIRECT COSTS**

(Salaries & Benefits + Operating Costs)

4368

**1,406,177**

**1. PROTECTED HEALTH INFORMATION AND BAA**

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

The parties acknowledge that CONTRACTOR is one of the following:

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

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

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

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

**The Business Associate Agreement is not required.**

**2. THIRD PARTY BENEFICIARIES**

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







**Appendix E**  
**San Francisco Department of Public Health**  
**Business Associate Agreement**

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

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

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

## **RECITALS**

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

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

### **1. Definitions.**

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



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**San Francisco Department of Public Health**  
**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



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

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

**2. Obligations of Business Associate.**

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



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

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



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



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**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.



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- d. **Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure 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**  
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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](mailto:compliance.privacy@sfdph.org)  
Office telephone: 415-554-2787  
Confidential Privacy Hotline (Toll-Free): 1-855-729-6040  
Confidential Compliance Hotline: 415-642-5790



## Appendix F



Appendix F  
PAGE A

INVOICE NUMBER: M05 JL 14

Ct.Blanekt No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH Project - MHSA CSS

Invoice Period : **July 2014**

Final Invoice:	<input type="checkbox"/>	(Check If Yes)
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ACE Control Number: 

**\*Unduplicated Counts for AIDS Use Only.**

**86,570.24**

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.

**Title:** \_\_\_\_\_

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

Appendix F  
PAGE A

INVOICE NUMBER:	M39	JL	14
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Ct.Blanekt No.: BPHM TBD

User Cd .

Ct. PO No.: POHM TBD

Fund Source: SA Grant - State CDCR ISMIP

Invoice Period : July 2014

Final Invoice: ☐ (Check if Yes)

ACE Control Number: 

**PHP Division: Community Behavioral Health Services**

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

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
<b>B-2 Bridges Residential PC# - 3806BR-RES - HMA01-15</b>													
Res-51 SA-Res Recov Long Term (Over 30 days)	1,099					\$ 108.00	\$ -	0.000		0.00%		1,099.000	
<b>TOTAL</b>	1,099			0.000				0.000		0.00%		1,099.000	

**\$ 118,692.00**

Budget Amount	\$ 118,711.00	Expenses To Date	% of Budget	Remaining Budget
		\$ -	0.00%	\$ 118,711.00

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

NOTES:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**DPH Authorization for Payment**

**Authorized Signatory**

Date \_\_\_\_\_

Appendix F  
PAGE A

INVOICE NUMBER:	M40	JL	14
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Ct.Blanekt No.: BPHM TBD

**User Cd**

Ct. PO No.: POHM TBD

Fund Source: SA Grant - State CDCR ISMIP

Invoice Period : July 2014

Final Invoice:	<input type="checkbox"/>	(Check if Yes)
----------------	--------------------------	----------------

ACE Control Number: [REDACTED]

**\*Unduplicated Counts for AIDS Use Only.**

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.

Date: \_\_\_\_\_

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

**Authorized Signatory**

Date \_\_\_\_\_

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

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PAGE A

Contractor: HealthRIGHT360

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

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

PHP Division: Community Behavioral Health Services

Control Number

**CBHS**

INVOICE NUMBER:

M41 JL 14

Cl. Blanket No.: BPHM

TBD

User Cd

Cl. PO No.: POHM

TBD

Fund Source:

GF, SDMC Regular FFP, MH Realignment

Invoice Period :

July 2014

Final Invoice:

(Check if Yes)

ACE 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 (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS	
B-24 Adult Mental Health Medi-Cal PC# - 38CC3													
15/ 10 - 57 MH Svcs	127,709				\$ 2.61	\$ -	0.000		0.00%		127,709.000		\$ 333,320.49
15/ 60 - 69 Medication Support	992				\$ 4.83	\$ -	0.000		0.00%		992.000		4,791.36
15/ 01 - 09 Case Mgt Brokerage	2,085				\$ 1.97	\$ -	0.000		0.00%		2,085.000		4,107.45
<b>TOTAL</b>	130,786		0.000				0.000		0.00%		130,786.000		\$ 342,219.30
	<b>Budget Amount</b>				\$ 342,219.00				<b>Expenses To Date</b>	<b>% of Budget</b>		<b>Remaining Budget</b>	
									\$ -	0.00%	\$	342,219.00	

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

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to:

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F  
PAGE A

Contractor: HealthRIGHT 360

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

Funding Term: 07/01/2014 - 06/30/2016

PHP Division: Community Behavioral Health Services

Control Number

**CBHS**

INVOICE NUMBER: S01 JL 14

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: General Fund - HMMSCRES227

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE 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 (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables				
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS			
B-1 Adult Residential PC# - 3805WR-RSD38062, 38342 & 38572															
Res-51 SA-Res Recov Long Term (over 30 days)	32,537				\$ 90.12	\$ -	0.000		0.00%		32,537.000		\$ 2,932,234.44	\$	2,932,234.44
B-13 WHITS Residential PC# - 3806WT-RES															
Res-51 SA-Res Recov Long Term (over 30 days)	1,693				\$ 191.18	\$ -	0.000		0.00%		1,693.000		323,667.74	\$	323,667.74
B-9 SFGH Residential PC# - 3805SW-RES, 3806SG-RES, 3834G-RES															
Res-51 SA-Res Recov Long Term (over 30 days)	3,387				\$ 130.04	\$ -	0.000		0.00%		3,387.000		440,445.48	\$	440,445.48
B-11 Social Detox Residential PC# - 88062															
Res-50 SA-Res Free Standing Res Detox	11,850				\$ 67.35	\$ -	0.000		0.00%		11,850.000		798,501.60	\$	798,501.60
B-12 Transgender Residential PC# - 3805TG-RES, 3806TD-RES															
Res-51 SA-Res Recov Long Term (over 30 days)	2,709				\$ 132.78	\$ -	0.000		0.00%		2,709.000		359,701.02	\$	359,701.02
B-21 Representative Payee Program PC# - 88359															
Anc-68 Ancillary Svcs Case Mgmt	977				\$ 81.88	\$ -	0.000		0.00%		977.000		79,996.76	\$	79,996.76
B-8 CARE Lodestar Residential PC# - 3805LC-RES															
Res-51 SA-Res Recov Long Term (over 30 days)	1,863				\$ 105.72	\$ -	0.000		0.00%		1,863.000		196,956.36	\$	196,956.36
B-10 Satellite ONPD Residential PC# - 87067, 88077															
Res-51 SA-Res Recov Long Term (over 30 days)	7,113				\$ 44.07	\$ -	0.000		0.00%		7,113.000		313,460.91	\$	313,460.91
B-14 Women's Hope Residential PC# - 89102															
Res-51 SA-Res Recov Long Term (over 30 days)	5,418				\$ 122.87	\$ -	0.000		0.00%		5,418.000		665,709.66	\$	665,709.66
B-15 Adult Outpatient Non-DMC PC# - 3820OP, 3820 OP															
Nonres-33 SA-Nonresdntl ODF Grp PC# - 3820OP	12,417				\$ 90.90	\$ -	0.000		0.00%		12,417.000		1,128,705.30	\$	1,128,705.30
Nonres-34 SA-Nonresdntl ODF Ind PC# - 3820OP	1,651				\$ 90.90	\$ -	0.000		0.00%		1,651.000		150,075.90	\$	1,278,781.20
B-19 Family Strength Outpatient PC# - 38731															
Nonres-33 SA-Nonresdntl ODF Grp	2,176				\$ 62.68	\$ -	0.000		0.00%		2,176.000		136,391.68	\$	136,391.68
Nonres-34 SA-Nonresdntl ODF Ind	824				\$ 62.68	\$ -	0.000		0.00%		824.000		51,648.32	\$	51,648.32
Anc-68 SA-Ancillary Svcs Case Mgmt	297				\$ 62.68	\$ -	0.000		0.00%		297.000		18,615.96	\$	206,655.96
B-16 African American Family Healing Outpatient PC# 87301															
Nonres-33 SA-Non Resdntl ODF Grp	3,182				\$ 84.47	\$ -	0.000		0.00%		3,182.000		268,783.54	\$	268,783.54
Nonres-34 SA-Non Resdntl ODF Individual	615				\$ 84.47	\$ -	0.000		0.00%		615.000		51,949.05	\$	320,732.59
<b>TOTAL</b>	<b>88,715</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>88,715.000</b>		<b>\$ 7,916,852.72</b>	<b>\$</b>	<b>7,916,852.72</b>
<b>Budget Amount</b>						<b>\$ 7,916,874.00</b>							<b>Expenses To Date</b>	<b>% of Budget</b>	<b>Remaining Budget</b>
													<b>\$ -</b>	<b>0.00%</b>	<b>\$ 7,916,874.00</b>

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

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to:

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F  
PAGE A

Control Number

INVOICE NUMBER :

Cl. Blanket: BPHM

User Cd

Cl PO No.: POHM

Fund Source:

Invoice Period :

Final Invoice:  (Check if Yes)

ACE Control Number:

Contractor: HealthRIGHT 360

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

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

PHP Division: Community Behavioral Health Services

**CBHS**

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 (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-7 CARE Variable Length Residential PC# - 3834CV-RES												
Res-51 SA-Res Recov Long Term (Over 30 days)	2,540				\$ 89.21	\$ -	0.000		0.00%		2,540.000	
B-5 CARE-MDSP Residential PC# - 3806CM-RES												
Res-51 SA-Res Recov Long Term (Over 30 days)	1,863				\$ 196.76	\$ -	0.000		0.00%		1,863.000	
B-6 CARE DETOX Residential PC# - 3806CS-RSD												
Res-51 SA-Res Recov Long Term (Over 30 days)	1,524				\$ 143.28	\$ -	0.000		0.00%		1,524.000	
<b>TOTAL</b>	<b>5,927</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>5,927.000</b>	

\$ 224,053.40

366,563.88

218,358.72

\$ 808,976.00

<b>Budget Amount</b>		<b>\$ 808,999.00</b>		<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 808,999.00</b>
<b>SUBTOTAL AMOUNT DUE</b>				<b>\$ -</b>	<b>NOTES:</b>				
<b>Less: Initial Payment Recovery</b>				<b>\$ -</b>					
<b>(For DPH Use) Other Adjustments</b>				<b>\$ -</b>					
<b>NET REIMBURSEMENT</b>				<b>\$ -</b>					

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to:

Community Programs Budget/ Invoice Analyst

1380 Howard St., 4th Floor

San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_

Authorized Signatory

\_\_\_\_\_

Date



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

Appendix F  
PAGE A

Control Number

**Contractor: HealthRIGHT 360**

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

**CBHS**

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S08 JL 14

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-18 Buprenorphine Medical Monitoring Outpatient PC# - 88201</b>												
NTP-44 Prog Rehab/Amb Detox (other than Methadone)	482	60			-	-	0%	0%	482	60	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 35,321.00	\$ -	\$ -	0.00%	\$ 35,321.00
Fringe Benefits	\$ 10,950.00	\$ -	\$ -	0.00%	\$ 10,950.00
<b>Total Personnel Expenses</b>	<b>\$ 46,271.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 46,271.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 71.00	\$ -	\$ -	0.00%	\$ 71.00
General Operating	\$ 95.00	\$ -	\$ -	0.00%	\$ 95.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Related	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 166.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 166.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 46,437.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 46,437.00</b>
<b>Indirect Expenses</b>	<b>\$ 5,571.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 5,571.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 52,008.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 52,008.00</b>
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:

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

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F  
PAGE A

INVOICE NUMBER :	S10 JL 14
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Ct. Blanket: BPHM	TBD
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\_\_\_\_\_ User Cd

Ct PO No.: POHM	TBD
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Fund Source: HSA FSET WO - HMHSCCADM377

Invoice Period : July 2014

Final Invoice:		(Check If Yes)
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ACE Control Number: 

\*Unduplicated Counts for AIDS Use Only.

362,899.00

NOTES:

HSA Work Order - HMMHCCADM377 - \$850,106.00

GF - WO CODB - HMHSCCRES227 - \$12,762.00

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

DPH Authorization for Payment

\_\_\_\_\_

Authorized Signatory

\_\_\_\_\_

Date

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

Appendix F  
PAGE A

Control Number

INVOICE NUMBER:

S11 SE 14

**Contractor: HealthRIGHT 360**

Ct. Blanket No.: BPHM

TBD

Address: 1735 Mission St., San Francisco, CA 94103

Ct. PO No.: POHM

TBD

Tel. No.: (415) 746-1916

Funding Source:

SA Grant - Fed SAMHSA SHOP

Fax No.: (415)

Invoice Period:

September 2014

Funding Term: 09/30/2014 - 09/29/2015

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-20 SHOP PC# - 85731 - HCSA03-14												
Nonres-33 SA-Nonresidntl ODF Grp	4,032	70			-	-	0%	0%	4,032	70	100%	100%
Nonres-34 SA-Nonresidntl ODF Indv	1,131				-	-	0%	#DIV/0!	1,131	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 185,784.00	\$ -	\$ -	0.00%	\$ 185,784.00
Fringe Benefits	\$ 57,593.00	\$ -	\$ -	0.00%	\$ 57,593.00
<b>Total Personnel Expenses</b>	<b>\$ 243,377.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 243,377.00</b>
Operating Expenses:					
Occupancy	\$ 36,138.00	\$ -	\$ -	0.00%	\$ 36,138.00
Material and Supplies	\$ 2,450.00	\$ -	\$ -	0.00%	\$ 2,450.00
General Operating	\$ 2,742.00	\$ -	\$ -	0.00%	\$ 2,742.00
Staff Travel	\$ 980.00	\$ -	\$ -	0.00%	\$ 980.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Transportation, Food'	\$ 3,211.00	\$ -	\$ -	0.00%	\$ 3,211.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 45,521.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 45,521.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 288,898.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 288,898.00</b>
Indirect Expenses	\$ 34,667.00	\$ -	\$ -	0.00%	\$ 34,667.00
<b>TOTAL EXPENSES</b>	<b>\$ 323,565.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 323,565.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F  
PAGE A

Control Number

**Contractor: HealthRIGHT360**

**Address: 1735 Mission St., San Francisco, CA 94103**

**Tel. No.: (415) 746-1916**

**Fax No.: (415)**

**Funding Term: 10/01/2014 - 04/30/2015**

**PHP Division: Community Behavioral Health Services**

**INVOICE NUMBER:** S12 OC 14

**Ct. Blanket No.: BPHM** TBD

**Ct. PO No.: POHM** TBD

**Funding Source:** Grant - Fed DOJ Second Chance

**Invoice Period:** October 2014

**Final Invoice:** (Check if Yes)

**Ace Control Number:**

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-22 Second Chances PC# - 3835SC-ANS - HCSA02-14</b>												
Anc-68 SA-Ancillary Svcs Case Mgmt	4,601	86			-	-	0%	0%	4,601	86	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 110,974.00	\$ -	\$ -	0.00%	\$ 110,974.00
Fringe Benefits	\$ 34,402.00	\$ -	\$ -	0.00%	\$ 34,402.00
<b>Total Personnel Expenses</b>	<b>\$ 145,376.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 145,376.00</b>
Operating Expenses:					
Occupancy	\$ 11,315.00	\$ -	\$ -	0.00%	\$ 11,315.00
Material and Supplies	\$ 547.00	\$ -	\$ -	0.00%	\$ 547.00
General Operating	\$ 2,923.00	\$ -	\$ -	0.00%	\$ 2,923.00
Staff Travel	\$ 10,518.00	\$ -	\$ -	0.00%	\$ 10,518.00
Consultant/ Subcontractor	\$ 60,002.00	\$ -	\$ -	0.00%	\$ 60,002.00
Other: Client Expenses, Evaluation Incentives	\$ 16,589.00	\$ -	\$ -	0.00%	\$ 16,589.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 101,894.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 101,894.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 247,270.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 247,270.00</b>
<b>Indirect Expenses</b>	<b>\$ 29,671.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 29,671.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 276,941.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 276,941.00</b>
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

**NOTES:**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:

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

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F  
PAGE A

INVOICE NUMBER:	S28	JL	14
Ct.Blanket No.: BPHM	TBD		
Ct. PO No.: POHM	User Cd		
Fund Source:	TBD		
Invoice Period :	APD C.J. Reallignment (AB109) Work Order		
Final Invoice:	July 2014		
ACE Control Number:		(Check if Yes)	

**PHP Division: Community Behavioral Health Services**

**CBHS**

Unduplicated Counts for AIDS Use Only

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables			
Program Name/Reptg. Unit	Modality/Mode # - Svc Func (MH Only)	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS	
B-3 AB109 Residential PC# - 87342 - HMHS109CMGWO														
Res-51 SA-Res Recov Long Term (over 30 day)		8,213				\$ 94.93	\$ -	0.000		0.00%		8,213.000		\$ 779,660.09
B-4 AB109 ONPD Residential PC# - 86077														
Res-51 SA-Res Recov Long Term (over 30 day)		6,805				\$ 41.17	\$ -	0.000		0.00%		6,805.000		\$ 280,161.85

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_

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

Appendix F  
PAGE A

Control Number

**Contractor: HealthRIGHT 360**

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415 Tel. No.: (415) 746-1916

Fax No.: (415 Fax No.: (415)

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S30 JL 14

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: APD CJ Realignment (AB109) Work Order

Invoice Period: July 2013

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-3 AB109 Reentry Pod Counseling - HMHS109CMGWO</b>												
Anc-68 SA-Ancillary Svcs Case Mgmt	920	16			-	-	0%	0%	920	16	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 35,000.00	\$ -	\$ -	0.00%	\$ 35,000.00
Fringe Benefits	\$ 10,850.00	\$ -	\$ -	0.00%	\$ 10,850.00
<b>Total Personnel Expenses</b>	\$ 45,850.00	\$ -	\$ -	0.00%	\$ 45,850.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Food Supplies/ Incentives	\$ -	\$ -	\$ -	0.00%	\$ -
License	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Capital Expenditures</b>	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	\$ 45,850.00	\$ -	\$ -	0.00%	\$ 45,850.00
<b>Indirect Expenses</b>	\$ 5,502.00	\$ -	\$ -	0.00%	\$ 5,502.00
<b>TOTAL EXPENSES</b>	\$ 51,352.00	\$ -	\$ -	0.00%	\$ 51,352.00
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:

Community Programs Budget/ Invoice Analyst

1380 Howard St., 4th Floor

San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F  
PAGE A

**Contractor: HealthRIGHT360**

**Address: 1735 Mission St., San Francisco, CA 94103**

**Tel. No.: (415) 746-1916**

**Fax No.: (415)**

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

**PHP Division: Community Behavioral Health Services**

Control Number

**CBHS**

**INVOICE NUMBER:**

S34 JL 14

**Ct. Blanket No.: BPHM**

TBD

User Cd

**Ct. PO No.: POHM**

TBD

**Funding Source:**

SA Work Order - OEWD

**Invoice Period:**

July 2014

**Final Invoice:**

(Check if Yes)

**Ace Control Number:**

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-23 IPO healthy Changes - HMHSMYOEWDWO												
SecPrev-19 SA-Sec Prev Outreach	2,829	25			-	-	0%	0%	2,829	25	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 88,000.00	\$ -	\$ -	0.00%	\$ 88,000.00
Fringe Benefits	\$ 27,280.00	\$ -	\$ -	0.00%	\$ 27,280.00
<b>Total Personnel Expenses</b>	<b>\$ 115,280.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 115,280.00</b>
Operating Expenses:					
Occupancy	\$ 17,137.00	\$ -	\$ -	0.00%	\$ 17,137.00
Materials and Supplies	\$ 1,047.00	\$ -	\$ -	0.00%	\$ 1,047.00
General Operating	\$ 191.00	\$ -	\$ -	0.00%	\$ 191.00
Staff Travel	\$ 273.00	\$ -	\$ -	0.00%	\$ 273.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 18,648.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 18,648.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 133,928.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 133,928.00</b>
Indirect Expenses	\$ 16,072.00	\$ -	\$ -	0.00%	\$ 16,072.00
<b>TOTAL EXPENSES</b>	<b>\$ 150,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 150,000.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:

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

DPH Authorization for Payment

Authorized Signatory

Date





**Appendix J****THE DECLARATION OF COMPLIANCE**

Each Fiscal Year, CONTRACTOR attests with a Declaration of Compliance that each program site has an Administrative Binder that contains all of the forms, policies, statements, and documentation required by Community Behavioral Health Services (CBHS). The Declaration of Compliance also lists requirements for site postings of public and client information, and client chart compliance if client charts are maintained. CONTRACTOR understands that the Community Programs Business Office of Contract Compliance may visit a program site at any time to ensure compliance with all items of the Declaration of Compliance.



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YR)  
6/29/15

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

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

**PRODUCER**  
Heffernan Insurance Brokers  
1350 Carlsback Avenue  
Walnut Creek, CA 94596  
CA License #0564249

**CONTACT NAME:** Shelaine Gonsalves  
**PHONE (A/C, No, Ext):** 925-934-8500 **FAX (A/C, No):** 925-934-8278  
**EMAIL ADDRESS:** ShelaineG@heffins.com

## INSURERS AFFORDING COVERAGE

NAIC #

**INSURED**  
HealthRIGHT360  
1735 Mission Street  
San Francisco, CA 94103

INSURER A:	Arch Insurance Company	11150
INSURER B:	Berkshire Hathaway Homestate Ins. Co.	10855
INSURER C:	Travelers Casualty and Surety Co. of America	19038
INSURER D:	Great American Assurance Company	39896
INSURER E:		
INSURER F:		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL L LIABILITY						EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		NTPKG0068204	07/01/15	07/01/16	DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$1,000,000
							GENERAL AGGREGATE \$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COM/OP AGG \$3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO			NTAUT0026004	07/01/15	07/01/16	BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB						EACH OCCURRENCE \$3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	X		NTUMB0032604	07/01/15	07/01/16	AGGREGATE \$3,000,000
	DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in N.H.)	Y/N		HEWC601810	07/01/15	07/01/16	E.L. EACH ACCIDENT 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE 1,000,000
							E.L. DISEASE - POLICY LIMIT 1,000,000
A	Professional Liability			NTPKG0068204	07/01/15	07/01/16	Each claim/aggregate \$1mm/\$3mm
A	Excess Professional Liability			NTUMB0032604	07/01/15	07/01/16	Each claim/aggregate \$3mm/\$3mm
C	Crime			105642284	07/01/15	07/01/16	Limit \$10,000,000
D	Excess Crime			SAA024161703	07/01/15	07/01/16	Limit \$13,000,000
A	Sexual Misconduct			NTPKG0068204	07/01/15	07/01/16	Each claim/aggregate \$2mm/\$2mm

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

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

City & County of San Francisco and Community Behaviour Abuse Services are included as an additional insured (and primary) on General Liability policy per the attached endorsement, if required.

## CERTIFICATE HOLDER

## CANCELLATION

City & County of San Francisco  
Community Substance Abuse Services  
1380 Howard Street, Rm. #400  
San Francisco, CA 94103

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

AUTHORIZED REPRESENTATIVE



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Name of Additional Insured Person(s) or Organization(s)</b>
City & County of San Francisco and Community Behaviour Abuse Services
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.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**SOCIAL SERVICES PREMIER GENERAL LIABILITY ENHANCEMENT ENDORSEMENT**

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposures are provided under this policy. If such specific coverage applies, the terms, conditions, and limits of that coverage are the sole and exclusive coverage applicable under this policy.

Throughout this endorsement the words "you" and "your" refer to the "Named Insured" shown in the Declarations. The words "we", "us", and "our" refer to the "Company" providing this insurance.

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

The following is a summary of the Limits of Insurance and Additional Coverage provided by this endorsement. For complete details on specific coverage's, consult the policy contract wording.

- A) Medical Payment – Limit increased to \$20,000
- B) Supplementary Payments – Bail bonds increased to \$3,000 / Loss of Earnings Increased to \$1,000 each day
- C) Damage to Premises Rented to You – Fire, Lightning, Explosion, Smoke and Leaks from Fire Protective Sprinklers limit increased to \$1,000,000
- D) Broadened definition of Who is an Insured
- E) Knowledge or Notice of Occurrence
- F) Broadened definition of Advertising Injury includes televised, videotaped, or internet-based publication
- G) Amended definition of Bodily Injury to include mental anguish
- H) Amended Unintentional Failure to Disclose Hazards
- I) Amended Liberalization Clause
- J) Property Damage – Removal of exclusion for "Property Damage" resulting from the use of reasonable force to protect persons or property
- K) Premises Sold or Abandoned by You
- L) Added Blanket Additional Insured - Funding sources
- M) Added Blanket Additional Insured - Managers or lessors of premises
- N) Additional Insured – By Contract, Agreement or Permit
- O) General Aggregate Limit Per Location
- P) Blanket Special Events and Fund Raising Events Coverage
- Q) Non-Owned Watercraft Coverage - Length is increased to 65 feet
- R) Blanket Waiver of Subrogation
- S) Waiver of Immunity
- T) Violation of Rights of Residents Coverage (Patient's Rights)
- U) Liquor Liability Exception to Exclusion
- V) Employee Criminal Defense Coverage - \$25,000 limit

**A) MEDICAL PAYMENTS**

If Medical Payments Coverage (Coverage C) is not otherwise excluded from this Coverage Part:

- 1) The Medical Expense Limit is increased, subject to all the terms of Limits of Insurance (Section III) to \$20,000
- 2) The requirement in the Insuring Agreement of Coverage C, that expenses must be incurred and reported to us within "one year" of the accident date is changed to "three years."

**B) SUPPLEMENTARY PAYMENTS**

Coverage A. and B. provisions:

- 1) The limit for the cost of bail bonds is changed from \$250 to \$3,000.
- 2) The limit for loss of earnings is changed from \$250 per day to \$1,000 per day.

**C) DAMAGE TO PREMISES RENTED TO YOU**

If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" and the words "fire insurance" are changed to "fire, lightning, explosion, smoke, or leakage from fire protective sprinklers" where it appears in:

- 1) The last paragraph of Section I – Coverages, Coverage A Bodily Injury And Property Damage Liability, subsection 2. Exclusions;
- 2) Section III – Limits Of Insurance, paragraph 6.;
- 3) Section V – Definitions, paragraph 9.a.
- 4) Section IV – Commercial General Liability Conditions, subsection 4. Other Insurance, paragraph b. Excess Insurance

The Damage to Premises Rented to You Limit section of the Declarations is amended to \$1,000,000.

This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke or leakage from fire protective sprinklers or any combination thereof.

**D) WHO IS AN INSURED**

Paragraph 2. of Section II – Who Is An Insured is deleted and replaced by the following:

2. Each of the following is also an insured: but only while working within the scope of their duties for the insured:

a.

- (i) "Employees";
- (ii) "Volunteer Workers";
- (iii) Independent Contractors

However, no "employees", "volunteer workers" or independent contractors are insureds for:

- (1) "Bodily injury" or "personal and advertising injury":

- (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer workers" while performing duties related to the conduct of your business;
- (b) To the spouse, child, parent, brother or sister of that co-"employee" or "volunteer worker" as a consequence of Paragraph (1)(a) above;
- (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraphs (1)(a) or (b) above; or
- (d) Arising out of his or her providing or failing to provide professional health care services.

- (2) "Property damage" to property:

- (a) Owned, occupied or used by,
  - (b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).
- b. Medical directors and administrators, including professional persons, are also insureds;
  - c. If you are an organization other than a partnership or joint venture, your managers and supervisors are also insureds;
  - d. If you are a limited liability company your members are insureds, but only with respect to their duties related to the conduct of your business;
  - e. Any organization and subsidiary thereof which you control and actively manage on the effective date of this endorsement;

- f. Any person or organization that has financial control of you or owns, maintains or controls premises occupied by you and requires you to name them as an additional insured but only with respect to their liability arising out of:

(1) Their financial control of you; or

(2) Premises they own maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

- g. Any state or political subdivision subject to the following provision:

This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with premises you own, rent, or control and to which this insurance applies:

(1) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners, or decorations and similar exposures; or

(2) The construction, erection, or removal of elevators; or

(3) The ownership, maintenance, or use of any elevators covered by this insurance.

However, the insurance afforded for any organization and subsidiary thereof not named in the Declarations as a Named Insured, does not apply to injury or damage with respect to which an insured under this endorsement is also an insured under another policy, or would be an insured under such policy but for its termination or the exhaustion of its limits of insurance.

- h. Students in training, but not for "bodily injury" or "property damage" arising out of his or her rendering or failure to render professional services to patients;

- i. Your members but only with respect to their liability for your activities or activities they perform on your behalf;

- j. Your trustees or members of the board of governors while acting within the scope of their duties as such on your behalf;

- k. Any entity you are required in a written contract (hereinafter called Additional Insured) to name as an insured is an insured but only with respect to liability arising out of your premises, "your work" for the Additional Insured, or acts or omissions of the Additional Insured in connection with the general supervision of "your work" to the extent set forth below:

Insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional services by or for you, including but not limited to:

(1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specifications; and

(2) Supervisors, inspection, or engineering services.

Any coverage provided under this provision shall be excess over any other valid and collectible insurance available to the Additional Insured(s) whether primary, excess, contingent or on any other basis unless a contract specifically requires that this insurance be primary or you request that it apply on a primary basis.

Paragraph 3a. of Section II —Who Is An Insured is deleted and replaced by the following:

- a. Coverage under this provision is, subject to (1) and (2) below:

(1) Effective on the acquisition or formation date; and

(2) Afforded only until the end of the policy period.

**E) KNOWLEDGE OR NOTICE OF OCCURRENCE**

1) As respects any loss reporting requirements under this policy, it is understood and agreed that knowledge of an "occurrence" by an agent, servant or employee of yours or any other person shall not in itself constitute knowledge by you, unless a corporate officer of yours shall have received notice from said agent, servant, employee or any other person.

2) Your failure to give first report of an "occurrence" to us shall not invalidate coverage under this policy if the loss was inadvertently reported to another insurer. However, you shall report any such "occurrence" to us within a reasonable time once you become aware of such error.

**F) ADVERTISING INJURY – TELEVISED, VIDEOTAPED, OR INTERNET-BASED PUBLICATION**

- 1) The definition of "Personal and Advertising Injury" item 14. is changed to read:  
"Personal and Advertising Injury" means injury arising out of one or more of the following offenses:
  - d) Oral, written, televised, videotaped, or internet-based publication of material that slanders or libels a person or organization or disparages a person's or organization's goods, products, or services;
  - e) Oral, written, televised, videotaped, or internet-based publication of material that violates a person's right of privacy;
  - f) Misappropriation of advertising ideas or style of doing business; or
  - g) Infringement of copyright, title, or slogan.
- 2) Exclusions b. and c. of Coverage B., Personal and Advertising Injury Liability, are changed to read:
  - a) (2) Arising out of oral, written, televised, videotaped, or internet-based publication of material, if done by or at the direction of the insured with knowledge of its falsity;
  - b) (3) Arising out of oral, written, televised, videotaped, or internet-based publication of material whose first publication took place before the beginning of the policy period.

**G) BODILY INJURY – MENTAL ANGUISH**

The definition of "bodily injury" is changed to read:

"Bodily Injury":

- a) Bodily injury, sickness, or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b) Except for mental anguish, includes death resulting from the foregoing (item a. above) at any time.

**H) UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

**I) LIBERALIZATION**

If we adopt a change in our forms or rules which would broaden your coverage without an additional premium charge, your policy will automatically provide the additional coverage(s) as of the date the revision is effective in your state.

**J) EXTENDED "PROPERTY DAMAGE"**

**SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE 2.**

Exclusions a. is deleted and replaced by the following:

- 1) Expected or Intended Injury;  
"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

**K) PREMISES SOLD OR ABANDONED BY YOU**

**SECTION I -COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE 2.**

Exclusions, Exclusion j. is amended as follows:

Paragraph (2) is replaced by the following:

- (2) Premises you sell, give away, or abandon, if the "property damage" arises out of any part of those premises and occurred from hazards that were known by you or should have reasonably been known by you, at the time the property was transferred or abandoned.



**L) ADDITIONAL INSURED – FUNDING SOURCE**

Under SECTION II – WHO IS AN INSURED the following is added:

- 2) Any person or organization with respect to their liability arising out of:
- a) Their financial control of you; or
  - b) Premises they own, maintain, or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction, and demolition operations performed by or for that person or organization.

**M) ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

Under SECTION II – WHO IS AN INSURED the following is added:

- 1.f. Any person or organization with respect to their liability arising out of the ownership, maintenance, or use of that part of the premises leased to you, subject to the following additional exclusions:

This insurance does not apply to:

- a) Any "occurrence" which takes place after you cease to be a tenant in that premises.
- b) Structural alteration, new construction, or demolition operations performed by or on behalf of that person or organization.

**N) ADDITIONAL INSUREDS - BY CONTRACT, AGREEMENT OR PERMIT**

- 1) Any person or organization is an insured with whom you are required to add as an additional insured to this policy by a written contract or written agreement, or permit that is:
  - a) currently in effect or becoming effective during the term of this policy; and
  - b) executed prior to the "bodily injury," "property damage," "personal and advertising injury".
- 2) This insurance provided to the additional insured by this endorsement applies as follows:
  - a) That person or organization is only an additional insured with respect to liability caused by your negligent acts or omissions at or from:
    - (1) Premises you own, rent, lease, or occupy, or
    - (2) Your ongoing operations performed for the additional insured at the job indicated by written contract or written agreement.
  - b) The limits of insurance applicable to the additional insured are those specified in the written contract or written agreement or in the Declarations of this policy whichever is less. These limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.
- 3) With respect to the insurance afforded these additional insured's, the following additional exclusions apply:
  - a) This insurance does not apply to "Bodily injury" or "property damage" occurring after:
    - (1) all work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
    - (2) that portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations on or at the same project.
  - b) This insurance does not apply to "bodily injury," "property damage," "personal and advertising injury" caused by the rendering of or failure to render any professional services.
- 4) Regardless of whether other insurance is available to an additional insured on a primary basis, this insurance will be primary and noncontributory if a written contract between you and the additional insured specifically requires that this insurance be primary.

**O) GENERAL AGGREGATE LIMIT PER LOCATION**

SECTION III – LIMITS OF INSURANCE, is amended as follows:

2. The General Aggregate Limit is the most we will pay for the sum of:

- a. Medical expenses under Coverage C;
- b. Damages under Coverage A, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard, and
- c. Damages under Coverage B.

A separate Location General Aggregate Limit applies to each "location" and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.

SECTION V - DEFINITIONS is amended by adding the following:

23. "Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

**P) BLANKET SPECIAL EVENTS AND FUND RAISING EVENTS**

1) This insurance applies to your legal liability for "bodily injury," "property damage," and "personal and advertising injury" arising out of all your managed, operated or sponsored special events WITH THE FOLLOWING EXCEPTIONS:

- a) Events involving aircraft
- b) Events involving automobile or motorcycle races or rallies
- c) Events involving fireworks
- d) Events involving firearms
- e) Events involving live animals, excluding domestic pets
- f) Carnivals and fairs with mechanical rides
- g) Any event lasting more than three (3) days (including otherwise acceptable events)
- h) Any event with greater than 1,000 people in attendance (including otherwise acceptable events)

Coverage may be provided by endorsement issued by us and made part of this Coverage Part, and subject to an additional premium charge.

**Q) NON-OWNED WATERCRAFT**

SECTION I – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE 2. Exclusions, paragraph g.(2) is amended to read as follows:

(2) A watercraft you do not own that is:

- a) Less than 65 feet long, and
- b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft.

This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess, or contingent.

**R) WAIVER OF SUBROGATION**

We will waive our right of subrogation in the event of a loss. We must be advised in writing, prior to the loss, of your intention to waive subrogation. We also must know whom subrogation will be waived against. If your request meets our underwriting criteria regarding such waivers, we will waive our right. However, we reserve the right to charge additional premium or to limit the terms and conditions of such waiver.

**S) WAIVER OF IMMUNITY**

We will waive, both in the adjustment of claims and in defense of "suits" against the insured, any charitable or governmental immunity of the insured, unless the insured requests, in writing, that we not do so.

Waiver of immunity, as a defense, will not subject us to liability for any portion of a claim or judgment, in excess, of the applicable limit of insurance.

**T) VIOLATION OF RIGHTS OF RESIDENTS (PATIENT'S RIGHTS)**

- 1) The following is added to SECTION 1 – COVERAGES COVERAGE A BODILY INJURY AND PROPERTY DAMAGE – paragraph 1. Insuring Agreement:  
"Bodily Injury" damages arising out of the violation of "Rights of Residents," shall be deemed an "occurrence."
- 2) As respects the coverage provided in paragraph A.1. of this endorsement, the following exclusions are added to SECTION 1 – COVERAGES COVERAGE A BODILY INJURY AND PROPERTY DAMAGE – 2. Exclusions:  
This insurance does not apply to:
  - a) Liability arising out of the willful or intentional violation of "Rights of Residents."
  - b) Fines or penalties assessed by a court or regulatory authority.
  - c) Liability arising out of any act or omission in the furnishing, or failure to furnish, professional services in the medical treatment of residents.
- 3) As respects the violation of "Rights of Residents" Coverage, the following definition is added to SECTION V - DEFINITIONS:
  24. "Rights of Residents" means:
    - a. Any right granted to a resident under any state law regulating your business as a health care facility.
    - b. The "Rights of Residents" as included in the United States Department of Health and Welfare regulations governing participation of Intermediate Care Facilities and Skilled Nursing Facilities, regardless of whether your facility is subject to those regulations.

**U. LIQUOR LIABILITY EXCLUSION – EXCEPTION FOR SPECIAL EVENTS OR FUNDRAISING EVENTS**

**SECTION 1. COVERAGES COVERAGE A BODILY INJURY AND PROPERTY DAMAGE 2.**

Exclusions c. is amended by adding the following subparagraph:

This exclusion does not apply to "bodily injury" or "property damage" arising out of the selling, serving or furnishing of alcoholic beverages at any special events or fundraising events related to the insured's business.

**V. EMPLOYEE CRIMINAL DEFENSE COVERAGE**

Under SUPPLEMENTARY PAYMENTS – COVERAGES A AND B, the following is added:

3. We will pay, on your behalf, defense costs incurred by an "employee" in a criminal proceeding.

The alleged criminal act must arise out of the "employee's" work performed on your behalf.

The most we will pay for any "employee" who is alleged to be directly involved in a criminal proceeding is \$25,000 regardless of the number of "employees", claims or "suits" brought or persons or organizations making claims or bringing "suits".

All other terms and conditions of this Policy remain unchanged.

Endorsement Number:

Policy Number: NTPKG0068204

Named Insured: HealthRIGHT360

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: 7/01/2015



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

**First Amendment**

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

**RECITALS**

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

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

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

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

a. **Agreement.** The term "Agreement" shall mean the Agreement dated **July 1, 2010**, **Contract Number BPHM11000070** between Contractor and City, as amended by this amendment;

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

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

a. **Section 2.** Term of the Agreement is listed for reference only.

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

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

5. **Compensation.** Compensation shall be made in monthly payments on or before the 15<sup>th</sup> 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 30<sup>th</sup> day of the immediately preceding month. In no event shall the amount of this Agreement exceed Forty-Two Million Four Hundred Seventy Seven Thousand Seven Hundred Sixty Dollars (\$42,477,760). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required

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

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

5. **Compensation.** Compensation shall be made in monthly payments on or before the 15<sup>th</sup> 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 30<sup>th</sup> day of the immediately preceding month. In no event shall the amount of this Agreement exceed Sixty Nine Million Four Hundred Fifty One Thousand Seven Hundred Eighty Seven Dollars (\$69,451,787). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

c. **Section 8. Submitting False Claims; Monetary Penalties of the Agreement currently reads:**

8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

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

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

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

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

**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) 255-3088 e-mail: Junko.Craft@sfdph.org
And:	Elizabeth Davis 1380 Howard Street, 2th Floor San Francisco, Ca 94103	FAX: (415) 255-3634 e-mail: Elizabeth.Davis@sfdph.org
To CONTRACTOR:	Paul Kroeger Walden House Inc. 520 Townsend St. San Francisco, CA 94103	FAX: (415) 554-1100 e-mail: pkroeger@waldenhouse.org

Any notice of default must be sent by registered mail.

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

**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 94102	FAX: (415) 252-3088
And:	Elizabeth Davis 1380 Howard Street, 2 <sup>nd</sup> Floor San Francisco, California 94103	FAX: (415) 255-3634 e-mail: Elizabeth.davis@sfdph.org
To CONTRACTOR:	HealthRIGHT360 1735 Mission Street San Francisco, CA 94103	FAX: (415) 554-1100 e-mail: veisen@healthright260.com

Any notice of default must be sent by registered mail.

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

### **33. Local Business Enterprise Utilization; Liquidated Damages**

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

#### **b. Compliance and Enforcement**

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

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

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

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

### **33. Local Business Enterprise Utilization; Liquidated Damages**

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



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

**a. Compliance and Enforcement**

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

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

**34. Nondiscrimination; Penalties**

**a. Contractor Shall Not Discriminate.** In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

**b. Subcontracts.** Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

**c. Nondiscrimination in Benefits.** Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property

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

**d. Condition to Contract.** As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.

**e. Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

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

**34. Nondiscrimination; Penalties**

**a. Contractor Shall Not Discriminate.** In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

**b. Subcontracts.** Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

**c. Nondiscrimination in Benefits.** Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and

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

d. **Condition to Contract.** As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form CMD-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Contracts Monitoring Division (formerly 'Human Rights Commission').

e. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

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

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

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

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

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

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

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

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

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

**58. Not Used.**

**i. Appendices A and A-1 through A-29 dated 7/1/13 (i.e., July 1, 2013) are hereby added for FY 13/14.**

**j. Appendix B dated 4/15/14 (i.e., April 14, 2014) is hereby deleted and Appendix B dated 4/16/14 (i.e., April 16, 2014) is hereby added for FY 13/14.**

**k. Appendix E dated 7/1/10 is deleted and Appendix E dated July 1, 2013 is hereby added and substituted and incorporated into the original agreement.**

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

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

P-550 (7-11) CMS #6990	8 of 9	April 16, 2014
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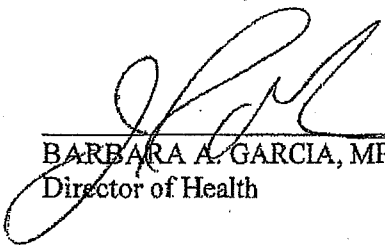
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.


CITY

CONTRACTOR

Recommended by:

HealthRIGHT 360

  
BARBARA A. GARCIA, MPA  
Director of Health

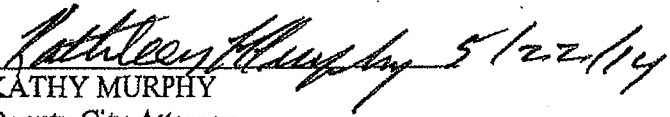
  
VITKA EISEN, MSW, EdD  
Chief Executive Officer  
1735 Mission Street  
San Francisco, CA 94103

Approved as to Form:

City vendor number: 08817

Dennis J. Herrera  
City Attorney

By:

  
KATHY MURPHY  
Deputy City Attorney

Approved:

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

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

**1. Terms**

**A. Contract Administrator:**

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

**B. 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. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. CBHS Electronic Health Records System

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

N. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

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

P Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Community Behavioral Health Services Policies and Procedures

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

T. Fire Clearance



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

U. Clinics to Remain Open

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

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

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

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

V. Compliance With Grant Award Notices:

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

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

2. **Description of Services**

Detailed description of services are listed below and are attached hereto

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

- Appendix A-1 – Adult Residential
- Appendix A-2 – BASN Adult Residential
- Appendix A-3 – BASN Satellite (ONPD)
- Appendix A-4 – BASN Social Detox Residential
- Appendix A-5 - Bridges Residential
- Appendix A-6 – AB109 Adult Residential
- Appendix A-7 – AB109 Transitional (ONPD)
- Appendix A-8 - HIV MDSP Residential
- Appendix A-9 – HIV Detox Residential
- Appendix A-10 – HIV Variable Length Residential
- Appendix A-11 – HIV Lodestar Residential
- Appendix A-12 –Post SFGH Residential (Men, Women, Dual Recovery)
- Appendix A-13 – Adult Residential Satellite
- Appendix A-14 - Social Detox Center (Residential)
- Appendix A-15– Transgender Recovery Program
- Appendix A-16 – Intensive Treatment Services (WHITS)
- Appendix A-17 – Women's Hope Residential

Appendix A-18 – Adult Outpatient Services  
Appendix A-19 – African American Healing Center  
Appendix A-20 - Bridges CM Outpatient  
Appendix A-21 -- Buprenorphine Medical Monitoring  
Appendix A-22 – Family Strength Outpatient  
Appendix A-23 – Southeast Health Opportunities Project (SHOP)  
Appendix A-24 – Representative Payee  
Appendix A-25 – Second Chances/With Open Arms (WOA)  
Appendix A-26 – Adult Mental Health Medi-Cal  
Appendix A-27 – Crisis Intervention (Fiscal Intermediary)  
Appendix A-28 – Acute Psychiatric Stabilization (WRAPS)  
Appendix A-29 - Fiscal Intermediary Contracts

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Adult Residential  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

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

**1. Identifiers:**

**Program Name:** HR360 Men's Adult Residential  
**Program Address:** 890 Hayes Street  
**City, State, Zip Code:** San Francisco, CA 94117  
**Telephone:** (415) 701-5100  
**Program Code:** 38342

**Program Name:** HR360 Women's Adult Residential  
**Program Address:** 214 Haight Street  
**City, State, Zip Code:** San Francisco, CA 94102  
**Telephone:** (415) 554-1480  
**Program Code:** 3805WR-RSD

**Program Name:** HR360 Dual Recovery Adult Residential  
**Program Address:** 815 Buena Vista West  
**City, State, Zip Code:** San Francisco, CA 94117  
**Telephone:** (415) 554-1450  
**Program Code:** 38062

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

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

☐ New    ☒ Renewal    ☐ Modification

**3. Goal Statement**

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

**4. Target Population**

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

- Polysubstance abusers
- Intravenous route of administration
- Homeless

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

Please see CRDC in Appendix B-1

**6. Methodology**

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

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

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

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

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

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

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

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

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

- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan – self assessment of needs, life problems, and areas for improvement.

**Program Phases:**

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

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

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

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

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

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

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

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

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

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

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

## **8. Continuous Quality Assurance and Improvement**

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

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

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

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

Contractor: HealthRIGHT 360  
Program: HR360 Adult Residential  
City Fiscal Year: FY 2013-14  
CMS#:6990

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

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

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

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

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

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

**Contractor:** HealthRIGHT 360  
**Program:** HR360 BASN Adult Residential  
**City Fiscal Year:** FY 2013-14  
**CMS#:** 6990

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

**1. Identifiers:**

Program Name: HR360 BASN Adult Residential  
Program Address: 890 Hayes Street  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 701-5100  
**Program Code: 38342**

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

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

☐ New      ☒ Renewal      ☐ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

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

Please see CRDC in Appendix B-2

**6. Methodology**

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

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



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

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

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

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

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

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

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

**Program Phases:**

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

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

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

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

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

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

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

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

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

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

## 8. Continuous Quality Assurance and Improvement

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

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

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

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

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

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

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

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

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

Contractor: HealthRIGHT 360  
Program: HR360 BASN Satellite (ONPD)  
City Fiscal Year: FY 2013-14  
CMS#:6990

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

**1. Identifiers:**

Program Name: HR360 BASN Satellite (ONPD)  
Program Address: 1254 13<sup>th</sup> Street  
City, State, Zip Code: San Francisco, CA 94130  
Telephone: (415) 701-5100  
Program Code: 3807BT-CLV

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

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

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

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

**4. Target Population**

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

- Polysubstance abusers
- Parolees
- Homeless

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

Please see CRDC in Appendix B-3

**6. Methodology**

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

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

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

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

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

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

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

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

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

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

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

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

#### 8. Continuous Quality Assurance and Improvement

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

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

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

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

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

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

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

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

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

**Contractor:** HealthRIGHT 360  
**Program:** HR360 BASN Social Detox Residential  
**City Fiscal Year:** FY 2013-14  
**CMS#:** 6990

**Appendix A-4**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 BASN Social Detox Residential  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
Program Code: 38062

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

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

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

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

Please see CRDC in Appendix B-4

**6. Methodology**

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

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

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

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

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

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

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

**D. Exit Criteria and Process:** Discharge planning begins at intake, and each client participates in an exit planning counseling session where long-term recovery options are explored and discussed to provide an accurate referral conducive to a clean and sober lifestyle. All clients are referred based on their discharge plan. Many clients transfer into other HR360 programs while others are referred back TAP case managers when discharged if requested.

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

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

## **7. Objectives and Measurements**

### **A. Required Objectives**

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



## 8. Continuous Quality Assurance and Improvement

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

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

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

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

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

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

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

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

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Bridges Residential  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

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

**1. Identifiers:**

Program Name: HR360 Bridges Residential  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
**Program Code: 3806BR-RES**

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

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

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

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

**4. Target Population**

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

- CDCR Parolees
- Poly-Substance Abusers
- Mentally Ill

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

Please CRDC in Appendix B-5

**6. Methodology**

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

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings – to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals. In addition, because this program's target population is CDCR parolees, the program staff have good referral relationships with the Parole agencies that serve parolees in San Francisco.

**B. Admissions and Intake:** Admission is open to referred parolees with a substance abuse & mental health issues. The person served may access services through an appointment or walk-in at the Program Site at the Multi-Services building located at 1899 Mission Street. The program staff checks to ensure clients are eligible to receive

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

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

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

The program includes:

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

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

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

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

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

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

## 8. Continuous Quality Assurance and Improvement

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

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

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

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

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

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

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

Contractor: HealthRIGHT 360  
Program: HR360 AB109 Adult Residential  
City Fiscal Year: FY 2013-14  
CMS#:6990

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

**1. Identifiers:**

Program Name: HR360 AB109 Adult Residential  
Program Address: 890 Hayes Street  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 701-5100  
Program Code:87342

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

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

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

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

Please CRDC in Appendix B-6

**6. Methodology**

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

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

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

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

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

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

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

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

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

**Program Phases:**

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

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

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

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

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

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

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

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

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

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

## **8. Continuous Quality Assurance and Improvement**

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

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

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

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

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

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

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

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

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



**Contractor:** HealthRIGHT 360

**Program:** HR360 AB109 Transitional (ONPD)

**City Fiscal Year:** FY 2013-14

**CMS#:**6990

**Appendix A-7**

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

**1. Identifiers:**

Program Name: HR360 AB109 Transitional  
Program Address: 1254 13<sup>th</sup> Street  
City, State, Zip Code: San Francisco, CA 94130  
Telephone: (415) 701-5100  
Program Code: 86077

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

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

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

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

**4. Target Population**

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

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

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

Please CRDC in Appendix B-7

**6. Methodology**

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

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

7/1/13

Page 1 of 4

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

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

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

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

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

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

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

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

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

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

## **7. Objectives and Measurements**

### **A. Required Objectives**

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

## **8. Continuous Quality Assurance and Improvement**

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

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

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

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

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

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

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**Contractor:** HealthRIGHT 360  
**Program:** HR360 AB109 Transitional (ONPD)  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

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

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

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

**Contractor: HealthRIGHT 360**  
**Program: HR360 HIV MDSP Residential**  
**City Fiscal Year: FY 2013-14**  
**CMS#:6990**

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

**1. Identifiers:**

Program Name: HR360 CARE MDSP Residential  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
Program Code: 3806CM-RES

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

**2. Nature of Document (check one)**

☐ New      ☒ Renewal      ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target populations are poly-substance abusing, persons living with HIV-infection or AIDS who are indigent. Included in these populations are men and women; gay, lesbian, bisexual and transgender; all ethnic/racial minorities; young adults 18 to 24 years old; veterans; criminal justice involved individuals; persons multiply diagnosed with concomitant mental health and behavioral issues; and homeless people. Enrollment priority will be given to residents of San Francisco who are low income and uninsured or underinsured.

HIV+/AIDS plus:  
Substance abusers  
Mentally ill

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-8

**6. Methodology**

HR360's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. CARE Multiple Diagnosis Stabilization Program (MDSP) offers a streamlined continuum of care providing comprehensive residential substance abuse service to HIV+ participants in a short time.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake

Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS Instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index Lite, and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter this program. All CARE clients' data information is entered into ARIES instead of AVATAR.

When the client is identified as appropriate, a level of care is determined based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**C. Program Service Delivery Model:** The CARE MDSP program provides up to 3 months of detox / stabilization residential services. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

During this component a client works on achieving their individual treatment plan goals, continues to attend various groups including: anger management meetings, art therapy group meetings, men's group, women's group meetings, DBT group meetings, HIV prevention & education meetings, HIV support group meetings, community meetings, Narcotics Anonymous/Alcoholics Anonymous meetings (in house and in the community), and works on finding a 12 step sponsor and an outside HIV support group with which they feel comfortable.

Clients continue with health care appointments, as well as any other outside appointments. At two weeks into the main phase, clients reassess their individual treatment plan goals. This treatment plan is reassessed at 30 days, 60 days and 90 days, at which time the client discusses their progress with the clinical review team and the counselor, to determine what goals will be pursued in the next phase, or upon completion. Client responsibilities are to follow program rules, participate fully in treatment activities, act as a role model for new clients, and do house chores, including making dinner once a week for the house. During this time the resident begins to receive an increasing number of privileges including, but limited to: sending and receiving monitored mail, personally use house electronic

equipment, eligibility for community outings, and room privileges (which include posters on walls and the use of radio/tape players). These privileges are granted in accordance with demonstrated responsibility. When it is deemed appropriate by the counselor and client, the client writes a proposal to become a mentor in the community and enter the Pre-Reentry phase of the variable length program.

Once onsite at their assigned location, the client immediately enters orientation which includes:

- Introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan – self assessment of needs, life problems, and areas for improvement.

**Program Phases:**

The Adult Residential Program at HR360 is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

**Orientation:** The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

**TC Phase:** The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

**Pre-Reentry/Reentry:** The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

**Continuing Care (Aftercare):** Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

**Program Service Locations:** This program is located at 815 Buena Vista West, San Francisco, CA. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual & Group Counseling, MH services, and other substance abuse treatment related activities. These

facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**E. Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## **7. Objectives and Measurements**

### **A. Required Objectives**

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## **8. Continuous Quality Assurance and Improvement**

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Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

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Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor: HealthRIGHT 360**  
**Program: HR360 HIV Detox Residential**  
**City Fiscal Year: FY 2013-14**  
**CMS#:6990**

**Appendix A-9**  
**Term: 7/1/13-6/30/14**

**1. Identifiers**

Program Name: HR360 CARE Detox Residential  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
Program Code: 3806CX-RSD

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New      ☒ Renewal      ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target populations are poly-substance abusing, persons living with HIV-infection or AIDS who are indigent. Included in these populations are men and women; gay, lesbian, bisexual and transgendered; all ethnic/racial minorities; young adults 18 to 24 years old; veterans; criminal justice involved individuals; persons multiply diagnosed with concomitant mental health and behavioral issues; and homeless people. Enrollment priority will be given to residents of San Francisco who are low income and uninsured or underinsured.

- HIV+/AIDS plus:
  - Substance abusers
  - Homeless

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-9

**6. Methodology**

HR360's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. CARE Detox offers a streamlined continuum of care providing comprehensive residential substance abuse service to HIV+ participants in a short time.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services

including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index Lite, and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. All CARE clients' data information is entered into ARIES instead of AVATAR.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at Intake. The referral source will be notified (as necessary).

**C. Program Service Delivery Model:** The CARE Detox program provides up to 3 months of detox / stabilization residential services. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

During this component a client works on achieving their individual treatment plan goals, continues to attend various groups including: anger management meetings, art therapy group meetings, men's group, women's group meetings, DBT group meetings, HIV prevention & education meetings, HIV support group meetings, community meetings, Narcotics Anonymous/Alcoholics Anonymous meetings (in house and in the community), and works on finding a 12 step sponsor and an outside HIV support group with which they feel comfortable.

Clients continue with health care appointments, as well as any other outside appointments. At two weeks into the main phase, clients reassess their individual treatment plan goals. This treatment plan is reassessed at 30 days, 60 days and 90 days, at which time the client discusses their progress with the clinical review team and the counselor, to determine what goals will be pursued in the next phase, or upon completion. Client responsibilities are to follow program rules, participate fully in treatment activities, act as a role model for new clients, and do house chores, including making dinner once a week for the house. During this time the resident begins to receive an increasing number of privileges including, but limited to: sending and receiving monitored mail, personally use house electronic equipment, eligibility for community outings, and room privileges (which include posters on walls and the use of

radio/tape players). These privileges are granted in accordance with demonstrated responsibility. When it is deemed appropriate by the counselor and client, the client writes a proposal to become a mentor in the community and enter the Pre-Reentry phase of the variable length program.

Once onsite at their assigned location, the client immediately enters orientation which includes:

- Introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan – self assessment of needs, life problems, and areas for improvement.

**Program Phases:**

The Adult Residential Program at HR360 is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

**Orientation:** The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility.

**TC Phase:** The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

**Pre-Reentry/Reentry:** The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

**Continuing Care (Aftercare):** Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

**Program Service Locations:** This Program is located at 815 Buena Vista West. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual & Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**E. Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## **7. Objectives and Measurements**

### **A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms.

Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor:** HealthRIGHT 360  
**Program:** HR360 HIV Variable Length Residential  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-10**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 CARE Variable Length Residential  
Program Address: 890 Hayes Street  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 701-5100  
**Program Code: 3834CV-RES**

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New      ☒ Renewal      ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target populations are poly-substance abusing, persons living with HIV-infection or AIDS who are indigent. Included in these populations are men and women; gay, lesbian, bisexual and transgendered; all ethnic/racial minorities; young adults 18 to 24 years old; veterans; criminal justice involved individuals; persons multiply diagnosed with concomitant mental health and behavioral issues; and homeless people. Enrollment priority will be given to residents of San Francisco who are low income and uninsured or underinsured.

- HIV+/AIDS plus:
  - Substance abusers
  - Homeless

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-10

**6. Methodology**

HR360's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. CARE VL offers a streamlined continuum of care providing comprehensive residential substance abuse service to HIV+ participants.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical /

psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index, etc. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. All CARE clients' data information is entered into AVATAR.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**C. Program Service Delivery Model:** The CARE VL program provides up to 6 months of treatment of residential services. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

During this component a client works on achieving their individual treatment plan goals, continues to attend various groups including: anger management meetings, art therapy group meetings, men's group, women's group meetings, DBT group meetings, HIV prevention & education meetings, HIV support group meetings, community meetings, Narcotics Anonymous/Alcoholics Anonymous meetings (in house and in the community), and works on finding a 12 step sponsor and an outside HIV support group with which they feel comfortable.

Clients continue with health care appointments, as well as any other outside appointments. At two weeks into the main phase, clients reassess their individual treatment plan goals. This treatment plan is reassessed at 30 days, 60 days and 90 days, at which time the client discusses their progress with the clinical review team and the counselor, to determine what goals will be pursued in the next phase, or upon completion. Client responsibilities are to follow program rules, participate fully in treatment activities, act as a role model for new clients, and do house chores, including making dinner once a week for the house. During this time the resident begins to receive an increasing number of privileges including, but limited to: sending and receiving monitored mail, personally use house electronic equipment, eligibility for community outings, and room privileges (which include posters on walls and the use of radio/tape players). These privileges are granted in accordance with demonstrated responsibility. When it is deemed appropriate by the counselor and client, the client writes a proposal to become a mentor in the community and enter the Pre-Reentry phase of the variable length program.



Once onsite at their assigned location, the client immediately enters orientation which includes:

- introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan – self assessment of needs, life problems, and areas for improvement.

**Program Phases:**

The Adult Residential Program at HR360 is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

**Orientation:** The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

**TC Phase:** The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

**Pre-Reentry/Reentry:** The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

**Continuing Care (Aftercare):** Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

**Program Service Locations:** This program is located at 890 Hayes Street, San Francisco, CA. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual & Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community.

Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**E. Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## **7. Objectives and Measurements**

### **A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure

preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360  
Program: HR360 Lodestar Residential  
City Fiscal Year: FY 2013-14  
CMS#:6990

Appendix A -11  
Term: 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 Lodestar Residential  
Program Address: 214 Haight Street  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1480  
Program Code: 3805LC-RES

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target population served by HR360 Adult Residential is HIV+ adult women poly-substance abusers who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. Walden House serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services for HIV+ women 18 years and older who are:

- Polysubstance abusers
- Intravenous route of administration
- Homeless Polysubstance abusers

**5. Modality(ies)/Interventions**

Please see CRDC in Appendix B-11

**6. Methodology**

HR360 Gender Responsive Women's Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program for women. This program accepts HIV+ female San Francisco residents and offers HIV specific services, integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many women's paths to addiction. Each woman's treatment experience is unique, as services are assessment-driven, strength-based, and woman-centered.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings – to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services

including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**Program Service Delivery Model:** The Women's gender responsive residential program is a variable-length program that provides up to 6 months of residential services. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Once onsite at their assigned location, the client immediately enters orientation which includes:

- Introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan – self assessment of needs, life problems, and areas for improvement.

**Program Phases:**

The Adult Residential Program at HR360 is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

**Orientation:** The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are

developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

**TC Phase:** The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

**Pre-Reentry/Reentry:** The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

**Continuing Care (Aftercare):** Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

**Program Service Locations:** This programs is located at 214 Haight Street. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual 7 Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

**C. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**D. Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## **7. Objectives and Measurements**

### **A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.



**Contractor:** HealthRIGHT 360

**Program:** HR360 Post SFGH Residential(Men, Women, Dual Recovery)

**City Fiscal Year:** FY 2013-14

**CMS#:**6990

**Appendix:** A-12

**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 Men's Post SFGH Residential

Program Address: 890 Hayes Street

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 701-5100

Program Code: 3834G-RES

Program Name: HR360 Women's Post SFGH Residential

Program Address: 214 Haight Street

City, State, Zip Code: San Francisco, CA 94102

Telephone: (415) 554-1480

Program Code: 3805SW-RES

Program Name: HR360 Dual Recovery Post SFGH Residential

Program Address: 815 Buena Vista West

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 554-1450

Program Code: 3806SG-RES

Contractor Address: 1735 Mission Street

City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New

☒ Renewal

☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target population served by the HR360 Post SFGH Residential (Men, Women, Dual Recovery) is adult poly-substance abusers who live in San Francisco and referred from San Francisco General Hospital by the Treatment Access Program (TAP). Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless people; young adults ages 18-24; gay, lesbian, bisexual and transgender people; veterans; parents; and individuals involved in the criminal justice system.

- Mental Health referrals
- Polysubstance abusers
- Intravenous route of administration

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-12

## **6. Methodology**

The goal of Post SFGH Residential Services program is to reduce substance abuse and related criminal behavior in individuals referred to HR360 from the TAP. To reach this goal, the program provides up to 6 months of structured residential substance abuse treatment services to this population within a licensed treatment facility. This program is integrated into the existing HR360 Residential Program

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals. However, these beds are managed by CBHS and therefore all referrals must be authorized by TAP.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, and the Addiction Severity Index. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Post SFGH Residential(Men, Women, Dual Recovery)  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix:** A-12  
**Term:** 7/1/13-6/30/14

**C. Program Service Delivery Model:** The program has a variable length; participants are eligible for up to 6 months of residential treatment to achieve their treatment goals and link to the next step-down level of care.

Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Clients, who reside in Satellite, have enrolled in vocation training, found a job, or is enrolled in school. Satellites provide supported transitional housing to several clients living as roommates. When the client moves to a satellite apartment s/he begins to focus on re-socialization, work and family-related issues, as well as develops a transition plan to move toward independence. This transitional housing and supportive services may last up to 3 months, with extensions allowed on a case-by-case basis and availability of funding. Reentry clients pay subsidized rent, and receive supervision of money management, family issues, independent living skills and reentry issues.

Clients continue with their treatment plan, continue to receive case management services and reviews, and some of the same services as needed as the residential treatment clients. In addition, some satellite clients may require specialized treatment plan based on their specific needs.

**Program Service Locations:** These Residential Programs are located at three HR360 facilities, one at 815 Buena Vista West, San Francisco, CA, 214 Haight Street, and the other at 890 Hayes Street, San Francisco, CA. These facilities are licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual 7 Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**E. Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

**7. Objectives and Measurements**

**A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

**8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

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Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

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**Contractor:** HealthRIGHT 360

**Program:** HR360 Post SFGH Residential(Men, Women, Dual Recovery)

**City Fiscal Year:** FY 2013-14

**CMS#:**6990

**Appendix:** A-12

**Term:** 7/1/13-6/30/14

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360  
Program: HR360 Adult Residential Satellite  
City Fiscal Year: FY 2013-14  
CMS#:6990

Appendix A-13  
Term: 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 Men's Residential Satellite  
Program Address: 1254 -13<sup>th</sup> Street  
City, State, Zip Code: Treasure Island, CA 94130  
Telephone: (415) 701-5100  
Program Code: 88077

Program Name: HR360 Women's Residential Satellite  
Program Address: 214 Haight Street  
City, State, Zip Code: San Francisco, CA 94102  
Telephone: (415) 554-1480  
Program Code: 87067

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target population served by HR360 Adult Residential Satellite is adult poly-substance abusers who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include men; the mentally ill; HIV positive individuals; homeless people; young adults ages 18-24; gay, bisexual and transgender people; veterans; parents; and individuals involved in the criminal justice system.

- Polysubstance-abusers
- Intravenous route of administration
- Homeless

**5. Modality(ies)/Interventions**

Please see CRDC in Appendix B-13

**6. Methodology**

HR360 Adult Residential Satellite is a type of transitional housing, in which peers in recovery live together and support each other's recovery while continuing participation in treatment and related services has proven effective in sustaining treatment gains. The program serves San Francisco residents whose substance abuse and related problems no longer require the full intensity of services provided in a residential program setting, but continue to require substantial case management and treatment services to achieve treatment goals. Treatment services for satellite are administered at 1254 -13<sup>th</sup> Street, Treasure Island, CA 94130. Satellite referrals come from the Primary Residential programs.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index Lite, and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determined based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**B. Program Service Delivery Model:** The program has a variable length; participants are eligible for up to one year total of residential and/or adult overnight/partial day treatment to complete the balance of that year, if needed, to achieve their treatment goals and link to the next step-down level of care.

Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Clients, who reside in Satellite, have enrolled in vocation training, found a job, or is enrolled in school. Satellites provide supported transitional housing to several clients living as roommates. When the client moves to a satellite

apartment s/he begins to focus on re-socialization, work and family-related issues, as well as develops a transition plan to move toward independence. This transitional housing and supportive services may last up to 3 months, with extensions allowed on a case-by-case basis and availability of funding. Satellite clients do not pay rent, and receive supervision of money management, family issues, independent living skills and reentry issues.

Clients continue with their treatment plan, continue to receive case management services and reviews, and some of the same services as needed as the residential treatment clients. In addition, some satellite clients may require specialized treatment plan based on their specific needs.

**Program Service Locations:** These Satellite programs are located at two HR360 facilities, women at 214 Haight Street, and men are housed at 890 Hayes Street, San Francisco, CA.

**C. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**D. Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## **7. Objectives and Measurements**

### **A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## **8. Continuous Quality Assurance and Improvement**

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**Standards and Compliance:** Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

**Health and Safety:** Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

**Training:** Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

**Clinical:** Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

**Steering Committee:** Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor: HealthRIGHT 360**  
**Program: HR360 Social Detox Center (Residential)**  
**City Fiscal Year: FY 2013-14**  
**CMS#:6990**

**Appendix A-14**  
**Term: 7/1/13-6/30/14**

**1. Identifiers:**

Program Name: HR360 Social Detox Center (Residential)  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
Program Code: 88062

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New      ☒ Renewal      ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target population for Social Detox Center consists of any SF residents referred through Treatment Access Program (TAP) needing detox services. Participants are usually persons who abuse alcohol and or other substances. HR360 Detox Center offers detoxification services designed to help substance abusers engage in a supportive program to gain sobriety and abstinence from alcohol and other drugs, teach improve social functioning, and provide participants with a positive support system. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for various populations with specific needs. The program is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes.

- Polysubstance abusers

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-14

**6. Methodology**

The goal of the Social Detox Center Residential program is to reduce substance abuse and related criminal behavior in individuals referred to HR360 from the TAP. To reach this goal, the Detox program provides 3-7 days of social model detoxification residential services to this population within a licensed treatment facility. This program is specific to clients trying to stabilize from alcohol & drugs. Many participants will be referred to ongoing treatment services if interested.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission to the Detox Residential Program is open to all adult San Francisco persons referred through TAP needing detox services from alcohol and or other drugs.

A direct referral or phone call from TAP secures a referral appointment at the 1735 Mission Street with an Intake staff. During the admission process each participant receives brief screenings for substance abuse, mental health, and physical problems. (The Simple Screening Instrument for Substance Abuse; Mental health Screening Form III, the Health Questionnaire, and the Clinical Institute Assessment of Alcohol Scale (CIWA) to monitor alcohol withdrawal symptoms). Participants also take part in a structured interview that yields other information related to risk behaviors, housing status, and treatment history. Upon review of the findings participants may be referred for further evaluation to ensure safety of placement in our social model detoxification program.

During this period, if needed, a client presenting with alcohol withdrawal symptoms will have the CIWA test administered once daily until the patient's score remains lower than ten for an entire twenty-four hours. All participants will be closely supervised and monitored for additional assessments or screenings if necessary.

**C. Program Service Delivery Model:** The Social Detox Center is a 3-7 day detoxification program. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction and need for ongoing stabilization services. While in program clients may attend daily 12-Step meetings, participate in early recovery groups and receive some individual counseling and discharge planning.

Through early recovery group processes, we educate and help increase clients' self-awareness concerning substance dependence and abuse. Topics include: coping skills, high-risk situations and triggers, positive affirmations, self esteem, stress management, relapse prevention, and introduction to the Twelve Steps.

**Program Service Locations:** This Program is located at 815 Buena Vista West. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual & Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

**D. Exit Criteria and Process:** Discharge planning begins at intake, and each client participates in an exit planning counseling session where long-term recovery options are explored and discussed to provide an accurate referral conducive to a clean and sober lifestyle. All clients are referred based on their discharge plan. Many clients transfer into other HR360 programs while others are referred back TAP case managers when discharged if requested.

**E. Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## 7. Objectives and Measurements

### A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## 8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

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**Contractor:** HealthRIGHT 360  
**Program:** HR360 Social Detox Center (Residential)  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-14**  
**Term:** 7/1/13-6/30/14

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Transgender Recovery Program  
**City Fiscal Year:** FY 2013-14  
**CMS#:** 6990

**Appendix A-15**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 Transgender Recovery Program  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
Program Code: 3806TD-RES

Program Name: HR360 Transgender Program  
Program Address: 214 Haight Street  
City, State, Zip Code: San Francisco, CA 94102  
Telephone: (415) 554-1480  
Program Code: 3805TG-RES

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New    ☒ Renewal    ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target populations served by the HR360 Transgender Recovery Program (TRP) are transgender poly-substance abusers who live in San Francisco. Primary drugs of abuse are alcohol, amphetamines, crack cocaine and heroin. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent, primarily African-American, followed demographically by Caucasian, Hispanic, and Asian. All are at significant risk for HIV as some are positive. We also serve female to-male (FTM), and gender-queer identified clients.

- male-to-female (MTF) transgender
- poly-substance abusers
- other transgender (Female to Male and gender-queer)

**5. Modality(ies)/Interventions**

Please see CRDC in Appendix B-15

**6. Methodology**

Transgender Recovery Program – Gender Identity (Transgender) Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender identity sensitive residential substance abuse treatment program for transgendered (TG) individuals. This program accepts self-identifying TG San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many TG individuals' paths to addiction. Each individual's treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered. The program is staffed by self-identifying TG clinicians, and all staff and residents in the facility are trained in TG sensitivity. TG-specific needs, including access to hormones, are thoroughly assessed and addressed.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals. However, these beds are managed by CBHS and therefore all referrals must be authorized by TAP.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, and the Addiction Severity Index.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**C. Program Service Delivery Model:** The program has a variable length; participants are eligible for up to 6 months of residential treatment to achieve their treatment goals and link to the next step-down level of care.

Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Clients continue with their treatment plan, continue to receive case management services and reviews, and some of the same services as needed as the residential treatment clients. In addition, some satellite clients may require specialized treatment plan based on their specific needs.

**Program Service Locations:** Transgender services are provided at both our Dual Recovery at 815 Buena Vista and 214 Haight Women's facilities in San Francisco, CA. These facilities are licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual & Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**E. Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## **7. Objectives and Measurements**

### **A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

**Clinical Data Integrity:** Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.



**Contractor:** HealthRIGHT 360  
**Program:** HR360 Transgender Recovery Program  
**City Fiscal Year:** FY 2013-14  
**CMS#:** 6990

**Appendix A-15**  
**Term:** 7/1/13-6/30/14

**Standards and Compliance:** Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

**Health and Safety:** Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

**Training:** Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

**Clinical:** Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

**Steering Committee:** Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Intensive Treatment Services (WHITS)  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix:** A-16  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 Intensive Treatment Services (WHITS)  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
Program Code: 3806WT-RES

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target population served in WHITS Residential is chronically mentally ill, adult poly-substance abusers who live in San Francisco. A pattern of repeated involvement in both mental health and substance abuse treatment programs is characteristic of this population. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include both women and men; HIV positive individuals; homeless people; young adults ages 18-24, and emancipated minors from 16 to 18; gays, lesbians, bisexuals and transgenders; veterans; and individuals involved in the criminal justice system. People with mental illness are a part of all HR360 programs; however, this program is designed specifically for the dual diagnosed population.

- Polysubstance abusers
- Chronically mentally ill individuals
- Homeless

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-16

**6. Methodology**

HR360 WHITS accepts San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment. Each participant's treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals. However, these beds are managed by CBHS and therefore all referrals must be authorized by TAP.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, and the Addiction Severity Index.

When the client is identified as appropriate, a level of care is determined based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**C. Program Service Delivery Model:** The program has a variable length; participants are eligible for up to one year total of residential and/or adult overnight/partial day treatment to complete the balance of that year, if needed, to achieve their treatment goals and link to the next step-down level of care.

Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Clients, who reside in Satellite, have enrolled in vocation training, found a job, or is enrolled in school. Satellites provide supported transitional housing to several clients living as roommates. When the client moves to a satellite apartment s/he begins to focus on re-socialization, work and family-related issues, as well as develops a transition plan to move toward independence. This transitional housing and supportive services may last up to 3 months, with extensions allowed on a case-by-case basis and availability of funding. Reentry clients pay subsidized rent, and receive supervision of money management, family issues, independent living skills and reentry issues.

Clients continue with their treatment plan, continue to receive case management services and reviews, and some of the same services as needed as the residential treatment clients. In addition, some satellite clients may require specialized treatment plan based on their specific needs.

**Program Service Locations:** WHITS Program is located at 815 Buena Vista West, San Francisco, CA. This facility is licensed by the State to provide adult substance abuse residential treatment. This facility is staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**E. Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## **7. Objectives and Measurements**

### **A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

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**Contractor:** HealthRIGHT 360  
**Program:** HR360 Intensive Treatment Services (WHITS)  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix:** A-16  
**Term:** 7/1/13-6/30/14

**Standards and Compliance:** Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

**Health and Safety:** Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

**Training:** Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

**Clinical:** Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

**Steering Committee:** Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360  
Program: HR360 Women's HOPE Residential  
City Fiscal Year: FY 2013-14  
CMS#:6990

Appendix A- 17  
Term: 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 Women's HOPE (Healing Opportunities & Parenting Education) Program  
Program Address: 2261 Bryant Street  
City, State, Zip Code: San Francisco, CA 94110  
Telephone: (415) 800-7534  
Program Code: 89102

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target population for Women's HOPE is pregnant and post-partum women and their children. Target populations include individuals with polysubstance abusers, chronic mental illness, transition age youth (aged 18-25 years), the African American, Asian Pacific Islander, and Hispanic/Latino communities, the LGBTQ community including transgendered individuals, homeless individuals and families, polysubstance abusers, seniors, and individuals with HIV/AIDS.

- Pregnant Women
- Post-partum Women
- Polysubstance abusers

**5. Modality(ies)/Interventions**

Please see CRDC in Appendix B-17

**6. Methodology**

Women's HOPE Program is a multi-services residential substance abuse treatment program for pregnant and post-partum women. The facility houses up to 16 women, with additional capacity for up to 19 children. Services are trauma-informed and gender responsive, and include parenting and family services in an effort to break the intergenerational cycles of substance abuse and mental illness. The program has been designed to address all co-factors that support addictive behaviors in addition to providing services for children. Issues to be addressed include substance use, trauma, mental illness, health and wellness, spirituality, culture, relationships, family reunification, employability, homelessness, sober living skills, parenting education, and aftercare.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department located at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument) and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and an Addiction Severity Index (ASI). Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**C. Program Service Delivery Model:** The HR360 Women's HOPE Program is a variable-length program that accommodates up to 12 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Once onsite at their assigned location, the client immediately enters orientation which includes:

- introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan – self assessment of needs, life problems, and areas for improvement.

**Program Phases:**

The Women's HOPE Program at HR360 is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

**Orientation:** The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

**TC Phase:** The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

**Pre-Reentry/Reentry:** The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

**Continuing Care (Aftercare):** Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

**Program Service Locations:** The Women's HOPE Program is located at 2261 Bryant Street, a licensed & certified substance abuse residential treatment program. This program also provides Individual and Group Counseling, MH services, and other substance abuse treatment related activities. This facility is staffed 24 hours a day, 7 days a week. Intakes take place at the 1735 Mission Street.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**E.** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.



Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## 7. Objectives and Measurements

### A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## 8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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**Contractor:** HealthRIGHT 360  
**Program:** HR360 Women's HOPE Residential  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A- 17**  
**Term:** 7/1/13-6/30/14

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Adult Outpatient Services  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-18**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 Adult OP Services  
Program Address: 1735 Mission Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700  
Program Codes: DMC: 38201, Non-DMC: 38200P

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target population served by this Outpatient Program is adults, 18 and above, who abuse and/or are dependant on drugs and/or alcohol with a focus on individuals residing in the Central City area of San Francisco and who are homeless and/or indigent. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless addicts; young adults ages 18-24, gays, lesbians, bisexuals and transgender; veterans; and individuals involved in the criminal justice system.

- Behavioral health disordered persons that are San Francisco residents.
- Homeless and indigent persons
- Substance dependent persons

**5. Modality(ies)/Interventions**

Please see CRDC in Appendix B-18

**6. Methodology**

HR360 Outpatient Services offers a streamlined continuum of care providing substance abuse services that include individual and group counseling, relapse prevention, vocational and educational classes, social services, family reunification and legal counseling and urine surveillance as a tool when appropriate. Our mission is to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California. These services are designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings – to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to

community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, and the Addiction Severity Index. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**C. Program Service Delivery Model:** HR360 integrates a continuum of treatment activities that are based on CCISC program models that have been implemented in other jurisdictions and incorporate numerous evidence-based interventions.

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.
- Three Levels of Active Treatment
  - Level I -- Outpatient Treatment for clients who have maintained substantial stability in managing their behavioral health disorders.
  - Level II -- Intensive Outpatient Treatment is intended both to serve clients stepping down from more intensive levels of care and/or to provide more intensive supports to clients in a lower level of care.

- Level III – Day Treatment – Day is provided for the highest need clients and again as a step down program and to prevent clients from needing higher levels of service.

This program leverages the limited funding available through this RFP with the treatment services and wraparound supports of HR360 to deliver multifaceted programming that incorporates numerous evidence-based practices so as to respond comprehensively to multiple needs of high-risk individuals.

**D. Program Service Location:** The OP program is located at 1735 Mission Street, San Francisco, CA.

**E. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**F. Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## **7. Objectives and Measurements**

### **A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## **8. Continuous Quality Assurance and Improvement**

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Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

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Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Clinical Data Integrity:** Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

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**Contractor:** HealthRIGHT 360  
**Program:** HR360 African American Healing Center  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-19**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 African American Healing Center (AAHC)  
Program Address: 1601 Donner #3  
City, State, Zip Code: San Francisco, CA 94124  
Telephone: (415) 762-3700  
Program Code: 87301

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target population is substance abusing women and men demonstrating a need for outpatient substance abuse treatment.

- AA/ persons of color
- Polysubstance abusers

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-19

**6. Methodology**

The goal of the AAHC Program is to reduce substance abuse and related criminal behavior in individuals referred to HR360. To reach this goal, the project will provide variable length of treatment of OP services to this population within a certified treatment facility.

**A. Outreach & Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission to the AAHC Program is open to all adult persons of San Francisco who desire treatment. We target the BVHP community because that is where the program is located.

A direct referral or phone call secures an intake interview appointment at program with a program staff. Staff will verify for San Francisco residency; collect demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.



As a client enters the HR360 continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues. An interview occurs thereafter with an intake staff member. This interview includes an overall screening of behavioral health history.

**C. Program Service Delivery Model:** The HR360 AAHC Program is a variable-length program that accommodates up to 6 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

**Program Phases:**

The program at HR360 is divided into phases: Orientation; Phase I, and Phase II. These phases are designed to provide a continuum of care for each client.

**Orientation:** The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups and have a job function. Once the client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the next phase.

**Phase 1:** This phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. The clients participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to enter the Pre-Reentry phase.

**Phase 2:** The Pre-Reentry phase is a transition between Phase 2 and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident may receive vocational counseling and develops a reentry plan. This phase lasts several months. Reentry clients engage in money management, family reunification, independent living and relapse prevention counseling activities. Continuing Care clients have achieved their treatment plan goals and come to different groups to maintain sobriety. This phase is also variable length depending on the needs & schedule of the individual.

**Program Service Locations:** The AAHC is located at 1601 Donner #3, San Francisco, CA. It includes Individual, Group Counseling, and other substance abuse treatment related activities and services will take place at this facility, as well.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**E.** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked

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## **7. Objectives and Measurements**

### **A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## **8. Continuous Quality Assurance and Improvement**

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Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

**Contractor:** HealthRIGHT 360  
**Program:** HR360 African American Healing Center  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-19**  
**Term:** 7/1/13-6/30/14

**Steering Committee:** Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Bridges CM OP  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-20**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 Bridges CM Outpatient Services  
Program Address: 1899 Mission Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700  
Program Code: 85351

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target population served by the HR360 BRIDGES program are adults parolees, mentally ill, poly-substance abusers or dependant on drugs and/or alcohol, considered legal residents of San Francisco.

- CDCR Parolees
- Poly-Substance Abusers
- Mentally ill

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-20

**6. Methodology**

HR360 Bridges Outpatient Services offers a streamlined continuum of care providing substance abuse services that include individual and group counseling, relapse prevention, vocational and educational classes, social services, family reunification and legal counseling and urine surveillance as a tool when appropriate. Our mission is to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California. These services are designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals. In addition, because this program's target population are CDCR parolees, the program staff have good referral relationships with the Parole agencies that serve parolees in San Francisco.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Program Site. A referral phone

call secures an intake interview appointment at 1899 Mission Street with a program staff. The program staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the HR360 continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for program placement.

**C. Program Service Delivery Model:** HR360 integrates a continuum of treatment activities that are based on CCISC program models that have been implemented in other jurisdictions and incorporate numerous evidence-based interventions.

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.
- Three Levels of Active Treatment
  - Level I – Outpatient Treatment for clients who have maintained substantial stability in managing their behavioral health disorders.
  - Level II – Intensive Outpatient Treatment is intended both to serve clients stepping down from more intensive levels of care and/or to provide more intensive supports to clients in a lower level of care.
  - Level III – Day Treatment – Day is provided for the highest need clients and again as a step down program and to prevent clients from needing higher levels of service.

**Program Service Location:** The Bridges OP Program is located at 1899 Mission Street, San Francisco, CA. This Program Individual and Group Counseling, MH services, and other substance abuse treatment related activities and services will take place at this facility, as well.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment

process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

E. **Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## 7. Objectives and Measurements

### A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## 8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

**Clinical Data Integrity:** Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

**Standards and Compliance:** Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

**Health and Safety:** Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

**Training:** Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Bridges CM OP  
**City Fiscal Year:** FY 2013-14  
**CMS#:** 6990

**Appendix A-20**  
**Term:** 7/1/13-6/30/14

**Clinical:** Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

**Steering Committee:** Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Buprenorphine Medical Monitoring  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-21**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 Buprenorphine Medical Monitoring  
Program Address: 1735 Mission St  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 226-1775  
Program Code: 88201

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

The primary goal the program is to reduce opioid addiction among vulnerable San Franciscans through the use of medication-assisted outpatient buprenorphine detoxification maintenance therapy.

**4. Target Population**

The target population of the program is adults living in San Francisco with opioid addiction. To be eligible for admission to the program, clients must be diagnosed with opioid dependence, as defined in the DSM-IV-TR (American Psychiatric Association, 2005); not based solely on physical dependence to opioid but on opioid addiction with compulsive use despite harm (DSM-IV-TR Diagnostic Criteria, Appendix C, DSM-IV-TR Material). Target population criteria includes individuals who are interested in treatment for opioid addiction; have no contraindications to buprenorphine treatment; can be expected to be reasonably compliant with such treatment; understand the benefits and risks of buprenorphine treatment; are willing to follow safety precautions for buprenorphine treatment; and agree to buprenorphine treatment after a review of treatment options.

**5. Modality(ies)/Interventions-**

Please CRDC in Appendix B-21

**6. Methodology**

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:**

Enrollment is led by HR360 alone, or working in partnership with the city's Office-based Buprenorphine Induction Clinic (OBIC), depending on the client's point of entry. The first step involves individualized interviews with each client to discuss their addiction, lifestyle, and health status. Following the assessment, the client is provided with a summary of the treatment process; and is assessed for the presence of medical or psychiatric co-morbidities, and readiness to change. Clients are told about the psychosocial supports available to them, and are encouraged to participate in these as parallel services to their medication-assisted therapy. While complete assessment may require more than one office visit, initial treatment begins at the first visit and clients are given access to key services immediately, such as crisis intervention, psychiatric assessment, and other immediate needs for prescribed medications.



**C. Service Delivery Model**

**Step 1 Assessment**

Following enrollment, if the initial screening indicates the presence of an opioid use disorder, further assessment is conducted to thoroughly delineate the individual's problem, to identify co-morbid or complicating medical or behavioral conditions, and to determine the appropriate treatment setting if not OBOT-recommended (Office-based Buprenorphine Opiate Treatment) [such as residential, intensive outpatient, or non-medication assisted outpatient]), and level of treatment intensity for the client. Clients whose needs have been identified as appropriate through to the next phase: Induction.

**Step 2: Induction & Stabilization**

Induction is managed at a centralized location, the city's OBIC clinic at 1380 Howard Street. Medication is introduced once the client is in a state of withdrawal; and OBIC medical staff meets with each client regularly for 1-2 weeks to ensure the medication is working, that side effects are not too uncomfortable, and that the individual is taking the medication as indicated. Dosage is adjusted up or down until the appropriate amount is reached, determined primarily by the elimination of common physical withdrawal symptoms. Current best practice describes the beginning of the stabilization phase as the point at which a client experiences no withdrawal symptoms, has minimal or no side effects, and no longer has uncontrollable cravings for opioid agonists. During early stabilization, frequent contact with the client is often necessary to increase the likelihood of compliance and to adjust dosage as necessary. Clients are typically referred to HR360 during early stabilization and begin working with the agency's prescribing physician, Dr. Mark Sears, as they move into the maintenance phase of treatment. Once a stable buprenorphine dose is reached and toxicologic samples are free of illicit opioids, OBIC physicians determine the frequency of subsequent visits (biweekly or longer, up to 30 days). Regardless of the frequency of visits, toxicology tests for relevant illicit drugs are administered at least monthly through urinalysis.

**Step 3: Maintenance**

Maintenance is often the longest period that a client is on buprenorphine; and is often an indefinite phase of treatment. During this phase, attention is focused on the psychosocial and family issues that are identified during the course of treatment to have contributed to each individual's addiction. During the maintenance stage, clients are seen as often as clinically indicated, but are required to see the prescribing physician on at least a quarterly basis. Drug tests can be administered through urinalysis to ensure clients have refrained from opioid use. New drugs that are detected through these tests are addressed through counseling sessions and during consultations with the physician.

Non-pharmacological services, such as the psychosocial supports provided by HR360's outpatient treatment program, address comprehensively the co-morbidities and other complex needs of clients related to opioid addiction, and maximize the chances of the best possible treatment outcomes. Program participants are strongly encouraged to seek psychosocial services either on-site at HR360's Integrated Care Center, or through referral to a provider within HR360's extensive network of partners. Clients are also encouraged to attend mutual-aid support groups outside of HR360, and the program provides assistance for identifying the most appropriate mutual aid group based on linguistic or other needs, preferences, etc.

Each client's treatment depends on their personal treatment goals of long-term treatment depends in part on the patient's personal treatment goals and in part on objective signs of treatment success. Maintenance can be relatively short-term (e.g., <12 months) or a lifetime process. Treatment success depends on the achievement of specific goals that are agreed upon by the client and the physician/psychosocial providers. The program recognizes that many people in treatment relapse one or more times before getting better and remaining drug free. Relapse is viewed as a set back, but not as a failure of treatment or of the individual. Persons who relapse are encouraged to continue with treatment to achieve full recovery. To prevent relapse, individuals are supported to identify ways of staying away from triggers and other risk behaviors.

**Program Service Location:** HR360 Integrated Care Center is located at 1735 Mission Street.

**Exit Criteria and Process: *Successful Completion, Aftercare and Discharge Planning***

Through ongoing communication with the OBOT counselor and outpatient care managers, the treatment team considers a number of factors when determining suitability for long-term medication-free status, including: stable housing and income, adequate psychosocial support, and the absence of legal problems. For clients who have not achieved these domains of stabilization, a longer period of maintenance, during which they work through any barriers that exist, is often recommended.

To prevent relapse and continue working on maintenance issues, clients are encouraged to attend weekly after-care groups. Clients receive continuing care with, an emphasis on providing support and skills for self-management of substance use illness as a chronic condition (for example, 12-step, and other mutual help programs). Aftercare addresses not only the maintenance of sobriety, but also the tangible needs and social isolation of clients. Some of the issues addressed include: getting along better with people, dealing with stress, anger, and conflict, maintaining a positive self-concept, improving family relationships, making plans and solving problems, dealing with cravings and triggers, taking credit for your successes, and getting involved in the recovering community.

**D. Staffing:**

The program's Medical Director has completed the required training and possesses a Drug and Enforcement Agency license allowing the prescription of buprenorphine. HR360's Director for Outpatient Behavioral Health supervises an MFT and an MFT intern in individual and group work with program clients and these clinicians provide psychosocial support to clients enrolled in the program.

**7. Objectives and Measurements- N/A**

**8. Continuous Quality Assurance and Improvement**

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Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

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**Contractor:** HealthRIGHT 360  
**Program:** HR360 Buprenorphine Medical Monitoring  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-21**  
**Term:** 7/1/13-6/30/14

**Clinical:** Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

**Steering Committee:** Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Family Strength Outpatient  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-22**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 Family Strength OP  
Program Address: 1735 Mission Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700  
Program Code: 38731

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

Target populations include females with children who are polysubstance abusers, chronic mental illness, transition age youth (aged 18-25 years), the African American, Asian Pacific Islander, and Hispanic/Latino communities, the LBTQQ community including transgendered individuals, homeless individuals and families, polysubstance abusers, seniors, and individuals with HIV/AIDS.

- Pregnant Women
- Post-partum Women
- Women with Children

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-22

**6. Methodology**

The HR360 Family Strength Program services are arrayed to address the needs of women with children who are in residential and/or outpatient services at HR360. These services focus on family strengthening activities and are designed to assist women in recovery from substance abuse and mental health problems to fulfill important family role obligations and for their children to thrive and grow. Addiction, mental illness, and involvement with the criminal justice system often weaken families and create fragmented social support networks for clients in recovery. The children of individuals suffering from addiction and mental health problems frequently demonstrate problems related to attachment wounding, trauma, and inconsistent nurturing. They often are delayed in reaching developmental milestones, experience emotional and behavioral deregulation, and exhibit risk behaviors for substance abuse and other problems. The HR360 Family Strength program provides assessment; individual, child, and family therapy; case management; and parenting support to women and their children. Additionally, the program offers referral and linkage to support reconnection to the greater family network as often, they have, themselves, been impacted by the forces of addiction, mental illness, and incarceration. The provision of family services not only increases long-term social support for recovery, it also helps to break the intergenerational cycle of addiction, mental illness, and criminal behavior.

Women with children who might benefit from receiving family services are identified through assessment during the orientation phase of treatment. They are then referred to the Family Services Manager who assigns a Family

Strength Program Case Manager (Masters-level Case Manager III) to conduct further assessment and develop specific family related goals for their treatment plan. Adult clients will be assessed with the ANSA and children with the CANS. Treatment goals for adult clients can include establishing visitation with children, regaining custody when appropriate, fulfilling CPS mandates, improving parenting skills, and obtaining additional services for children and other family members. Treatment goals for children may include addressing behavioral problems, improving school attendance and performance, increasing emotional regulation or supporting acculturation. The Family Strength Program case manager assigned to the client will then directly provide or otherwise establish in-house services and develop referral and linkage to appropriate outside services.

Specifically, program services will include adult assessment; child assessment; individual therapy focused on family goals; child therapy; family therapy; case management; and parenting skills training. Family Services at HR360 include support and advocacy to establish visitation and possible reunification with minor children by working with family members, Child Protective Services, and client advocates. Further, when appropriate, clients are linked to agencies and advocates who will assist them to fulfill child support obligations or other CPS mandates. Additionally, program staff organizes and supervise parent-child bonding activities such as holiday gatherings, summer outings, and structured weekend activities.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings – to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. A referral phone call secures an intake interview appointment at 1735 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the HR360 continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for program placement.

**C. Program Service Delivery Model:** HR360 integrates a continuum of treatment activities that are based on CCISC program models that have been implemented in other jurisdictions and incorporate numerous evidence-based interventions.

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.
- Three Levels of Active Treatment
  - Level I – Outpatient Treatment for clients who have maintained substantial stability in managing their behavioral health disorders.
  - Level II – Intensive Outpatient Treatment is intended both to serve clients stepping down from more intensive levels of care and/or to provide more intensive supports to clients in a lower level of care.
  - Level III – Day Treatment – Day is provided for the highest need clients and again as a step down program and to prevent clients from needing higher levels of service.

This program leverages the limited funding available through this RFP with the treatment services and wraparound supports of WH to deliver multifaceted programming that incorporates numerous evidence-based practices so as to respond comprehensively to multiple needs of high-risk individuals.

**Program Service Location:** The Family Strength OP Program is located at 1735 Mission Street, San Francisco, CA. Referrals to the Family Strength Program are made once a client has been admitted through one of our primary treatment programs (OP, Residential, etc.).

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**E.** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## **7. Objectives and Measurements**

### **A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## **8. Continuous Quality Assurance and Improvement**

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Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Southeast Health Opportunities Project (SHOP)  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A- 23**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 Southeast Health Opportunities Project (SHOP)  
Program Address: 1601 Donner #3  
City, State, Zip Code: San Francisco, CA 94124  
Telephone: (415) 762-3700  
Program Code: 85731

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

To reduce the impact HIV & Substance Abuse in surrounding Southeast Community includes BVHP, Potrero Hill, Huntersview, Sunnydale, etc).

**4. Target Population**

The target population served by are African Americans & persons of Color that are in these targeted communities that are impacted by an increase in HIV cases, Medical issues, & no access to PC.

- AA in SF Target communities
- AA/ people of Color with SA issues
- AA/ people of Color with medical issues

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-23

**6. Methodology**

The Southeast Health Opportunities Project (SHOP) is a service expansion and enhancement project that serves the predominately African American residents of San Francisco's Bayview Hunters Point (BVHP), Potrero Hill, and Sunnydale neighborhoods impacted by substance use and abuse and HIV/AIDS. The program focuses on individuals who use or abuse illegal substances, engage in high-risk sexual behaviors, are involved in the criminal justice system or/and are in need of comprehensive treatment services. Targeted settings for program interventions include substance abuse treatment agencies, primary care clinics, public housing community centers, recreation centers, and neighborhood churches. SHOP provides: (1) peer outreach staff to engage individuals who have not accessed substance abuse and HIV services due to numerous barriers in the targeted communities. (2) Pre-treatment services that assist clients stop abusing substances, improve their health status, screen for and begin to address mental illnesses, help them deal with any legal problems, improve their employment and financial situation, and strengthen their family and community support systems. (3) clients who continue to use or abuse substances after receiving pre-treatment services with outpatient substance abuse treatment to help them to stop using or abusing substances, improve or maintain their medical and mental health, address their legal problems, improve their employment and financial situation through coaching and education, and further strengthen their family and community supports. (4) ongoing recovery support services that will help clients and other community members maintain their recovery. (5) HIV risk reduction counseling, rapid HIV testing and counseling, and referrals to HIV medical and support services to decrease the spread and progression of HIV in the Southeast communities.



**A. Outreach & Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals. For this contract, we have street Outreach workers that walk to recruit for our program targeting those that are harder to reach.

**B. Admissions and Intake:** Admission to the SHOP Program is open to all adult African Americans/Persons of Color of the Southeast area who desire treatment. We target this area because this is the requirement of the grant.

A direct referral or phone call secures an intake interview appointment at program with a program staff. Staff will verify for San Francisco residency; collect demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the HR360 continuum of care, they will first interview with an intake staff member. This interview includes an overall screening of behavioral health history.

**C. Program Service Delivery Model:** HR360 SHOP is a variable-length program that accommodates up to 6 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

**Program Phases:**

The program at HR360 is divided into phases: Orientation; Phase I, and Phase II. These phases are designed to provide a continuum of care for each client.

**Orientation:** The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups and have a job function. Once the client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the next phase.

**Phase 1:** This phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. The clients participate in many groups counseling activities, as well as individual counseling and other supportive services. Part of our programming requirements is to complete the 4-weeks of Health Education classes (High Blood Pressure, Diabetes, Nutrition & HIV education), Drug Education, & African American History.

**Phase 2:** It lasts 90 days and is not required but encouraged for those that need longer term treatment. During this time the resident may receive vocational counseling and develops a reentry plan. This phase lasts several months. Reentry clients engage in money management, family reunification, independent living and relapse prevention counseling activities. Continuing Care clients have achieved their treatment plan goals and come to different groups to maintain sobriety.

**Program Service Locations:** SHOP is located at 1601 Donner #3, San Francisco, CA.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**E.** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## **7. Objectives and Measurements**

### **A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

### **B. Individualized Program Objectives**

1. During Fiscal Year 2013-14, 300 persons will be contacted through our outreach team as documented in HR360 records of which 100 of these persons will receive additional engagement, pre-treatment or other program related services.
2. During Fiscal Year 2013-14, HR360 will provide OP services to 70 UDC.
3. During Fiscal Year 2013-14, HR360 will provide HIV testing, education & counseling to 150 persons needing to know their HIV status.
4. During Fiscal Year 2013-14, HR360 will provide PC referrals to at least 30 clients needing health care services.

## **8. Continuous Quality Assurance and Improvement**

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Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

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Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Representative Payee  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-24**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 Representative Payee  
Program Address: 1899 Mission Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: 415-934-3407  
Program Code: 88359

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The program serves recipients receiving financial benefits from Supplemental Security Income (SSI) or Social Security Administration (SSA). These recipients are in need of a representative payee case management services to manage their financial obligations because this target population includes those most difficult to serve due to serious disability or mental health impairments; they present with severe, often untreated mental illness, homelessness, substance abuse or addiction and other behavioral problems.

Key characteristics of the RPI target population:

- Disability/mental health impairments
- Homelessness/difficulty with social support
- Poly-substance abuse and addictions

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-24

**6. Methodology**

The Representative Payee Program (RPI) serves recipients in need of financial case management assistance focused on stabilizing basic needs of housing, medical, mental health, and substance abuse care. Case management services will be provided on a monthly basis from monthly check-ins or more frequently if the recipient appears to be intoxicated or under the influence of drugs or alcohol.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings – to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

The RPI program makes presentations and maintains a working relationship with various community agencies as a way of promoting and increasing the community's knowledge of the services we provide to the recipients. The program services will be promoted through HR360's participation in service provider groups and public health meetings.

**B. Admissions and Intake:** Upon intake, the recipient will be given a scheduled check day and a budget will be established utilizing the following formula: we will deduct the monthly rent, program service fee and stipulated bills from the monthly gross deposit. The remaining balance is divided by five (5), which represents living expenses for five weeks in the month. If the current month contains only 4 weeks, the 5<sup>th</sup> weeks' living expense can be requested as a special request (this does not apply to those recipients receiving the maximum weekly amount of \$250.00). If the client doesn't pick up their 5<sup>th</sup> week special, their ending balance is automatically given to them (up to the \$250.00 limit) at the end of the month. Once the budget is set for the month, the recipient is encouraged to remain within that budget. However, budget modification will be made whenever changes are made which reflect benefit amounts.

**C. Program Service Delivery Model:** The Representative Payee Program is committed to being effective in maintaining the recipients' level of functioning. To accomplish this goal, the program ensures that staff has the capacity to function effectively as compassionate and caring individuals for recipients who are unable to care for themselves. The program consists of three services:

- Financial management conducted in accordance with Social Security Administration rules and regulations
- Connection of the recipient with the needed community services through case management in cooperation with the mental health system
- Transition of the city's mentally ill homeless population into permanent housing.

Recipients will be referred primarily from the Social Security Offices here in San Francisco, senior programs, mental health providers and various hospitals. A phone call secures an intake interview appointment at the HR360's Multi-Services facility. If the recipient is unable to come into the office, an out-of-office visit can be made in order to complete the intake.

**Program Service Location:** The RPI Program is located at 1899 Mission Street, San Francisco, CA.

**D. Exit Criteria and Process:** The Representative Payee Program will provide services to the recipient as long as the Social Security Administration deems it necessary that the recipient is required to have a payee or until the recipient opts to terminate financial services. However, our current rate of stay per recipient is greater than one year. Our program will refer recipients interested in the Mental Health Services or Residential services provided here at HR360 to the appropriate intake staff. If accepted into either program, the recipient will become eligible for no-fee Representative Payee services. The monthly fee is based on the current rate approved by Social Security and is deducted from the recipients' benefits.

A majority of the recipients transfer to free payee services (subsidized by the city) within a year after their intake at the HR360 Representative Payee Program. Because city-subsidized Representative Payee services are available for free, only about 40% of HR360 Representative Program recipients have been enrolled for more than 12 months, although a significant number of our clients are long term recipients. Thus, the HR360 Representative Payee Program provides the initial intake to a very difficult population, and successfully links them with housing and other services essential to their remaining in permanent housing. Only a small percentage of the program's recipients remain homeless.

**E. Staff members are on site 5 days/week, 8 hours/day, Monday through Friday. Checks will be distributed from 12:00 noon to 4:00 pm on Mondays, Tuesdays and Thursdays. The office will be closed on Wednesdays and Fridays for**

intake and paperwork. If a holiday falls on a scheduled check day, prior notification will be given on the check day that falls a week before and check distribution will be the day before the holiday.

All program services and activities are documented in a client's chart by their service manager. Current client files are securely stored in program central file room in locked cabinets. Discharged client files are locked in secured room at a centralized location designated for program closed charts.

## **7. Objectives and Measurements**

### **A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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**Contractor:** HealthRIGHT 360  
**Program:** HR360 Representative Payee  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-24**  
**Term:** 7/1/13-6/30/14

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor:** HealthRIGHT 360  
**Program:** HR360 2<sup>nd</sup> Chances/ With Open Arms (WOA)  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-25**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 2<sup>nd</sup> Chances (WOA)  
Program Address: 1899 Mission Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700  
Program Code: 3835SC-ANS

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New    ☒ Renewal    ☐ Modification

**3. Goal Statement**

To increase access to community resources and provide wrap around case management services in order to reduce recidivism and increase pro-social life skills/choices in the target population.

**4. Target Population**

The target population served by the 2<sup>nd</sup> Chance program is SF County women sentenced to State prison. Services will be provided in-custody and when inmates parole back to San Francisco County.

- CDCR Inmates and Parolees from San Francisco County
- Adult Females

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-25

**6. Methodology**

HR360 will serve as the primary point of contact and Case Manager for the women involved in the 2<sup>nd</sup> Chance Program. In conjunction with the programs partners client needs will be assessed and appropriate service referrals will be made.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community and the criminal justice system. We make presentations and maintain working relationships with both community based service agencies and the criminal justice system. In addition, we make direct contact with incarcerated individuals in SF County jail and state prison to make individuals aware of available programs and services through HealthRIGHT 360. In the community as well as in the criminal justice institutions we distribute brochures and publications about our programs. Recruitment is also done through HR360's website at [www.healthright360.org](http://www.healthright360.org), word of mouth and self-referrals both in the community and in the criminal justice system. Specifically, because this program's target population is CDCR parolees, the program staff has good referral relationships with the Parole Agencies that serve parolees in San Francisco. In addition regular outreach visits to the institutions (SF County Jail, CCWF,) will occur in order to identify women that qualify for the program and then presentations will be conducted to educate them on services available.

**B. Admissions and Intake:** Admission to the 2<sup>nd</sup> Chance Program occurs through an initial referral by the SF Adult Probation Department. A referral form will be faxed to secure an intake interview appointment at the SF County Jail by a Case Manager. The Case Management staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a needs



assessment; completes clinical assessments (CAIS, ASI, PCL, URICA); Obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; a detailed explanation of services available in the program, and the grievance procedures.

Upon release from the criminal justice system (SF County Jail, CCWF) further intake paperwork will be done in the form of the CalOMS forms so that participants can be appropriately entered into San Francisco County substance abuse/mental health system. Additionally as clients enter the community and are referred to partner agencies those agencies may complete additional assessments.

**C. Program Service Delivery Model:** Second Chance is designed to provide intensive case management to incarcerated individuals and parolees managing significant reentry challenges including mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support. The program services are arrayed in order to help clients avoid reincarceration, build family relationships, and increase overall quality of life.

Program services will occur in two distinct segments incarceration/post incarceration. Clients will initially be assessed at San Francisco County Jail while they are pending transfer to state prison. Upon their transfer from SF County Jail and into state prison Case Management visits will continue to occur. During the clients time of incarceration services will consist of weekly Case Management visits. During these visits all appropriate Assessments and forms will be completed, a preliminary Individual Personal Services Plan will be established, appropriate referrals will be identified, transportation support will be provided to family members monthly to encourage visits, and upon release the client will be provided transportation to their designated housing by one of the Case Management staff. Upon the client entering San Francisco County and being post release from state prison the referral services will be implemented, a case conference will occur to formalize the Individual Personal Service Plan, weekly case management will continue to occur to ensure proper follow up on needs and referrals, and as appropriate reassessments will occur.

During the case management visits, both while incarcerated and post incarceration, the appropriateness of referrals will continually be assessed and Case Managers will work on building and maintaining client motivation for treatment.

**Program Service Location:** The 2<sup>nd</sup> Chances Program is located at 1899 Mission Street, San Francisco, CA. This Program provides Case management wraparound services for clients.

**Orientation:** An initial orientation will occur in SF County Jail where potential clients will be informed of the services available. In the event that a client is identified after transfer from SF County Jail to state prison then this initial orientation will take place at the housing institution (CCWF). Upon release from the criminal justice system and placement into San Francisco County another orientation will occur within three days, each parolee will receive a face-to-face orientation to the program along with a copy of written policies and procedures.

**Development of the Individual Personal Services Plan:** Prior to release from state prison the Case Manager and client will have formed a preliminary Individual Personal Services Plan. This plan will be based on the client's objectives, Needs Assessment, and Clinical Assessments. Within seven days of release into San Francisco County, a case conference will take place and a goal oriented Individual Personal Services Plan will be developed. The plan will guide case management efforts and activities in key areas including establishing income, housing, medical and mental health treatment, social support, etc. The clients Needs/Clinical Assessments, the Preliminary Individual Personal Services Plan, Project Partners feedback and client objectives will inform the service plan process. Clients will be encouraged to make full use of available referral services.

**Program Services** The program is configured in such a way as to provide clients with intensive case management services. Clients will be given Clinical Assessments in the form of the CAIS, ASI, PCL, and URICA in addition to a thorough Needs Assessment, while in the criminal justice system. Where possible the initial assessments will occur while the client is in SF County jail prior to transfer to state prison. Based on this information and the client's stated goals/objectives appropriate service referrals will be made. Services and referrals will be implemented while still incarcerated where it is appropriate to do so.

Upon release into San Francisco County the project partners will be the primary referral source; as needed (based on client need and suitability) other referral sources will also be used. A case conference will be conducted with all applicable partners and the client upon their release from prison to design the Individual Personal Services Plan.

During both the in custody and out custody portion of case management regular follow-up on the service referrals will be made in addition to periodic reassessment of the client and their needs.

The program is relationally oriented and case managers engage clients with respect and empathy and seek to develop a sense of connection with them. The program also works to shore up inadequate or poorly utilized networks of interpersonal support so that help is at hand for clients when they need it the most. One significant way this will be accomplished is by the community referrals. However, monthly, client family members will be provided transportation support to encourage family connection and reunification which will also be a significant part of the interpersonal support process.

**Case Management & Case Conferencing:** Throughout the entire case management episode services and referrals will be directed by the individual services plan and will include linkage to system of care services and follow-up to ensure that services have been established. When appropriate, case managers will refer clients to organizations that can provide advocacy for establishing benefits and will work to ensure that clinical information will be made available to support that process. Appropriate Releases of Information will be sought in order to facilitate case conferencing with outside agencies and regular case reviews will be scheduled with parole agents.

**D. Exit Criteria and Process:** HR360 program staff will engage in exit planning during any transitions of care for any reason or at least 90 days prior to an anticipated discharge. The focus of the exit planning phase will be to ensure a smooth transition of services. Specifically exit planning will occur when clients are preparing to move from the criminal justice system and when a client is preparing to complete their case management services.

Successful completion of program consists of being discharged from parole or having successfully taken part in the 2<sup>nd</sup> Chance referral services for one year post release from CDCR. Those who complete the program have stabilized their lives and have moved on to safe housing within the community.

Unsuccessful completion includes those who fail to make use of any of the referral services, and those who engage in acts of violence or threats of violence towards staff or other clients. Those who abandoned treatment may return at which time counselors seek to engage back into case management services. Upon discharge, clients are offered referral information and a discharge summary is completed.

Admissions/Intakes are conducted at the SF County Jail and CDCR institutions prior to release and 1899 Mission Street post release. All sites are ADA compliant and comply with all health, safety, and fire codes.

**E.** All program services and referrals are documented in a client chart. Charting is consistent with regulations set by the State, and the San Francisco Department of Public Health. Current client files are securely stored in centralized location in locked cabinets. Discharged client files are locked in secured room at a centralized location designated for agency closed charts.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the clients' needs and issues, and track these along with referrals within the client chart notes.

F. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## 7. Objectives and Measurements

### A. Required Objectives

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## 8. Continuous Quality Assurance and Improvement

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**Contractor:** HealthRIGHT 360  
**Program:** HR360 Adult Mental Health Medi-Cal  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-26**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

Program Name: HR360 Adult MH Medi-Cal  
Program Address: 1735 Mission Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700  
Program Code: 38CC3

Contractor Address: 1735 Mission Street  
City, State, Zip Code: SF, CA 94103  
Telephone: 415-762-3700

**2. Nature of Document (check one)**

☐ New      ☒ Renewal      ☐ Modification

**3. Goal Statement**

To assist participants to maintain or restore personal independence and/or functioning consistent with requirements for learning, development, and enhanced self-sufficiency through treatment of their mental health disorders in the settings of residential substance abuse treatment, substance abuse day treatment or outpatient office visits.

**4. Target Population**

This component serves individuals in the community whose psychiatric disorders are accompanied by co-morbid substance abuse or dependence. In many cases, individuals present with longstanding psychiatric histories, numerous psychiatric hospitalizations and crisis services. HR360 serves individuals from all racial and cultural backgrounds and from all economic classes. Participants in this program are either Medi-CAL eligible or qualify under the Short-Doyle law. The agency will provide these outpatient services for clients referred through ACCESS, San Francisco General Hospital, Swords to Plowshares, Baker Places, our treatment partners and from within other HR360 programs. These clients must meet medical and service necessity criteria as defined for Medi-CAL services.

- Adult psychiatric disorders
- Co-morbid substance abuse or dependence
- MediCal eligible or Short-Doyle

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-26

**6. Methodology**

HR360 is a comprehensive behavioral health program providing a wide range of high quality services to adult San Francisco residents. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for individuals with specific needs. The HR360 environment is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes. The philosophy of HR360 reflects an emphasis on self-reliance, shared community values, and the development of supportive peer relationships. Each individual learns to take responsibility for his/her own actions, and to share in the daily operations of each treatment site. Group and individual counseling helps individuals focus on issues related to their substance abuse and mental disorders. Coordinated efforts with ACCESS are designed to maintain appropriate service options for participants. The agency has had extensive experience with multiply-diagnosed adult clients.

In recognition of the complex needs of multiply diagnosed clients, HR360 provides integrated mental health and substance abuse treatment services. From the initial point of intake through continuing care and discharge, the agency recognizes the importance of treating addiction and other mental health disorders concurrently with a multidisciplinary staff.

The Admissions department at the HR360 Multi Services facility, located at 1735 Mission Street, is staffed with a registered psychologist who performs mental health screenings and assessments. The object of these screenings is to identify the mental health needs of clients entering residential and day treatment programs. Additional psychiatric screenings or medication evaluation appointments are also made available on an as-needed basis with our regular Psychiatrists and Doctors.

All HR360 community-based programs are staffed with licensed, waived or registered mental health professionals who provide assessments, plan development, individual and group therapy, collateral, case management and crisis intervention services. Additionally these staffs have been trained in the use of **Dialectical Behavior Therapy** as a treatment modality. DBT skills training and cognitive behavioral therapy are currently being used as an agency standard and are available in all outpatient facilities. **Seeking Safety treatment** has also been adopted as a best practice for clients with PTSD diagnoses and issues with traumatic experiences, which are common with those who have histories of substance abuse. **Motivational Interviewing** is also in the process of being introduced as a best practice this year, bringing a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

HR360 staffs in general, including some administrative staffs, receive numerous trainings on treating multiply diagnosed clients. This training begins with a four-week intensive Clinical Training conducted for all new staffs having contact with clients. This training includes an introduction to mental health assessment, an introduction to dual diagnosis services and an interactive exercise focused on when and how to refer a client to a HR360 therapist. Additionally, the staff attends monthly mental health trainings organized by the HR360 Human Resources and Staff Development department. These topics include: depression, trauma, dialectical behavior therapy, integrating mental health services and the therapeutic community, eating disorders, psychopharmacology, confidentiality, root cause analysis techniques and other risk management techniques, etc.

As an agency, HR360 endeavors to broaden access to treatment in a welcoming way and to identify and eliminate barriers to seeking and remaining in treatment. Potential clients who take prescription medications for medical or psychological disorders and/or utilize methadone or other agonist therapies are welcome to receive services at HR360.

Harm reduction principles are applied in all of our programs, including our abstinence-based residential programs. HR360 teaches formal relapse prevention techniques to all of its clients, using the Bio-Psycho-Spiritual-Social model and ways of effectively self-analyzing and stopping pre-relapse behaviors. Classes are held regularly to help all of our residential and day treatment clients recognize and deal with the behavior that leads to relapse.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings – to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** The Mental Health Medi-CAL component of HR360's Co-Occurring Disorders program provides mental health services to residents of San Francisco County who meet the County's criteria for medical and service necessity.

**Process for Initiating Services and Securing Authorization:** Outpatient Mental Health services offered to individuals with dual disorders fall under San Francisco County's category, planned services. By definition, planned services require prior authorization within the San Francisco Behavioral Health Plan.

When an individual applies for or is referred for planned mental health services, the HR360 intake staff will first ascertain that person's eligibility for Mental Health Medi-Cal services by locating the client's BIS ID number and care management status on the MHS-140 report. Clients not yet registered into the Avatar system will be registered at HR360. In addition, the client must possess current Medi-CAL eligibility for the month in which he or she is requesting services. Current eligibility will be verified by referring to the Cal Meds printout, which can be obtained from the Avatar data operators in our IT or clinical departments.

The HR360 Intake Assessment Psychologist, a registered clinician, will complete the assessment form and complete the paperwork necessary to open the client's chart.

Prior to the client's acceptance into treatment, it is the responsibility of the Assessment Psychologist to establish whether the individual has an existing open episode with another provider in the County or has insurance through another source than Medi-CAL. If the individual has care management through another San Francisco County provider, the psychologist will contact that care manager to discuss the client's current treatment and necessity for specialized treatment at HR360.

In the event that an individual has other health care coverage from a private provider, in addition to Medi-CAL, HR360 staff must obtain a letter of denial of services, in order to be able to bill Medi-CAL.

Clients under HR360 care management are authorized by the HR360 PURQC committee.

Once authorization is received, the Intake Assessment Psychologist will notify the Coordinator of Adult Mental Health Services to arrange to present the individual's case at the weekly HR360 outpatient Medi-Cal staff meeting.

**Assessments/ Diagnosis & Written Evaluation:** The Multi-Service Center, located at 1735 Mission Street in San Francisco, is the central intake site for adult mental health services. After referral from ACCESS, the HR360 intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week. Once referral is made, clients are interviewed and given an appointment for assessment usually on the spot and within 48 hours.

HealthRIGHT 360 mental health clinicians providing services to clients funded through our MediCal/Short Doyle contract obtain and maintain ANSA certification. The ANSA is administered at the time of the opening of the mental health episode and renewed annually or at the time of discharge if the client is available. Because the baseline ANSA is administered at the time of initial assessment at the beginning of mental health services, it is primarily used by our clinicians to help identify life domains that might be prioritized for clinical focus. The information provided by the baseline ANSA informs treatment planning. We have learned that the latest reports (while based on a small number of clients with at least two ANSAs to permit comparison) do indicate that our clients' strengths increase as a result of treatment. Depression, impulsivity, adjustment to trauma, and substance use is decreased.

**C. Program Service Delivery Model:** HR360 integrates a continuum of treatment activities that are based on CCISC program models that have been implemented in other jurisdictions and incorporate numerous evidence-based interventions.

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.
- Three Levels of Active Treatment
  - Level I – Outpatient Treatment for clients who have maintained substantial stability in managing their behavioral health disorders.
  - Level II – Intensive Outpatient Treatment is intended both to serve clients stepping down from more intensive levels of care and/or to provide more intensive supports to clients in a lower level of care.
  - Level III – Day Treatment – Day is provided for the highest need clients and again as a step down program and to prevent clients from needing higher levels of service.

This program leverages the limited funding available through this RFP with the treatment services and wraparound supports of HR360 to deliver multifaceted programming that incorporates numerous evidence-based practices so as to respond comprehensively to multiple needs of high-risk individuals.

**Program Service Location:** The MH OP program is located at 1735 Mission Street, San Francisco, CA.

**D. Exit Criteria and Process: Mental Health Discharge Guidelines:**

HR360 is committed to providing quality mental health services and substance abuse treatment to our clients with co-occurring disorders. However, if after a period of treatment, assessment, and clinical review by mental health and substance abuse treatment staff, a client is found to be inappropriate for the Adult Rehabilitation Program at HR360, Mental Health Discharge Guidelines will be implemented. Discharge from the program may occur under the following circumstances:

**Completion of treatment:** Completion of treatment is jointly determined by clinical staff, the client, and applicable, outside coordinating care managers. Decisions about the completion of treatment are informed by the status of goals on the treatment plan as well as behavioral and lifestyle markers. Ideally, a discharge plan should be developed at least two weeks before the completion of the program. The discharge plan will be coordinated with other mental health providers in the client's network of care and should address issues regarding continued mental health treatment, medication support, and linkage to other appropriate service providers for medical, vocational, educational, and housing needs.

**Client elects to withdraw before the completion of treatment:** In the event that the client chooses to withdraw from the program before the completion of significant treatment goals, a discharge plan should be developed. During a face-to-face session with the client, clinical staff will review the client's progress or lack thereof and offer appropriate referrals dealing with the above-mentioned areas. If the client was receiving medication services through the program, special care will be taken to ensure that the client does not experience a gap in services. In the event that the client suddenly withdraws from treatment and is not available to develop a treatment plan, every effort will be made to contact the client and offer them a face-to-face discharge planning session and follow up with the HR360 psychiatrist.

**Client discharged by HR360 before completion of treatment:** Clients who engage in threatening or assaultive behavior, repeatedly violate rules, destroy or steal property, or refuse to cooperate with treatment will be



discharged from the. Clients and outside case managers will be notified of the discharge and a plan will be created in order to ensure continued services. The specific nature of these plans will be determined by the situation and the nature of the client's existing care network.

**Reasons For Discharge:**

1. Client has engaged in assaultive or threatening behavior to HR360 staff or peers.
2. Client introduced or used drugs or alcohol on the adult residential facility premises.
3. Client is a threat to self; e.g., intentionally causes physical injury to self threatens suicide, or engages in suicidal gestures.
4. Client destroys HR360 property.
5. Client repeatedly violates program rules and norms.
6. Client refuses to comply with psychotropic medication recommendation resulting in a worsening of symptoms.
7. Despite a reasonable time in treatment, client fails to demonstrate stabilization or improvement of symptoms, thereby indicating a need for a higher level of care.

**Discharge Planning:** All Mental Health Medi-CAL clients transferred from one of HR360's adult residential facilities will have a transfer of services plan in place that deals with the following issues:

1. Psychiatric medication
2. Continuation of mental health treatment at our own outpatient clinic at Multi-Services or with another provide in the community, if the internal referral is impossible. Such referrals need to be cleared with ACCESS.
3. Referral to necessary and appropriate collateral services, e.g., medical.
4. Housing or shelter.

**Transfer of Care Policy and Procedure:** In the interest of ensuring continuity of care and in accordance with San Francisco Community Behavioral Health guidelines, HR360 Adult Mental Health Services maintains that any San Francisco County Medi-Cal eligible client who meets service necessity guidelines will have ongoing access to mental health services upon exiting treatment. At the time of a client's transfer from HR360 treatment services, the client will continue to be followed by their HR360 care manager who, in most cases, is his or her psychotherapist. This HR360 care manager will coordinate with any primary care manager the client may have. The care manager will facilitate transfer of services to another appropriate provider. In the event that a client is involuntarily discharged or elects to leave treatment prematurely (AWOL) and does not wish to return to treatment with HR360, that client will be referred to community resources, if possible. All clients who were prescribed psychotropic medications and are continuing to take those medications at the time of transfer will leave with three days' supply of medication. If clients have been prescribed psychoactive medications, arrangements are made to ensure that the clients have continued access to their medications. A short - term transition plan and case management will establish medication services outside of HR360 SOC.

Current client files are securely stored in program central file room in locked cabinets. Discharged client files are locked in secured room at a centralized location designated for agency closed charts.

**7. Objectives and Measurements**

**A.Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

#### **8. Continuous Quality Assurance and Improvement**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor:** HealthRight 360  
**Program:** HR360 Crisis Intervention (Fiscal Intermediary)  
**City Fiscal Year:** FY 2013-14  
**CMS#:** 6990

**Appendix A-27**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

**Program Name:** HR360 Crisis Intervention (Fiscal Intermediary)  
**Program Address:** 1735 Mission St  
**City, State, Zip Code:** San Francisco, CA 94103  
**Telephone:** (415) 762-3712  
**Program Code:** N/A

**Contractor Address:** 1735 Mission Street  
**City, State, Zip Code:** SF, CA 94103  
**Telephone:** 415-762-3700

**2. Nature of Document (check one)**

☐ **New**      ☒ **Renewal**      ☐ **Modification**

**3. Goal Statement**

To provide immediate on-call/ crisis care and follow-up case management services to family members and loved ones of victims of violence, in a professional, culturally-competent, dependable, through a sufficiently-staffed and well-organized program that is sustainable.

**4. Target Population**

The target population served by the **Violence Response Team** includes victims of violence, their families, and children. These clients are in need of crisis care and follow-up case management services to ensure victims of violence and their loved ones receive increased access to services.

- Victims of Violence
- Children
- Family members

**5. Modality(ies)/Interventions-**

Please CRDC in Appendix B-28

**6. Methodology**

The **HR360 On-Call/ Crisis Intervention** consists of a multidisciplinary team of experienced counselors who can provide immediate crisis care and follow-up case management when activated by SFPD/CBHS. This service provides timely urgent crisis care to support victims of violence, their children/family and loved ones. Contracted staff will be on-call to respond to violence incidents and serve as standby-counselors. Staff will use HR 360 cell phones and pagers when activated for a crisis. Responders on Duty (ROD) will meet at the Comprehensive Child Crisis when activated, or be onsite on scene, at the hospital, or other care facility as needed. ROD will report information on incidents and follow-ups needed to be made with families to the regular program staff for immediate case management services the very next day.

**Training:** Counselors will be required to attend mandatory orientations. Orientation content will consist of: history of the violence response work; overview of the overall initiative (including the CRN as well as relations with the Mayor's Office and other departments); policies and procedures for responding to incidents, and for doing follow-up case management work; what is required and expected of the responders; further training, and ongoing debriefing support, to be provided to/for responders; logistics for responding (scheduling, communications,

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**Contractor:** HealthRight 360  
**Program:** HR360 Crisis Intervention (Fiscal Intermediary)  
**City Fiscal Year:** FY 2013-14  
**CMS#:** 6990

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uniform, transportation, documentation, protocols, phoned-in and written reports, etc.) Ongoing and advanced training in crisis and trauma, and grief and loss, will be identified and provided to the responders.

**7. Objectives and Measurements- N/A**

**8. Continuous Quality Assurance and Improvement - N/A**

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Acute Psychiatric Stabilization (WRAPS)  
**Program (Residential)**  
**City Fiscal Year:** FY 2013-14  
**CMS#:6990**

**Appendix A-28**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

**Program Name:** HR360 Acute Psychiatric Stabilization (WRAPS)  
**Program Address:** 815 Buena Vista West  
**City, State, Zip Code:** San Francisco, CA 94117  
**Telephone:** (415) 554-1450  
**Program Code:** 38IT3

**Contractor Address:** 1735 Mission Street  
**City, State, Zip Code:** SF, CA 94103  
**Telephone:** 415-762-3700

**2. Nature of Document (check one)**

☐ New    ☒ Renewal    ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions

**4. Target Population**

The target populations served by **WRAPS Program** are adults, 18-59, chronically mentally ill, poly-substance abusers or dependant on drugs and/or alcohol; undergoing acute psychiatric episodes, considered legal residents of San Francisco who are homeless and/or indigent. A pattern of repeated involvement in both mental health and substance abuse treatment programs is characteristic of this population. HR360 serves clients from all racial and cultural back grounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless addicts; young adults, LGBTQQ; veterans; and individuals involved in the criminal justice system. These clients may have no medical insurance coverage (private or public) or be eligible for SSI/Medi-Cal/Short-Doyle benefits or in the process of applying for benefits; Potential clients do not need to be Medi-CAL or Short-Doyle eligible in order to participate in this program. Mental Health services provided to Medi-CAL or Short-Doyle eligible clients will be billed under the HR360 Mental Health Medi-CAL contract.

- Behavioral health disordered persons with persistent, serious or chronic mental illness who are San Francisco residents.
- Acute Psychiatric episodic persons
- Substance abusers or substance-dependent persons

**5. Modality(ies)/Interventions**

Please CRDC in Appendix B-28

**6. Methodology**

The **HR360 WRAPS Program** is designed to provide recovery-oriented residential treatment services for adult individuals in the community undergoing acute psychiatric episodes, to enable them to receive support towards stabilization, and to engage in a partnership with the system towards recovery:

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Acute Psychiatric Stabilization (WRAPS)  
**Program (Residential)**  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-28**  
**Term:** 7/1/13-6/30/14

meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission to the WRAPS is open to all acute psychiatric, seriously and chronically mentally ill, adult poly-substance abusers who live in San Francisco, that have either no insurance, Medi-CAL/Short-Doyle coverage or are in the process of applying for benefits and meet the County's criteria for medical and service necessity.

*Medical Necessity* is defined as interference in level of functioning due to a mental illness that disrupts or interferes with community living to the extent that without service the individual would be unable to function in the family/guardian's residence, attend school, or engage in activities normal to developmental stage and age group.

*Service Necessity* refers to the requirement for evidence of a mental illness that satisfies ICD-9-CM/DSM-IV-TR criteria or a description of the individual's symptoms and history that suggests mental illness.

**Process for Initiating Services:** Residential treatment services offered to individuals undergoing acute psychiatric episode services fall under San Francisco County's category of planned services. When an individual applies for or is referred for planned mental health services, HR360 intake staff will first ascertain that person's status of treatment with other providers in the DPH safety net by locating the client's BIS client ID number and care management status on the MHS-140 report. Clients not yet registered into the BHBIS system will be registered at HR360. Care managers will be notified of their clients' intake within the first 7 days of treatment in the WRAPS program.

**C. Program Service Delivery Model:** WRAPS will participate in the CBHS Advance Access Initiative and will provide intake assessment within 24-48 hours of referral; provide medication evaluation (as needed) within 24-48 hours of request; ensure timely collection and reporting of data to CBHS as required; provide quarterly measurements of new client demand according to Advance Access methodology and more frequently if required by CBHS; and measure delay or access for both new and ongoing clients on at least a monthly basis according to Advance Access methodology and more frequently if required by CBHS. The vision, goals, principles, and purpose of SF MHSA Behavioral Health Innovations Task Force are integrated into the service structure.

**Assessments/ Diagnosis & Written Evaluation:** This process begins at the central Intake site located at 1735 Mission Street. After referral from ACCESS, the HR360 intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week. Once referral is made, clients are interviewed and given an appointment for assessment usually on the spot and within 48 hours.

Prior to admission, all HR360 prospective participants are screened to determine type and severity of psychiatric and substance abuse disorders in order to determine appropriate level of care. HR360 will also assess clients already in HR360 substance abuse treatment who indicate a need for mental health services. Individuals referred from ACCESS will be pre-screened; i.e., not be in need of medical detoxification services, appropriate for this sub-acute mental health setting, and also have a co-occurring substance abuse problem. Mental health staff will also be available to do

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Acute Psychiatric Stabilization (WRAPS)  
Program (Residential)  
**City Fiscal Year:** FY 2013-14  
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Intake assessments in the field, i.e., within a hospital or incarcerated setting, if the client has been pre-screened as appropriate for HR360 by ACCESS.

General intake includes the review of demographic information, a complete biomedical and psychosocial assessment and discussion of program norms and rules with the client. Primary medical services are referred, if needed, and staff support is provided. Information from other/previous service providers when it is available, or from a client's current Care Manager, will be incorporated into the intake assessment and evaluation to better coordinate the continuum of care available.

The mental health assessment and diagnosis process is usually conducted after the general intake/ admission form is filled out with an intake counselor. A psychologist or therapist who is trained and knowledgeable in co-occurring disorders and supervised by the program director, records the intake information into a new Mental Health Medi-CAL chart after establishing eligibility, and a provisional multi-axial diagnosis consistent with DSM-IV-TR/ICD-9-CM guidelines is determined through the clinical interview process. Clients are evaluated through a psychosocial and mental status exam assessment. During the assessments and the clinical interview process, the therapist incorporates an evaluation summarizing their findings and recommending services to be incorporated into the participant's treatment plan of care.

**Program Service Locations:** The WRAPS Program is located at one at 815 Buena Vista West, San Francisco, CA. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual & Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

**E. Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

## 7. Objectives and Measurements

### A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

## 8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.



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**Contractor:** HealthRIGHT 360  
**Program:** HR360 Acute Psychiatric Stabilization (WRAPS)  
Program (Residential)  
**City Fiscal Year:** FY 2013-14  
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Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

**Contractor:** HealthRIGHT 360  
**Program:** HR360 Fiscal Intermediary Contracts  
**City Fiscal Year:** FY 2013-14  
**CMS#:**6990

**Appendix A-29**  
**Term:** 7/1/13-6/30/14

**1. Identifiers:**

**Program Name:** Fiscal Intermediary Contracts  
**Program Address:** 1735 Mission St  
**City, State, Zip Code:** San Francisco, CA 94103  
**Telephone:** (415) 762-3700  
**Program Code:** N/A

- 1) HR360 CBHS Administration
- 2) HR360 HIV Set Aside Coordinator
- 3) Project Homeless Connect TA Cooperative Program
- 4) Project Homeless Everyday Connect TA Cooperative Program
- 5) HR360 SF Violence Intervention Program (SFVIP) formerly CRN

**Contractor Address:** 1735 Mission Street  
**City, State, Zip Code:** SF, CA 94103  
**Telephone:** 415-762-3700

**2. Nature of Document (check one)**

☐ New    ☒ Renewal    ☐ Modification

**3. Goal Statement- N/A**

**4. Target Population-N/A**

**5. Modality(ies)/Interventions-**  
Please CRDC in Appendix B-29

**6. Methodology- N/A**

**7. Objectives and Measurements- N/A**

**8. Continuous Quality Assurance and Improvement- N/A**

**Appendix B**  
**Calculation of Charges**  
**Term: 7/1/12-6/30/13**

**1. Method of Payment**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) 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 (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

## **2. Program Budgets and Final Invoice**

### **A. Program Budgets are listed below and are attached hereto.**

#### **Budget Summary**

Appendix B-1 – Adult Residential  
Appendix B-2 – BASN Adult Residential  
Appendix B-3 – BASN Satellite (ONPD)  
Appendix B-4 – BASN Social Detox Residential  
Appendix B-5 – Bridges Residential  
Appendix B-6 – AB109 Adult Residential  
Appendix B-7 – AB109 Transitional (ONPD)  
Appendix B-8 – HIV MDSP Residential  
Appendix B-9 – HIV Detox Residential  
Appendix B-10 – HIV Variable Length Residential  
Appendix B-11 – HIV Lodestar Residential  
Appendix B-12 – Post SFGH Residential (Men, Women, Dual Recovery)  
Appendix B-13 – Adult Residential Satellite  
Appendix B-14 – Social Detox Center (Residential)  
Appendix B-15 – Transgender Recovery Program  
Appendix B-16 – Intensive Treatment Services (WHITS)  
Appendix B-17 – Women’s Hope Residential  
Appendix B-18 – Adult Outpatient Services  
Appendix B-19 – African American Healing Center  
Appendix B-20 – Bridges CM Outpatient  
Appendix B-21 – Buprenorphine Medical Monitoring  
Appendix B-22 – Family Strength Outpatient  
Appendix B-23 – Southeast Health Opportunities Project (SHOP)  
Appendix B-24 – Representative Payee  
Appendix B-25 – Second Chances/With Open Arms (WOA)  
Appendix B-26 – Adult Mental Health Medi-Cal  
Appendix B-27 – Crisis Intervention (Fiscal Intermediary)  
Appendix B-28 – Acute Psychiatric Stabilization (WRAPS)  
Appendix B-29 – Fiscal Intermediary Contracts

### **B. COMPENSATION**

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Sixty Nine Million Four Hundred Fifty One Thousand, Seven Hundred Eighty Seven Dollars (\$69,451,787)** for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation **\$4,324,519** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment

of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through June 30, 2011	\$ 1,020,358
July 1, 2011 through June 30, 2012	\$ 14,011,729
July 1, 2012 through June 30, 2013	\$ 14,057,526
July 1, 2013 through June 30, 2014	\$ 14,415,062
July 1, 2014 through June 30, 2015	\$ 14,415,062
July 1, 2015 through December 31, 2015	\$ 7,207,531
<b>Total: July 1, 2010 through December 31, 2015</b>	<b>\$ 65,127,268</b>

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number	00348		Prepared By/Phone #: Paul Kroeger (415) 918-1820				Fiscal Year: 13-14	
Contractor Name	HealthRIGHT 360							Document Date: 1/30/14
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7	
Provider/Program Name	Adult Residential	BASN Residential	BASN ONPD Residential	BASN Social Detox Residential	Bridges Residential	AB109 Residential	AB109 ONPD Residential	
Provider Number	383805, 383806, 383834	383834	383807	383806	383806	383834	383807	
Program Code	3805WR-RSD, 38062, 38342	88342	3807BT-CLV	84062	3806BR-RES	87342	86077	
FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	8/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	
FUNDING USES								
Salaries & Employee Benefits	2,595,188	411,580	51,541	35,243	60,434	531,466	99,639	
Operating Expenses	1,037,839	235,012	37,908	23,418	21,277	279,242	150,518	
Capital Expenses	-	-	-	-	-	-	-	
Subtotal Direct Expenses	3,633,027	646,592	89,449	58,661	81,711	810,708	250,157	
Indirect Expenses	435,964	77,591	10,734	7,039	9,805	97,284	30,018	
Indirect %	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	
TOTAL FUNDING USES	4,068,991	724,183	100,183	65,700	91,516	907,992	280,175	
CBHS MENTAL HEALTH FUNDING SOURCES								
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-	-	-	-	-	
MH Realignment	-	HMHMCC730515	-	-	-	-	-	
MH COUNTY - General Fund	-	HMHMCC730515	-	-	-	-	-	
MH PROJECT - MHSA	-	PHMS63-1405	-	-	-	-	-	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-	
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	950,437	-	-	-	-	
SA FED - SAPT HIV Set-Aside	93.959	HMHSCCRES227	-	-	-	-	-	
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227	-	-	-	-	-	
SA STATE - Parolee Services Network BASN	-	HMHSCCRES227	-	698,183	100,183	65,700	-	
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227	-	-	-	-	-	
SA STATE - PSR Drug Medi-Cal carryforward from 12-13	-	HMHSCCRES227	1,780,271	-	-	-	-	
SA COUNTY - General Fund	-	HMHSCCRES227	158,177	-	-	-	-	
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227	12,563	-	-	-	-	
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14	-	-	-	-	-	
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14	-	-	-	-	-	
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377	837,543	-	-	-	-	
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSCCADM367	-	-	-	830,992	280,175	
SA GRANT - State CDCR ISMIP	-	HMAD01-14	-	-	-	91,516	-	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	3,738,991	698,183	100,183	65,700	91,516	
OTHER DPH FUNDING SOURCES								
Community Health - DCYF CRN WO	-	HCHCCHCCRNWO	-	-	-	-	-	
COPC - General Fund	-	HCHAPADMINGF	-	-	-	-	-	
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-	
TOTAL DPH FUNDING SOURCES	-	-	3,738,991	698,183	100,183	65,700	91,516	
NON-DPH FUNDING SOURCES								
NON DPH - Patient/Client Fees	-	-	330,000	26,000	-	-	77,000	
TOTAL NON-DPH FUNDING SOURCES	-	-	330,000	26,000	-	-	77,000	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	-	-	4,068,991	724,183	100,183	65,700	91,516	

**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number	00348		Prepared By/Phone #: Paul Kroeger (415) 918-1820				Fiscal Year: 13-14	
Contractor Name	HealthRIGHT 360		Document Date: 1/30/14					
Appendix Number	B-8	B-9	B-10	B-11	B-12	B-13	B-14	
Provider/Program Name	CARE MDSP Residential	CARE Detox Residential	CARE Variable Length Residential	CARE Lodestar Residential	SFGH Residential	Satellite ONPD Residential	Social Detox Residential	
Provider Number	383806	383806	383834	383805	383805, 383806, 383834	383805, 383807	383806	
Program Code	3806CM-RES	3806CX-RSD	3834CV-RES	3805LC-RES	3805SW-RES, 3806SG-RES, 3834G-RES	87067, 88077	88062	
FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	
FUNDING USES								
Salaries & Employee Benefits	225,908	131,270	136,359	120,473	267,135	172,380	452,271	
Operating Expenses	127,717	60,874	67,910	63,910	137,287	136,384	250,160	
Capital Expenses	-	-	-	-	-	-	-	
Subtotal Direct Expenses	353,625	192,144	204,269	184,383	404,422	308,764	702,431	
Indirect Expenses	42,436	23,057	24,512	22,126	48,530	37,052	84,291	
Indirect %	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	
TOTAL FUNDING USES	396,061	215,201	228,781	206,509	452,952	345,816	786,722	
CBHS MENTAL HEALTH FUNDING SOURCES			CFDA	FAMIS				
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-	-	-	-	-	
MH Realignment	-	HMHMCC730515	-	-	-	-	-	
MH COUNTY - General Fund	-	HMHMCC730515	-	-	-	-	-	
MH PROJECT - MHSA	-	PHMS63-1405	-	-	-	-	-	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			-	-	-	-	-	
CBHS SUBSTANCE ABUSE FUNDING SOURCES			CFDA	FAMIS				
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	-	-	-	-	-	
SA FED - SAPT HIV Set-Aside	93.959	HMHSCCRES227	-	-	-	-	-	
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227	-	-	-	-	-	
SA STATE - Parolee Services Network BASN	-	HMHSCCRES227	-	-	-	-	-	
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227	-	-	-	-	-	
SA STATE - PSR Drug Medi-Cal carryforward from 12-13	-	HMHSCCRES227	-	-	-	-	-	
SA COUNTY - General Fund	-	HMHSCCRES227	361,061	215,201	220,781	194,009	433,952	
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227	-	-	-	-	-	
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14	-	-	-	-	-	
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14	-	-	-	-	-	
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377	-	-	-	-	-	
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSCCADM367	-	-	-	-	-	
SA GRANT - State CDCR ISMIP	-	HMA01-14	-	-	-	-	-	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			361,061	215,201	220,781	194,009	433,952	
OTHER DPH FUNDING SOURCES								
Community Health - DCYF CRN WO	-	HCHCCHCCRNWO	-	-	-	-	-	
COPC - General Fund	-	HCHAPADMINGF	-	-	-	-	-	
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-	
TOTAL DPH FUNDING SOURCES			361,061	215,201	220,781	194,009	433,952	
NON-DPH FUNDING SOURCES								
NON DPH - Patient/Client Fees			35,000	-	8,000	12,500	19,000	
TOTAL NON-DPH FUNDING SOURCES			35,000	-	8,000	12,500	19,000	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			396,061	215,201	228,781	206,509	452,952	

**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number	00348		Prepared By/Phone #: Paul Kroeger (415) 918-1820					Fiscal Year:	13-14
Contractor Name	HealthRIGHT 360							Document Date:	1/30/14
Appendix Number	B-15	B-16	B-17	B-18	B-19	B-20	B-21		
Provider/Program Name	Transgender Residential	WHITS Residential	Women's Hope Residential	Adult Outpatient	African American Family Healing Outpatient	Bridges Outpatient	Buprenorphine Medical Monitoring Outpatient		
Provider Number	383805, 383806	383806	388910	383820	383873	383835	383820		
Program Code	3805TG-RES, 3806TD-RES	3806WT-RES	89102	38201, 3820OP	87301	85351	88201		
FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14		
FUNDING USES									
Salaries & Employee Benefits	228,088	190,183	441,847	873,773	208,910	243,521	45,584		
Operating Expenses	106,186	94,539	146,441	251,173	73,237	83,322	166		
Capital Expenses	-	-	-	-	-	-	-		
Subtotal Direct Expenses	334,274	284,722	588,288	1,124,946	282,147	326,843	45,750		
Indirect Expenses	40,112	34,167	70,594	134,993	33,857	39,221	5,489		
Indirect %	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%		
TOTAL FUNDING USES	374,386	318,889	658,882	1,259,939	316,004	366,064	51,239		
CBHS MENTAL HEALTH FUNDING SOURCES									
CFDA	FAMIS								
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-	-	-	-	-	-	-
MH Realignment	-	HMHMCC730515	-	-	-	-	-	-	-
MH COUNTY - General Fund	-	HMHMCC730515	-	-	-	-	-	-	-
MH PROJECT - MHSA	-	PHMS63-1405	-	-	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			-	-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES									
CFDA	FAMIS								
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	-	633,519	285,645	-	-	-	-
SA FED - SAPT HIV Set-Aside	93.959	HMHSCCRES227	-	-	-	-	-	-	-
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227	-	-	15,000	-	-	-	-
SA STATE - Parolee Services Network BASN	-	HMHSCCRES227	-	-	-	-	-	-	-
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227	-	-	15,000	-	-	-	-
SA STATE - PSR Drug Medi-Cal carryforward from 12-13	-	HMHSCCRES227	-	-	-	-	-	-	-
SA COUNTY - General Fund	-	HMHSCCRES227	354,386	318,889	22,363	944,294	316,004	-	51,239
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227	-	-	-	-	-	-	-
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14	-	-	-	-	-	-	-
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14	-	-	-	-	-	-	-
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377	-	-	-	-	-	-	-
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSCCADM367	-	-	-	-	-	-	-
SA GRANT - State CDCR ISMIP	-	HMAD01-14	-	-	-	-	366,064	-	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			354,386	318,889	655,882	1,259,939	316,004	366,064	51,239
OTHER DPH FUNDING SOURCES									
Community Health - DCYF CRN WO	-	HCHCCHCCRNWO	-	-	-	-	-	-	-
COPC - General Fund	-	HCHAPADMINGF	-	-	-	-	-	-	-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES			354,386	318,889	655,882	1,259,939	316,004	366,064	51,239
NON-DPH FUNDING SOURCES									
NON DPH - Patient/Client Fees			20,000	-	3,000	-	-	-	-
TOTAL NON-DPH FUNDING SOURCES			20,000	-	3,000	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			374,386	318,889	658,882	1,259,939	316,004	366,064	51,239



# DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number		00348		Prepared By/Phone #: Paul Kroeger (415) 918-1820		Fiscal Year: 13-14	
Contractor Name		HealthRIGHT 360		Document Date: 1/30/14		B-28	
Appendix Number		B-22		B-23		B-24	
Provider/Program Name		Family Strength Outpatient		SHOP		Representative Payee Program	
Provider Number		383820		383873		383835	
Program Code		38731		85731		88359	
FUNDING TERM		7/1/13-6/30/14		9/30/13-8/29/14		7/1/13-6/30/14	
FUNDING USES		180,620		248,617		265,930	
- Salaries & Employee Benefits		1,205		45,824		60,928	
Operating Expenses		-		-		-	
Capital Expenses		-		-		-	
Subtotal Direct Expenses		181,825		294,441		165,042	
Indirect Expenses		21,819		35,332		19,805	
Indirect %		12.00%		12.00%		12.00%	
TOTAL FUNDING USES		203,644		329,773		184,847	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-		-		-	
CBHS MENTAL HEALTH FUNDING SOURCES		FAMIS		-		-	
MH FED - SDMC Regular FFP (50%)		HMHMCC730515		-		74,773	
MH Realignment		HMHMCC730515		-		224,810	
MH COUNTY - General Fund		HMHMCC730515		-		37,579	
MH PROJECT - MHSA		PHMS63-1405		-		-	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-		-		337,162	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-		-		-	
CBHS SUBSTANCE ABUSE FUNDING SOURCES		FAMIS		-		-	
SA FED - SAPT Fed Discretionary		HMHSCCRES227		-		-	
SA FED - SAPT HIV Set-Aside		HMHSCCRES227		-		-	
SA FED - Drug Medi-Cal		HMHSCCRES227		-		-	
SA STATE - Parolee Services Network BASN		HMHSCCRES227		-		-	
SA STATE - PSR Drug Medi-Cal		HMHSCCRES227		-		-	
SA STATE - PSR Drug Medi-Cal carryforward from 12-13		HMHSCCRES227		-		-	
SA COUNTY - General Fund		HMHSCCRES227		-		78,847	
SA COUNTY - General Fund - WO CODB		HMHSCCRES227		-		-	
SA GRANT - Fed SAMHSA SHOP		HCSA03-14		329,773		-	
SA GRANT - Fed DOJ Second Chance		HCSA02-14		-		-	
SA WORK ORDER - HSA FSET		HMHSCCADM377		-		506,598	
SA WORK ORDER - APD CJ Realignment (AB109)		HMHSCCADM367		-		-	
SA GRANT - State CDCR ISMIP		HMAD01-14		-		-	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		203,644		329,773		78,847	
TOTAL CBHS FUNDING SOURCES		-		-		-	
OTHER DPH FUNDING SOURCES		-		-		-	
Community Health - DCYF CRN WO		HCHCHCCRNWO		-		-	
COPC - General Fund		HCHAPADMINGF		-		-	
TOTAL OTHER DPH FUNDING SOURCES		-		-		-	
TOTAL DPH FUNDING SOURCES		203,644		329,773		78,847	
NON-DPH FUNDING SOURCES		-		-		-	
NON DPH - Patient/Client Fees		-		108,000		-	
TOTAL NON-DPH FUNDING SOURCES		-		108,000		-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		203,644		329,773		184,847	

**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number	00348	Prepared By/Phone #: Paul Kroeger (415) 918-1820	Fiscal Year:	13-14
Contractor Name	HealthRIGHT 360	Document Date:	1/30/14	
Appendix Number	B-29			
Provider/Program Name	HR360 FI Services			
Provider Number	See CRDC			TOTAL
Program Code	N/A			
FUNDING TERM	7/1/13-12/31/13			7/1/13-9/30/14
<b>FUNDING USES</b>				
Salaries & Employee Benefits	940,225			9,617,767
Operating Expenses	138,368			3,855,951
Capital Expenses	-			-
Subtotal Direct Expenses	1,078,593	-	-	13,473,718
Indirect Expenses	129,436			1,616,844
Indirect %	12.00%			12.00%
<b>TOTAL FUNDING USES</b>	<b>1,208,029</b>	<b>-</b>	<b>-</b>	<b>15,090,562</b>
			Employee Fringe Benefits %:	30.87%
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>				
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-	74,773
MH Realignment	-	HMHMCC730515	-	224,810
MH COUNTY - General Fund	-	HMHMCC730515	-	54,594
MH PROJECT - MHSA	-	PHMS63-1405	-	85,309
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>				<b>439,486</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>				
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	-	1,869,601
SA FED - SAPT HIV Set-Aside	93.959	HMHSCCRES227	67,500	67,500
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227	-	15,000
SA STATE - Parolee Services Network BASN	-	HMHSCCRES227	-	864,066
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227	-	15,000
SA STATE - PSR Drug Medi-Cal carryforward from 12-13	-	HMHSCCRES227	-	1,780,271
SA COUNTY - General Fund	-	HMHSCCRES227	541,325	5,509,710
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227	-	12,563
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14	-	329,773
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14	-	506,598
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377	-	837,543
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSCCADM367	-	1,111,167
SA GRANT - State CDCR ISMIP	-	HMAD01-14	-	457,580
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>608,825</b>	<b>13,376,372</b>
<b>OTHER DPH FUNDING SOURCES</b>				
Community Health - DCYF CRN WO	-	HCHCCHCCRNWO	499,204	499,204
COPC - General Fund	-	HCHAPADMINGF	100,000	100,000
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			<b>599,204</b>	<b>599,204</b>
<b>TOTAL DPH FUNDING SOURCES</b>			<b>1,208,029</b>	<b>14,415,062</b>
<b>NON-DPH FUNDING SOURCES</b>				
NON DPH - Patient/Client Fees			-	675,500
<b>TOTAL NON-DPH FUNDING SOURCES</b>			<b>-</b>	<b>675,500</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>1,208,029</b>	<b>15,090,562</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360				Appendix #: B-1			
Provider/Program Name: Adult Residential				Document Date: 1/30/14			
Provider Number: 383805, 383806, 383834				Fiscal Year: 13-14			
Program Name	Adult Residential	Adult Residential					
Program Code	3805WR-RSD, 38062, 38342	3805WR-RSD, 38062, 38342					
Mode/SFC (MH) or Modality (SA)	Res-51	Res-51					
Service Description	SA-Res Recov Long Term (over 30 days)	SA-Res Recov Long Term (over 30 days)					
FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14					<b>TOTAL</b> 7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	2,005,138	590,050					2,595,188
Operating Expenses	801,874	235,965					1,037,839
Capital Expenses (greater than \$5,000)	-	-					-
Subtotal Direct Expenses	2,807,012	826,015	-	-	-	-	3,633,027
Indirect Expenses	336,843	99,121					435,964
<b>TOTAL FUNDING USES</b>	<b>3,143,855</b>	<b>925,136</b>	-	-	-	-	<b>4,068,991</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
	CFDA	FAMIS					
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	950,437				950,437
SA STATE - PSR Drug Medi-Cal carryforward from 12-1	-	HMHSCCRES227	1,780,271				1,780,271
SA COUNTY - General Fund	-	HMHSCCRES227	158,177				158,177
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227		12,563			12,563
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377		837,543			837,543
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			2,888,885	850,106	-	-	3,738,991
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			2,888,885	850,106	-	-	3,738,991
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			254,970	75,030			330,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>			254,970	75,030	-	-	330,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			3,143,855	925,136	-	-	4,068,991
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)			98	29			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)			FFS	FFS			
Units of Service			32,056	9,433			
Unit Type			Bed Days	Bed Days			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)			90.12	90.12			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			98.07	98.07			
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)			343	101			444

DPH 3: Salaries & Benefits Detail

Program Code: 3805WR-RSD, 38062, 38342

Appendix #: B-1

Provider/Program Name: Adult Residential

Document Date: 1/30/14

	TOTAL		SAPT Fed Discretionary, State PSR DMC CF, & General Fund (HMHSCRES227) & Non-DPH Funding Sources		HSA FSET Work Order (HMHSCCADM377) General Fund WO CODB (HMHSCRES227) & Non-DPH Funding Sources							
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.298	44,638	0.230	34,489	0.068	10,149						
Program Director	1.750	105,000	1.352	81,127	0.398	23,873						
Clinical Coordinator	0.500	20,000	0.388	15,453	0.114	4,547						
Director of QA & Compliance	0.480	45,996	0.355	35,538	0.105	10,458						
Manager of Licensing & Certification	0.570	28,671	0.440	22,152	0.130	6,519						
Care Coordinators	14.000	444,780	10.817	343,654	3.183	101,126						
Overnight Monitor	3.000	90,000	2.318	69,537	0.682	20,463						
Weekend Coordinator	0.556	19,455	0.430	15,032	0.126	4,423						
T.C. Admin. Assistant (Nexus)	1.439	51,656	1.112	39,911	0.327	11,745						
Director Of Facility Operations	0.268	22,108	0.207	17,081	0.061	5,027						
Maintenance Worker	0.853	32,209	0.659	24,886	0.194	7,323						
Transportation & Facility Manager	0.472	30,320	0.365	23,426	0.107	6,894						
Warehouse Coordinator	0.564	25,009	0.436	19,323	0.126	5,685						
Driver	2.278	70,652	1.760	54,588	0.518	16,064						
Cook/Food Service	3.296	121,134	2.547	93,593	0.749	27,541						
Director of Food Services	0.358	28,678	0.277	22,158	0.081	6,520						
Client Services Manager	0.539	26,940	0.416	20,815	0.123	6,125						
Client Services Support	1.585	44,380	1.225	34,290	0.360	10,090						
Family Services Coordinator	0.35	19,903	0.270	15,378	0.079	4,525						
Medical Services Director	0.58	47,712	0.447	36,864	0.132	10,848						
Medical Services Support	1.95	63,242	1.506	48,863	0.443	14,379						
Physician	0.01	1,425	0.011	1,101	0.003	324						
V.P. of Mental Health Services	0.38	47,855	0.297	36,975	0.087	10,880						
Mental Health Training Director	0.43	28,141	0.335	21,743	0.098	6,398						
Administrative Assistant	0.41	13,070	0.315	10,098	0.093	2,972						
Therapist	3.48	166,368	2.685	128,542	0.790	37,826						
Mental Health Manager	0.72	51,442	0.559	39,746	0.165	11,696						
Director of Workforce Development	0.54	46,836	0.415	36,187	0.122	10,649						
Education Coordinator	0.40	16,131	0.311	12,463	0.092	3,668						
Computer Lab Tech	0.48	15,076	0.367	11,648	0.108	3,428						
Housing & Community Service	0.60	21,122	0.467	16,320	0.137	4,802						
Employment Counselor	1.53	47,483	1.183	36,687	0.348	10,796						
IT Specialist - Data Control	0.51	20,235	0.396	15,634	0.116	4,601						
Psychiatrist	0.87	99,421	0.668	76,816	0.197	22,605						
Psychologist	0.37	23,972	0.286	18,522	0.084	5,450						
Totals:	46.398	1,981,060	35.850	1,530,640	10.55	450,420	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	614,128	31.00%	474,498	31.00%	139,630						
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TOTAL SALARIES & BENEFITS

2,595,188

2,005,138

590,050

4550

**DPH 4: Operating Expenses Detail**

Program Code: 3805WR-RSD, 38062, 38342

Appendix #: B-1

Provider/Program Name: Adult Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	SAPT Fed Discretionary, State PSR DMC CF, & General Fund (HMHSCCRES227) & Non-DPH Funding Sources	HSA FSET Work Order (HMHSCCADM377) General Fund WO CODB (HMHSCCRES227) & Non-DPH Funding Sources			
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:
<b>Occupancy</b>	-	-	-			
Rent	243,377	188,042	55,335			
Utilities (Telephone, Electricity, Water, Gas)	277,426	214,350	63,076			
Building Repair/Maintenance	141,106	109,024	32,082			
<b>Materials &amp; Supplies</b>	-	-	-			
Office Supplies	12,101	9,350	2,751			
Photocopying	-	-	-			
Printing	2,663	2,058	605			
Program Supplies	248,877	192,292	56,585			
Computer Hardware/Software	9,601	7,418	2,183			
<b>General Operating</b>	-	-	-			
Training/Staff Development	3,000	2,318	682			
Insurance	56,156	43,388	12,768			
Professional License	15,270	11,798	3,472			
Permits	-	-	-			
Equipment Lease & Maintenance	26,694	20,625	6,069			
<b>Staff Travel</b>	-	-	-			
Local Travel	1,568	1,211	357			
Out-of-Town Travel	-	-	-			
Field Expenses	-	-	-			
<b>Consultant/Subcontractor</b>	-	-	-			
	-	-	-			
	-	-	-			
<b>Other</b>	-	-	-			
	-	-	-			
	-	-	-			
	-	-	-			

**TOTAL OPERATING EXPENSE**

**1,037,839**

**801,874**

**235,965**

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-2	
Provider/Program Name: BASN Residential						Document Date: 1/30/14	
Provider Number: 383834						Fiscal Year: 13-14	
Program Name		BASN Residential					
Program Code		88342					
Mode/SFC (MH) or Modality (SA)		Res-51					
Service Description		SA-Res Recov Long Term (over 30 days)					
FUNDING TERM		7/1/13-6/30/14					
							<b>TOTAL</b>
							7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits		411,580					411,580
Operating Expenses		235,012					235,012
Capital Expenses (greater than \$5,000)		-					
Subtotal Direct Expenses		646,592		-	-	-	646,592
Indirect Expenses		77,591					77,591
<b>TOTAL FUNDING USES</b>		<b>724,183</b>		-	-	-	<b>724,183</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-		-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		CFDA	FAMIS				
SA STATE - Parolee Services Network BASN		-	HMHSCCRES227	698,183			698,183
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>				698,183	-	-	698,183
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>				-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>				698,183	-	-	698,183
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees				26,000			26,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>				26,000	-	-	26,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>				724,183	-	-	724,183
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)		20					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		FFS					
Units of Service		7,424					
Unit Type		Bed Days					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		94.05					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		97.55					
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)		47					47

## DPH 3: Salaries &amp; Benefits Detail

Program Code: 88342

Appendix #: B-2

Provider/Program Name: BASN Residential

Document Date: 1/30/14

	TOTAL		BASN (HMHSCCRES227) & Non-DPH Funding Sources									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE		FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.050	6,910	0.050	6,910								
Program Director	0.360	23,400	0.360	23,400								
Director of QA & Compliance	0.070	7,000	0.070	7,000								
Manager of Licensing & Certification	0.100	4,902	0.100	4,902								
Managing Director of Clinical Services	0.050	4,850	0.050	4,850								
Supervising Care Coordinators	0.250	9,623	0.250	9,623								
Care Coordinators	1.500	57,000	1.500	57,000								
HIV/AIDS Clinical Manager	0.050	2,190	0.050	2,190								
Overnight Monitor	0.500	15,000	0.500	15,000								
Weekend Coordinator	0.200	7,000	0.200	7,000								
T.C. Admin. Assistant (Nexus)	0.260	9,161	0.260	9,161								
Director Of Facility Operations	0.060	4,866	0.060	4,866								
Maintenance Worker	0.220	6,820	0.220	6,820								
Transportation & Facility Manager	0.060	4,007	0.060	4,007								
Warehouse Coordinator	0.100	4,376	0.100	4,376								
Driver	0.340	10,426	0.340	10,426								
Cook/Food Service	0.690	21,390	0.690	21,390								
Director of Food Services	0.071	5,703	0.071	5,703								
Client Services Manager	0.090	4,742	0.090	4,742								
Client Services Support	0.280	8,400	0.280	8,400								
Family Services Coordinator	0.040	2,457	0.040	2,457								
Medical Services Director	0.090	7,679	0.090	7,679								
Medical Services Support	0.270	8,663	0.270	8,663								
Physician	0.005	520	0.005	520								
V.P. of Mental Health Services	0.060	7,347	0.060	7,347								
Mental Health Training Director	0.050	3,750	0.050	3,750								
Director of Mental Health Services	0.050	2,958	0.050	2,958								
Mental Health Care Coordinators	0.130	4,121	0.130	4,121								
Therapist	0.390	19,705	0.390	19,705								
Mental Health Manager	0.070	4,144	0.070	4,144								
Director of Workforce Development	0.090	4,707	0.090	4,707								
Education Coordinator	0.020	870	0.020	870								
Computer Lab Tech	0.060	1,936	0.060	1,936								
Housing & Community Service	0.050	1,942	0.050	1,942								
Employment Counselor	0.150	4,507	0.150	4,507								
IT Specialist - Data Control	0.080	3,395	0.080	3,395								
Psychiatrist	0.130	14,496	0.130	14,496								
Psychologist	0.050	3,200	0.050	3,200								
	-	-										
Totals:	7.086	314,183	7.086	314,183	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	97,397	31.00%	97,397								
TOTAL SALARIES & BENEFITS		411,580		411,580	-	-	-	-	-	-	-	-

# DPH 4: Operating Expenses Detail

Program Code: 88342

Appendix #: B-2

Provider/Program Name: BASN Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	BASN (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	35,833	35,833				
Utilities (Telephone, Electricity, Water, Gas)	40,335	40,335				
Building Repair/Maintenance	21,557	21,557				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	2,500	2,500				
Photocopying	2,737	2,737				
Printing	500	500				
Program Supplies	68,564	68,564				
Computer Hardware/Software	1,750	1,750				
<b>General Operating</b>	-	-				
Training/Staff Development	1,500	1,500				
Insurance	8,266	8,266				
Professional License	2,326	2,326				
Permits	-	-				
Equipment Lease & Maintenance	2,268	2,268				
<b>Staff Travel</b>	-	-				
Local Travel	500	500				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	13,800	13,800				
Food	32,576	32,576				
	-	-				

TOTAL OPERATING EXPENSE

235,012

235,012



**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360				Appendix #: B-3			
Provider/Program Name: BASN ONPD Residential				Document Date: 1/30/14			
Provider Number: 383807				Fiscal Year: 13-14			
Program Name	BASN ONPD Residential						
Program Code	3807BT-CLV						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/13-6/30/14						<b>TOTAL</b>
							7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	51,541						51,541
Operating Expenses	37,908						37,908
Capital Expenses (greater than \$5,000)	-						
Subtotal Direct Expenses	89,449	-	-	-	-	-	89,449
Indirect Expenses	10,734						10,734
<b>TOTAL FUNDING USES</b>	<b>100,183</b>	-	-	-	-	-	<b>100,183</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
	CFDA	FAMIS					
SA STATE - Parolee Services Network BASN	-	HMHSCCRES227	100,183				100,183
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>100,183</b>	-	-	-	<b>100,183</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>100,183</b>	-	-	-	<b>100,183</b>
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>100,183</b>	-	-	-	<b>100,183</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	8						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	2,847						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	35.19						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	35.19						
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	32						32

DPH 3: Salaries & Benefits Detail

Program Code: 3807BT-CLV  
 Provider/Program Name: BASN ONPD Residential  
 Document Date: 1/30/14

Appendix #: B-3

	TOTAL		BASN (HMHSCCRES227)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.003	500	0.003	500								
V.P. of QA & Compliance	0.003	300	0.003	300								
Program Director	0.025	1,706	0.025	1,706								
Managing Director of Clinical Services	0.003	291	0.003	291								
Overnight Monitor	1.000	31,000	1.000	31,000								
Case Managers	0.050	1,800	0.050	1,800								
Director Of Facility Operations	0.008	659	0.008	659								
Coordinator Warehouse	0.002	110	0.002	110								
Maintenance Worker	0.053	1,632	0.053	1,632								
Transportation & Facility Manager	0.006	388	0.006	388								
Driver	0.031	958	0.031	958								
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
Totals:	1.184	39,344	1.184	39,344	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	12,197	31.00%	12,197								
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TOTAL SALARIES & BENEFITS

51,541

51,541

-

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**DPH 4: Operating Expenses Detail**

Program Code: 3807BT-CLV

Appendix #: B-3

Provider/Program Name: BASN ONPD Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	BASN (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	8,453	8,453				
Utilities (Telephone, Electricity, Water, Gas)	11,224	11,224				
Building Repair/Maintenance	2,177	2,177				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	345	345				
Photocopying	-	-				
Printing	56	56				
Program Supplies	8,880	8,880				
Computer Hardware/Software	322	322				
<b>General Operating</b>	-	-				
Training/Staff Development	-	-				
Insurance	1,671	1,671				
Professional License	567	567				
Permits	-	-				
Equipment Lease & Maintenance	2,239	2,239				
<b>Staff Travel</b>	-	-				
Local Travel	37	37				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	1,049	1,049				
Food	888	888				
	-	-				

**TOTAL OPERATING EXPENSE**

**37,908**

**37,908**

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-4	
Provider/Program Name: BASN Social Detox Residential						Document Date: 1/30/14	
Provider Number: 383806						Fiscal Year: 13-14	
Program Name	BASN Social Detox Residential						
Program Code	84062						
Mode/SFC (MH) or Modality (SA)	Res-50						
Service Description	SA-Res Free Standing Res Detox						
FUNDING TERM	7/1/13-6/30/14						<b>TOTAL</b> 7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	35,243						35,243
Operating Expenses	23,418						23,418
Capital Expenses (greater than \$5,000)	-						
Subtotal Direct Expenses	58,661	-	-	-	-	-	58,661
Indirect Expenses	7,039						7,039
<b>TOTAL FUNDING USES</b>	<b>65,700</b>	-	-	-	-	-	<b>65,700</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
	CFDA	FAMIS					
SA STATE - Parolee Services Network BASN	-	HMHSCCRES227	65,700				65,700
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			65,700	-	-	-	65,700
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			65,700	-	-	-	65,700
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			65,700	-	-	-	65,700
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	3						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	985						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	66.70						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	66.70						
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	12						12

DPH 3: Salaries & Benefits Detail

Program Code: 84062

Appendix #: B-4

Provider/Program Name: BASN Social Detox Residential

Document Date: 1/30/14

	TOTAL		BASN (HMHSCCRES227)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.005	824	0.005	824								
Program Director	0.025	1,644	0.025	1,644								
V.P. of QA & Compliance	0.009	900	0.009	900								
Manager of Licensng & Certification	0.010	518	0.010	518								
Managing Director of Clinical Services	0.001	144	0.001	144								
Care Coordinators	0.250	9,000	0.250	9,000								
HIV/AIDS Clinical Manager	0.030	1,260	0.030	1,260								
Overnight Monitor	0.030	900	0.030	900								
T.C. Admin. Assistant (Nexus)	0.025	874	0.025	874								
Director Of Facility Operations	0.004	330	0.004	330								
Maintenance Worker	0.010	314	0.010	314								
Transportation & Facility Manager	0.010	642	0.010	642								
Warehouse Coordinator	0.011	478	0.011	478								
Driver	0.030	930	0.030	930								
Cook/Food Service	0.090	2,790	0.090	2,790								
Director of Food Services	0.009	720	0.009	720								
Client Services Manager	0.001	29	0.001	29								
Client Services Support	0.001	34	0.001	34								
Family Services Coordinator	0.002	109	0.002	109								
Medical Services Director	0.009	718	0.009	718								
Medical Services Support	0.030	977	0.030	977								
Physician	0.000	31	0.000	31								
V.P. of Mental Health Services	0.006	799	0.006	799								
Mental Health Training Director	0.003	258	0.003	258								
Director of Mental Health Services	0.014	745	0.014	745								
Mental Health Care Coordinators	0.001	43	0.001	43								
Mental Health Manager	0.005	325	0.005	325								
IT Specialist - Data Control	0.010	400	0.010	400								
Psychologist	0.003	167	0.003	167								
Totals:	0.634	26,903	0.634	26,903	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	8,340	31.00%	8,340								
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TOTAL SALARIES & BENEFITS

35,243

35,243

**DPH 4: Operating Expenses Detail**

Program Code: 84062

Appendix # B-4

Provider/Program Name: BASN Social Detox Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	BASN (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	1,795	1,795				
Utilities (Telephone, Electricity, Water, Gas)	5,498	5,498				
Building Repair/Maintenance	2,110	2,110				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	114	114				
Photocopying	-	-				
Printing	35	35				
Program Supplies	7,684	7,684				
Computer Hardware/Software	75	75				
<b>General Operating</b>	-	-				
Training/Staff Development	-	-				
Insurance	1,026	1,026				
Professional License	220	220				
Permits	-	-				
Equipment Lease & Maintenance	494	494				
<b>Staff Travel</b>	-	-				
Local Travel	21	21				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	1,331	1,331				
Food	3,015	3,015				
	-	-				

**TOTAL OPERATING EXPENSE**

**23,418**

**23,418**

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360				Appendix #: B-5			
Provider/Program Name: Bridges Residential				Document Date: 1/30/14			
Provider Number: 383806				Fiscal Year: 13-14			
Program Name	Bridges Residential						
Program Code	3806BR-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	8/1/13-6/30/14						<b>TOTAL</b> 8/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	60,434						60,434
Operating Expenses	21,277						21,277
Capital Expenses (greater than \$5,000)	-						
Subtotal Direct Expenses	81,711	-	-	-	-	-	81,711
Indirect Expenses	9,805						9,805
<b>TOTAL FUNDING USES</b>	<b>91,516</b>	-	-	-	-	-	<b>91,516</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA GRANT - State CDCR ISMIP	-	HMAD01-14	91,516				91,516
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			91,516	-	-	-	91,516
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			91,516	-	-	-	91,516
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			91,516	-	-	-	91,516
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	2						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	847						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	108.00						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	108.00						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	30						<b>Total UDC:</b> 30

## DPH 3: Salaries &amp; Benefits Detail

Program Code: 3806BR-RES

Appendix #: B-5

Provider/Program Name: Bridges Residential

Document Date: 1/30/14

	TOTAL		CDCR ISMIP (HMAD01-14)									
	Term: 8/1/13-6/30/14		Term: 8/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.007	1,038	0.007	1,038								
Program Director	0.032	2,099	0.032	2,099								
V.P. of QA & Compliance	0.010	985	0.010	985								
Manager of Licensing & Certification	0.013	650	0.013	650								
Managing Director of Clinical Services	0.003	292	0.003	292								
Supervising Care Coordinators	0.002	78	0.002	78								
Care Coordinators	0.300	10,800	0.300	10,800								
HIV/AIDS Clinical Manager	0.310	1,301	0.310	1,301								
Overnight Monitor	0.050	1,500	0.050	1,500								
Weekend Coordinator	0.005	175	0.005	175								
T.C. Admin. Assistant (Nexus)	0.031	1,086	0.031	1,086								
Director Of Facility Operations	0.003	228	0.003	228								
Maintenance Worker	0.013	417	0.013	417								
Transportation & Facility Manager	0.009	590	0.009	590								
Warehouse Coordinator	0.013	582	0.013	582								
Driver	0.040	1,240	0.040	1,240								
Cook/Food Service	0.100	3,100	0.100	3,100								
Director of Food Services	0.012	926	0.012	926								
Client Services Manager	0.016	810	0.016	810								
Client Services Support	0.034	1,028	0.034	1,028								
Family Services Coordinator	0.003	194	0.003	194								
Medical Services Director	0.010	830	0.010	830								
Medical Services Support	0.150	6,809	0.150	6,809								
Physician	0.000	34	0.000	34								
V.P. of Mental Health Services	0.008	938	0.008	938								
Mental Health Training Director	0.005	379	0.005	379								
Director of Mental Health Services	0.007	410	0.007	410								
Mental Health Care Coordinators	0.006	193	0.006	193								
Therapist	0.090	4,500	0.090	4,500								
Mental Health Manager	0.018	1,077	0.018	1,077								
Director of Workforce Development	0.001	30	0.001	30								
Housing & Community Service	0.008	309	0.008	309								
IT Specialist - Data Control	0.011	435	0.011	435								
Psychologist	0.017	1,070	0.017	1,070								
	-	-	-	-								
Totals:	1.337	46,133	1.337	46,133	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	14,301	31.00%	14,301								
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TOTAL SALARIES &amp; BENEFITS

60,434

60,434

4502



**DPH 4: Operating Expenses Detail**

Program Code: 3806BR-RES

Appendix #: B-5

Provider/Program Name: Bridges Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	CDCR ISMIP (HMA01-14)				
	Term: 8/1/13-6/30/14	Term: 8/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	1,686	1,686				
Utilities (Telephone, Electricity, Water, Gas)	4,469	4,469				
Building Repair/Maintenance	2,246	2,246				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	141	141				
Photocopying	-	-				
Printing	42	42				
Program Supplies	6,949	6,949				
Computer Hardware/Software	123	123				
<b>General Operating</b>	-	-				
Training/Staff Development	-	-				
Insurance	958	958				
Professional License	194	194				
Permits	-	-				
Equipment Lease & Maintenance	511	511				
<b>Staff Travel</b>	-	-				
Local Travel	21	21				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	1,170	1,170				
Food	2,767	2,767				
	-	-				

**TOTAL OPERATING EXPENSE**

**21,277**

**21,277**

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-6	
Provider/Program Name: AB109 Residential						Document Date: 1/30/14	
Provider Number: 383834		Fiscal Year: 13-14					
Program Name	AB109 Residential	AB109 Reentry Pod Counseling					
Program Code	87342	N/A					
Mode/SFC (MH) or Modality (SA)	Res-51	Anc-68					
Service Description	SA-Res Recov Long Term (over 30 days)	SA-Ancillary Svcs Case Mgmt					
FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14					<b>TOTAL</b> 7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	485,616	45,850					531,466
Operating Expenses	279,242	-					279,242
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	764,858	45,850	-	-	-	-	810,708
Indirect Expenses	91,782	5,502					97,284
<b>TOTAL FUNDING USES</b>	<b>856,640</b>	<b>51,352</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>907,992</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
CFDA	FAMIS						
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSCCADM367	779,640	51,352			830,992
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			779,640	51,352	-	-	830,992
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			779,640	51,352	-	-	830,992
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			77,000				77,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>			77,000	-	-	-	77,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			856,640	51,352	-	-	907,992
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	23						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS	CR					
Units of Service	8,213	920					
Unit Type	Bed Days	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	94.93	55.82					
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES)	104.31	55.82					
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	30	16					<b>Total UDC:</b> 46

## DPH 3: Salaries &amp; Benefits Detail

Program Code: Residential: 87342, Reentry Pod Counseling: N/A

Appendix #: B-6

Provider/Program Name: AB109 Residential

Document Date: 1/30/14

	TOTAL		AB109 Residential APD CJ Realignment Work Order (HMHSCCADM367) & Non-DPH Funding Sources		AB109 Reentry Pod Counseling APD CJ Realignment Work Order (HMHSCCADM367)							
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.060	8,306	0.060	8,306	-	-	-	-	-	-	-	-
Program Director	0.410	26,648	0.410	26,648	-	-	-	-	-	-	-	-
V.P. of QA & Compliance	0.080	8,127	0.080	8,127	-	-	-	-	-	-	-	-
Manager of Licensing & Certification	0.120	5,837	0.120	5,837	-	-	-	-	-	-	-	-
Managing Director of Clinical Services	0.020	2,174	0.020	2,174	-	-	-	-	-	-	-	-
Supervising Care Coordinators	0.400	15,187	0.400	15,187	-	-	-	-	-	-	-	-
Care Coordinators	1.680	60,510	1.680	60,510	-	-	-	-	-	-	-	-
HIV/AIDS Clinical Manager	0.030	1,245	0.030	1,245	-	-	-	-	-	-	-	-
Overnight Monitor	0.590	17,630	0.590	17,630	-	-	-	-	-	-	-	-
Weekend Coordinator	0.230	7,895	0.230	7,895	-	-	-	-	-	-	-	-
T.C. Admin. Assistant (Nexus)	0.290	10,062	0.290	10,062	-	-	-	-	-	-	-	-
Director Of Facility Operations	0.070	6,100	0.070	6,100	-	-	-	-	-	-	-	-
Maintenance Worker	0.260	8,112	0.260	8,112	-	-	-	-	-	-	-	-
Transportation & Facility Manager	0.080	5,351	0.080	5,351	-	-	-	-	-	-	-	-
Warehouse Coordinator	0.120	5,116	0.120	5,116	-	-	-	-	-	-	-	-
Driver	0.480	14,784	0.480	14,784	-	-	-	-	-	-	-	-
Cook/Food Service	0.690	21,344	0.690	21,344	-	-	-	-	-	-	-	-
Director of Food Services	0.090	6,893	0.090	6,893	-	-	-	-	-	-	-	-
Client Services Manager	0.110	5,374	0.110	5,374	-	-	-	-	-	-	-	-
Client Services Support	0.300	9,099	0.300	9,099	-	-	-	-	-	-	-	-
Family Services Coordinator	0.070	4,254	0.070	4,254	-	-	-	-	-	-	-	-
Medical Services Director	0.120	9,523	0.120	9,523	-	-	-	-	-	-	-	-
Medical Services Support	0.340	10,891	0.340	10,891	-	-	-	-	-	-	-	-
Physician	0.003	334	0.003	334	-	-	-	-	-	-	-	-
V.P. of Mental Health Services	0.070	9,072	0.070	9,072	-	-	-	-	-	-	-	-
Mental Health Training Director	0.060	4,426	0.060	4,426	-	-	-	-	-	-	-	-
Director of Mental Health Services	0.050	2,962	0.050	2,962	-	-	-	-	-	-	-	-
Mental Health Care Coordinators	0.190	6,132	0.190	6,132	-	-	-	-	-	-	-	-
Therapist	0.320	15,823	0.320	15,823	-	-	-	-	-	-	-	-
Mental Health Manager	0.070	4,045	0.070	4,045	-	-	-	-	-	-	-	-
Director of Workforce Development	0.160	8,118	0.160	8,118	-	-	-	-	-	-	-	-
Education Coordinator	0.079	3,143	0.079	3,143	-	-	-	-	-	-	-	-
Computer Lab Tech	0.140	4,575	0.140	4,575	-	-	-	-	-	-	-	-
Housing & Community Service	0.120	4,689	0.120	4,689	-	-	-	-	-	-	-	-
Employment Counselor	0.370	11,806	0.370	11,806	-	-	-	-	-	-	-	-
IT Specialist - Data Control	0.100	4,124	0.100	4,124	-	-	-	-	-	-	-	-
Psychiatrist	0.160	17,988	0.160	17,988	-	-	-	-	-	-	-	-
Psychologist	0.050	3,200	0.050	3,200	-	-	-	-	-	-	-	-
Reentry Pod Counselor	1.000	35,000	-	-	1.000	35,000	-	-	-	-	-	-
Totals:	9.582	405,699	8.582	370,599	1.000	35,000	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	125,767	31.00%	114,917	31.00%	10,850	-	-	-	-	-	-
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TOTAL SALARIES &amp; BENEFITS

531,466

485,616

45,850

-

-

-

# DPH 4: Operating Expenses Detail

Program Code: Residential: 87342. Reentry Pod Counseling: N/A

Appendix #: B-6

Provider/Program Name: AB109 Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	AB109 Residential APD CJ Realignment Work Order (HMHSCCADM367) & Non-DPH Funding Sources	AB109 Reentry Pod Cnslng APD CJ Realignment Work Order (HMHSCCADM367)			
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	58,324	58,324				
Utilities (Telephone, Electricity, Water, Gas)	50,562	50,562				
Building Repair/Maintenance	25,263	25,263				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	3,234	3,234				
Photocopying	-	-				
Printing	673	673				
Program Supplies	67,998	67,998				
Computer Hardware/Software	1,986	1,986				
<b>General Operating</b>	-	-				
Training/Staff Development	837	837				
Insurance	10,292	10,292				
Professional License	3,166	3,166				
Permits	-	-				
Equipment Lease & Maintenance	7,137	7,137				
<b>Staff Travel</b>	-	-				
Local Travel	390	390				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	16,381	16,381				
Food	32,999	32,999				
	-	-				

TOTAL OPERATING EXPENSE

279,242

279,242

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-7	
Provider/Program Name: AB109 ONPD Residential						Document Date: 1/30/14	
Provider Number: 383807						Fiscal Year: 13-14	
Program Name	AB109 ONPD Residential						
Program Code	86077						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/13-6/30/14						<b>TOTAL</b>
							7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	99,639						99,639
Operating Expenses	150,518						150,518
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	250,157	-	-	-	-	-	250,157
Indirect Expenses	30,018						30,018
<b>TOTAL FUNDING USES</b>	<b>280,175</b>	-	-	-	-	-	<b>280,175</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
CFDA	FAMIS						
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSCCADM367	280,175				280,175
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			280,175	-	-	-	280,175
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			280,175	-	-	-	280,175
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			280,175	-	-	-	280,175
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	21						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	6,805						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	41.17						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	41.17						
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	53						53

DPH 3: Salaries & Benefits Detail

Program Code: 383807  
 Provider/Program Name: AB109 ONPD Residential  
 Document Date: 1/30/14

Appendix #: B-7

	TOTAL		APD CJ Realignment (AB109) Work Order (HMHSCCADM367)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.007	1,019	0.007	1,019								
Program Director	0.050	3,250	0.050	3,250								
V.P. of QA & Compliance	0.011	1,080	0.011	1,080								
Manager of Licensing & Certification	0.012	601	0.012	601								
Managing Director of Clinical Services	0.025	2,425	0.025	2,425								
Supervising Care Coordinators	0.104	3,964	0.104	3,964								
Care Coordinators	0.250	9,000	0.250	9,000								
Overnight Monitor	0.100	3,000	0.100	3,000								
T.C. Admin. Assistant (Nexus)	0.030	2,050	0.030	2,050								
Director Of Facility Operations	0.033	2,751	0.033	2,751								
Maintenance Worker	0.236	7,313	0.236	7,313								
Transportation & Facility Manager	0.029	1,869	0.029	1,869								
Warehouse Coordinator	0.011	499	0.011	499								
Driver	0.165	5,102	0.165	5,102								
Cook/Food Service	0.080	2,480	0.080	2,480								
Director of Food Services	0.098	7,811	0.098	7,811								
Client Services Manager	0.009	464	0.009	464								
Client Services Support	0.031	927	0.031	927								
Family Services Coordinator	0.017	989	0.017	989								
Medical Services Director	0.017	1,370	0.017	1,370								
Medical Services Support	0.058	1,897	0.058	1,897								
Physician	0.000	37	0.000	37								
V.P. of Mental Health Services	0.010	1,250	0.010	1,250								
Mental Health Training Director	0.004	310	0.004	310								
Director of Mental Health Services	0.011	601	0.011	601								
Mental Health Care Coordinators	0.060	1,945	0.060	1,945								
Mental Health Manager	0.019	1,118	0.019	1,118								
Director of Workforce Development	0.056	2,794	0.056	2,794								
Education Coordinator	0.030	1,216	0.030	1,216								
Computer Lab Tech	0.045	1,494	0.045	1,494								
Housing & Community Service	0.066	2,520	0.066	2,520								
Employment Counselor	0.046	1,428	0.046	1,428								
Psychiatrist	0.009	1,013	0.009	1,013								
Psychologist	0.007	473	0.007	473								
	-	-	-	-								
Totals:	1.736	76,060	1.736	76,060	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	23,579	31.00%	23,579	-	-	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

99,639

99,639

4568

# DPH 4: Operating Expenses Detail

Program Code: 383807

Appendix #: B-7

Provider/Program Name: AB109 ONPD Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	APD CJ Realignment (AB109) Work Order (HMHSCCADM367)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	17,848	17,848				
Utilities (Telephone, Electricity, Water, Gas)	53,345	53,345				
Building Repair/Maintenance	8,507	8,507				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	709	709				
Photocopying	-	-				
Printing	120	120				
Program Supplies	45,121	45,121				
Computer Hardware/Software	444	444				
<b>General Operating</b>	-	-				
Training/Staff Development	165	165				
Insurance	7,451	7,451				
Professional License	2,845	2,845				
Permits	-	-				
Equipment Lease & Maintenance	7,419	7,419				
<b>Staff Travel</b>	-	-				
Local Travel	357	357				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	2,231	2,231				
Food	3,956	3,956				
	-	-				

TOTAL OPERATING EXPENSE

150,518

150,518

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-8	
Provider/Program Name: CARE MDSP Residential						Document Date: 1/30/14	
Provider Number: 383806						Fiscal Year: 13-14	
Program Name	CARE MDSP Residential						
Program Code	3806CM-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/13-6/30/14						<b>TOTAL</b> 7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	225,908						225,908
Operating Expenses	127,717						127,717
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	353,625	-	-	-	-	-	353,625
Indirect Expenses	42,436						42,436
<b>TOTAL FUNDING USES</b>	<b>396,061</b>	-	-	-	-	-	<b>396,061</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCCRES227	361,061				361,061
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			361,061	-	-	-	361,061
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			361,061	-	-	-	361,061
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			35,000				35,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>			35,000	-	-	-	35,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			396,061	-	-	-	396,061
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	6						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	1,835						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	196.76						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	215.83						
Published Rate (Medi-Cal Providers Only)							<b>Total UDC:</b>
Unduplicated Clients (UDC)	49						49



## DPH 3: Salaries &amp; Benefits Detail

Program Code: 3806CM-RES

Appendix #: B-8

Provider/Program Name: CARE MDSP Residential

Document Date: 1/30/14

	TOTAL		General Fund (HMHSCRES227) & Non-DPH Funding Sources									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.026	3,843	0.026	3,843								
Program Director	0.140	9,103	0.140	9,103								
V.P. of QA & Compliance	0.041	4,105	0.041	4,105								
Manager of Licensing & Certification	0.052	2,608	0.052	2,608								
Managing Director of Clinical Services	0.007	722	0.007	722								
Supervising Care Coordinators	0.033	1,237	0.033	1,237								
Care Coordinators	1.056	38,023	1.056	38,023								
HIV/AIDS Clinical Manager	0.108	4,526	0.108	4,526								
Overnight Monitor	0.168	5,046	0.168	5,046								
Weekend Coordinator	0.026	893	0.026	893								
T.C. Admin. Assistant (Nexus)	0.128	4,465	0.128	4,465								
Director Of Facility Operations	0.014	1,119	0.014	1,119								
Maintenance Worker	0.065	2,026	0.065	2,026								
Transportation & Facility Manager	0.034	2,182	0.034	2,182								
Warehouse Coordinator	0.054	2,398	0.054	2,398								
Driver	0.156	4,840	0.156	4,840								
Cook/Food Service	0.388	11,413	0.388	11,413								
Director of Food Services	0.037	2,939	0.037	2,939								
Client Services Manager	0.061	3,063	0.061	3,063								
Client Services Support	0.136	4,066	0.136	4,066								
Family Services Coordinator	0.011	632	0.011	632								
Medical Services Director	0.045	3,708	0.045	3,708								
Medical Services Support	0.146	4,741	0.146	4,741								
Physician	0.002	161	0.002	161								
V.P. of Mental Health Services	0.031	3,937	0.031	3,937								
Mental Health Training Director	0.021	1,581	0.021	1,581								
Director of Mental Health Services	0.032	1,753	0.032	1,753								
Mental Health Care Coordinators	0.028	907	0.028	907								
Therapist	0.412	20,603	0.412	20,603								
Mental Health Manager	0.082	4,856	0.082	4,856								
Director of Workforce Development	0.016	788	0.016	788								
Education Coordinator	0.001	42	0.001	42								
Computer Lab Tech	0.002	51	0.002	51								
Housing & Community Service	0.006	216	0.006	216								
Employment Counselor	0.017	519	0.017	519								
IT Specialist - Data Control	0.051	2,053	0.051	2,053								
Psychiatrist	0.106	12,220	0.106	12,220								
Psychologist	0.079	5,065	0.079	5,065								
	-	-	-	-								
Totals:	3.798	172,449	3.798	172,449	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	53,459	31.00%	53,459	-	-	-	-	-	-	-	-
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TOTAL SALARIES &amp; BENEFITS

225,908

225,908

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**DPH 4: Operating Expenses Detail**

Program Code: 3806CM-RES

Appendix #: B-8

Provider/Program Name: CARE MDSP Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	11,893	11,893				
Utilities (Telephone, Electricity, Water, Gas)	27,226	27,226				
Building Repair/Maintenance	11,294	11,294				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	710	710				
Photocopying	-	-				
Printing	210	210				
Program Supplies	42,228	42,228				
Computer Hardware/Software	474	474				
<b>General Operating</b>	-	-				
Training/Staff Development	72	72				
Insurance	5,714	5,714				
Professional License	1,154	1,154				
Permits	-	-				
Equipment Lease & Maintenance	2,638	2,638				
<b>Staff Travel</b>	-	-				
Local Travel	116	116				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	7,198	7,198				
Food	16,790	16,790				
	-	-				

**TOTAL OPERATING EXPENSE**

**127,717**

**127,717**

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360				Appendix #: B-9			
Provider/Program Name: CARE Detox Residential				Document Date: 1/30/14			
Provider Number: 383806				Fiscal Year: 13-14			
Program Name	CARE Detox Residential						
Program Code	3806CX-RSD						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/13-6/30/14						<b>TOTAL</b>
							7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	131,270						131,270
Operating Expenses	60,874						60,874
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	192,144	-	-	-	-	-	192,144
Indirect Expenses	23,057						23,057
<b>TOTAL FUNDING USES</b>	<b>215,201</b>	-	-	-	-	-	<b>215,201</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
CFDA	FAMIS						
SA COUNTY - General Fund	-	HMHSOCRES227	215,201				215,201
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			215,201	-	-	-	215,201
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			215,201	-	-	-	215,201
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			215,201	-	-	-	215,201
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	4						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	1,502						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	143.28						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	143.28						
Published Rate (Medi-Cal Providers Only)							<b>Total UDC:</b>
Unduplicated Clients (UDC)	24						24

## DPH 3: Salaries &amp; Benefits Detail

Program Code: 3806CX-RSD

Appendix #: B-9

Provider/Program Name: CARE Detox Residential

Document Date: 1/30/14

	TOTAL		General Fund (HMHSCCRE5227)							
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.015	2,209	0.015	2,209						
Program Director	0.084	5,464	0.084	5,464						
V.P. of QA & Compliance	0.023	2,276	0.023	2,276						
Manager of Licensing & Certification	0.030	1,488	0.030	1,488						
Managing Director of Clinical Services	0.003	289	0.003	289						
Supervising Care Coordinators	0.026	976	0.026	976						
Care Coordinators	0.579	20,835	0.579	20,835						
HIV/AIDS Clinical Manager	0.054	2,281	0.054	2,281						
Overnight Monitor	0.103	3,087	0.103	3,087						
Weekend Coordinator	0.023	816	0.023	816						
T.C. Admin. Assistant (Nexus)	0.074	2,600	0.074	2,600						
Director Of Facility Operations	0.010	839	0.010	839						
Maintenance Worker	0.041	1,271	0.041	1,271						
Transportation & Facility Manager	0.019	1,245	0.019	1,245						
Warehouse Coordinator	0.031	1,369	0.031	1,369						
Driver	0.086	2,671	0.086	2,671						
Cook/Food Service	0.213	6,608	0.213	6,608						
Director of Food Services	0.022	1,736	0.022	1,736						
Client Services Manager	0.034	1,714	0.034	1,714						
Client Services Support	0.078	2,338	0.078	2,338						
Family Services Coordinator	0.009	513	0.009	513						
Medical Services Director	0.026	2,166	0.026	2,166						
Medical Services Support	0.082	2,670	0.082	2,670						
Physician	0.001	88	0.001	88						
V.P. of Mental Health Services	0.018	2,211	0.018	2,211						
Mental Health Training Director	0.014	1,028	0.014	1,028						
Director of Mental Health Services	0.016	893	0.016	893						
Mental Health Care Coordinators	0.019	608	0.019	608						
Therapist	0.229	11,472	0.229	11,472						
Mental Health Manager	0.052	3,080	0.052	3,080						
Director of Workforce Development	0.008	389	0.008	389						
Housing & Community Service	0.006	217	0.006	217						
Employment Counselor	0.009	278	0.009	278						
IT Specialist - Data Control	0.025	1,003	0.025	1,003						
Psychiatrist	0.056	6,441	0.056	6,441						
Psychologist	0.079	5,037	0.079	5,037						
	-	-	-	-						
Totals:	2.197	100,206	2.197	100,206	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	31,064	31.00%	31,064	-	-	-	-	-	-	-	-
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TOTAL SALARIES &amp; BENEFITS

131,270

131,270

4574

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**DPH 4: Operating Expenses Detail**

Program Code: 3806CX-RSD

Appendix #: B-9

Provider/Program Name: CARE Detox Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	5,868	5,868				
Utilities (Telephone, Electricity, Water, Gas)	12,004	12,004				
Building Repair/Maintenance	4,715	4,715				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	334	334				
Photocopying	-	-				
Printing	103	103				
Program Supplies	21,491	21,491				
Computer Hardware/Software	267	267				
<b>General Operating</b>	-	-				
Training/Staff Development	45	45				
Insurance	2,624	2,624				
Professional License	548	548				
Permits	-	-				
Equipment Lease & Maintenance	1,202	1,202				
<b>Staff Travel</b>	-	-				
Local Travel	67	67				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	3,425	3,425				
Food	8,181	8,181				
	-	-				

TOTAL OPERATING EXPENSE

60,874

60,874

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-10	
Provider/Program Name: CARE Variable Length Residential						Document Date: 1/30/14	
Provider Number: 383834						Fiscal Year: 13-14	
Program Name	CARE Variable Length Residential						
Program Code	3834CV-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						<b>TOTAL</b>
FUNDING TERM	7/1/13-6/30/14						7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	136,359						136,359
Operating Expenses	67,910						67,910
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	204,269	-	-	-	-	-	204,269
Indirect Expenses	24,512						24,512
<b>TOTAL FUNDING USES</b>	<b>228,781</b>	-	-	-	-	-	<b>228,781</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund		HMHSCCRES227	220,781				220,781
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			220,781	-	-	-	220,781
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			220,781	-	-	-	220,781
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			8,000				8,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>			8,000	-	-	-	8,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			228,781	-	-	-	228,781
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	7						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	2,503						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	88.21						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	91.41						
Published Rate (Medi-Cal Providers Only)							<b>Total UDC:</b>
Unduplicated Clients (UDC)	28						28

DPH 3: Salaries & Benefits Detail

Program Code: 3834CV-RES

Appendix #: B-10

Provider/Program Name: CARE Variable Length Residential

Document Date: 1/30/14

	TOTAL		General Fund (HMHSCRES227) & Non-DPH Funding Sources									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.014	2,090	0.014	2,090								
Program Director	0.100	6,500	0.100	6,500								
V.P. of QA & Compliance	0.021	2,115	0.021	2,115								
Manager of Licensing & Certification	0.029	1,480	0.029	1,480								
Managing Director of Clinical Services	0.008	792	0.008	792								
Supervising Care Coordinators	0.056	2,140	0.056	2,140								
Care Coordinators	0.500	18,000	0.500	18,000								
HIV/AIDS Clinical Manager	0.024	1,010	0.024	1,010								
Overnight Monitor	0.150	4,500	0.150	4,500								
Weekend Coordinator	0.052	1,834	0.052	1,834								
T.C. Admin. Assistant (Nexus)	0.075	2,642	0.075	2,642								
Director Of Facility Operations	0.017	1,436	0.017	1,436								
Maintenance Worker	0.059	1,836	0.059	1,836								
Transportation & Facility Manager	0.018	1,149	0.018	1,149								
Warehouse Coordinator	0.030	1,321	0.030	1,321								
Driver	0.100	3,100	0.100	3,100								
Cook/Food Service	0.200	6,200	0.200	6,200								
Director of Food Services	0.021	1,678	0.021	1,678								
Client Services Manager	0.030	1,506	0.030	1,506								
Client Services Support	0.078	2,325	0.078	2,325								
Family Services Coordinator	0.011	639	0.011	639								
Medical Services Director	0.026	2,174	0.026	2,174								
Medical Services Support	0.090	2,925	0.090	2,925								
Physician	0.001	83	0.001	83								
V.P. of Mental Health Services	0.017	2,129	0.017	2,129								
Mental Health Training Director	0.015	1,116	0.015	1,116								
Director of Mental Health Services	0.012	687	0.012	687								
Mental Health Care Coordinators	0.050	1,625	0.050	1,625								
Therapist	0.150	7,500	0.150	7,500								
Mental Health Manager	0.030	1,785	0.030	1,785								
Director of Workforce Development	0.074	3,675	0.074	3,675								
Education Coordinator	0.010	395	0.010	395								
Computer Lab Tech	0.043	1,410	0.043	1,410								
Housing & Community Service	0.026	993	0.026	993								
Employment Counselor	0.106	3,290	0.106	3,290								
IT Specialist - Data Control	0.027	1,061	0.027	1,061								
Psychiatrist	0.050	5,750	0.050	5,750								
Psychologist	0.050	3,200	0.050	3,200								
-	-	-	-	-								
Totals:	2.370	104,091	2.370	104,091	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	32,268	31.00%	32,268	-	-	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

136,359

136,359

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# DPH 4: Operating Expenses Detail

Program Code: 3834CV-RES

Appendix #: B-10

Provider/Program Name: CARE Variable Length Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	14,581	14,581				
Utilities (Telephone, Electricity, Water, Gas)	13,100	13,100				
Building Repair/Maintenance	6,622	6,622				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	757	757				
Photocopying	-	-				
Printing	152	152				
Program Supplies	15,291	15,291				
Computer Hardware/Software	660	660				
<b>General Operating</b>	-	-				
Training/Staff Development	102	102				
Insurance	2,488	2,488				
Professional License	577	577				
Permits	-	-				
Equipment Lease & Maintenance	1,580	1,580				
<b>Staff Travel</b>	-	-				
Local Travel	88	88				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	3,716	3,716				
Food	8,196	8,196				
	-	-				

TOTAL OPERATING EXPENSE

67,910

67,910



**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360				Appendix #: B-11			
Provider/Program Name: CARE Lodestar Residential				Document Date: 1/30/14			
Provider Number: 383805				Fiscal Year: 13-14			
Program Name	CARE Lodestar Residential						
Program Code	3805LC-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/13-6/30/14						<b>TOTAL</b>
							7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	120,473						120,473
Operating Expenses	63,910						63,910
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	184,383	-	-	-	-	-	184,383
Indirect Expenses	22,126						22,126
<b>TOTAL FUNDING USES</b>	<b>206,509</b>	-	-	-	-	-	<b>206,509</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>CFDA</b>	<b>FAMIS</b>					
SA COUNTY - General Fund	-	HMHSCCRES227	194,009				194,009
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			194,009	-	-	-	194,009
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			194,009	-	-	-	194,009
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			12,500				12,500
<b>TOTAL NON-DPH FUNDING SOURCES</b>			12,500	-	-	-	12,500
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			206,509	-	-	-	206,509
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	6						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	1,835						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	105.72						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	112.53						
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	24						24

DPH 3: Salaries & Benefits Detail

Program Code: B11 CRDC ID6

Appendix #: B-11

Provider/Program Name: CARE Lodestar Residential

Document Date: 1/30/14

	TOTAL		General Fund (HMI-ISCCRES227) & Non-DPH Funding Sources							
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.014	2,090	0.014	2,090						
Program Director	0.077	5,024	0.077	5,024						
V.P. of QA & Compliance	0.022	2,175	0.022	2,175						
Manager of Licensing & Certification	0.026	1,289	0.026	1,289						
Managing Director of Clinical Services	0.006	538	0.006	538						
Supervising Care Coordinators	0.121	4,615	0.121	4,615						
Care Coordinators	0.523	18,830	0.523	18,830						
HIV/AIDS Clinical Manager	0.031	1,309	0.031	1,309						
Overnight Monitor	0.137	4,096	0.137	4,096						
T.C. Admin. Assistant (Nexus)	0.064	2,232	0.064	2,232						
Director Of Facility Operations	0.009	721	0.009	721						
Maintenance Worker	0.043	1,344	0.043	1,344						
Transportation & Facility Manager	0.028	1,796	0.028	1,796						
Warehouse Coordinator	0.026	1,152	0.026	1,152						
Driver	0.180	4,971	0.180	4,971						
Cook/Food Service	0.153	4,742	0.153	4,742						
Director of Food Services	0.020	1,576	0.020	1,576						
Client Services Manager	0.027	1,342	0.027	1,342						
Client Services Support	0.070	2,114	0.070	2,114						
Family Services Coordinator	0.024	1,348	0.024	1,348						
Medical Services Director	0.029	2,381	0.029	2,381						
Medical Services Support	0.105	3,404	0.105	3,404						
Physician	0.001	76	0.001	76						
V.P. of Mental Health Services	0.019	2,374	0.019	2,374						
Mental Health Training Director	0.010	726	0.010	726						
Director of Mental Health Services	0.017	943	0.017	943						
Mental Health Care Coordinators	0.082	2,003	0.082	2,003						
Therapist	0.111	5,524	0.111	5,524						
Mental Health Manager	0.032	1,875	0.032	1,875						
Director of Workforce Development	0.010	504	0.010	504						
Education Coordinator	0.005	184	0.005	184						
Computer Lab Tech	0.007	234	0.007	234						
Housing & Community Service	0.010	372	0.010	372						
Employment Counselor	0.023	715	0.023	715						
IT Specialist - Data Control	0.026	1,045	0.026	1,045						
Psychiatrist	0.038	4,405	0.038	4,405						
Psychologist	0.030	1,895	0.030	1,895						
	-	-	-	-						
Totals:	2.116	91,964	2.116	91,964	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	28,509	31.00%	28,509	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

120,473

120,473

4580

# DPH 4: Operating Expenses Detail

Program Code: 3805LC-RES

Appendix #: B-11

Provider/Program Name: CARE Lodestar Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	7,322	7,322				
Utilities (Telephone, Electricity, Water, Gas)	15,332	15,332				
Building Repair/Maintenance	5,899	5,899				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	602	602				
Photocopying	-	-				
Printing	145	145				
Program Supplies	14,080	14,080				
Computer Hardware/Software	249	249				
<b>General Operating</b>	-	-				
Training/Staff Development	185	185				
Insurance	3,238	3,238				
Professional License	1,435	1,435				
Permits	-	-				
Equipment Lease & Maintenance	1,460	1,460				
<b>Staff Travel</b>	-	-				
Local Travel	108	108				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	4,569	4,569				
Food	9,286	9,286				
	-	-				

TOTAL OPERATING EXPENSE

63,910

63,910

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-12	
Provider/Program Name: SFGH Residential						Document Date: 1/30/14	
Provider Number: 383805, 383806, 383834						Fiscal Year: 13-14	
Program Name	SFGH Residential						
Program Code	3805SW-RES, 3806SG-RES, 3834G-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/13-6/30/14						TOTAL 7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	267,135						267,135
Operating Expenses	137,287						137,287
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	404,422	-	-	-	-	-	404,422
Indirect Expenses	48,530						48,530
<b>TOTAL FUNDING USES</b>	<b>452,952</b>	-	-	-	-	-	<b>452,952</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	CFDA	FAMIS	433,952				433,952
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
<b>OTHER DPH FUNDING SOURCES</b>							
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES							
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			19,000				19,000
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)							
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	10						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	3,337						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	130.04						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	135.73						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	45						
							Total UDC:
							45

DPH 3: Salaries & Benefits Detail

Program Code: 3805SW-RES, 3806SG-RES, 3834G-RES  
 Provider/Program Name: SFGH Residential  
 Document Date: 1/30/14

Appendix #: B-12

	TOTAL		General Fund (HMHSCRES227) & Non-DPH Funding Sources									
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.029	4,419	0.029	4,419								
Program Director	0.192	12,456	0.192	12,456								
V.P. of QA & Compliance	0.044	4,399	0.044	4,399								
Manager of Licensing & Certification	0.058	2,914	0.058	2,914								
Managing Director of Clinical Services	0.009	918	0.009	918								
Supervising Care Coordinators	0.221	8,392	0.221	8,392								
Care Coordinators	0.986	35,489	0.986	35,489								
HIV/AIDS Clinical Manager	0.039	1,644	0.039	1,644								
Overnight Monitor	0.295	8,861	0.295	8,861								
Weekend Coordinator	0.067	2,332	0.067	2,332								
T.C. Admin. Assistant (Nexus)	0.139	4,848	0.139	4,848								
Director Of Facility Operations	0.029	2,388	0.029	2,388								
Maintenance Worker	0.112	3,464	0.112	3,464								
Transportation & Facility Manager	0.049	3,155	0.049	3,155								
Warehouse Coordinator	0.058	2,580	0.058	2,580								
Driver	0.274	8,506	0.274	8,506								
Cook/Food Service	0.345	10,700	0.345	10,700								
Director of Food Services	0.042	3,383	0.042	3,383								
Client Services Manager	0.055	2,775	0.055	2,775								
Client Services Support	0.152	4,553	0.152	4,553								
Family Services Coordinator	0.046	2,646	0.046	2,646								
Medical Services Director	0.059	4,864	0.059	4,864								
Medical Services Support	0.193	6,288	0.193	6,288								
Physician	0.002	171	0.002	171								
V.P. of Mental Health Services	0.038	4,812	0.038	4,812								
Mental Health Training Director	0.026	1,972	0.026	1,972								
Director of Mental Health Services	0.030	1,624	0.030	1,624								
Mental Health Care Coordinators	0.106	3,448	0.106	3,448								
Therapist	0.341	17,068	0.341	17,068								
Mental Health Manager	0.059	3,524	0.059	3,524								
Director of Workforce Development	0.101	5,049	0.101	5,049								
Education Coordinator	0.037	1,477	0.037	1,477								
Computer Lab Tech	0.026	854	0.026	854								
Housing & Community Service	0.086	3,253	0.086	3,253								
Employment Counselor	0.143	4,445	0.143	4,445								
IT Specialist - Data Control	0.052	2,064	0.052	2,064								
Psychiatrist	0.086	9,880	0.086	9,880								
Psychologist	0.036	2,305	0.036	2,305								
	-	-	-	-								
Totals:	4.662	203,920	4.662	203,920	-	-	-	-	-	-	-	-
Employee Fringe Benefits:	31.00%	63,215	31.00%	63,215		-		-		-		-
TOTAL SALARIES & BENEFITS		267,135		267,135		4583		-		-		-

**DPH 4: Operating Expenses Detail**

Program Code: 3805SW-RES, 3806SG-RES, 3834G-RES

Appendix #: B-12

Provider/Program Name: SFGH Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	22,010	22,010				
Utilities (Telephone, Electricity, Water, Gas)	27,630	27,630				
Building Repair/Maintenance	12,843	12,843				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	1,335	1,335				
Photocopying	-	-				
Printing	369	369				
Program Supplies	33,938	33,938				
Computer Hardware/Software	1,013	1,013				
<b>General Operating</b>	-	-				
Training/Staff Development	423	423				
Insurance	5,637	5,637				
Professional License	2,607	2,607				
Permits	-	-				
Equipment Lease & Maintenance	2,987	2,987				
<b>Staff Travel</b>	-	-				
Local Travel	263	263				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	8,668	8,668				
Food	17,564	17,564				
	-	-				

**TOTAL OPERATING EXPENSE**

**137,287**

**137,287**

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**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-13	
Provider/Program Name: Satellite ONPD Residential						Document Date: 1/30/14	
Provider Number: 383805, 383807						Fiscal Year: 13-14	
Program Name	Satellite ONPD Residential						
Program Code	87067, 88077						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/13-6/30/14						<b>TOTAL</b> 7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	172,380						172,380
Operating Expenses	136,384						136,384
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	308,764	-	-	-	-	-	308,764
Indirect Expenses	37,052						37,052
<b>TOTAL FUNDING USES</b>	<b>345,816</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>345,816</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
CFDA	FAMIS						
SA COUNTY - General Fund	-	HMHSCCRES227	308,816				308,816
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			308,816	-	-	-	308,816
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			308,816	-	-	-	308,816
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			37,000				37,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>			37,000	-	-	-	37,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			345,816	-	-	-	345,816
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	21						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	7,007						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	44.07						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	49.35						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	84						<b>Total UDC: 84</b>

## DPH 3: Salaries &amp; Benefits Detail

Program Code: 87067, 88077

Appendix #: B-13

Provider/Program Name: Satellite ONPD Residential

Document Date: 1/30/14

	TOTAL		General Fund (HMHSCCRES227) & Non-DPH Funding Sources							
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.005	688	0.005	688						
Program Director	0.144	9,348	0.144	9,348						
V.P. of QA & Compliance	0.071	7,120	0.071	7,120						
Manager of Licensing & Certification	0.009	439	0.009	439						
Managing Director of Clinical Services	0.007	653	0.007	653						
Supervising Care Coordinators	0.076	2,899	0.076	2,899						
Care Coordinators	1.040	37,423	1.040	37,423						
Overnight Monitor	0.064	1,923	0.064	1,923						
Weekend Coordinator	0.001	41	0.001	41						
T.C. Admin. Assistant (Nexus)	0.021	726	0.021	726						
Director Of Facility Operations	0.028	2,281	0.028	2,281						
Maintenance Worker	0.182	5,645	0.182	5,645						
Transportation & Facility Manager	0.021	1,343	0.021	1,343						
Warehouse Coordinator	0.009	381	0.009	381						
Driver	0.107	3,313	0.107	3,313						
Cook/Food Service	0.041	1,280	0.041	1,280						
Director of Food Services	0.064	5,086	0.064	5,086						
Client Services Manager	0.008	406	0.008	406						
Client Services Support	0.027	818	0.027	818						
Family Services Coordinator	0.013	763	0.013	763						
Medical Services Director	0.012	1,005	0.012	1,005						
Medical Services Support	0.044	1,416	0.044	1,416						
Physician	0.000	28	0.000	28						
V.P. of Mental Health Services	0.007	896	0.007	896						
Mental Health Training Director	0.004	265	0.004	265						
Director of Mental Health Services	0.006	325	0.006	325						
Mental Health Care Coordinators	0.036	1,163	0.036	1,163						
Therapist	0.134	6,682	0.134	6,682						
Mental Health Manager	0.010	593	0.010	593						
Director of Workforce Development	0.202	10,110	0.202	10,110						
Education Coordinator	0.063	2,537	0.063	2,537						
Computer Lab Tech	0.134	4,437	0.134	4,437						
Housing & Community Service	0.093	3,550	0.093	3,550						
Employment Counselor	0.270	8,383	0.270	8,383						
IT Specialist - Data Control	0.080	3,184	0.080	3,184						
Psychiatrist	0.037	4,223	0.037	4,223						
Psychologist	0.003	213	0.003	213						
	-	-	-	-						
Totals:	3.073	131,588	3.073	131,588						

Employee Fringe Benefits:	31.00%	40,792	31.00%	40,792	-	-	-	-	-	-
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TOTAL SALARIES &amp; BENEFITS

172,380

172,380

4586



# DPH 4: Operating Expenses Detail

Program Code: 87067, 88077

Appendix #: B-13

Provider/Program Name: Satellite ONPD Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	29,244	29,244				
Utilities (Telephone, Electricity, Water, Gas)	38,829	38,829				
Building Repair/Maintenance	7,532	7,532				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	1,194	1,194				
Photocopying	-	-				
Printing	195	195				
Program Supplies	34,495	34,495				
Computer Hardware/Software	1,115	1,115				
<b>General Operating</b>	-	-				
Training/Staff Development	1,461	1,461				
Insurance	5,782	5,782				
Professional License	1,962	1,962				
Permits	-	-				
Equipment Lease & Maintenance	7,745	7,745				
<b>Staff Travel</b>	-	-				
Local Travel	127	127				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	3,629	3,629				
Food	3,074	3,074				
	-	-				

TOTAL OPERATING EXPENSE

136,384

136,384

4587

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360				Appendix #: B-14			
Provider/Program Name: Social Detox Residential				Document Date: 1/30/14			
Provider Number: 383806				Fiscal Year: 13-14			
Program Name	Social Detox Residential						
Program Code	88062						
Mode/SFC (MH) or Modality (SA)	Res-50						
Service Description	SA-Res Free Standing Res Detox						TOTAL
FUNDING TERM	7/1/13-6/30/14						7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	452,271						452,271
Operating Expenses	250,160						250,160
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	702,431	-	-	-	-	-	702,431
Indirect Expenses	84,291						84,291
<b>TOTAL FUNDING USES</b>	<b>786,722</b>	-	-	-	-	-	<b>786,722</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
CFDA	FAMIS						
SA COUNTY - General Fund	-	HMHSCCRES227	786,722				786,722
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			786,722	-	-	-	786,722
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			786,722	-	-	-	786,722
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			786,722	-	-	-	786,722
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	35						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	11,681						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	67.35						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	67.35						
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	140						140

DPH 3: Salaries & Benefits Detail

Program Code: 88062  
 Provider/Program Name: Social Detox Residential  
 Document Date: 1/30/14

Appendix #: B-14

	TOTAL		General Fund (HMHSCCRES227)							
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.054	8,115	0.054	8,115						
Program Director	0.245	15,903	0.245	15,903						
V.P. of QA & Compliance	0.083	8,292	0.083	8,292						
Manager of Licensing & Certification	0.100	5,043	0.100	5,043						
Managing Director of Clinical Services	0.013	1,259	0.013	1,259						
Care Coordinators	4.251	153,044	4.251	153,044						
HIV/AIDS Clinical Manager	0.261	10,958	0.261	10,958						
Overnight Monitor	0.670	20,102	0.670	20,102						
T.C. Admin. Assistant (Nexus)	0.243	8,458	0.243	8,458						
Director Of Facility Operations	0.022	1,778	0.022	1,778						
Maintenance Worker	0.103	3,195	0.103	3,195						
Transportation & Facility Manager	0.067	4,269	0.067	4,269						
Warehouse Coordinator	0.106	4,689	0.106	4,689						
Driver	0.280	8,691	0.280	8,691						
Cook/Food Service	0.732	22,707	0.732	22,707						
Director of Food Services	0.072	5,782	0.072	5,782						
Family Services Coordinator	0.020	1,135	0.020	1,135						
Medical Services Director	0.083	6,827	0.083	6,827						
Medical Services Support	0.289	9,383	0.289	9,383						
Physician	0.003	294	0.003	294						
V.P. of Mental Health Services	0.061	7,654	0.061	7,654						
Mental Health Training Director	0.040	3,014	0.040	3,014						
Director of Mental Health Services	0.055	3,029	0.055	3,029						
Mental Health Care Coordinators	0.021	677	0.021	677						
Therapist	0.001	60	0.001	60						
Mental Health Manager	0.141	8,401	0.141	8,401						
IT Specialist - Data Control	0.081	3,230	0.081	3,230						
Psychologist	0.029	1,861	0.029	1,861						
Admissions Counselor	0.544	17,395	0.544	17,395						
	-	-	-	-						
Totals:	8.670	345,245	8.670	345,245	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	107,026	31.00%	107,026	-	-	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

452,271

452,271

4589

**DPH 4: Operating Expenses Detail**

Program Code: 88062

Appendix #: B-14

Provider/Program Name: Social Detox Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	19,681	19,681				
Utilities (Telephone, Electricity, Water, Gas)	50,186	50,186				
Building Repair/Maintenance	39,613	39,613				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	1,056	1,056				
Photocopying	-	-				
Printing	407	407				
Program Supplies	77,689	77,689				
Computer Hardware/Software	485	485				
<b>General Operating</b>	-	-				
Training/Staff Development	105	105				
Insurance	10,442	10,442				
Professional License	2,086	2,086				
Permits	-	-				
Equipment Lease & Maintenance	4,858	4,858				
<b>Staff Travel</b>	-	-				
Local Travel	216	216				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	13,124	13,124				
Food	30,212	30,212				
	-	-				

**TOTAL OPERATING EXPENSE**

**250,160**

**250,160**

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**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-15	
Provider/Program Name: Transgender Residential						Document Date: 1/30/14	
Provider Number: 383805, 383806						Fiscal Year: 13-14	
Program Name	Transgender Residential						
Program Code	3805TG-RES, 3806TD-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/13-6/30/14						<b>TOTAL</b> 7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	228,088						228,088
Operating Expenses	106,186						106,186
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	334,274	-	-	-	-	-	334,274
Indirect Expenses	40,112						40,112
<b>TOTAL FUNDING USES</b>	<b>374,386</b>	-	-	-	-	-	<b>374,386</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	-	-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCCRES227	354,386				354,386
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			354,386	-	-	-	354,386
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			354,386	-	-	-	354,386
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			20,000				20,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>			20,000	-	-	-	20,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			374,386	-	-	-	374,386
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	8						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	2,669						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	132.78						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	140.27						
Published Rate (Medi-Cal Providers Only)							<b>Total UDC:</b>
Unduplicated Clients (UDC)	36						36

DPH 3: Salaries & Benefits Detail

Program Code: 3805TG-RES, 3806TD-RES  
 Provider/Program Name: Transgender Residential  
 Document Date: 1/30/14

Appendix #: B-15

	TOTAL		General Fund (HMHSCCRES227) & Non-DPH Funding Sources									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.022	3,277	0.022	3,277								
Program Director	0.131	8,483	0.131	8,483								
V.P. of QA & Compliance	0.035	3,469	0.035	3,469								
Manager of Licensing & Certification	0.040	2,018	0.040	2,018								
Managing Director of Clinical Services	0.010	923	0.010	923								
Supervising Care Coordinators	0.270	10,277	0.270	10,277								
Care Coordinators	0.815	29,323	0.815	29,323								
HIV/AIDS Clinical Manager	0.026	1,111	0.026	1,111								
Overnight Monitor	0.256	7,669	0.256	7,669								
T.C. Admin. Assistant (Nexus)	0.121	4,248	0.121	4,248								
Director Of Facility Operations	0.014	1,165	0.014	1,165								
Maintenance Worker	0.085	2,001	0.085	2,001								
Transportation & Facility Manager	0.050	3,194	0.050	3,194								
Warehouse Coordinator	0.040	1,759	0.040	1,759								
Driver	0.288	8,935	0.288	8,935								
Cook/Food Service	0.207	6,415	0.207	6,415								
Director of Food Services	0.027	2,186	0.027	2,186								
Client Services Manager	0.035	1,738	0.035	1,738								
Client Services Support	0.099	2,981	0.099	2,981								
Family Services Coordinator	0.051	2,931	0.051	2,931								
Medical Services Director	0.049	4,018	0.049	4,018								
Medical Services Support	0.186	6,060	0.186	6,060								
Physician	0.001	117	0.001	117								
V.P. of Mental Health Services	0.032	3,992	0.032	3,992								
Mental Health Training Director	0.015	1,100	0.015	1,100								
Director of Mental Health Services	0.022	1,208	0.022	1,208								
Mental Health Care Coordinators	0.134	4,360	0.134	4,360								
Therapist	0.474	23,696	0.474	23,696								
Mental Health Manager	0.059	3,509	0.059	3,509								
Director of Workforce Development	0.090	4,517	0.090	4,517								
Education Coordinator	0.038	1,534	0.038	1,534								
Computer Lab Tech	0.064	2,115	0.064	2,115								
Housing & Community Service	0.025	986	0.025	986								
Employment Counselor	0.105	3,249	0.105	3,249								
IT Specialist - Data Control	0.035	1,385	0.035	1,385								
Psychiatrist	0.063	7,203	0.063	7,203								
Psychologist	0.015	961	0.015	961								
	-	-	-	-								
Totals:	4.009	174,113	4.009	174,113	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	53,975	31.00%	53,975	-	-	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

228,088

228,088

4592

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**DPH 4: Operating Expenses Detail**

Program Code: 3805TG-RES, 3806TD-RES

Appendix #: B-15

Provider/Program Name: Transgender Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	19,348	19,348				
Utilities (Telephone, Electricity, Water, Gas)	25,759	25,759				
Building Repair/Maintenance	10,038	10,038				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	1,363	1,363				
Photocopying	-	-				
Printing	314	314				
Program Supplies	18,188	18,188				
Computer Hardware/Software	500	500				
<b>General Operating</b>	-	-				
Training/Staff Development	168	168				
Insurance	5,039	5,039				
Professional License	2,237	2,237				
Permits	-	-				
Equipment Lease & Maintenance	2,197	2,197				
<b>Staff Travel</b>	-	-				
Local Travel	76	76				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	7,012	7,012				
Food	13,947	13,947				
	-	-				

**TOTAL OPERATING EXPENSE**

**106,186**

**106,186**

**4593**

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360				Appendix #: B-16			
Provider/Program Name: WHITS Residential				Document Date: 1/30/14			
Provider Number: 383806				Fiscal Year: 13-14			
Program Name	WHITS Residential						
Program Code	3806WT-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/13-6/30/14						<b>TOTAL</b> 7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	190,183						190,183
Operating Expenses	94,539						94,539
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	284,722	-	-	-	-	-	284,722
Indirect Expenses	34,167						34,167
<b>TOTAL FUNDING USES</b>	<b>318,889</b>	-	-	-	-	-	<b>318,889</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	-	-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>GFDA</b>	<b>FAMIS</b>					
SA COUNTY - General Fund	-	HMHSCCRES227	318,889				318,889
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			318,889	-	-	-	318,889
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			318,889	-	-	-	318,889
<b>NON DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			318,889	-	-	-	318,889
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)	5						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	1,668						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	191.18						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	191.18						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	22						<b>Total UDC:</b> 22



DPH 3: Salaries & Benefits Detail

Program Code: 3806WT-RES

Provider/Program Name: WHITS Residential

Document Date: 1/30/14

Appendix #: B-16

	TOTAL		General Fund (HMHSCCRES227)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.022	3,309	0.022	3,309								
Program Director	0.099	6,459	0.099	6,459								
V.P. of QA & Compliance	0.034	3,374	0.034	3,374								
Manager of Licensing & Certification	0.041	2,048	0.041	2,048								
Managing Director of Clinical Services	0.005	480	0.005	480								
Care Coordinators	0.091	32,742	0.091	32,742								
HIV/AIDS Clinical Manager	0.106	4,457	0.106	4,457								
Overnight Monitor	0.114	3,423	0.114	3,423								
T.C. Admin. Assistant (Nexus)	0.098	3,422	0.098	3,422								
Director Of Facility Operations	0.009	706	0.009	706								
Maintenance Worker	0.043	1,333	0.043	1,333								
Transportation & Facility Manager	0.027	1,749	0.027	1,749								
Warehouse Coordinator	0.043	1,904	0.043	1,904								
Driver	0.114	3,544	0.114	3,544								
Cook/Food Service	0.299	9,256	0.299	9,256								
Director of Food Services	0.029	2,296	0.029	2,296								
Client Services Manager	0.052	2,594	0.052	2,594								
Client Services Support	0.109	3,263	0.109	3,263								
Family Services Coordinator	0.025	1,438	0.025	1,438								
Medical Services Director	0.040	3,296	0.040	3,296								
Medical Services Support	0.120	3,900	0.120	3,900								
Physician	0.001	123	0.001	123								
V.P. of Mental Health Services	0.025	3,097	0.025	3,097								
Mental Health Training Director	0.020	1,500	0.020	1,500								
Director of Mental Health Services	0.030	1,650	0.030	1,650								
Mental Health Care Coordinators	0.010	325	0.010	325								
Mental Health Medi-Cal Admin Coord.	0.189	8,772	0.189	8,772								
Therapist	0.450	22,500	0.450	22,500								
Mental Health Manager	0.090	5,355	0.090	5,355								
Director of Workforce Development	0.001	62	0.001	62								
Housing & Community Service	0.006	246	0.006	246								
IT Specialist - Data Control	0.050	2,000	0.050	2,000								
Psychiatrist	0.004	437	0.004	437								
Psychologist	0.064	4,118	0.064	4,118								
	-	-	-	-								
Totals:	2.460	145,178	2.460	145,178	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	45,005	31.00%	45,005	-	-	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

190,183

190,183

4595

**DPH 4: Operating Expenses Detail**

Program Code: 3806WT-RES

Appendix # B-16

Provider/Program Name: WHITS Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	8,497	8,497				
Utilities (Telephone, Electricity, Water, Gas)	21,934	21,934				
Building Repair/Maintenance	8,650	8,650				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	449	449				
Photocopying	-	-				
Printing	193	193				
Program Supplies	31,525	31,525				
Computer Hardware/Software	213	213				
<b>General Operating</b>	-	-				
Training/Staff Development	66	66				
Insurance	4,642	4,642				
Professional License	896	896				
Permits	-	-				
Equipment Lease & Maintenance	2,162	2,162				
<b>Staff Travel</b>	-	-				
Local Travel	98	98				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	1,996	1,996				
Food	13,218	13,218				
	-	-				

**TOTAL OPERATING EXPENSE**

**94,539**

**94,539**

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**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360				Appendix #: B-17			
Provider/Program Name: Women's Hope Residential				Document Date: 1/30/14			
Provider Number: 388910				Fiscal Year: 13-14			
Program Name		Women's Hope Residential					
Program Code		89102					
Mode/SFC (MH) or Modality (SA)		Res-51					
Service Description		SA-Res Recov Long Term (over 30 days)					
FUNDING TERM		7/1/13-6/30/14					<b>TOTAL</b> 7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits		441,847					441,847
Operating Expenses		146,441					146,441
Capital Expenses (greater than \$5,000)		-					-
Subtotal Direct Expenses		588,288	-				588,288
Indirect Expenses		70,594					70,594
<b>TOTAL FUNDING USES</b>		<b>658,882</b>	-	-	-	-	<b>658,882</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA FED - SAPT Fed Discretionary		93,959	HMHSCCRES227	633,519			633,519
SA COUNTY - General Fund		-	HMHSCCRES227	22,363			22,363
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>655,882</b>	-	-	-	-	<b>655,882</b>
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>655,882</b>	-	-	-	-	<b>655,882</b>
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees		3,000					3,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>3,000</b>	-	-	-	-	<b>3,000</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>658,882</b>	-	-	-	-	<b>658,882</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)		16					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		FFS					
Units of Service		5,338					
Unit Type		Bed Days					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		122.87					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		123.43					
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)		35					<b>Total UDC:</b> 35

DPH 3: Salaries & Benefits Detail

Program Code: 89102

Appendix #: B-17

Provider/Program Name: Women's Hope Residential

Document Date: 1/30/14

	TOTAL		SAPT Fed Discretionary & General Fund (HMHSCCRES227) & Non-DPH Funding Sources									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.359	23,323	0.359	23,323								
Managing Director of Clinical Services	0.064	6,210	0.064	6,210								
Supervising Care Coordinators	0.800	30,400	0.800	30,400								
Care Coordinators	1.772	63,803	1.772	63,803								
Clinical Coordinator	0.171	6,320	0.171	6,320								
Overnight Monitor	0.347	10,409	0.347	10,409								
Weekend Coordinator	1.112	38,937	1.112	38,937								
T.C. Admin. Assistant (Nexus)	0.446	13,376	0.446	13,376								
Director Of Facility Operations	0.001	47	0.001	47								
Maintenance Worker	0.081	2,505	0.081	2,505								
Transportation & Facility Manager	0.004	284	0.004	284								
Driver	0.015	474	0.015	474								
Cook/Food Service	0.400	12,401	0.400	12,401								
Director of Food Services	0.031	2,504	0.031	2,504								
Parenting Counselor	1.840	55,337	1.840	55,337								
Medical Services Director	0.032	2,613	0.032	2,613								
Therapist	1.181	59,059	1.181	59,059								
Mental Health Manager	0.002	146	0.002	146								
Director of Workforce Development	0.029	1,430	0.029	1,430								
Education Coordinator	0.009	349	0.009	349								
Computer Lab Tech	0.014	455	0.014	455								
Housing & Community Service	0.040	1,515	0.040	1,515								
Employment Counselor	0.060	1,865	0.060	1,865								
IT Specialist - Data Control	0.058	2,303	0.058	2,303								
Psychiatrist	0.011	1,223	0.011	1,223								
	-	-	-	-								
Totals:	8.879	337,288	8.879	337,288	-	-	-	-	-	-	-	-
Employee Fringe Benefits:	31.00%	104,559	31.00%	104,559		-		-		-		-
TOTAL SALARIES & BENEFITS		441,847		441,847		-		-		-		-

# DPH 4: Operating Expenses Detail

Program Code: 89102

Appendix #: B-17

Provider/Program Name: Women's Hope Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	SAPT Fed Discretionary & General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	3,679	3,679				
Utilities (Telephone, Electricity, Water, Gas)	39,768	39,768				
Building Repair/Maintenance	16,633	16,633				
Materials & Supplies	-	-				
Office Supplies	2,589	2,589				
Photocopying	-	-				
Printing	262	262				
Program Supplies	26,512	26,512				
Computer Hardware/Software	313	313				
General Operating	-	-				
Training/Staff Development	378	378				
Insurance	3,942	3,942				
Professional License	1,505	1,505				
Permits	-	-				
Equipment Lease & Maintenance	11,559	11,559				
Staff Travel	-	-				
Local Travel	40	40				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	11,007	11,007				
Food	28,254	28,254				
	-	-				

TOTAL OPERATING EXPENSE

146,441

146,441

4599

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360					Appendix #: B-18		
Provider/Program Name: Adult Outpatient					Document Date: 1/30/14		
Provider Number: 383820					Fiscal Year: 13-14		
Program Name	Adult Outpatient	Adult Outpatient					
Program Code	Non-DMC: 3820OP	Non-DMC: 3820OP					
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34					
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv					
FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14					<b>TOTAL</b> 7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	771,209	102,564					873,773
Operating Expenses	221,690	29,483					251,173
Capital Expenses (greater than \$5,000)	-	-					-
Subtotal Direct Expenses	992,899	132,047	-	-	-	-	1,124,946
Indirect Expenses	119,148	15,845					134,993
<b>TOTAL FUNDING USES</b>	<b>1,112,047</b>	<b>147,892</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,259,939</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
	CFDA	FAMIS					
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	252,116	33,529			285,645
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227	13,239	1,761			15,000
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227	13,239	1,761			15,000
SA COUNTY - General Fund	-	HMHSCCRES227	833,453	110,841			944,294
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>1,112,047</b>	<b>147,892</b>	<b>-</b>	<b>-</b>	<b>1,259,939</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>1,112,047</b>	<b>147,892</b>	<b>-</b>	<b>-</b>	<b>1,259,939</b>
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>1,112,047</b>	<b>147,892</b>	<b>-</b>	<b>-</b>	<b>1,259,939</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			1,017				
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		FFS	FFS				
Units of Service		12,234	1,627				
Unit Type		Staff Hour	Staff Hour				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		90.90	90.90				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		90.90	90.90				
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)		364	43				407

DPH 3: Salaries & Benefits Detail

Program Code: 38201, 38200P  
 Provider/Program Name: Adult Outpatient  
 Document Date: 1/30/14

Appendix #: B-18

	TOTAL		SAPT Fed Discretionary, Drug Medi-Cal & General Fund (HMHSCRES227)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.157	63,643	1.157	63,643								
V.P. of QA & Compliance	0.071	7,106	0.071	7,106								
Managing Director of Clinical Services	0.088	8,562	0.088	8,562								
Case Managers	9.298	334,745	9.298	334,745								
Clinical Coordinator	1.898	69,379	1.898	69,379								
Admin. Assistant	0.859	30,369	0.859	30,369								
Director Of Facility Operations	0.047	3,840	0.047	3,840								
Maintenance Worker	0.483	14,986	0.483	14,986								
Transportation & Facility Manager	0.155	9,947	0.155	9,947								
Driver	0.546	16,915	0.546	16,915								
Cook/Food Service	0.056	1,731	0.056	1,731								
Family Services Coordinator	0.165	9,386	0.165	9,386								
V.P. of Mental Health Services	0.027	3,318	0.027	3,318								
Mental Health Training Director	0.188	14,084	0.188	14,084								
Director of Mental Health Services	0.019	1,036	0.019	1,036								
Mental Health Manager	0.137	8,156	0.137	8,156								
IT Specialist - Data Control	0.115	4,580	0.115	4,580								
Psychologist	0.045	2,906	0.045	2,906								
LCSW	1.140	62,313	1.140	62,313								
	-	-	-	-								
<b>Totals:</b>	<b>16.494</b>	<b>667,002</b>	<b>16.494</b>	<b>667,002</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

Employee Fringe Benefits:	31.00%	206,771	31.00%	206,771		-		-		-		-
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TOTAL SALARIES & BENEFITS

873,773

873,773

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**DPH 4: Operating Expenses Detail**

Program Code: 38201, 38200P

Appendix #: B-18

Provider/Program Name: Adult Outpatient

Document Date: 1/30/14

Expenditure Category	TOTAL	SAPT Fed Discretionary, Drug Medi-Cal & General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	146,668	146,668				
Utilities (Telephone, Electricity, Water, Gas)	33,935	33,935				
Building Repair/Maintenance	3,641	3,641			0	
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	973	973				
Photocopying	-	-				
Printing	2,055	2,055				
Program Supplies	15,969	15,969				
Computer Hardware/Software	4,867	4,867				
<b>General Operating</b>	-	-				
Training/Staff Development	1,035	1,035				
Insurance	4,629	4,629				
Professional License	3,047	3,047				
Permits	-	-				
Equipment Lease & Maintenance	9,542	9,542				
<b>Staff Travel</b>	-	-				
Local Travel	66	66				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	12,497	12,497				
Food	12,249	12,249				
	-	-				

**TOTAL OPERATING EXPENSE**

**251,173**

**251,173**



**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-19	
Provider/Program Name: African American Family Healing Outpatient						Document Date: 1/30/14	
Provider Number: 383873						Fiscal Year: 13-14	
Program Name	African American Family Healing Outpatient	African American Family Healing Outpatient					
Program Code	87301	87301					
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34					
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv					<b>TOTAL</b>
FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14					7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	175,066	33,844					208,910
Operating Expenses	61,373	11,864					73,237
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	236,439	45,708	-	-	-	-	282,147
Indirect Expenses	28,372	5,485					33,857
<b>TOTAL FUNDING USES</b>	<b>264,811</b>	<b>51,193</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>316,004</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCCRES227	264,811	51,193			316,004
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>264,811</b>	<b>51,193</b>	<b>-</b>	<b>-</b>	<b>316,004</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>264,811</b>	<b>51,193</b>	<b>-</b>	<b>-</b>	<b>316,004</b>
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>264,811</b>	<b>51,193</b>	<b>-</b>	<b>-</b>	<b>316,004</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)	665						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS	FFS					
Units of Service	3,135	606					
Unit Type	Staff Hour	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	84.47	84.47					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	84.47	84.47					
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	66	35					101

DPH 3: Salaries & Benefits Detail

Program Code: 87301

Appendix #: B-19

Provider/Program Name: African American Family Healing Outpatient

Document Date: 1/30/14

	TOTAL		General Fund (HMHSCCRES227)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.500	27,500	0.500	27,500								
Case Managers	3.606	129,830	3.606	129,830								
Director Of Facility Operations	0.019	1,605	0.019	1,605								
Maintenance Worker	0.017	538	0.017	538								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
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	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
Totals:	4.142	159,473	4.142	159,473	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	49,437	31.00%	49,437		-		-		-		-
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TOTAL SALARIES & BENEFITS

208,910

208,910

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**DPH 4: Operating Expenses Detail**

Program Code: 87301

Appendix #: B-19

Provider/Program Name: African American Family Healing Outpatient

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	37,912	37,912				
Utilities (Telephone, Electricity, Water, Gas)	12,241	12,241				
Building Repair/Maintenance	526	526				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	447	447				
Photocopying	-	-				
Printing	401	401				
Program Supplies	8,971	8,971				
Computer Hardware/Software	1,861	1,861				
<b>General Operating</b>	-	-				
Training/Staff Development	75	75				
Insurance	1,799	1,799				
Professional License	-	-				
Permits	1,714	1,714				
Equipment Lease & Maintenance	2,049	2,049				
<b>Staff Travel</b>	-	-				
Local Travel	102	102				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	4,014	4,014				
Food	1,125	1,125				
	-	-				

**TOTAL OPERATING EXPENSE**

**73,237**

**73,237**

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360				Appendix #: B-20			
Provider/Program Name: Bridges Outpatient				Document Date: 1/30/14			
Provider Number: 383835				Fiscal Year: 13-14			
Program Name	Bridges Outpatient						
Program Code	85351						
Mode/SFC (MH) or Modality (SA)	Nonres-30						
Service Description	SA-Nonresidntl IO Day Care Rehab						
FUNDING TERM	8/1/13-6/30/14						<b>TOTAL</b> 8/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	243,521						243,521
Operating Expenses	83,322						83,322
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	326,843	-	-	-	-	-	326,843
Indirect Expenses	39,221						39,221
<b>TOTAL FUNDING USES</b>	<b>366,064</b>	-	-	-	-	-	<b>366,064</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
	CFDA	FAMIS					
SA GRANT - State CDCR ISMIP	-	HMAD01-14	366,064				366,064
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			366,064	-	-	-	366,064
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			366,064	-	-	-	366,064
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			366,064	-	-	-	366,064
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	7,682						
CDCR ISMIP Unit Type	Client Day						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	47.65						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	47.65						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	40						<b>Total UDC:</b> 40

DPH 3: Salaries & Benefits Detail

Program Code: 85351  
 Provider/Program Name: Bridges Outpatient  
 Document Date: 1/30/14

Appendix #: B-20

	TOTAL		CDCR ISMIP (HMAD01-14)									
	Term: 8/1/13-8/30/14		Term: 8/1/13-8/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.550	35,750	0.550	35,750								
Case Managers	2.540	91,457	2.540	91,457								
Director Of Facility Operations	0.006	511	0.006	511								
Maintenance Worker	0.011	341	0.011	341								
Transportation & Facility Manager	0.003	169	0.003	169								
Driver	0.010	306	0.010	306								
Cook/Food Service	0.050	1,550	0.050	1,550								
V.P. of Mental Health Services	0.047	5,921	0.047	5,921								
Mental Health Training Director	0.043	3,224	0.043	3,224								
Director of Mental Health Services	0.033	1,087	0.033	1,087								
Mental Health Medi-Cal Admin Coord.	0.066	3,042	0.066	3,042								
Therapist	0.762	38,097	0.762	38,097								
Mental Health Manager	0.033	1,955	0.033	1,955								
Employment Counselor	0.001	33	0.001	33								
IT Specialist - Data Control	0.030	1,193	0.030	1,193								
Psychologist	0.020	1,258	0.020	1,258								
	-	-	-	-								
	-	-	-	-								
<b>Totals:</b>	<b>4.205</b>	<b>185,894</b>	<b>4.2050</b>	<b>185,894</b>	-	-	-	-	-	-	-	-
Employee Fringe Benefits:	31.00%	57,627	31.00%	57,627		-		-		-		-
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>243,521</b>		<b>243,521</b>		-		-		-		-

**DPH 4: Operating Expenses Detail**

Program Code: 85351

Appendix #: B-20

Provider/Program Name: Bridges Outpatient

Document Date: 1/30/14

Expenditure Category	TOTAL	CDCR ISMIP (HMAD01-14)				
	Term: 8/1/13-6/30/14	Term: 8/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	38,805	38,805				
Utilities (Telephone, Electricity, Water, Gas)	7,604	7,604				
Building Repair/Maintenance	5,338	5,338				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	1,003	1,003				
Photocopying	-	-				
Printing	180	180				
Program Supplies	6,092	6,092				
Computer Hardware/Software	3,553	3,553				
<b>General Operating</b>	-	-				
Training/Staff Development	52	52				
Insurance	1,247	1,247				
Professional License	136	136				
Permits	-	-				
Equipment Lease & Maintenance	3,064	3,064				
<b>Staff Travel</b>	-	-				
Local Travel	39	39				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	9,567	9,567				
Food	6,642	6,642				
	-	-				

**TOTAL OPERATING EXPENSE**

**83,322**

**83,322**

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**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360				Appendix #: B-21			
Provider/Program Name: Buprenorphine Medical Monitoring Outpatient				Document Date: 1/30/14			
Provider Number: 383820				Fiscal Year: 13-14			
Program Name	Buprenorphine Medical Monitoring Outpatient						
Program Code	88201						
Mode/SFC (MH) or Modality (SA)	NTP-44						
Service Description	Prog Rehab/Amb Detox (other than Methadone)						
FUNDING TERM	7/1/13-6/30/14						<b>TOTAL</b> 7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	45,584						45,584
Operating Expenses	166						166
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	45,750	-	-	-	-	-	45,750
Indirect Expenses	5,489						5,489
<b>TOTAL FUNDING USES</b>	<b>51,239</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>51,239</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>CFDA</b>	<b>FAMIS</b>					
SA COUNTY - General Fund	-	HMHSCCRES227	51,239				51,239
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>51,239</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>51,239</b>
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL DPH FUNDING SOURCES</b>			<b>51,239</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>51,239</b>
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>							
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>51,239</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>51,239</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR						
Units of Service	475						
Unit Type	Slot Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	107.87						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	107.87						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	60						<b>Total UDC:</b> 60

DPH 3: Salaries & Benefits Detail

Program Code: 88201

Appendix #: B-21

Provider/Program Name: Buprenorphine Medical Monitoring Outpatient

Document Date: 1/30/14

	TOTAL		General Fund (HMHSCCRES227)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinic Intake Receptionist	0.14	5,156	0.14	5,156								
Medical Assistant	0.22	8,072	0.22	8,072								
Physician	0.12	21,569	0.12	21,569								
	-	-	-	-								
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	-	-	-	-								
Totals:	0.48	34,797	0.48	34,797	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	10,787	31.00%	10,787		-		-		-		-
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TOTAL SALARIES & BENEFITS

45,584

45,584

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# DPH 4: Operating Expenses Detail

Program Code: 88201

Appendix #: B-21

Provider/Program Name: Buprenorphine Medical Monitoring Outpatient

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	-	-				
Utilities (Telephone, Electricity, Water, Gas)	-	-				
Building Repair/Maintenance	-	-				
Materials & Supplies	-	-				
Office Supplies	-	-				
Photocopying	-	-				
Printing	-	-				
Program Supplies	71	71				
Computer Hardware/Software	-	-				
General Operating	-	-				
Training/Staff Development	-	-				
Insurance	95	95				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
Staff Travel	-	-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
	-	-				
	-	-				
	-	-				

TOTAL OPERATING EXPENSE

166

166

4611

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360				Appendix #: B-22			
Provider/Program Name: Family Strength Outpatient				Document Date: 1/30/14			
Provider Number: 383820				Fiscal Year: 13-14			
Program Name	Family Strength Outpatient	Family Strength Outpatient					
Program Code	38731	38731					
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34					
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv					TOTAL
FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14					7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	118,848	61,772					180,620
Operating Expenses	793	412					1,205
Capital Expenses (greater than \$5,000)	-	-					-
Subtotal Direct Expenses	119,641	62,184	-	-	-	-	181,825
Indirect Expenses	14,357	7,462					21,819
<b>TOTAL FUNDING USES</b>	<b>133,998</b>	<b>69,646</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>203,644</b>
<b>CBHS/MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS/SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA COUNTY - General Fund	-	HMHSCCRES227	133,998	69,646			203,644
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			133,998	69,646	-	-	203,644
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			133,998	69,646	-	-	203,644
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			133,998	69,646	-	-	203,644
<b>CBHS/UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)	200						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS	FFS					
Units of Service	2,138	1,111					
Unit Type	Staff Hour	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	62.68	62.68					
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES)	62.68	62.68					
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	75	40					115

DPH 3: Salaries & Benefits Detail

Program Code: 38731

Appendix #: B-22

Provider/Program Name: Family Strength Outpatient

Document Date: 1/30/14

	TOTAL		General Fund (HMHSCCRES227)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Family Services Manager	0.364	21,853	0.364	21,853								
Family Services Therapist	2.000	100,000	2.000	100,000								
Mental Health Training Director	0.131	9,788	0.131	9,788								
Mental Health Manager	0.105	6,237	0.105	6,237								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
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	-	-	-	-								
	-	-	-	-								
Totals:	2.600	137,878	2.600	137,878	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	42,742	31.00%	42,742		-		-		-		-
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TOTAL SALARIES & BENEFITS

180,620

180,620

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**DPH 4: Operating Expenses Detail**

Program Code: 38731

Appendix #: B-22

Provider/Program Name: Family Strength Outpatient

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	-	-				
Utilities (Telephone, Electricity, Water, Gas)	102	102				
Building Repair/Maintenance	-	-				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	-	-				
Photocopying	-	-				
Printing	64	64				
Program Supplies	507	507				
Computer Hardware/Software	-	-				
<b>General Operating</b>	-	-				
Training/Staff Development	130	130				
Insurance	402	402				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
<b>Staff Travel</b>	-	-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
	-	-				
	-	-				
	-	-				

**TOTAL OPERATING EXPENSE**

**1,205**

**1,205**

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**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-23	
Provider/Program Name: SHOP						Document Date: 1/30/14	
Provider Number: 383873						Fiscal Year: 13-14	
Program Name	SHOP	SHOP					
Program Code	85731	85731					
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34					
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv					TOTAL
FUNDING TERM	9/30/13-9/29/14	9/30/13-9/29/14					9/30/13-9/29/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	194,170	54,447					248,617
Operating Expenses	35,789	10,035					45,824
Capital Expenses (greater than \$5,000)	-	-					-
Subtotal Direct Expenses	229,959	64,482	-	-	-	-	294,441
Indirect Expenses	27,594	7,738					35,332
<b>TOTAL FUNDING USES</b>	<b>257,553</b>	<b>72,220</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>329,773</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
	CFDA	FAMIS					
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14	257,553	72,220			329,773
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			257,553	72,220	-	-	329,773
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			257,553	72,220	-	-	329,773
<b>NON DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			257,553	72,220	-	-	329,773
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)							
	CR	CR					
Units of Service	4,109	1,152					
Unit Type	Staff Hour	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	62.68	62.68					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	62.68	62.68					
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	75	40					Total UDC: 115

DPH 3: Salaries & Benefits Detail

Program Code: 85731  
 Provider/Program Name: SHOP  
 Document Date: 1/30/14

Appendix #: B-23

	TOTAL		SAMHSA SHOP Grant (HCSA03-14)									
	Term: 9/30/13-9/29/14		Term: 9/30/13-9/29/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of QA & Compliance	0.050	5,000	0.050	5,000								
Supervising Case Manager	1.000	50,000	1.000	50,000								
Subst. Abuse/HIV Case Manager	1.000	41,000	1.000	41,000								
HIV Testing Coordinator	1.000	45,760	1.000	45,760								
Outreach Workers	1.000	33,000	1.000	33,000								
Intern	0.500	15,024	0.500	15,024								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
Totals:	4.550	189,784	4.550	189,784	-	-	-	-	-	-	-	-
Employee Fringe Benefits:	31.00%	58,833	31.00%	58,833		-		-		-		-
TOTAL SALARIES & BENEFITS		248,617		248,617		-		-		-		-

# DPH 4: Operating Expenses Detail

Program Code: 85731

Appendix #: B-23

Provider/Program Name: SHOP

Document Date: 1/30/14

Expenditure Category	TOTAL	SAMHSA SHOP Grant (HCSA03-14)				
	Term: 9/30/13-9/29/14	Term: 9/30/13-9/29/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	25,681	25,681				
Utilities (Telephone, Electricity, Water, Gas)	9,912	9,912				
Building Repair/Maintenance	548	548				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	755	755				
Photocopying	-	-				
Printing	196	196				
Program Supplies	1,600	1,600				
Computer Hardware/Software	-	-				
<b>General Operating</b>	-	-				
Training/Staff Development	563	563				
Insurance	1,477	1,477				
Professional License	735	735				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
<b>Staff Travel</b>	-	-				
Local Travel	982	982				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	2,064	2,064				
Food	1,311	1,311				
	-	-				

TOTAL OPERATING EXPENSE

45,824

45,824

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-24	
Provider/Program Name: Representative Payee Program						Document Date: 1/30/14	
Provider Number: 383835						Fiscal Year: 13-14	
Program Name		Representative Payee Program					
Program Code		88359					
Mode/SFC (MH) or Modality (SA)		Anc-68					
Service Description		SA-Ancillary Svcs Case Mgmt					
FUNDING TERM		7/1/13-6/30/14					TOTAL 7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits		104,114					104,114
Operating Expenses		60,928					60,928
Capital Expenses (greater than \$5,000)		-					-
Subtotal Direct Expenses		165,042	-	-	-	-	165,042
Indirect Expenses		19,805					19,805
<b>TOTAL FUNDING USES</b>		<b>184,847</b>	-	-	-	-	<b>184,847</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
CFDA	FAMIS						
SA COUNTY - General Fund	-	HMHSCCRES227	78,847				78,847
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			78,847	-	-	-	78,847
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			78,847	-	-	-	78,847
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees			106,000				106,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>			106,000	-	-	-	106,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			184,847	-	-	-	184,847
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		FFS					
Units of Service		963					
Unit Type		Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		81.88					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		191.96					
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)		100					Total UDC: 100



### DPH 3: Salaries & Benefits Detail

Program Code: 88359

Appendix #: B-24

Provider/Program Name: Representative Payee Program

Document Date: 1/30/14

	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources										
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
RPI Admin. Assistant	1.56	52,392	1.563	52,392								
Director Of Facility Operations	0.01	437	0.005	437								
Maintenance Worker	0.01	248	0.008	248								
Transportation & Facility Manager	0.00	130	0.002	130								
Driver	0.01	260	0.008	260								
Cient Services Manager	0.51	25,305	0.506	25,305								
IT Specialist - Data Control	0.02	704	0.018	704								
-	-	-	-	-								
-	-	-	-	-								
-	-	-	-	-								
-	-	-	-	-								
-	-	-	-	-								
-	-	-	-	-								
-	-	-	-	-								
-	-	-	-	-								
-	-	-	-	-								
-	-	-	-	-								
-	-	-	-	-								
Totals:	2.11	79,476	2.11	79,476	-	-	-	-	-	-	-	-

[illegible]**TOTAL SALARIES & BENEFITS**

**104,114**

104,114

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**DPH 4: Operating Expenses Detail**

Program Code: 88359

Appendix # B-24

Provider/Program Name: Representative Payee Program

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	29,334	29,334				
Utilities (Telephone, Electricity, Water, Gas)	10,589	10,589				
Building Repair/Maintenance	7,255	7,255				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	1,030	1,030				
Photocopying	-	-				
Printing	4,570	4,570				
Program Supplies	3,311	3,311				
Computer Hardware/Software	1,453	1,453				
<b>General Operating</b>	-	-				
Training/Staff Development	-	-				
Insurance	574	574				
Professional License	103	103				
Permits	-	-				
Equipment Lease & Maintenance	2,338	2,338				
<b>Staff Travel</b>	-	-				
Local Travel	28	28				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	343	343				
	-	-				
	-	-				

**TOTAL OPERATING EXPENSE**

**60,928**

**60,928**

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**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-25	
Provider/Program Name: Second Chances						Document Date: 1/30/14	
Provider Number: 383835						Fiscal Year: 13-14	
Program Name		Second Chances					
Program Code		3835SC-ANS					
Mode/SFC (MH) or Modality (SA)		Anc-68					
Service Description		SA-Ancillary Svcs Case Mgmt					
FUNDING TERM		10/1/13-9/30/14					<b>TOTAL</b> 10/1/13-9/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits		265,930					265,930
Operating Expenses		186,390					186,390
Capital Expenses (greater than \$5,000)		-					-
Subtotal Direct Expenses		452,320		-	-	-	452,320
Indirect Expenses		54,278					54,278
<b>TOTAL FUNDING USES</b>		<b>506,598</b>		-	-	-	<b>506,598</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>				-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>GFBA</b>		<b>FAMIS</b>			
SA GRANT - Fed DOJ Second Chance		16,812		HCSA02-14		506,598	
						-	
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						<b>506,598</b>	
<b>OTHER DPH FUNDING SOURCES</b>							
						-	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>						-	
<b>TOTAL DPH FUNDING SOURCES</b>						<b>506,598</b>	
<b>NON-DPH FUNDING SOURCES</b>							
						-	
<b>TOTAL NON-DPH FUNDING SOURCES</b>						-	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>						<b>506,598</b>	
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		CR					
Units of Service		8,417					
Unit Type		Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		60.19					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		60.19					
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)		86				<b>Total UDC:</b> 86	

DPH 3: Salaries & Benefits Detail

Program Code: 3835SC-ANS  
 Provider/Program Name: Second Chances  
 Document Date: 1/30/14

Appendix #: B-25

	TOTAL		DOJ Second Chance Grant (HCSA02-14)									
	Term: 10/1/13-9/30/14		Term: 10/1/13-9/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Associate CJ Programs	0.100	10,000	0.100	10,000								
Program Director	1.000	65,000	1.000	65,000								
Case Managers	3.000	120,000	3.000	120,000								
Admin Assistant	0.250	8,000	0.250	8,000								
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
Totals:	4.350	203,000	4.350	203,000	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	62,930	31.00%	62,930	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS	265,930	265,930	-	-	-	-
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# DPH 4: Operating Expenses Detail

Program Code: 3835SC-ANS

Appendix #: B-25

Provider/Program Name: Second Chances

Document Date: 1/30/14

Expenditure Category	TOTAL	DOJ Second Chance Grant (HCSA02-14)				
	Term: 10/1/13-9/30/14	Term: 10/1/13-9/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	6,500	6,500				
Utilities (Telephone, Electricity, Water, Gas)	10,700	10,700				
Building Repair/Maintenance	3,500	3,500				
Materials & Supplies	-	-				
Office Supplies	500	500				
Photocopying	250	250				
Printing	250	250				
Program Supplies	-	-				
Computer Hardware/Software	-	-				
General Operating	-	-				
Training/Staff Development	745	745				
Insurance	1,600	1,600				
Professional License	250	250				
Permits	250	250				
Equipment Lease & Maintenance	2,500	2,500				
Staff Travel	-	-				
Local Travel	19,240	19,240				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
Homeless Prenatal Program	54,880	54,880				
Iris Center	54,880	54,880				
Other	-	-				
Client Expenses	7,950	7,950				
Evaluation Incentives	22,395	22,395				
	-	-				

TOTAL OPERATING EXPENSE

186,390

186,390

- - - -

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360				Appendix #: B-26			
Provider/Program Name: Adult Mental Health Medi-Cal				Document Date: 1/30/14			
Provider Number: 38CC				Fiscal Year: 13-14			
Program Name	Adult Mental Health Medi-Cal	Adult Mental Health Medi-Cal	Adult Mental Health Medi-Cal				
Program Code	38CC3	38CC3	38CC3				
Mode/SFC (MH) or Modality (SA)	15/10-57	15/60-69	15/01-09				
Service Description	MH Svcs	Medication Support	Case Mgt Brokerage				TOTAL
FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14				7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	278,051	3,996	3,426				285,473
Operating Expenses	15,160	218	187				15,565
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	293,211	4,214	3,613	-	-	-	301,038
Indirect Expenses	35,185	506	433				36,124
<b>TOTAL FUNDING USES</b>	<b>328,396</b>	<b>4,720</b>	<b>4,046</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>337,162</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	72,829	1,047	897		74,773
MH Realignment	-	HMHMCC730515	218,965	3,147	2,698		224,810
MH COUNTY - General Fund	-	HMHMCC730515	36,602	526	451		37,579
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			<b>328,396</b>	<b>4,720</b>	<b>4,046</b>	<b>-</b>	<b>337,162</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			-	-	-	-	-
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>328,396</b>	<b>4,720</b>	<b>4,046</b>	<b>-</b>	<b>337,162</b>
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>328,396</b>	<b>4,720</b>	<b>4,046</b>	<b>-</b>	<b>337,162</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS	FFS	FFS				
Units of Service	125,822	977	2,054				
Unit Type	Staff Minute	Staff Minute	Staff Minute				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	4.83	1.97				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	2.61	4.83	1.97				
Published Rate (Medi-Cal Providers Only)	2.85	5.30	2.20				
Unduplicated Clients (UDC)	214	2	3				Total UDC: 219

DPH 3: Salaries & Benefits Detail

Program Code: 38CC3  
 Provider/Program Name: Adult Mental Health Medi-Cal  
 Document Date: 1/30/14

Appendix #: B-26

	TOTAL		SDMC Regular FFP, MH Realignment & General Fund (HMHMCC730515)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of QA & Compliance	0.089	8,887	0.089	8,887								
Case Managers	0.085	3,051	0.085	3,051								
Director Of Facility Operations	0.002	129	0.002	129								
Maintenance Worker	0.006	186	0.006	186								
Driver	0.001	18	0.001	18								
MH Medi-Cal Admin Coordinator	1.477	68,538	1.477	68,538								
V.P. of Mental Health Services	0.450	56,276	0.450	56,276								
Director of Mental Health Services	0.318	17,491	0.318	17,491								
Therapist	0.550	27,499	0.550	27,499								
Mental Health Manager	0.381	22,668	0.381	22,668								
Psychiatrist	0.028	3,246	0.028	3,246								
Psychologist	0.155	9,929	0.155	9,929								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
Totals:	3.542	217,918	3.542	217,918	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	67,555	31.00%	67,555		-		-		-		-
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TOTAL SALARIES & BENEFITS

285,473

285,473

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# DPH 4: Operating Expenses Detail

Program Code: 38CC3

Appendix #: B-26

Provider/Program Name: Adult Mental Health Medi-Cal

Document Date: 1/30/14

Expenditure Category	TOTAL	SDMC Regular FFP, MH Realignment & General Fund (HMHMCC730515)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	5,227	5,227				
Utilities (Telephone, Electricity, Water, Gas)	2,378	2,378				
Building Repair/Maintenance	607	607				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	105	105				
Photocopying	-	-				
Printing	200	200				
Program Supplies	2,283	2,283				
Computer Hardware/Software	29	29				
<b>General Operating</b>	-	-				
Training/Staff Development	178	178				
Insurance	2,664	2,664				
Professional License	186	186				
Permits	-	-				
Equipment Lease & Maintenance	265	265				
<b>Staff Travel</b>	-	-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	501	501				
Food	942	942				
	-	-				

TOTAL OPERATING EXPENSE

15,565

15,565



**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360				Appendix #: B-27			
Provider/Program Name: Crisis Intervention				Document Date: 1/30/14			
Provider Number: 383800				Fiscal Year: 13-14			
Program Name	Crisis Intervention						
Program Code	N/A						
Mode/SFC (MH) or Modality (SA)	60/78						
Service Description	Other Non-MediCal Client Support Exp						<b>TOTAL</b>
FUNDING TERM	7/1/13-6/30/14						7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits	15,192						15,192
Operating Expenses	-						-
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	15,192	-	-	-	-	-	15,192
Indirect Expenses	1,823						1,823
<b>TOTAL FUNDING USES</b>	<b>17,015</b>	-	-	-	-	-	<b>17,015</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>CFDA</b>	<b>FAMIS</b>					
MH COUNTY - General Fund	-	HMHMCC730515	17,015				17,015
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			17,015	-	-	-	17,015
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			-	-	-	-	-
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			17,015	-	-	-	17,015
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			17,015	-	-	-	17,015
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR						
Units of Service	241						
Unit Type	Staff Hour						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	70.60						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	70.60						
Published Rate (Medi-Cal Providers Only)	-						
Unduplicated Clients (UDC)	0						<b>Total UDC: 0</b>

DPH 3: Salaries & Benefits Detail

Program Code: N/A  
 Provider/Program Name: Crisis Intervention  
 Document Date: 1/30/14

Appendix #: B-27

	TOTAL		General Fund (HMHMCC730515)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Crisis Intervention Counselor	0.116	11,597	0.116	11,597								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
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	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
Totals:	0.116	11,597	0.116	11,597	-	-	-	-	-	-	-	-
Employee Fringe Benefits:	31.00%	3,595	31.00%	3,595		-		-		-		-
TOTAL SALARIES & BENEFITS		15,192		15,192		-		-		-		-

# DPH 4: Operating Expenses Detail

Program Code: N/A

Appendix #: B-27

Provider/Program Name: Crisis Intervention

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHMCC730515)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	-	-				
Utilities (Telephone, Electricity, Water, Gas)	-	-				
Building Repair/Maintenance	-	-				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	-	-				
Photocopying	-	-				
Printing	-	-				
Program Supplies	-	-				
Computer Hardware/Software	-	-				
<b>General Operating</b>	-	-				
Training/Staff Development	-	-				
Insurance	-	-				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
<b>Staff Travel</b>	-	-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
	-	-				
	-	-				
	-	-				

TOTAL OPERATING EXPENSE

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360						Appendix #: B-28	
Provider/Program Name: WRAPS						Document Date: 1/30/14	
Provider Number: 38IT						Fiscal Year: 13-14	
Program Name		WRAPS					
Program Code		38IT3					
Mode/SFC (MH) or Modality (SA)		05/60-64					
Service Description		Residential Other					<b>TOTAL</b>
FUNDING TERM		7/1/13-6/30/14					7/1/13-6/30/14
<b>FUNDING USES</b>							
Salaries & Employee Benefits		54,803					54,803
Operating Expenses		23,151					23,151
Capital Expenses (greater than \$5,000)		-					-
Subtotal Direct Expenses		77,954	-	-	-	-	77,954
Indirect Expenses		9,355					9,355
<b>TOTAL FUNDING USES</b>		<b>87,309</b>	-	-	-	-	<b>87,309</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
CFDA	FAMIS						
MH PROJECT - MHSA CSS	-	PHMS63-1405	85,309				85,309
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>85,309</b>	-	-	-	-	<b>85,309</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>-</b>	-	-	-	-	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>-</b>	-	-	-	-	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>85,309</b>	-	-	-	-	<b>85,309</b>
<b>NON-DPH FUNDING SOURCES</b>							
NON DPH - Patient/Client Fees		2,000					2,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>2,000</b>	-	-	-	-	<b>2,000</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>87,309</b>	-	-	-	-	<b>87,309</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)		2					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		FFS					
Units of Service		741					
Unit Type		Client Day					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		115.12					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		117.82					
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)		9					9

DPH 3: Salaries & Benefits Detail

Program Code: 38IT  
 Provider/Program Name: WRAPS  
 Document Date: 1/30/14

Appendix #: B-28

	TOTAL		MHSA CSS (PHMS63-1405) & Non-DPH Funding Sources									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.001	170	0.001	170								
Program Director	0.027	1,752	0.027	1,752								
V.P. of QA & Compliance	0.008	777	0.008	777								
Manager of Licensing & Certification	0.010	499	0.010	499								
Managing Director of Clinical Services	0.001	145	0.001	145								
Coordinator TC Admn Nexus	0.025	866	0.025	866								
Care Coordinators	0.250	9,000	0.250	9,000								
Subst. Abuse/HIV Case Manager	0.021	892	0.021	892								
Overnight Monitor	0.033	988	0.033	988								
Weekend Coordinator	0.005	174	0.005	174								
Director Of Facility Operations	0.003	226	0.003	226								
Maintenance Worker	0.013	398	0.013	398								
Transportation & Facility Manager	0.007	424	0.007	424								
Warehouse Coordinator	0.010	455	0.010	455								
Driver	0.031	951	0.031	951								
Cook/Food Service	0.067	2,070	0.067	2,070								
Director of Food Services	0.006	490	0.006	490								
Client Services Manager	0.012	612	0.012	612								
Client Services Support	0.027	795	0.027	795								
Family Services Therapist	0.002	139	0.002	139								
Medical Services Director	0.009	732	0.009	732								
Medical Services Support	0.028	914	0.028	914								
MH Medi-Cal Admin Coordinator	0.043	1,972	0.043	1,972								
Physician	0.000	30	0.000	30								
V.P. of Mental Health Services	0.006	772	0.006	772								
Mental Health Training Director	0.005	372	0.005	372								
Director of Mental Health Services	0.005	258	0.005	258								
Mental Health Care Coordinators	0.020	663	0.020	663								
Therapist	0.101	5,047	0.101	5,047								
Mental Health Manager	0.022	1,310	0.022	1,310								
Housing & Community Service	0.002	85	0.002	85								
Employment Counselor	0.001	32	0.001	32								
IT Specialist - Data Control	0.010	417	0.010	417								
Psychiatrist	0.052	6,029	0.052	6,029								
Psychologist	0.022	1,378	0.022	1,378								
Totals:	0.885	41,834	0.885	41,834	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	12,969	31.00%	12,969	-	-	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

54,803

54,803 631

**DPH 4: Operating Expenses Detail**

Program Code: 38IT

Appendix #: B-28

Provider/Program Name: WRAPS

Document Date: 1/30/14

Expenditure Category	TOTAL	MHSA CSS (PHMS63-1405) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
<b>Occupancy</b>	-	-				
Rent	1,978	1,978				
Utilities (Telephone, Electricity, Water, Gas)	4,753	4,753				
Building Repair/Maintenance	2,253	2,253				
<b>Materials &amp; Supplies</b>	-	-				
Office Supplies	137	137				
Photocopying	-	-				
Printing	40	40				
Program Supplies	7,668	7,668				
Computer Hardware/Software	69	69				
<b>General Operating</b>	-	-				
Training/Staff Development	100	100				
Insurance	1,045	1,045				
Professional License	205	205				
Permits	-	-				
Equipment Lease & Maintenance	484	484				
<b>Staff Travel</b>	-	-				
Local Travel	24	24				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor</b>	-	-				
	-	-				
	-	-				
<b>Other</b>	-	-				
Client Transportation	1,269	1,269				
Food	3,126	3,126				
	-	-				

**TOTAL OPERATING EXPENSE**

**23,151**

**23,151**

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

Contractor Name: HealthRIGHT 360					Appendix #: B-29		
Provider/Program Name: HR360 FJ Services					Document Date: 1/30/14		
Provider Number:	383800	383800	383800	383800	N/A	N/A	FY: 13-14
Program Name	CBHS Administration	HIV Set Aside Coordinator	Project Homeless Connect	PHC Everyday Connect	SF Violence Intervention Program	Primary Care Encounters	
Program Code	N/A	N/A	N/A	N/A	N/A	N/A	
Mode/SFC (MH) or Modality (SA)	Supt-01	Anc-72	Anc-68	Anc-68	N/A	N/A	
Service Description	SA-Support QA's	SA-Ancillary Svcs HIV Counseling Services	SA-Ancillary Svcs Case Mgmt	SA-Ancillary Svcs Case Mgmt	N/A	N/A	TOTAL
FUNDING TERM	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13
<b>FUNDING USES</b>							
Salaries & Employee Benefits	48,457	59,968	194,094	235,730	401,976	-	940,225
Operating Expenses	250	300	740	4,050	43,742	89,286	138,368
Capital Expenses (greater than \$5,000)							-
Subtotal Direct Expenses	48,707	60,268	194,834	239,780	445,718	89,286	1,078,593
Indirect Expenses	5,845	7,232	23,382	28,777	53,486	10,714	129,436
<b>TOTAL FUNDING USES</b>	<b>54,552</b>	<b>67,500</b>	<b>218,216</b>	<b>268,557</b>	<b>499,204</b>	<b>100,000</b>	<b>1,208,029</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>							-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
	CFDA	FAMIS					
SA FED - SAPT HIV Set-Aside	93,959	HMHSCCRES227	67,500				67,500
SA COUNTY - General Fund	-	HMHSCCRES227	54,552	218,216	268,557		541,325
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>54,552</b>	<b>67,500</b>	<b>218,216</b>	<b>268,557</b>	<b>608,825</b>
<b>OTHER DPH FUNDING SOURCES</b>							
Community Health - DCYF CRN WO	-	HCHCCHCCRNWO			499,204		499,204
COPC - General Fund	-	HCHAPADMINGF				100,000	100,000
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	<b>499,204</b>	<b>100,000</b>	<b>599,204</b>
<b>TOTAL DPH FUNDING SOURCES</b>			<b>54,552</b>	<b>67,500</b>	<b>218,216</b>	<b>268,557</b>	<b>499,204</b>
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>54,552</b>	<b>67,500</b>	<b>218,216</b>	<b>268,557</b>	<b>499,204</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR	CR	CR	CR	CR	
Units of Service	920	460	4,508	5,980	N/A	N/A	
Unit Type	Staff Hour	Number Served	Staff Hour	Staff Hour	N/A	N/A	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	59.30	146.74	48.41	44.91	N/A	N/A	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	59.30	146.74	48.41	44.91	N/A	N/A	
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	0	460	0	0	N/A	N/A	460

DPH 3: Salaries & Benefits Detail

Program Code: N/A  
 Provider/Program Name: HR360 FI Services  
 Document Date: 1/30/14

Appendix #: B-29

	TOTAL		CBHS Administration General Fund (HMHSCCRES227)		HIV Set-Aside Coordinator SAPT HIV Set-Aside (HMHSCCRES227)		Project Homeless Connect General Fund (HMHSCCRES227)		PHC Everyday Connect General Fund (HMHSCCRES227)		SF Violence Intervention Pgm DCYF CRN Work Order (HCHCCHCCRNWC)		Primary Care Encounters General Fund (HCHAPADMINGF)	
	Term: 7/1/13-12/31/13		Term: 7/1/13-12/31/13		Term: 7/1/13-12/31/13		Term: 7/1/13-12/31/13		Term: 7/1/13-12/31/13		Term: 7/1/13-12/31/13		Term: 7/1/13-12/31/13	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Data Manager	1.00	36,990	1.00	36,990										
HIV Set-Aside Coordinator	1.00	45,777			1.00	45,777								
PHC Director	1.00	55,000					0.57	31,423	0.43	23,577				
Director of Programs	1.00	37,500					0.13	5,000	0.87	32,500				
Director of Events and Marketing	1.00	32,500					0.81	26,250	0.19	6,250				
Director of Operations	1.00	32,500					0.69	22,500	0.31	10,000				
Director of Housing Resources	1.00	33,750					0.56	18,750	0.44	15,000				
Provider/Resource Coordinator	1.00	22,500					0.44	10,000	0.56	12,500				
Volunteer Coordinator	1.00	25,000					0.90	22,500	0.10	2,500				
Senior Case Manager	1.00	24,106					-	-	1.00	24,106				
Floating Case Manager	0.80	18,304					-	-	0.80	18,304				
Events Assistant	0.80	16,640					-	-	0.80	16,640				
Case Manager	1.00	22,500					-	-	1.00	22,500				
Program Associate	0.80	14,976					0.80	14,976	-	-				
Violence Prevention Manager	1.00	37,500									1.00	37,500		
Violence Prevention Associate Manager	1.00	32,500									1.00	32,500		
Coordinators	2.00	57,750									2.00	57,750		
Admin Data Support	1.00	21,500									1.00	21,500		
Line Staff	7.00	157,602									7.00	157,602		
	-	-												
Totals:	25.40	724,895	1.00	36,990	1.00	45,777	4.90	151,399	6.50	183,877	12.00	306,852	-	-
Employee Fringe Benefits:	29.70%	215,330	31.00%	11,467	31.00%	14,191	28.20%	42,695	28.20%	51,853	31.00%	95,124		-
TOTAL SALARIES & BENEFITS		940,225		48,457		59,968		194,094		235,730		401,976		-



**DPH 4: Operating Expenses Detail**

Program Code: N/A

Appendix #: B-29

Provider/Program Name: HR360 FI Services

Document Date: 1/30/14

Expenditure Category	TOTAL	CBHS Administration General Fund (HMHSCCRES227)	HIV Set-Aside Coordinator SAPT HIV Set-Aside (HMHSCCRES227)	Project Homeless Connect General Fund (HMHSCCRES227)	PHC Everyday Connect General Fund (HMHSCCRES227)	SF Violence Infrvtn Pgm DCYF CRN Work Order (HCHCCHCCRNWO)	Primary Care Encounters General Fund (HCHAPADMINGF)
	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13
<b>Occupancy</b>	-						
Rent	8,381					8,381	
Utilities (Telephone, Electricity, Water, Gas)	4,352					4,352	
Building Repair/Maintenance	1,000					1,000	
<b>Materials &amp; Supplies</b>	-						
Office Supplies	1,800				900	900	
Photocopying	-						
Printing	-						
Program Supplies	2,100			300	900	900	
Computer Hardware/Software	-						
<b>General Operating</b>	-						
Training/Staff Development	3,190			440	1,500	1,250	
Insurance	2,039	250	300		750	739	
Professional License	-						
Permits	-						
Equipment Lease & Maintenance	6,350					6,350	
<b>Staff Travel</b>	-						
Local Travel	-						
Out-of-Town Travel	-						
Field Expenses	-						
<b>Consultant/Subcontractor</b>	-						
COPC Staff Care	47,329						47,329
COPC Merrill Hawkins	41,957						41,957
<b>Other</b>	-						
Vehicle Expense (Gas, Maintenance, Registration)	12,270					12,270	
Client Incentives	3,600					3,600	
Client Outings and Groups	4,000					4,000	

**DPH 6: Contract-Wide Indirect Detail**

Contractor Name: HealthRIGHT 360

Document Date: 1/30/14

**1. SALARIES & BENEFITS**

Position Title	FTE	Salaries
CEO	0.345	82,451
CFO	0.382	74,434
CIO	0.382	59,165
Controller	0.382	43,264
Budget Manager	0.164	14,771
Grants Director	0.382	29,773
Payroll Manager	0.382	28,170
Billing Specialist	0.382	22,902
Director of Fiscal Projects	0.382	22,902
Budget/Fiscal Analyst	0.355	21,875
Quality & Compliance Manager	0.363	21,760
Donations Manager	0.382	20,993
Accounts Payable II	0.382	18,322
Manager IT-Data Control	0.382	20,444
Accounts Payable 2	0.374	19,784
Coordinator Budget	0.382	19,085
Dir. of Research and Evaluatio	0.241	19,249
HR Analyst	0.382	19,085
Procurement Manager	0.382	19,085
V.P. of Development	0.254	19,085
Electronic Medical Rec. Manage	0.378	18,896
HR Coordinator	0.382	15,434
CJ Billing Assistant	0.382	15,414
CDO	0.191	14,887
Human resources Director	0.187	13,124
Travel Coordinator	0.191	10,222
Administrative Assistant	0.271	8,152
Client Programmer II	0.096	6,389
GL Accountant	0.074	4,085
Dir of Workforce Development	0.031	2,665
Driver/Procurement	0.073	2,342
Director Of Facility Operation	0.022	1,844
Administrative ssistant	0.041	1,620
Dir. of EMR OPs Software devel	0.382	34,354
IT Data Specialist	0.036	1,254
IT Specialist -Data Specialist	0.382	12,623
I.T. Specialist data entry	0.382	12,617
IT Specialist - Data Control	0.382	12,617
Senior IT Systems Analyst	0.211	12,215
IT Analyst	0.382	18,513
PC Support Analyst	0.382	18,513
IT Data Analyst	0.132	4,628
EMR Training and Data Analyst	0.265	10,603
Manager Transport & Facility	0.018	1,152
Maintenance Staff	0.088	2,800
		-
EMPLOYEE FRINGE BENEFITS		264,604
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>1,118,188</b>

**2. OPERATING COSTS**

Expenditure Category	Amount
Rental of Property	72,622
Utilities (Elec, Water, Gas, Phone, Scavenger)	26,102
Office Supplies, Postage	17,860
Building Maintenance Supplies and Repair	2,205
Insurance	33,996
Staff Training	4,321
Staff Travel (Local & Out of Town)	27,991
Rental of Equipment	22,209
Professional Services	150,068
Food and Food Preparation	2,543
General Operating	138,761
	-
<b>TOTAL OPERATING COSTS</b>	<b>498,678</b>

**TOTAL INDIRECT COSTS**  
(Salaries & Benefits + Operating Costs)

**1,616,844**

## Appendix E

### BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum ("Addendum") supplements and is made a part of the contract ("Contract") by and between the City and County of San Francisco, Covered Entity ("CE") and Contractor, Business Associate ("BA").

#### RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

In consideration of the mutual promises below and the exchange of information pursuant to this Addendum, the parties agree as follows:

#### 1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402].
- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

- f. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.
- h. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the 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. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
- l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- m. **Security Incident** shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- n. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- o. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

## 2. **Obligations of Business Associate**

- a. **Permitted Uses.** BA shall use Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA;

(iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2) and 164.504(e)(4)(i)].

- b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (ii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, suspected breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. m. of the Addendum, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)].
- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Addendum, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards to prevent the use or disclosure of Protected Information other than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.308, 164.310, and 164.312. [45 C.F.R. Section 164.504(e)(2)(ii)(B); 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316. [42 U.S.C. Section 17931]
- e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf

of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such Protected Information and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).

- f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six(6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. If a patient submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five(5) calendar days.
- g. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- h. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."

- i. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
  - j. **Notification of Possible Breach.** BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of Protected Information; any use or disclosure of Protected Information not permitted by the Contract or Addendum; any security incident (i.e., any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system) related to Protected Information, and any actual or suspected use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual who unsecured Protected Information has been, or is reasonably believed by the business associate to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. (This provision should be negotiated.) [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]
  - k. **Breach Pattern or Practice by Business Associate's Subcontractors and Agents.** Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(ii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or Addendum or other arrangement within five (5) days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
3. **Termination**
- a. **Material Breach.** A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
  - b. **Judicial or Administrative Proceedings.** CE may terminate the Contract, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or

(ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

- c. **Effect of Termination.** Upon termination of the Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Addendum to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(ii)(2)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

d. **Disclaimer**

CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. **Amendment to Comply with Law.**

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable laws. CE may terminate the Contract upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. **Reimbursement for Fines**

In the event that CE pays a fine to a state or federal regulatory agency based on an impermissible use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine within thirty (30) calendar days.



## Appendix F

### Invoices

HealthRIGHT 360  
CMS #6990

FY 13/14  
Informal Amendment #1

4/15/14

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

Contractor: HealthRIGHT360

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

**CBHS**

Funding Term: 07/01/2013 - 06/30/2014

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

M38 JL 3

Ct. Blanket No.: BPHM

TBD

User Cd

Ct. PO No.: POHM

TBD

Fund Source:

General Fund

Invoice Period:

July 2013

Final Invoice:

(Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-27 Crisis Intervention												
60/ 78 Other Non-Medical	241				-		0%		241		100%	
Client Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 11,597.00	\$ -	\$ -	0.00%	\$ 11,597.00
Fringe Benefits	\$ 3,595.00	\$ -	\$ -	0.00%	\$ 3,595.00
<b>Total Personnel Expenses</b>	<b>\$ 15,192.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 15,192.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 15,192.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 15,192.00</b>
Indirect Expenses	\$ 1,823.00	\$ -	\$ -	0.00%	\$ 1,823.00
<b>TOTAL EXPENSES</b>	<b>\$ 17,015.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 17,015.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Jul 1stAmendment 04-15

CMHS/CSAS/CHS 4/15/2014 INVOICE

Appendix F  
PAGE A

INVOICE NUMBER:	M05	JL	3
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Ct.Blanekt No.: BPHM TBD

User Cd

Ct. PO No.: FOHM TBD

Fund Source: MHSA - Prop63 - PMHS63 - 1405

Invoice Period : July 2013

Final Invoice:		(Check if Yes)
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ACE Control Number: [REDACTED]

**Unduplicated Clients for Exhibit:**

85,303.92

**SUBTOTAL AMOUNT DUE**  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

**DPH Authorization for Payment**

Authorized Signatory

Date \_\_\_\_\_

Appendix F  
PAGE A

INVOICE NUMBER: M39 AU 3

CLBlanekt No.: BPHM TBD

User Cd

CI. PO No.: POHM TBD

Fund Source: Grant-State CDCR ISMIP-HMAD01-14

Invoice Period : August 2013

Final Invoice:	(Check if Yes)
----------------	----------------

PHP Division: Community Behavioral Health Services

ACE Control Number: [REDACTED]

<sup>a</sup>Unduplicated Counts for AIDS Line Only.

**91,476.00**

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Title: \_\_\_\_\_

DPH Authorization for Payment

Date \_\_\_\_\_

Appendix F  
PAGE A

INVOICE NUMBER: M40 AU 3

Ct.Blanekt No.: BPHM TBD

User Cd

Ct. PO No.: POHM	TBD
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Fund Source: Grant-State CDCR ISMIP-HMAD01-14

Invoice Period : August 2013

Final Invoice:	<input type="checkbox"/>	(Check if Yes)
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ACE Control Number: [REDACTED]

**Unduplicated Clients for Exhibit:**

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Rcptg. Unit Modality/Mode # - Svc Func (MH only)		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-20 Bridges Residential PC# - 85351													
Nonres-30 SA-Nonresidntl IO Day Rehab		7,682				\$ 47.65	\$ -	0.000		0.00%		7,682.000	
TOTAL		7,682		0.000				0.000		0.00%		7,682.000	

**366,047.30**

**Budget Amount**

NOTES:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

Appendix F  
PAGE A

INVOICE NUMBER: M41 JL 3

Cl. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: FOHM TBD

Fund Source: GF, SDMC Regular FFP, MH Realignment

Invoice Period : **July 2013**

Final Invoice: ☐ (Check if Yes)

ACE Control Number: **E-91187**

<sup>1</sup>Unduplicated Counts for AIDS Use Only.

\$	328,395.42
	4,718.91
	4,046.38

NOTES:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DPH Authorization for Payment**

**Authorized Signatory**

Date \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER: 601 JL 3  
 CL Blanket No.: BPHM TBD  
 CL PO No.: POHM TBD  
 Fund Source: General Fund - HHS/SCRES227  
 Invoice Period: July 2013  
 Final Invoice: (Check If Yes)  
 ACE Control Number:

Contractor: HealthRIGHT 360

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

Funding Term: 07/01/2013 - 06/30/2014

PHP Division: Community Behavioral Health Services

**CBHS**

	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 by ADD Unit Only

DELIVERABLES Program Name/Resp. Unit Monthly/Code # - Svc Func (see row)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 Adult Residential PC# - 3805WB-RES/38052, 38342 & 38572												
Res-51 SA-Res Recov Long Term (over 30 days)	32,056				\$ 90.12	\$ -	0,000		0.00%		32,056,000	
B-10 WHITS Residential PC# - 3805WT-RES (38002)												
Res-51 SA-Res Recov Long Term (over 30 days)	1,668				\$ 191.18	\$ -	0,000		0.00%		1,668,000	
B-12 SFCH Residential PC# - 3805SW-RES, 3805SG-RES, 38349-RES (38572, 38573, 38002)												
Res-51 SA-Res Recov Long Term (over 30 days)	3,337				\$ 120.04	\$ -	0,000		0.00%		3,337,000	
B-14 Social Detox Residential PC# - 88002												
Res-50 SA-Res Free Standing Res Detox	11,681				\$ 67.35	\$ -	0,000		0.00%		11,681,000	
B-15 Transgender Residential PC# - 3805TG-RES, 3805TD-RES (38002, 38342)												
Res-51 SA-Res Recov Long Term (over 30 days)	2,669				\$ 132.74	\$ -	0,000		0.00%		2,669,000	
B-24 Representative Payee Program PC# - 88359												
Ang-88 Ancillary Svc Case Mgmt	953				\$ 81.88	\$ -	0,000		0.00%		953,000	
B-11 CARE Lodestar Residential PC# - 3805LC-RES												
Res-51 SA-Res Recov Long Term (over 30 days)	1,835				\$ 105.72	\$ -	0,000		0.00%		1,835,000	
B-13 Satellite CHPO Residential PC# - 87967, 88077												
Res-51 SA-Res Recov Long Term (over 30 days)	7,007				\$ 44.07	\$ -	0,000		0.00%		7,007,000	
B-17 Women's Hope Residential PC# - 89102												
Res-51 SA-Res Recov Long Term (over 30 days)	5,338				\$ 122.87	\$ -	0,000		0.00%		5,338,000	
B-18 Adult Outpatient Non-DMC PC# - 3829OP, 3820 OP (87381)												
Nonres-33 SA-Nonresidnt ODF Grp PC# - 3829OP (87381)	12,234				\$ 80.80	\$ -	0,000		0.00%		12,234,000	
Nonres-34 SA-Nonresidnt ODF Ind PC# - 3829OP (87381)	1,627				\$ 80.80	\$ -	0,000		0.00%		1,627,000	
B-22 Family Strength Outpatient PC# - 38731												
Nonres-33 SA-Nonresidnt ODF Grp	2,138				\$ 62.68	\$ -	0,000		0.00%		2,138,000	
Nonres-34 SA-Nonresidnt ODF Ind	1,111				\$ 62.68	\$ -	0,000		0.00%		1,111,000	
B-18 African American Family Violence Prevention PC# 87301												
Nonres-33 SA-Non Residnt ODF Grp					\$ 84.44	\$ -	0,000		#DIV/0!		0,000	
Nonres-34 SA-Non Residnt ODF Individual					\$ 84.44	\$ -	0,000		#DIV/0!		0,000	
B-19 African American Family Healing Outpatient PC# 87301												
Nonres-33 SA-Non Residnt ODF Grp	3,135				\$ 84.47	\$ -	0,000		0.00%		3,135,000	
Nonres-34 SA-Non Residnt ODF Individual	806				\$ 84.47	\$ -	0,000		0.00%		806,000	
<b>TOTAL</b>	<b>87,405</b>		<b>0,000</b>				<b>0,000</b>		<b>0.00%</b>		<b>87,405,000</b>	

Budget Amount	\$ 7,799,975.00	Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 7,799,975.00
---------------	-----------------	------------------	------	-------------	-------	------------------	-----------------

SUBTOTAL AMOUNT DUE \$ -  
 Less: Initial Payment Recovery  
 (For Phil Vss) Other Adjustments  
 NET REIMBURSEMENT \$ -

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Send to:  
 Community Programs Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103

DPH Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

Contractor: HealthRIGHT 360

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

**CBHS**

Funding Term: 07/01/2013 - 12/31/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S02 JL 3

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Funding Source: SAPT HIV Set-Aside

Invoice Period: July 2013

Final Invoice: (Check if Yes)

Ace Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-29 HIV Set-Aside Coordinator - HMHSCCRES227												
Anc-72 SA-Ancillary Svcs	460	460			-		0%		460		100%	
HIV Counseling Svcs												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 45,777.00	\$ -	\$ -	0.00%	\$ 45,777.00
Fringe Benefits	\$ 14,191.00	\$ -	\$ -	0.00%	\$ 14,191.00
<b>Total Personnel Expenses</b>	<b>\$ 59,968.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 59,968.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 300.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 300.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 60,268.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 60,268.00</b>
Indirect Expenses	\$ 7,232.00	\$ -	\$ -	0.00%	\$ 7,232.00
<b>TOTAL EXPENSES</b>	<b>\$ 67,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 67,500.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
  
Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

Jul 1st Amendment 04-15

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

CMHS/CSAS/CHS 4/15/2014 INVOICE



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER:

S03 JL 3

Contractor: HealthRIGHT 360

Cl. Blanket No.: BPHM

TBD

Address: 1735 Mission St., San Francisco, CA 94103

Cl. PO No.: POHM

TBD

Tel. No.: (415) 746-1916

Fax No.: (415)

**CBHS**

Funding Source:

General Fund

Invoice Period:

July 2013

Funding Term: 07/01/2013 - 12/31/2013

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-29 Project Homeless Connect												
Anc-68 SA-Ancillary Svcs	4,508				-		0%		4,508		100%	
Case Mgmt												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 151,399.00	\$ -	\$ -	0.00%	\$ 151,399.00
Fringe Benefits	\$ 42,695.00	\$ -	\$ -	0.00%	\$ 42,695.00
<b>Total Personnel Expenses</b>	<b>\$ 194,094.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 194,094.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
General Operating	\$ 440.00	\$ -	\$ -	0.00%	\$ 440.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 740.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 740.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 194,834.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 194,834.00</b>
Indirect Expenses	\$ 23,382.00	\$ -	\$ -	0.00%	\$ 23,382.00
<b>TOTAL EXPENSES</b>	<b>\$ 218,216.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 218,216.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:

Community Program Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Jul 1st Amendment 04-15

CMHS/CSAS/CHS 4/15/2014 INVOICE

Appendix F  
PAGE A

INVOICE NUMBER : S05 JL 3

Ct. Blanket: BPHM	TBD
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Ct PO No.: POHM TBD

Fund Source: General Fund

Invoice Period : July 2013

Final Invoice:		(Check if Yes)
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ACE Control Number: 221-524-250

<sup>1</sup>Unduplicated Counts for AIDS Use Only.

SUBTOTAL AMOUNT DUE		\$ -	NOTES:
Less: Initial Payment Recovery			
(ForDPH Use) Other Adjustments			
NET REIMBURSEMENT		\$ -	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title:

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

Appendix F  
PAGE A

Control Number

INVOICE NUMBER: S07 JL 3

**Contractor: HealthRIGHT360**

Cl. Blanket No.: BPHM TBO

Address: 1735 Mission St., San Francisco, CA 94103

User Cd

Tel No. (415) 746-1916

CL PO No.: POHM TBD

Fax No., (415)

Fund Source: GF. Parolee Svcs Network BASN

Invoice Period :	July 2013
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Funding Term: 07/01/2013 - 06/30/2014

Final Invoice:	(Check if Yes)
----------------	----------------

PHP Division: Community Behavioral Health Services

ACE Control Number: 

	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:					

\*Unvaccinated Counts for AIDS Use Only

UNCLASSIFIED//FOR OFFICIAL USE ONLY	DELIVERABLES		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Replg. Unit Modality/Mode # - Svc Func (MH only)	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENT
B-2 BASN Residential PC# - 88342												
Res-51 SA-Res Recov Long Term (over 30 days)	7,424				\$ 94.05	\$ -	0.000		0.00%		7,424.000	
B-4 BASN Social Detox PC# - B4062												
Res-50 SA-Res Free Standing Res Detox	985				\$ 68.70	\$ -	0.000		0.00%		985.000	
B-3 BASN ONPD Residential PC# - 3807BT-CLV												
Res-51 SA-Res Recov Long Term (over 30 days)	2,847				\$ 35.19	\$ -	0.000		0.00%		2,847.000	

SUBTOTAL AMOUNT DUE  
Less: Initial Payment Recovery  
(For DPH Use) Other Adjustments  
NET REIMBURSEMENT

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Send to:**

Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

**Authorized Signatory**

Date \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER: S08 JL 3

Contractor: HealthRIGHT 360

Ct. Blanket No.: BPHM TBD

Address: 1735 Mission St., San Francisco, CA 94103

User Cd

Tel. No.: (415) 746-1916

Ct. PO No.: POHM TBD

Fax No.: (415)

**CBHS**

Fund Source: General Fund

Funding Term: 07/01/2013 - 06/30/2014

Invoice Period: July 2013

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-21 Buprenorphine Medical Monitoring Outpatient PC# - 88201												
NTP-44 Prog Rehab/Amb Detox (other than Methadone)	475	60			-	-	0%	0%	475	60	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 34,797.00	\$ -	\$ -	0.00%	\$ 34,797.00
Fringe Benefits	\$ 10,787.00	\$ -	\$ -	0.00%	\$ 10,787.00
<b>Total Personnel Expenses</b>	<b>\$ 45,584.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 45,584.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 71.00	\$ -	\$ -	0.00%	\$ 71.00
General Operating	\$ 95.00	\$ -	\$ -	0.00%	\$ 95.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Related	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 166.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 166.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 45,750.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 45,750.00</b>
Indirect Expenses	\$ 5,489.00	\$ -	\$ -	0.00%	\$ 5,489.00
<b>TOTAL EXPENSES</b>	<b>\$ 51,239.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 51,239.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

Send to:  
Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

Jul 11st Amendment 04-15

CMHS/CSAS/CHS 4/15/2014 INVOICE

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

Contractor: HealthRIGHT 360

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415 Tel. No.: (415) 746-1916

Fax No.: (415 Fax No.: (415)

**CBHS**

Funding Term: 07/01/2013 - 12/31/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S09 JL 3

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2013

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-29 CBHS Admin Svcs												
Supt-01 SA-Support QA's	920				-		0%	#DIV/0!	920	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 36,990.00	\$ -	\$ -	0.00%	\$ 36,990.00
Fringe Benefits	\$ 11,467.00	\$ -	\$ -	0.00%	\$ 11,467.00
<b>Total Personnel Expenses</b>	<b>\$ 48,457.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 48,457.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 250.00	\$ -	\$ -	0.00%	\$ 250.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Food Supplies/ Incentives	\$ -	\$ -	\$ -	0.00%	\$ -
License	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 250.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 250.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 48,707.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 48,707.00</b>
Indirect Expenses	\$ 5,845.00	\$ -	\$ -	0.00%	\$ 5,845.00
<b>TOTAL EXPENSES</b>	<b>\$ 54,552.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 54,552.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
  
Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

---

Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_

Appendix F  
PAGE A

INVOICE NUMBER : S10 JL 3

CL. Blanket: BPHM TSD

User Cd

CI PO No.: POHM TBD

Fund Source: HSA FSET WO - HMHSCCADM377

Invoice Period : July 2013

Final Invoice:		(Check if Yes)
----------------	--	----------------

ACE Control Number: [REDACTED]

\*Unduplicated Counts for AIDS Use Only

**850.101.95**

NOTES:

HSA Work Order - HHMCCADM377 - \$937,543.00  
GF - WO CODB - HHMSCCRES227 - \$12,563.00

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

**DPH Authorization for Payment**

Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER: S11 SE 3

Contractor: HealthRIGHT 360

Ct. Blanket No.: BPHM TBD

Address: 1735 Mission St., San Francisco, CA 94103

User Cd

Ct. PO No.: POHM TBD

Tel. No.: (415) 746-1916

Funding Source: Grant - SAMHSA SHOP

Fax No.: (415)

Invoice Period: September 2013

Funding Term: 09/30/2013 - 09/29/2014

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-23 SHOP PC# - 85731 - HCSA03-14												
Nonres-33 SA-Nonresidnt/ ODF Grp	4,109	75			-	-	0%	0%	4,109	75	100%	100%
Nonres-34 SA-Nonresidnt/ ODF Indv	1,152	40			-	-	0%	0%	1,152	40	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 189,784.00	\$ -	\$ -	0.00%	\$ 189,784.00
Fringe Benefits	\$ 58,833.00	\$ -	\$ -	0.00%	\$ 58,833.00
<b>Total Personnel Expenses</b>	<b>\$ 248,617.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 248,617.00</b>
Operating Expenses:					
Occupancy	\$ 36,141.00	\$ -	\$ -	0.00%	\$ 36,141.00
Material and Supplies	\$ 2,551.00	\$ -	\$ -	0.00%	\$ 2,551.00
General Operating	\$ 2,775.00	\$ -	\$ -	0.00%	\$ 2,775.00
Staff Travel	\$ 982.00	\$ -	\$ -	0.00%	\$ 982.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Transportation	\$ 3,375.00	\$ -	\$ -	0.00%	\$ 3,375.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 45,824.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 45,824.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 294,441.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 294,441.00</b>
Indirect Expenses	\$ 35,332.00	\$ -	\$ -	0.00%	\$ 35,332.00
<b>TOTAL EXPENSES</b>	<b>\$ 329,773.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 329,773.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Community Programs Budget/ Invoice Analyst  
1380 Howard St 4th Floor  
San Francisco CA 94103

DPH Authorization for Payment  
  
Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER: S12 OC 3

Contractor: HealthRIGHT360

Ct. Blanket No.: BPHM TBD

Address: 1735 Mission St., San Francisco, CA 94103

Ct. PO No.: POHM DPHM13000123

Tel. No.: (415) 746-1916

Funding Source: Grant - Fed DOJ Second Chance

Fax No.: (415)

Invoice Period: October 2013

Funding Term: 10/01/2013 - 09/30/2014

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-25 Second Chances - Case Management PC# - 3835SC-ANS - HCSA02-14												
Aric-68 SA-Ancillary Svcs Case Mgmt	8,417	86			-	-	0%	0%	8,417	86	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 203,000.00	\$ -	\$ -	0.00%	\$ 203,000.00
Fringe Benefits	\$ 62,930.00	\$ -	\$ -	0.00%	\$ 62,930.00
<b>Total Personnel Expenses</b>	<b>\$ 265,930.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 265,930.00</b>
Operating Expenses:					
Occupancy	\$ 20,700.00	\$ -	\$ -	0.00%	\$ 20,700.00
Material and Supplies	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
General Operating	\$ 5,345.00	\$ -	\$ -	0.00%	\$ 5,345.00
Staff Travel	\$ 19,240.00	\$ -	\$ -	0.00%	\$ 19,240.00
Consultant/ Subcontractor	\$ 109,760.00	\$ -	\$ -	0.00%	\$ 109,760.00
Other: Client Expenses, Evaluation Incentives	\$ 30,345.00	\$ -	\$ -	0.00%	\$ 30,345.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 186,390.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 186,390.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 452,320.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 452,320.00</b>
Indirect Expenses	\$ 54,278.00	\$ -	\$ -	0.00%	\$ 54,278.00
<b>TOTAL EXPENSES</b>	<b>\$ 506,598.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 506,598.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:

Community Programs Budget/ Invoice Analyst  
1380 Howard St 4th Floor  
San Francisco CA 94103

DPH Authorization for Payment

Authorized Signatory

Date



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER: S16 JL 3

Contractor: HealthRIGHT360

Ct. Blanket No.: BPHM TBD

Address: 1735 Mission St., San Francisco, CA 94103

Ct. PO No.: POHM TBD

Tel. No.: (415) 746-1916

Funding Source: General Fund

Fax No.: (415)

Invoice Period: July 2013

Funding Term: 07/01/2013 - 12/31/2013

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

Acc 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-29 PHC Everyday Connect												
Anc-68 SA-Ancillary Svcs	5,980				-		0%		5,980		100%	
Case Mgmt												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 183,877.00	\$ -	\$ -	0.00%	\$ 183,877.00
Fringe Benefits	\$ 51,853.00	\$ -	\$ -	0.00%	\$ 51,853.00
<b>Total Personnel Expenses</b>	<b>\$ 235,730.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 235,730.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 1,800.00	\$ -	\$ -	0.00%	\$ 1,800.00
General Operating	\$ 2,250.00	\$ -	\$ -	0.00%	\$ 2,250.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 4,050.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 4,050.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 239,780.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 239,780.00</b>
Indirect Expenses	\$ 28,777.00	\$ -	\$ -	0.00%	\$ 28,777.00
<b>TOTAL EXPENSES</b>	<b>\$ 268,557.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 268,557.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Community Program Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Jul 1st Amendment 04-15

CMHS/CSAS/CHS 4/15/2014 INVOICE

Appendix F  
PAGE A

INVOICE NUMBER:	S28	JA	3
Cl.Blanket No.: BPHM	TBD		
Cl. PO No.: POHM	User Cd		
	TBD		
Fund Source:	APD CJ Realignment (AB109) Work Order		
invoice Period :	January 2014		
Final Invoice:		(Check If Yes)	
ACE Control Number:			

PHP Division: Community Behavioral Health Services

CBHS

\*Unaffiliated Counts for AIDS Use Only.

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.

Title: \_\_\_\_\_

DPH Authorization for Payment

Date \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER:

S29 JL 3

Contractor: HealthRIGHT360

Ct. Blanket No.: BPHM

TBD

Address: 1735 Mission St., San Francisco, CA 94103

Ct. PO No.: POHM

TBD

Tel. No.: (415) 746-1916

Fax No.: (415)

**CBHS**

Funding Source:

DCYF CRN Work Order

Invoice Period:

July 2013

Funding Term: 07/01/2013 - 12/31/2013

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-29 SF Violence Intervention Program - HCHGCHCCRNWO												
					-		#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 306,852.00	\$ -	\$ -	0.00%	\$ 306,852.00
Fringe Benefits	\$ 95,124.00	\$ -	\$ -	0.00%	\$ 95,124.00
<b>Total Personnel Expenses</b>	<b>\$ 401,976.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 401,976.00</b>
Operating Expenses:					
Occupancy	\$ 13,733.00	\$ -	\$ -	0.00%	\$ 13,733.00
Materials and Supplies	\$ 1,800.00	\$ -	\$ -	0.00%	\$ 1,800.00
General Operating	\$ 8,339.00	\$ -	\$ -	0.00%	\$ 8,339.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Vehicle Expense, Client Incentives,	\$ 19,870.00	\$ -	\$ -	0.00%	\$ 19,870.00
Client Outings and Groups	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 43,742.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 43,742.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 445,718.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 445,718.00</b>
Indirect Expenses	\$ 53,486.00	\$ -	\$ -	0.00%	\$ 53,486.00
<b>TOTAL EXPENSES</b>	<b>\$ 499,204.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 499,204.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:

Community Program Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Jul 1stAmendment 04-15

CMHS/CSAS/CHS 4/15/2014 INVOICE

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

Contractor: HealthRIGHT 360

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415 Tel. No.: (415) 746-1916

Fax No.: (415 Fax No.: (415)

Funding Term: 07/01/2013 - 06/30/2014

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S30 JL 3

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2013

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-6 AB109 Reentry Pod Counseling												
Anc-68 SA-Ancillary Svcs Case Mgmt	920	16			-		0%	0%	920	16	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 35,000.00	\$ -	\$ -	0.00%	\$ 35,000.00
Fringe Benefits	\$ 10,850.00	\$ -	\$ -	0.00%	\$ 10,850.00
Total Personnel Expenses	\$ 45,850.00	\$ -	\$ -	0.00%	\$ 45,850.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Food Supplies/ Incentives	\$ -	\$ -	\$ -	0.00%	\$ -
License	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 45,850.00	\$ -	\$ -	0.00%	\$ 45,850.00
Indirect Expenses	\$ 5,502.00	\$ -	\$ -	0.00%	\$ 5,502.00
TOTAL EXPENSES	\$ 51,352.00	\$ -	\$ -	0.00%	\$ 51,352.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
  
Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory	Date
----------------------	------

Appendix F  
PAGE A

INVOICE NUMBER: PC4 JL 3

Ct. Blanket No.:	TBD
------------------	-----

User Cd

Ct. PO No.: POHM TBD

Fund Source: COPC- General Fund

Invoice Period: July 2013

Final Invoice:		(Check if Yes)
----------------	--	----------------

ACE Control Number: [REDACTED]

Unduplicated Counts for AIDS Use Only.

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.

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

DPH Authorization for Payment

Date \_\_\_\_\_

CMHS/CSAS/CHS 4/15/2014 INVOICE

# ACORD <sup>TM</sup> CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YY)  
6/27/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
Heffernan Insurance Brokers  
1350 Cariback Avenue  
Walnut Creek, CA 94596  
CA License #0564249

**CONTACT**  
NAME: Shelaime Gonsalves  
PHONE (A/C No./Ext): 925-934-8500 FAX (A/C No.): 925-934-8278  
EMAIL ADDRESS: ShelaimeG@heffins.com  
**INSURERS AFFORDING COVERAGE**  
INSURER A: Arch Specialty Insurance Company 11150  
INSURER B: Cypress Insurance Company 10855  
INSURER C: Travelers 19038  
INSURER D: Great American 39896  
INSURER E:  
INSURER F:

**INSURED**  
HeathRIGHT380  
1735 Mission Street  
San Francisco, CA 94103

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INER LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY Exp (MM/DD/YYYY)	LIMITS
A	GENERAL L LIABILITY	X		NTPKG0088202	07/01/13	07/01/14	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPOP AGG \$3,000,000 \$
	X COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER						
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY	X		NTAUTO0028002	07/01/13	07/01/14	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	X ANY AUTO						
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						
	X HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	UMBRELLA LIAB	X		NTUMB0032802	07/01/13	07/01/14	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
	X EXCESS LIAB						
	DED <input type="checkbox"/> RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in N.H.) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	3300084772131	07/01/13	07/01/14	X NO STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE 1,000,000 E.L. DISEASE - POLICY LIMIT 1,000,000
A	Professional Liability			NTPKG0088202	07/01/13	07/01/14	Each claim/aggregate \$1mm/\$3mm
A	Excess Professional Liability			NTUMB0032802	07/01/13	07/01/14	Each claim/aggregate \$3mm/\$3mm
C	Crime			105642284	07/01/13	07/01/14	Limit \$10,000,000
D	Excess Crime			SAA024161702	07/01/13	07/01/14	Limit \$10,000,000
A	Sexual Misconduct			NTPKG0088202	07/01/13	07/01/14	Each claim/aggregate \$2mm/\$2mm

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: As Per Contract or Agreement on File with Insured.

City and County of San Francisco, It's officers, agents & Employees, Office of Contract Management & Compliance is named as additional insured as respects to General Liability & Automobile liability per attached endorsements. Insurance is primary and non-contributory. Waiver of subrogation applies to Workers Compensation policy - endorsement to follow from carrier.

## CERTIFICATE HOLDER

City and County of San Francisco  
It's officers, agents & Employees  
Office of Contract Management & Compliance  
101 Grove Street, Room 307  
San Francisco, CA 94102

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



**CITY AND COUNTY OF SAN FRANCISCO**  
**OFFICE OF CONTRACT ADMINISTRATION**

**ASSIGNMENT AND ASSUMPTION AGREEMENT**

THIS ASSIGNMENT (this "Assignment") is made as of 28th day of June, 2012, in San Francisco, California, by and between **Haight Ashbury Free Clinics, Inc. ("Assignor")** and **"HealthRIGHT 360 ("Assignee")**.

**RECITALS**

WHEREAS, Assignor is a party to the Agreement (as defined below); and

WHEREAS, Assignor desires to assign the Agreement, and Assignee desires to assume the Agreement, each on the terms and conditions set forth herein;

NOW, THEREFORE, in consideration of the promises and the mutual covenants contained in this Assignment, and for other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, Assignor and Assignee agree as follows:

1. **Definitions.** The following definitions shall apply to this Assignment:

(a) **Agreement.** The term "Agreement" shall mean the Original Agreement dated July 1, 2010, between Assignor and City and County of San Francisco, a municipal corporation ("City"). The term "Agreement" shall include any amendments or modifications set forth in Appendix A attached hereto and made a part hereof.

(b) **Effective Date.** "Effective Date" shall mean **September 1, 2012**.

(c) **Other Terms.** Terms used and not defined in this Assignment shall have the meanings assigned to such terms in the Agreement.

2. **Assignment.** Assignor hereby assigns, transfers and conveys to Assignee all of Assignor's right, title and interest in and to the Agreement and all of Assignor's duties and obligations thereunder, to the extent arising on or after the Effective Date.

3. **Assumption.** Assignee hereby accepts the assignment transfer and conveyance set forth in Section 2 and agrees to perform all of Assignor's duties and obligations under the Agreement, to the extent arising on or after the Effective Date.

4. **Mutual Indemnities**

(a) **Assignor.** Assignor shall indemnify, defend and protect Assignee, and hold Assignee harmless from and against, any and all liabilities, losses, damages, claims, costs or expenses (including attorneys' fees) arising out of (a) any failure of Assignor to convey its interest pursuant to Section 2, free and clear of all third-party liens, claims or encumbrances or (b) any breach by Assignor of the Agreement or any other failure to perform or observe any of the duties or obligations of Assignor thereunder, to the extent such breach or failure arises prior to the Effective Date.

(b) **Assignee.** Assignee shall indemnify, defend and protect Assignor, and hold Assignor harmless from and against, any and all liabilities, losses, damages, claims, costs or expenses (including attorneys' fees) arising out of any breach by Assignee of the Agreement or any other failure to perform or observe any of the duties or obligations thereunder assumed by Assignee pursuant to this Assignment.

5. **Governing Law.** This Assignment shall be governed by the laws of the State of California, without regard to its conflict of laws principles.
6. **Headings.** All section headings and captions contained in this Assignment are for reference only and shall not be considered in construing this Assignment.
7. **Entire Agreement.** This Assignment sets forth the entire agreement between Assignor and Assignee relating to the Agreement and supersedes all other oral or written provisions.
8. **Further Assurances.** From and after the date of this Assignment, Assignor and Assignee agree to do such things, perform such acts, and make, execute, acknowledge and deliver such documents as may be reasonably necessary or proper and usual to complete the conveyance contemplated by this Assignment or as may be required by City.
9. **Severability.** Should the application of any provision of this Assignment 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 Assignment 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 Assignor, Assignee and City.
10. **Successors; Third-Party Beneficiaries.** Subject to the terms of the Agreement, this Assignment shall be binding upon, and inure to the benefit of, the parties hereto and their successors and assigns. Except as set forth in Section 12, nothing in this Assignment, whether express or implied, shall be construed to give any person or entity (other than City and the parties hereto and their respective successors and assigns) any legal or equitable right, remedy or claim under or in respect of this Assignment or any covenants, conditions or provisions contained herein.
11. **Notices.** All notices, consents, directions, approvals, instructions, requests and other communications regarding this Assignment or the Agreement shall be in writing, shall be addressed to the person and address set forth below and shall be (a) deposited in the U.S. mail, first class, certified with return receipt requested and with appropriate postage, (b) hand delivered or (c) sent via facsimile (if a facsimile number is provided below). All communications sent in accordance with this Section shall become effective on the date of receipt. From time to time Assignor, Assignee or City may designate a new address for purposes of this Section by notice to the other signatories to this Assignment.

If to Assignor:

Haight Ashbury Free Clinics, Inc.  
Vitka Eisen, MSW, EdD  
P. O. Box 29917,  
San Francisco, CA 94129  
Fax (415) 554-1100

If to Assignee:

HealthRIGHT 360  
Vitka Eisen, MSW, EdD  
1735 Mission Street  
San Francisco, CA 94103  
Phone (415) 762-1558  
Fax (415) 692-8225

If to City:



Department of Public Health  
Michelle Long, MHA, Director  
Contract Development and Technical Assistance  
1380 Howard Street, 5<sup>th</sup> Floor  
San Francisco, CA 94103  
Fax (415) 255-3567

And

Department of Public Health  
Office of Contract Management  
1380 Howard Street, Room 442  
San Francisco, CA 94103  
Fax (415) 252-3088

12. **Consent of City; No Release of Assignor; Waivers.** Each of Assignor and Assignee acknowledges that the prior written consent of City to this Assignment is required under the terms of the Agreement. City shall be a third party beneficiary of this Assignment (other than Section 4) and shall have the right to enforce this Assignment. Neither this Assignment nor the consent of City set forth below shall release Assignor in whole or in part from any of its obligations or duties under the Agreement if Assignee fails to perform or observe any such obligation or duty. Assignor has entered into this Assignment and obtained such consent of City based solely upon Assignor's independent investigation of Assignee's financial condition and ability to perform under the Agreement, and Assignor assumes full responsibility for obtaining any further information with respect to Assignee or the conduct of its business after the date of this Assignment. Assignor waives any right to require City to (a) proceed against any person or entity including Assignee, (b) proceed against or exhaust any security now or hereafter held in connection with the Agreement, or (c) pursue any other remedy in City's power. Assignor waives any defense arising by reason of any disability or other defense of Assignee or any other person, or by reason of the cessation from any cause whatsoever of the liability of Assignee or any other person. Assignor shall not have and hereby waives any right of subrogation to any of the rights of City against Assignee or any other person and Assignor waives any right to enforce any remedy of Assignor against Assignee (including, without limitation, Section 4(b)) or against any other person unless and until all obligations to City under the Agreement and this Assignment have been paid and satisfied in full. Assignor waives any benefit of any right to participate in any collateral or security whatsoever now or hereafter held by City with respect to the obligations under the Agreement. Assignor authorizes City, without notice or demand and without affecting Assignor's liability hereunder or under the Agreement to: (i) renew, modify or extend the time for performance of any obligation under the Agreement; (ii) take and hold security for the payment of any obligation under the Agreement and exchange, enforce, waive and release such security; and (iii) release or consent to an assignment by Assignee of all or any part of the Agreement.




IN WITNESS WHEREOF, Assignor and Assignee have each duly executed this Assignment as of the date first referenced above.

**ASSIGNOR**

**HAIGHT ASHBURY FREE CLINICS, INC.**  
**VENDOR NUMBER: 08817**

By

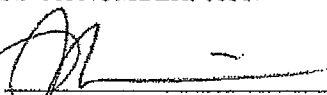
  
Vitka Eisen, MSW, EdD

Title: Chief Executive Director

**ASSIGNEE**

**HealthRIGHT 360**  
**VENDOR NUMBER: 08817**

By

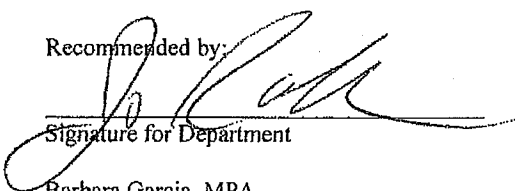
  
Vitka Eisen, MSW, EdD

Title: Chief Executive Director

Subject to Section 12 of this Assignment, City hereby consents to the assignment and assumption described in Sections 2 and 3 of this Assignment.

**CITY**

Recommended by:

  
Signature for Department

Barbara Garcia, MPA

Printed Name

DIRECTOR, DEPARTMENT OF PUBLIC  
HEALTH

Title and Department

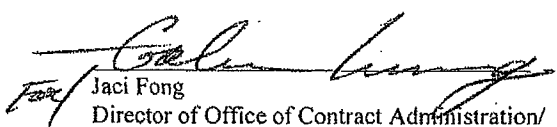
Approved as to Form:

Dennis J. Herrera  
City Attorney

By

 8/2/12  
Kathy Murphy, Deputy City Attorney

Approved:

  
Jaci Fong

Director of Office of Contract Administration/  
Purchaser

RECEIVED  
PURCHASING DEPARTMENT  
12 SEP 12 AM 8:19

## APPENDIX A

Standard City Contract  
Original Agreement P-500

attachments

attachments

Exhibit A

Exhibit B

Exhibit C

Exhibit D

Exhibit E

Exhibit F

Pages 1-23

Pages 1-4 and

Page 1-4 and

Page 1

Pages 1-2

Pages 1-7

Pages 1 and attachments



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YY)  
9/5/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
Heffernan Insurance Brokers  
1350 Carback Avenue  
Walnut Creek, CA 94596  
CA License #0564249

**CONTACT NAME:** Shelaine Gonsalves  
**PHONE (A/C, No, Ext):** 925-934-8500 **FAX (A/C, No):** 925-934-8278  
**EMAIL ADDRESS:** ShelaineG@heffins.com

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Arch Specialty Insurance Company	11150
INSURER B:	New York Marine	16608
INSURER C:	Travelers	19038
INSURER D:	Great American	39896
INSURER E:		
INSURER F:		

**INSURED**  
HealthRIGHT360  
1735 Mission Street  
San Francisco, CA 94103

## COVERAGES

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NOT POLICIES: LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE			ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			X -		NTPKG0068201	07/01/12	07/01/13	EACH OCCURRENCE	\$1,000,000
	X	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
		CLAIMS-MADE	X OCCUR						MED EXP (Any one person)	\$ 10,000
									PERSONAL & ADV INJURY	\$1,000,000
									GENERAL AGGREGATE	\$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER								PRODUCTS - COMP/OP AGG	\$3,000,000
	POLICY	PROJECT	LOC						\$	
A	AUTOMOBILE LIABILITY			X		NTAUT0026001	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO							BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS	X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
A	UMBRELLA LIAB		X OCCUR		NTUMB0032601	07/01/12	07/01/13	EACH OCCURRENCE	\$3,000,000	
	EXCESS LIAB		CLAIMS-MADE					AGGREGATE	\$3,000,000	
									\$	
	DED	RETENTION	\$							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y/N	N/A	WC201200001880	07/01/12	07/01/13	X WC STATUS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in N.H.)								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
A	Professional Liability					NTPKG0068201	07/01/12	07/01/13	Each claim/aggregate	\$1mm/\$3mm
	Excess Professional Liability					NTUMB0032601	07/01/12	07/01/13	Each claim/aggregate	\$3mm/\$3mm
C	Crime					105642284	07/01/12	07/01/13	Limit	\$10,000,000
D	Excess Crime					SAA024161701	07/01/12	07/01/13	Limit	\$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: As on file with the insured.

The City and County of San Francisco, its officers, agents and employees are named as additional insured on General and Auto Liability policy per attached endorsements.

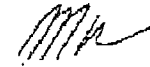
## CERTIFICATE HOLDER

## CANCELLATION

City & County of San Francisco  
Department of Public Health- Contracts  
101 Grove St., Rm. 307  
San Francisco, CA 94102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name of Additional Insured Person(s) or Organization(s)
Re: As on file with the insured. The City and County of San Francisco, its officers, agents and employees are named as additional insured on General and Auto Liability policy per attached endorsements.
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.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ULTRA AUTO PLUS ENDORSEMENT

This endorsement modifies insurance provided under the following:

#### BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage form apply unless modified by the endorsement.

#### EXTENDED CANCELLATION CONDITION

Paragraph 2.b. of the CANCELLATION Common Policy Condition is replaced by the following:

- b. 60 days before the effective date of cancellation if we cancel for any other reason.

#### TEMPORARY SUBSTITUTE AUTO – PHYSICAL DAMAGE COVERAGE

Under paragraph C. – CERTAIN TRAILERS, MOBILE EQUIPMENT AND TEMPORARY SUBSTITUTE AUTOS of SECTION 1 – COVERED AUTOS, the following is added:

If Physical Damage coverage is provided by this Coverage Form, then you have coverage for:

Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its breakdown, repair, servicing, "loss" or destruction.

#### BROAD FORM NAMED INSURED

SECTION II – LIABILITY COVERAGE – A.1. WHO IS AN INSURED provision is amended by the addition of the following:

- d. Any business entity newly acquired or formed by you during the policy period provided you own 50% or more of the business entity and the business entity is not separately insured for business auto Coverage. Coverage is extended up to a maximum of 180 days following acquisition or formation of the business entity. Coverage under this provision is afforded only until the end of the policy period.

#### BLANKET ADDITIONAL INSURED

SECTION II – LIABILITY COVERAGE – A.1. WHO

IS AN INSURED provision is amended by the addition of the following:

- e. Any person or organization for whom you are required by an "insured contract" to provide insurance is an "insured", subject to the following additional provisions:

- (1) The "insured Contract" must be in effect during the policy period shown in the Declarations, and must have been executed prior to the "bodily injury" or "property damage".
- (2) This person or organization is an "insured" only to the extent you are liable due to your ongoing operations for that insured, whether the work is performed by you or for you, and only to the extent you are held liable for an "accident" occurring while a covered "auto" is being driven by you or one of your employees.
- (3) There is no coverage provided to this person or organization for "bodily injury" to its employees, nor for "property damage" to its property.
- (4) Coverage for this person or organization shall be limited to the extent of your negligence or fault according to the applicable principles of comparative negligence or fault.
- (5) The defense of any claim or "suit" must be tendered by this person or organization as soon as practicable to all other insurers which potentially provide insurance for such claim or "suit".
- (6) The coverage provided will not exceed the lesser of
  - (a) the coverage and/or limits of this policy; or

(b) the coverage and/or limits required by the "insured contract".

- (7) A person's or organization's status as an "insured" under this subparagraph d ends when your operations for that "insured" are completed.

#### **FELLOW EMPLOYEE COVERAGE - EXECUTIVE OFFICES**

Exclusion 5, FELLOW EMPLOYEE of SECTION II - LIABILITY COVERAG - B. EXCLUSIONS is amended by the addition of the following:

This exclusion does not apply to liability incurred by your employees that are executive officers.

#### **PHYSICAL DAMAGE - ADDITIONAL TRANSPORTATION EXPENSE COVERAGE**

The first sentence of paragraph A.4 of SECTION III - PHYSICAL DAMAGE COVERAGE is amended to add:

5. We will pay for the expense of returning a stolen covered "auto" to you.

#### **AIRBAG COVERAGE**

Under paragraph B. - EXCLUSIONS of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

The exclusion relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

#### **LEASE GAP COVERAGE**

Under paragraph C - LIMIT OF INSURANCE OF SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

4. the most we will pay for a total "loss" in any on "accident" is the greater of the following, subject to a \$1,500 maximum limit:
  - a. Actual cash value of the damaged or stolen property as of the time of the "loss", less an adjustment for depreciation and physical condition; or
  - b. Balance due under the terms of the loan or lease that the damaged covered "auto" is subject to at the time of the "loss", less any one or all of the following adjustments:

- 1) Overdue payment and financial penalties associated with those payments as of the date of the "loss".

- 2) Financial penalties imposed under a lease due to high mileage, excessive use or abnormal wear and tear.

- 3) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease.

- 4) Transfer or rollover balances from previous loans or leases.

- 5) Final payment due under a "Balloon Loan".

- 6) The dollar amount of any un-repaired damage that occurred prior to the total loss of a covered "auto".

- 7) Security deposits not refunded by a lessor.

- 8) All refunds payable or paid to you as a result of the early termination of a lease agreement or any warranty or extended service agreement on a covered "auto".

- 9) Any amount representing taxes.

- 10) Loan or lease termination fees.

#### **GLASS REPAIR - WAIVER OF DEDUCTIBLE**

Under paragraph d. - DEDUCTIBLE of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

No deductible applies to glass damage if the glass is repaired rather than replaced.

#### **AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS**

The requirement in LOSS CONDITION 2.a. - DUTIES IN THE EVENT OF ACCIDENT, CLAIMS, SUIT OR LOSS - of SECTION IV - BUSINESS AUTO CONDITIONS that you must notify us of an "accident" applies only when the accident is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

**UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

SECTION IV – BUSINESS AUTO CONDITIONS – B.2. is amended by the addition of the following:

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this coverage Form because of such failure. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

**RESULTANT MENTAL ANGUISH COVERAGE**

SECTION V – DEFINITIONS – C. is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease sustained by a person including mental anguish or death resulting from any of these.

**HIRED AUTO PHYSICAL DAMAGE COVERAGE**

If hired "autos" are covered "autos" for Liability coverage and if comprehensive, specified Causes of Loss or collision coverages are provided under this coverage form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire or borrow of the private passenger or light truck (10,000 lbs. Or less gross vehicle weight) type, subject to the following limit.

The most we will pay for loss to any hired "auto" is \$50,000 or actual Cash Value or cost of Repair, whichever is smallest, minus a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" of the private passenger or light truck type for that coverage. Hired Auto Physical Damage coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own of the private passenger or light truck type.

**HIRED AUTO PHYSICAL DAMAGE COVERAGE – LOSS OF USE**

SECTION III – PHYSICAL A.4.b Form does not

apply.

Subject to a maximum of \$1,000 per accident, we will cover loss of use of a hired "auto" if it results from an accident, you are legally liable and the lessor incurs an actual financial loss.

**RENTAL REIMBURSEMENT COVERAGE**

A. This coverage applies only to a covered "auto" of the private passenger or light truck (10,000 lbs. Or less gross vehicle weight) type.

B. We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of a covered "loss" to a covered "auto." Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto." No deductible apply to this coverage.

C. We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:

1. The number of days reasonably required to repair or replace the covered "auto." If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you.

2. 30 days.

D. Our payment is limited to the lesser of the following amounts:

1. Necessary and actual expenses incurred.
2. \$50 per day

E. this coverage does not apply while there are spare or reserve "autos" available to you for your operations.

F. If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under the PHYSICAL DAMAGE COVERAGE Coverage Extension.

G. The Rental Reimbursement Coverage described above does not apply to a covered "auto" that is described or designated as a covered "auto" on Rental Reimbursement coverage form CA 99 23

**AUDIO, VISUAL AND SATA ELECTRONIC**

**EQUIPMENT COVERAGE****A. Coverage**

1. We will pay with respect to a covered "auto" for "loss" to any electronic equipment that receives or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound. This coverage applies only if the equipment is permanently installed in the covered "auto" at the time of the "loss" or the equipment is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss", and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto."
2. We will pay with respect to a covered "auto" for "loss" to any accessories used with the electronic equipment described in paragraph A.1. above. However, this does not include tapes, records or discs.
3. If audio, Visual and data Electronic Equipment Coverage form CA 99 60 or CA 99 94 is attached to this policy, then the Audio, visual and Data Electronic Equipment Coverage described above does not apply.

**B. Exclusions**

The exclusions that apply to PHYSICAL DAMAGE COVERAGE, except for the exclusion relating to Audio, Visual and Data Electronic Equipment, also apply to this coverage. In addition, the following exclusions apply:

We will not pay for wither any electronic equipment or accessories used with such electronic equipment that is:

1. Necessary for the normal operation of the covered "auto" for the monitoring of the covered "auto's" operating system; or
2. Both:
  - a. an integral part of the same unit housing any sound reproducing equipment designed solely for the reproduction of sound if the sound reproducing equipment is permanently

installed in the covered "auto"; and

- b. permanently installed in the opening of the dash or console normally used by the manufacturer for the installation of a radio.

**C. Limit of Insurance**

With respect to this coverage, the LIMIT OF INSURANCE provision of PHYSICAL DAMAGE COVERAGE is replaced by the following:

1. The most we will pay for "loss: to audio, visual or data electronic equipment and any accessories used with this equipment as a result of any one "accident" is the lesser of:
  - a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
  - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
  - c. \$1,000
1. an adjustment for depreciation and physical condition will be made in determining actual cash value at the time of the "loss."

If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

**D. Deductible**

1. If "loss" to the audio, visual or data electronic equipment or accessories used with this equipment is the result of a "loss" to the covered "auto" under the Business Auto coverage form's Comprehensive or Collision coverage, then for each covered "auto" our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" to audio, visual or data electronic equipment caused by fire or lightning.

2. If "loss" to the audio, visual or data electronic equipment or accessories used with this equipment is the result of a "loss" to the covered "auto" under the Business Auto Coverage form's specified Causes of Loss coverage, then for each covered

POLICY NUMBER: NTAUT0026001

COMMERCIAL AUTO  
CA 71 10 09 05

"auto" our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by a \$100 deductible.

3. if "loss" occurs solely to the audio, visual or data electronic equipment or accessories used with this equipment, then for each covered "auto" our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by a \$100 deductible.

4. In the event that there is more than one applicable deductible, only the highest deductible will apply. In no event will more than one deductible apply.

#### **BLANKET WAIVER OF SUBROGATION**

We waive the right of recovery we may have for payments made for "bodily injury" or "property damage" on behalf of the persons or organizations added as "insureds" under section II - LIABILITY COVERAGE - A.1.D. BROAD FORM NAMED INSURED and A.1.e. BLANKET ADDITION INSURED.

#### **PERSONAL EFFECTS COVERAGE**

A. SECTION III-PHYSICAL DAMAGE COVERAGE, A.4. COVERAGE EXTENSIONS, is amended by adding the following:

##### **c. Personal Effects Coverage**

For any Owned "auto" that is involved in a covered "loss", we will pay up to \$500 for "personal effects" that are lost or damaged as a result of the covered "loss", without applying a deductible.

B. SECTION V - DEFINITIONS is amended by adding the following:

Q. "Personal effects" means your tangible property that is worn or carried by you, except for tools, jewelry, money, or securities.



**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**

**Walden House**

This Agreement is made this 1st day of October, 2010, in the City and County of San Francisco, State of California, by and between: Walden House Inc., 1550 Evans Ave., San Francisco, CA 94124, 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, Community Behavioral Health Services, ("Department") wishes to provide services for Mental Health and Substance Abuse programs.

WHEREAS, Request for Proposal (RFP23-2009) was issued on July 31, 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 number 4151-09/10 on June 21, 2010;

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 through 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 15th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Fifty Four Million Two Hundred Fifty Six Thousand Five Hundred Forty Five Dollars (\$54,256,545). 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 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. Liquidated Damages** 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.     | 37. Drug-free workplace policy,       |
| 10. Taxes   | 53. Compliance with laws              |
| 15. Insurance                                       | 55. Supervision of minors             |
| 24. Proprietary or confidential information of City | 57. Protection of private information |
| 30. Assignment                                      | 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).

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                                      | 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) 255-3088 e-mail: Junko.Craft@sfdph.org
And:	Elizabeth Davis 1380 Howard Street, 2th Floor San Francisco, Ca 94103	FAX: (415) 255-3634 e-mail: Elizabeth.Davis@sfdph.org
To CONTRACTOR:	Paul Kroeger Walden House Inc. 520 Townsend St. San Francisco, CA 94103	FAX: (415) 554-1100 e-mail: pkroeger@waldenhouse.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 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 12O requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC 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 12O 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, 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 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](http://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](http://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 maybe 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.

**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."

**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** Left blank by agreement of the parties. (Supervision of Minors)

**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. Slavery Era Disclosure** 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.

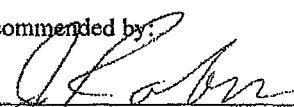
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Walden House Inc.

  
MITCHELL H. KATZ, M.D.  
Director of Health

10-18-10  
Date

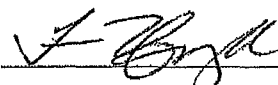
Approved as to Form:

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.

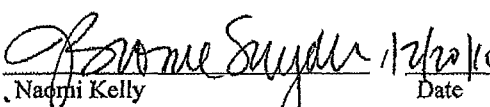
I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

By:

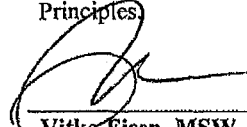
  
Terence Howzell, Deputy  
City Attorney

10/25/10  
Date

Approved:

  
Naomi Kelly  
Director of the Office of  
Contract Administration and  
Purchaser

11/20/10  
Date

  
Vitka Eisen, MSW, EdD  
Chief Executive Officer  
520 Townsend Street  
San Francisco, CA 94103

10/13/2010  
Date

City vendor number: 19454

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: N/A (Insurance Waiver) Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: SFDPH Private Policy Compliance Standards
- I: Substance Abuse Programs
- J: Emergency Response

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**Appendix A**  
**COMMUNITY BEHAVIORAL HEALTH SERVICES**

The following requirements are incorporated into Appendix A, as provided in this Agreement under Section 4. SERVICES.

**A. Contract Administrator:**

In performing the SERVICES hereunder, CONTRACTOR shall report to Elizabeth Davis, Contract Administrator for the CITY, or her designee.

**B. Reports:**

(1) 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.

(2) CONTRACTOR agrees to submit to the Director of Public Health or his designated agent (hereinafter referred to as "DIRECTOR") the following reports: Annual County Plan Data; Utilization Review Data and Quarterly Reports of De-certifications; Peer Review Plan, Quarterly Reports, and relevant Peer Review data; Medication Monitoring Plan and relevant Medication Monitoring data; Charting Requirements, Client Satisfaction Data, Program Outcome Data, and Data necessary for producing bills and/or claims in conformance with the State of California Uniform Method for Determining Ability to Pay (UMDAP; the state's sliding fee scale) procedures.

**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.

Space owned, leased or operated by providers, including satellites, and used for SERVICES or staff shall meet local fire codes. Documentation of fire safety inspections and corrections of any deficiencies shall be made available to reviewers upon request.

**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. 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, except to the extent that the SERVICES are to be rendered to a specific

population as described in Appendix A. CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and State statutes and regulations. CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

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, §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 record keeping.

(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.

(3) 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.

L. Billing and Information System

CONTRACTOR agrees to participate in the CITY'S Community Mental Health Services (CMHS) and Community Substance Abuse Services (CSAS) Billing and Information System (BIS) and to follow data reporting procedures set forth by the CMHS/CSAS BIS and Quality Improvement Units.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. 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.

O. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

P. Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures

In the provision of SERVICES under Community Mental Health Services or Community Substance Abuse Services contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by Community Mental Health Services or Community Substance Abuse Services, as

applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

2. **Description of Services**

Detailed description of services are listed below and are attached hereto

Appendix A-1	Adult Residential
Appendix A-2	Satellite Residential
Appendix A-3	WHITS Residential
Appendix A-4	Bridges Residential
Appendix A-5	Adult Residential Post SFGH
Appendix A-6	Transgender Residential
Appendix A-7	LODESTAR
Appendix A-8	Women's Hope
Appendix A-9	Central City OASIS
Appendix A-10	RPI
Appendix A-11	Prop 63
Appendix A-12	Crisis Intervention
Appendix A-13	BASN Residential
Appendix A-14	CARE Variable Length
Appendix A-15	CARE MDSP
Appendix A-16	CARE Detox
Appendix A-17	Bridges Outpatient
Appendix A-18	Second Chances Supportive Housing
Appendix A-19	Second Chances Case Management
Appendix A-20	Connections program
Appendix A-21	PROP
Appendix A-22	HIV Set Aside Coordinator
Appendix A-23	Health Services & Medication Support
Appendix A-24	Project Homeless Connect

Contractor: Walden House, Inc.  
Program: Adult Residential  
Fiscal Year: 2010-11

Appendix A-1  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS Office & CHPP only)

1. Program Name: Adult Residential

890 Hayes Street (Men)	815 Buena Vista West (Women)	214 Haight Street (Dual Recovery)
San Francisco, CA 94117	San Francisco, CA 94117	San Francisco, CA 94102
(415) 241-5566	(415) 554-1450	(415) 554-1480
(415) 621-1033 f	(415) 554-1475 f	(415) 934-6867f

2. Nature of Document (check one)

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

4. Target Population

The target population served by Walden House Adult Residential is adult poly-substance abusers who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. Walden House serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include men; the mentally ill; HIV positive individuals; homeless people; young adults ages 18-24; gay, bisexual and transgender people; veterans; parents; and individuals involved in the criminal justice system.

- Polysubstance abusers
- Intravenous route of administration
- Homeless

5. Modality(ies)/Interventions

The service modality for this Appendix is residential substance abuse treatment.

6. Methodology

Walden House's Gender Responsive Men's/ Women's/ Dual Recovery Residential Substance Abuse Treatment Programs are gender responsive residential substance abuse treatment. This program accepts San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment. Each participant's treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered.

**Outreach, recruitment, promotion, and advertisement:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

**Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and

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responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determined based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**Program Service Delivery Model:** WH Recovery Program (MRP) serves San Francisco residents whose substance abuse and related problems require the intensity and comprehensive scope provided in a residential program setting. The program is variable length, offering the possibility of services for six months to a year and is designed to serve any individual who desires services, some of whom have co-occurring mental health disorders, and/or HIV/AIDS. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction; co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

**Welcoming and Initial Engagement:** Participants are transported from admissions to the residential facility by WH drivers who have received training in welcoming and supporting participants as they transition into residential care. They are warmly greeted at the facility by staff and are assigned a care manager and therapist who will, over the next several days, conduct additional assessments to determine the most pressing treatment needs. They attend orientation groups that outline the program's rules, structure and schedule. The new participant is also introduced to a Big Brother or Big Sister, a peer who has already adapted well to program demands and can assist with adjusting to the treatment environment. Participants are provided with clothes, toiletries, and other necessities and receive a lot of support from staff and peers.

**Treatment Plan Development:** Within fourteen days, a comprehensive treatment plan is developed in collaboration with the participant and based on assessment results. The plan identifies problems the participant wants to address and recommends interventions and strategies. Problems most often include substance use, severity of mental health symptoms, poor medication adherence, homelessness, and lack of social support and professional services. Residential substance abuse treatment plans always includes at least 20 hours per week of AOD services. The care manager and the participant both sign the treatment plan, which is updated with new objectives and goals as the participant moves through treatment. In addition to shaping the content of case management and individual therapy, the individualized treatment plan also determines what other services the participant will access at WH and what services they will access through linkage to partnering service providers.

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**Case Management and Care Review:** Case Management with an emphasis on referral and linkage is the program's overarching evidence-based practice. The WH approach to case management is participant-driven and strength-based. Case managers partner with participants to help them utilize personal strengths and supports to navigate stressors and challenges. Issues of culture, ethnicity, family, environment, language, attitudes toward seeking help and stigmatization are actively addressed. Program participants frequently have a history of utilizing system of care services inconsistently and in ways that interfere with continuity of care. Creating meaningful linkages to key services both within and outside of Walden House supports a hearty recovery that can extend beyond the limits of the residential treatment episode.

Case Managers work with our partners to arrange participant appointments at Tom Waddell, San Francisco General Hospital, Positive Health Program, or St. Mary's Hospital if they don't already have a primary care home; these partners are all points of access for Healthy San Francisco enrollment. For those participants who have primary care providers, information about the date of last contact and frequency of care are determined, and they are encouraged to reestablish or become consistent with services. Participants are either dropped off to these appointments by a Walden House van and driver or are accompanied by peers for support. HIV+ participants who require a patient advocate are also linked to a peer advocate who can continue to assist with access to services after the Walden House stay.

Often, the treatment plan identifies other goals for case management including community reintegration planning for finding housing, employment or education services, SSI or other benefits advocacy and ongoing medical and mental health services. Releases of information are obtained and stored in participants' clinical files to facilitate communication between providers and to aid in the coordination of services.

Care Reviews are conducted on a weekly basis during the residential treatment episode with updates to the treatment plan due every 60 days. Multidisciplinary staff (case managers, therapists, medical services staff, & program directors) attend a two-hour weekly case review meeting during which progress and barriers toward achieving treatment goals, medication issues, peer interactions, engagement in the clinical program, and discharge planning are reviewed. During this review, the effectiveness of clinical strategies is explored and the treatment plan is updated as needed. Participants will regularly give and receive feedback from the team and outside case managers.

Walden House provides a variety of behavioral health and human services to the client. The components of services include: Alcohol and Drug Counseling, Family and Support Network Assessment, Relapse Prevention, Self Help Groups, Reentry Services; and Aftercare.

In addition, some clients may require specialized treatment plan based on their specific needs. Walden House also provides:

**HIV Services:** Individuals who are HIV+ will receive specialized services throughout the program that target their specific needs. These program participants will receive psychiatric screenings, case management, linkage to primary care, prevention education, and medication support, with specialized treatment goals and interventions in these areas that reflect the nature and scope of needs that are unique to the population. This will include participation in Prevention With Positives groups, and HIV support groups that help participants manage the unique challenges of living with HIV. Case management strategies for HIV+ participants focus on developing meaningful linkages to assist the participant in the areas of disease management, advocacy, access to services and benefits, and supporting long-term recovery. All referrals and other linkages are recorded in the participant's clinical file. All case managers and therapists attend numerous annual HIV trainings sponsored by the San Francisco system of care and the Walden Institute of Training. They are educated about HIV, sensitive to issues of disclosure and forming trust with this population, and are not only knowledgeable about system of care resources, but also maintain relationships with these providers which ensures the effectiveness of linkages and coordinated services.

**Individual and Group Therapy:** Men whose assessments indicate a need for mental health support will have the opportunity for at least one therapy session per week with a masters or doctoral-level mental health professional. Therapy goals usually focus on symptom management, managing urges to use alcohol and drugs, increasing coping skills, utilizing social support, and medication adherence. All WH clinicians are trained Motivational Interviewing as a clinical approach. They respect the participant's own process, accurately assess and respond to their readiness to change problem behaviors, and initiate interventions when they can be most effective.

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**Medication Services:** Medication services are available to all participants with mental health or physical issues that require medical intervention. When clinically appropriate, participants are referred to a WH psychiatrist for initial medication evaluations and follow-up visits. These services are available on-site on a weekly basis. Medical services staff assist participants to assume responsibility for medication adherence, and medications information is tracked and regularly included in case reviews.

**Prevention Services:** Upon entering a WH program, all participants undergo a behavioral risk assessment to identify prevention issues for their treatment plan. Group and individual prevention services include educational seminars and counseling about reducing risk factors for HIV, HCV, and STDs. Additionally, when risk is identified, participants receive appropriate referrals and support for HIV testing through partnerships with the Native American Health Center and the Haight Ashbury Free Clinic, who provide services at our site. Individuals who are HIV+ attend seminars in Prevention With Positives, to reduce the risk of transmitting the virus. WH Prevention Services staff are specially trained to provide culturally sensitive harm reduction, counseling, education, and referrals to participants according to the standards of the U.S. Center for Disease Control and Prevention's (CDC) HIV testing protocol.

**Family Services:** Family members and other supporters can participate with the program if the participant invites them to do so. Family Education Nights provide information about Walden House and behavioral health treatment, and holiday events and other recreational and social activities are open to family members. Also upon invitation, when relevant to the individual's treatment plan, family members and other supporters can take part in therapy or other counseling sessions in order to optimize social support for the participant's recovery.

For many MRP participants, recovery involves visits and possible reunification with children who are involved with Child Protective Services. The program will support parents in numerous ways, including ensuring that all CPS mandates are honored, offering parenting classes and support groups, sponsoring parent/child activities, and providing linkage to Child Support Services for assistance in fulfilling child support obligations. When appropriate, participants are linked to the County's Family Law Facilitators Office for help with issues relating to divorce, visitation, and custody arrangements.

**Community Re-integration:** WH operates a Re-entry Services Center at 1550 Evans Ave. The Center provides job readiness skills, linkages to vocational training programs, job search skills, employment and housing counseling and linkages, computer training classes and benefits enrollment assistance. Additionally, the Five Keys Charter School operates a classroom at the Evans site that offers GED preparation, linkage to GED testing and high school class work for completion of a high school diploma. Participants at the Re-entry stage of their treatment episode are referred to the Re-entry Services Center in order to prepare for employment and begin a housing search or apply for necessary benefits if employment seems unlikely.

**Gender Specific Services:** The most common of these are gender specific support groups which provide an opportunity to process issues of addiction, mental illness and recovery as they relate to gender. Other groups and skills classes are also conducted in gender cohorts, including Seeking Safety groups and parenting classes, the latter of which consists of separate curricula for men (The Nurturing Fathers Program).

Program services are located at 890 Hayes Street in San Francisco and the facility operates 24 hours every day. Admissions/Intakes are conducted at 1899 Mission Street. The Site(s) are licensed and the treatment programs are certified by California's Dept. of Alcohol and Drug Programs. All sites are ADA compliant and complies with all licensing, certification, health, safety, and fire codes.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

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All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

#### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

#### **Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

#### **Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

#### **Objective F.1: Health Disparity in African Americans**

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To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

#### **Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010.** (G.1a)
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

#### **Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices; culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

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## **B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 90% who complete are linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 90% who complete are linked to 12 Step and/or support groups as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 95% who complete are linked to a primary care home as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, at the time of completion 85% will report increased quality of life (versus self report at intake) as measured by Internal outcome measurement system and documented in client files.

## **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

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- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.

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- **Standards & Compliance:** Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
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- **Training:** Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
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#### **Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule - December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

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Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.



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Fiscal Year: 2010-11

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**1. Program Name: Adult Residential Satellite**

**Program Address:**

815 Buena Vista West (Women)  
San Francisco, CA 94117  
(415) 554-1450  
(415) 554-1475 f

1445 Chinook (Men)  
San Francisco, CA 94130  
(415) 970-7500  
(415) 970-7575 f

**2. Nature of Document (check one)**

☒ New      ☐ Renewal      ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

**4. Target Population**

The target population served by Walden House Adult Residential is adult poly-substance abusers who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. Walden House serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless people; young adults ages 18-24; gay, lesbian, bisexual and transgender people; veterans; parents; and individuals involved in the criminal justice system.

- Polysubstance abusers
- Intravenous route of administration
- Homeless

**5. Modality(ies)/Interventions**

The service modality for this Appendix is residential substance abuse treatment

**6. Methodology**

Walden House Adult Residential Satellite is a type of transitional housing, in which peers in recovery live together and support each other's recovery while continuing participation in treatment and related services has proven effective in sustaining treatment gains. The program serves San Francisco residents whose substance abuse and related problems no longer require the full intensity of services provided in a residential program setting, but continue to require substantial case management and treatment services to achieve treatment goals. Treatment services are administered at the licensed facilities at 890 Hayes, 815 Buena Vista West, and 214 Haight.

**Outreach, Recruitment, Admissions and Intake:**

Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies,

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participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

**Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

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If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

In this case, if appropriate, the client is moved to Satellite Residential to help them further stabilize to re-enter the community. The selection of clients into the transitional housing programs is contingent upon their eligibility for funding, bed spaces available, and need for transitional housing and the services.

**Program Service Delivery Model:** The program has a variable length; participants are eligible for up to one year total of residential and/or adult overnight/partial day treatment to complete the balance of that year, if needed, to achieve their treatment goals and link to the next step-down level of care.

Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Clients, who reside in Satellite, have enrolled in vocation training, found a job, or is enrolled in school. Satellites provide supported transitional housing to several clients living as roommates. When the client moves to a satellite apartment s/he begins to focus on re-socialization, work and family-related issues, as well as develops a transition plan to move toward independence. This transitional housing and supportive services may last up to 3 months, with extensions allowed on a case-by-case basis and availability of funding. Reentry clients pay subsidized rent, and receive supervision of money management, family issues, independent living skills and reentry issues.

Clients continue with their treatment plan, continue to receive case management services and reviews, and some of the same services as needed as the residential treatment clients. In addition, some satellite clients may require specialized treatment plan based on their specific needs. Walden House also provides:

**HIV Services:** Individuals who are HIV+ will receive specialized services throughout the program that target their specific needs. Many of the standards of care established for HIV+ participants are provided to all participants in our program, regardless of HIV status. For instance, all program participants will receive psychiatric screenings, case management, linkage to primary care, prevention education, and medication support. Participants who are HIV+ will have specialized treatment goals and interventions in these areas that reflect the nature and scope of needs that are unique to the population. This will include participation in Prevention With Positives groups, and HIV support groups that help participants manage the unique challenges of living with HIV. Case management strategies for HIV+ participants focus on developing meaningful linkages to assist the participant in the areas of disease management, advocacy, access to services and benefits, and supporting long-term recovery. All referrals and other linkages are recorded in the participant's clinical file. Case managers and therapists working in

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the program attend numerous annual HIV trainings sponsored by the San Francisco system of care and the Walden Institute of Training. They are educated about HIV, sensitive to issues of disclosure and forming trust with this population, and are not only knowledgeable about system of care resources, but also maintain relationships with these providers which ensures the effectiveness of establishing linkages and coordinating services.

**Prevention Services:** Upon entering a WH program, all participants undergo a behavioral risk assessment to identify prevention issues for their treatment plan. Group and individual prevention services include educational seminars and counseling about reducing risk factors for HIV, HCV, and STDs. Additionally, participants receive appropriate referrals and support for HIV testing through partnerships with the Native American Health Center and the Haight Ashbury Free Clinic, who provide services at our site. Individuals who are HIV+ attend seminars in Prevention With Positives, to reduce the risk of transmitting the virus. WH Prevention Services staff are specially trained to provide culturally sensitive harm reduction, counseling, education, and referrals to participants according to the standards of the U.S. Center for Disease Control and Prevention's (CDC) HIV testing protocol.

**Skills Training Groups:** Building participants' healthy coping skills is one of the pillars of the clinical program. Participants are supported in skill development so that they can better manage symptoms and avoid using drugs and alcohol to self-medicate. Participants are referred to skills training groups according to the goals in their treatment plan. Groups include Anger Management; Dialectical Behavior Therapy Skills (Mindfulness, Distress Tolerance, Interpersonal Effectiveness, and Emotional Regulation); Seeking Safety (a manualized CBT approach to treating co-morbid PTSD and substance abuse); and Relapse Prevention.

**Parenting Skills:** The Parenting Skills Classes at WH 815 will be available to all women with minor children and any other woman who wants to take the course. These skills classes are a series in the *Nurturing Parenting Programs* collection. The classes are geared for parents of children at different developmental levels so as to meet the needs of all women in the program

**Family Services:** Family members and other supporters can participate with the program if the participant invites them to do so. Family Education Nights provide information about Walden House and behavioral health treatment, and holiday events and other recreational and social activities are open to family members. Also upon invitation, when relevant to the individual's treatment plan, family members and other supporters can take part in therapy or other counseling sessions in order to optimize social support for the participant's recovery. For many WH participants, recovery involves visits and possible reunification with children who are involved with Child Protective Services. The program will support parents in numerous ways, including ensuring that all CPS mandates are honored, offering parenting classes and support groups, sponsoring parent/child activities, and providing linkage to Child Support Services for assistance in fulfilling child support obligations. When appropriate, participants are linked to the County's Family Law Facilitators Office for help with issues relating to divorce, visitation, and custody arrangements.



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**Community Re-integration:** WH operates a Re-entry Services Center at 1550 Evans Ave. The Center provides job readiness skills, linkages to vocational training programs, job search skills, employment and housing counseling and linkages, computer training classes and benefits enrollment assistance. Additionally, the Five Keys Charter School operates a classroom at the Evans site that offers GED preparation, linkage to GED testing and high school class work for completion of a high school diploma. Participants at the Re-entry stage of their treatment episode are referred to the Re-entry Services Center in order to prepare for employment and begin a housing search or apply for necessary benefits if employment seems unlikely.

Program services are located at 890 Hayes Street, 815 Buena Vista West, and 214 Haight in San Francisco and the facility operates 24 hours every day. Admissions/Intakes are conducted at 1899 Mission Street. The Site(s) are licensed and the treatment programs are certified by California's Dept. of Alcohol and Drug Programs. All sites are ADA compliant and complies with all licensing, certification, health, safety, and fire codes.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony.

Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

#### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

#### **Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

#### **Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult

mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

**Objective F.1: Health Disparity in African Americans**

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

**Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.  
**Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010. (G.1a)**
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

**Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)

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2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

#### **B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 90% of those who will complete will be linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 90% of those who complete will have improved housing status at time of discharge as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 60% will gain, maintain, or regain employment as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, at the time of completion, 85% will report increased quality of life (versus self report at intake) as measured by internal outcome measurement system and documented in client files.
5. During Fiscal Year 2010-11, 95% who complete will be linked to appropriate continuing care and support as measured by internal outcome measurement system and documented in client files in addition to being captured in AVATAR.

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substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

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To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

#### **Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

**Contractor:** Walden House, Inc.  
**Program:** Adult Residential Satellite  
**Fiscal Year:** 2010-11

**Appendix A-2**  
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**Funding Source** (AIDS Office & CHPP only)

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.





Contractor: Walden House, Inc.  
Program: WHITS  
Fiscal Year: 2010-11

Appendix A-3  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS Office & CHPP only)

**1. Program Name: Walden House Intensive Treatment Services**

214 Haight Street  
San Francisco, CA 94102  
Telephone: (415) 554-1480  
Facsimile: (415) 934-6867

**2. Nature of Document (check one)**

☐ New      ☒ Renewal      ☐ Modification

**3. Goal Statement**

To assist participants to maintain or restore personal independence and/or functioning consistent with requirements for learning, development, and enhanced self-sufficiency.

**4. Target Population**

The target population served in WHITS Residential is chronically mentally ill, adult poly-substance abusers who live in San Francisco. A pattern of repeated involvement in both mental health and substance abuse treatment programs is characteristic of this population. Walden House serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include both women and men; HIV positive individuals; homeless people; young adults ages 18-24, and emancipated minors from 16 to 18; gays, lesbians, bisexuals and transgenders; veterans; and individuals involved in the criminal justice system. People with mental illness are a part of all Walden House programs; however, this program is designed specifically for the dual diagnosed population.

- Polysubstance abusers
- Chronically mentally ill individuals
- Homeless

**5. Modality(ies)/Interventions**

The service modality for this Appendix is residential mental health and substance abuse treatment.

**6. Methodology**

Walden House's Gender Responsive Men's/ Women's/ Dual Recovery Residential Substance Abuse Treatment Programs are gender responsive residential substance abuse treatment. This program accepts San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment. Each participant's treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered.

**Outreach, recruitment, promotion, and advertisement:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations,

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individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

**Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

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If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**Program Service Delivery Model:** WH Recovery Program (MRP) serves San Francisco residents whose substance abuse and related problems require the intensity and comprehensive scope provided in a residential program setting. The program is variable length, offering the possibility of services for six months to a year and is designed to serve any individual who desires services, some of whom have co-occurring mental health disorders, and/or HIV/AIDS. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

**Welcoming and Initial Engagement:** Participants are transported from admissions to the residential facility by WH drivers who have received training in welcoming and supporting participants as they transition into residential care. They are warmly greeted at the facility by staff and are assigned a care manager and therapist who will, over the next several days, conduct additional assessments to determine the most pressing treatment needs. They attend orientation groups that outline the program's rules, structure and schedule. The new participant is also introduced to a Big Brother or Big Sister, a peer who has already adapted well to program demands and can assist with adjusting to the treatment environment. Participants are provided with clothes, toiletries, and other necessities and receive a lot of support from staff and peers.

**Treatment Plan Development:** Within fourteen days, a comprehensive treatment plan is developed in collaboration with the participant and based on assessment results. The plan identifies problems the participant wants to address and recommends interventions and strategies. Problems most often include substance use, severity of mental health symptoms, poor medication adherence, homelessness, and lack of social support and professional services. Residential substance abuse treatment plans always includes at least 20 hours per week of AOD services. The care manager and the participant both sign the treatment plan, which is updated with new objectives and goals as the participant moves through treatment. In addition to shaping the content of case management and individual therapy, the individualized treatment plan also determines what other services the participant will access at WH and what services they will access through linkage to partnering service providers.

**Case Management and Care Review:** Case Management with an emphasis on referral and linkage is the program's overarching evidence-based practice. The WH approach to case management is participant-driven and strength-based. Case managers partner with participants to help them utilize personal strengths and supports to navigate stressors and challenges. Issues of culture, ethnicity, family, environment, language, attitudes toward seeking help and stigmatization are actively addressed. Program participants frequently have a history of utilizing system of care services inconsistently and in ways that interfere with continuity of care. Creating meaningful linkages to key services both within and outside of Walden House supports a hearty recovery that can extend beyond the limits of the residential treatment episode.

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Case Managers work with our partners to arrange participant appointments at Tom Waddell, San Francisco General Hospital, Positive Health Program, or St. Mary's Hospital if they don't already have a primary care home; these partners are all points of access for Healthy San Francisco enrollment. For those participants who have primary care providers, information about the date of last contact and frequency of care are determined, and they are encouraged to reestablish or become consistent with services. Participants are either dropped off to these appointments by a Walden House van and driver or are accompanied by peers for support. HIV+ participants who require a patient advocate are also linked to a peer advocate who can continue to assist with access to services after the Walden House stay.

Often, the treatment plan identifies other goals for case management including community reintegration planning for finding housing, employment or education services, SSI or other benefits advocacy and ongoing medical and mental health services. Releases of information are obtained and stored in participants' clinical files to facilitate communication between providers and to aid in the coordination of services.

Care Reviews are conducted on a weekly basis during the residential treatment episode with updates to the treatment plan due every 60 days. Multidisciplinary staff (case managers, therapists, medical services staff, & program directors) attend a two-hour weekly case review meeting during which progress and barriers toward achieving treatment goals, medication issues, peer interactions, engagement in the clinical program, and discharge planning are reviewed. During this review, the effectiveness of clinical strategies is explored and the treatment plan is updated as needed. Participants will regularly give and receive feedback from the team and outside case managers.

Walden House provides a variety of behavioral health and human services to the client. The components of services include: Alcohol and Drug Counseling, Family and Support Network Assessment, Relapse Prevention, Self Help Groups, Reentry Services, and Aftercare.

In addition, some clients may require specialized treatment plan based on their specific needs. Walden House also provides:

**HIV Services:** Individuals who are HIV+ will receive specialized services throughout the program that target their specific needs. These program participants will receive psychiatric screenings, case management, linkage to primary care, prevention education, and medication support, with specialized treatment goals and interventions in these areas that reflect the nature and scope of needs that are unique to the population. This will include participation in Prevention With Positives groups, and HIV support groups that help participants manage the unique challenges of living with HIV. Case management strategies for HIV+ participants focus on developing meaningful linkages to assist the participant in the areas of disease management, advocacy, access to services and benefits, and supporting long-term recovery. All referrals and other linkages are recorded in the participant's clinical file. All case managers and therapists attend numerous annual HIV trainings sponsored by the San Francisco system of care and the Walden Institute of Training. They are educated about HIV, sensitive

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to issues of disclosure and forming trust with this population, and are not only knowledgeable about system of care resources, but also maintain relationships with these providers which ensures the effectiveness of linkages and coordinated services.

**Individual and Group Therapy:** Men whose assessments indicate a need for mental health support will have the opportunity for at least one therapy session per week with a masters or doctoral-level mental health professional. Therapy goals usually focus on symptom management, managing urges to use alcohol and drugs, increasing coping skills, utilizing social support, and medication adherence. All WH clinicians are trained Motivational Interviewing as a clinical approach. They respect the participant's own process, accurately assess and respond to their readiness to change problem behaviors, and initiate interventions when they can be most effective.

**Medication Services:** Medication services are available to all participants with mental health or physical issues that require medical intervention. When clinically appropriate, participants are referred to a WH psychiatrist for initial medication evaluations and follow-up visits. These services are available on-site on a weekly basis. Medical services staff assist participants to assume responsibility for medication adherence, and medications information is tracked and regularly included in case reviews.

**Prevention Services:** Upon entering a WH program, all participants undergo a behavioral risk assessment to identify prevention issues for their treatment plan. Group and individual prevention services include educational seminars and counseling about reducing risk factors for HIV, HCV, and STDs. Additionally, when risk is identified, participants receive appropriate referrals and support for HIV testing through partnerships with the Native American Health Center and the Haight Ashbury Free Clinic, who provide services at our site. Individuals who are HIV+ attend seminars in Prevention With Positives, to reduce the risk of transmitting the virus. WH Prevention Services staff are specially trained to provide culturally sensitive harm reduction, counseling, education, and referrals to participants according to the standards of the U.S. Center for Disease Control and Prevention's (CDC) HIV testing protocol.

**Family Services:** Family members and other supporters can participate with the program if the participant invites them to do so. Family Education Nights provide information about Walden House and behavioral health treatment, and holiday events and other recreational and social activities are open to family members. Also upon invitation, when relevant to the individual's treatment plan, family members and other supporters can take part in therapy or other counseling sessions in order to optimize social support for the participant's recovery.

For many MRP participants, recovery involves visits and possible reunification with children who are involved with Child Protective Services. The program will support parents in numerous ways, including ensuring that all CPS mandates are honored, offering parenting classes and support groups, sponsoring parent/child activities, and providing linkage to Child Support Services for assistance in fulfilling child support obligations. When appropriate, participants are linked to the County's Family Law Facilitators Office for help with issues relating to divorce, visitation, and custody arrangements.

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**Community Re-integration:** WH operates a Re-entry Services Center at 1550 Evans Ave. The Center provides job readiness skills, linkages to vocational training programs, job search skills, employment and housing counseling and linkages, computer training classes and benefits enrollment assistance. Additionally, the Five Keys Charter School operates a classroom at the Evans site that offers GED preparation, linkage to GED testing and high school class work for completion of a high school diploma. Participants at the Re-entry stage of their treatment episode are referred to the Re-entry Services Center in order to prepare for employment and begin a housing search or apply for necessary benefits if employment seems unlikely.

**Gender Specific Services:** The most common of these are gender specific support groups which provide an opportunity to process issues of addiction, mental illness and recovery as they relate to gender. Other groups and skills classes are also conducted in gender cohorts, including Seeking Safety groups and parenting classes, the latter of which consists of separate curricula for men (The Nurturing Fathers Program).

Program services are located at 890 Hayes Street in San Francisco and the facility operates 24 hours every day. Admissions/Intakes are conducted at 1899 Mission Street. The Site(s) are licensed and the treatment programs are certified by California's Dept. of Alcohol and Drug Programs. All sites are ADA compliant and complies with all licensing, certification, health, safety, and fire codes.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of

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clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

#### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

#### **Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

#### **Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

**Objective F.1: Health Disparity in African Americans**

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

**Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010.** (G.1a)
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

**Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit

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will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)

2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

#### **B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 90% of those who complete will have improved housing status at time of discharge as measured by internal outcome measurement system and documented in client files documented in client files documented in client files.
2. During Fiscal Year 2010-11, 90% who complete are linked to 12 Step and/or support groups as measured by Internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, At the time of completion 85% will report increased quality of life (versus self report at intake) as measured by Internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, at the time of completion, 85% will report increased quality of life (versus self report at intake) as measured by internal outcome measurement system and documented in client files documented in client files.

#### **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

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WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire,

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earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.

- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

#### ***Privacy Policy:***

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule -- December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and

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California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

Contractor: Walden House, Inc.  
Program: Bridges Residential  
Fiscal Year: 2010-11

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Funding Source (AIDS Office & CHPP only)

1. Program Name: BRIDGES Residential  
214 Haight Street  
San Francisco, CA 94102  
(415) 554-1480  
(415) 934-6867 f

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

4. Target Population

The target population served by the Walden House BRIDGES program are adults parolees, mentally ill, poly-substance abusers or dependant on drugs and/or alcohol, considered legal residents of San Francisco.

- CDCR Parolees
- Poly-Substance Abusers
- Mentally Ill

5. Modality(ies)/Interventions

The service modality for this Appendix is residential substance abuse treatment

6. Methodology

Walden House offers a streamlined continuum of care comprehensive residential substance abuse services.

**Outreach and Recruitment:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals. In addition, because this program's target population are CDCR parolees, the program staff have good referral relationships with the Parole agencies that serve parolees in San Francisco.

**Admissions and Intake:** Admission to the BRIDGES Program through an initial referral by the Parole Agent. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, additional assessments will take place in order to determine current mental status; symptom picture; substance use; living situation; medications; potential for

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economic self-sufficiency; client strengths; and personal goals. The client will also take part in the Walden House Family/Support Network assessment which seeks to identify professional helpers and avenues of interpersonal support. The three-part assessment includes a questionnaire, completion of a simple genogram and a support system map. Upon admission, the client will complete a baseline "Milestones of Recovery Scale (MORS).

**Program Service Delivery Model:** BRIDGES is designed to provide intensive case management, skills training, advocacy and recovery support to parolees managing significant reentry challenges including mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support. The program services are arrayed in order to help clients avoid reincarceration and the need for emergency services; meet survival needs; create and maintain a foundation for wellness and recovery; and have more quality of life.

The residential program is a variable-length program that accommodates up to 4 months and the stay may be lengthened from 1 to 12 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

**Orientation:** Within three days of being admitted to the program, each parolee will receive a face-to-face orientation to the program along with a copy of written policies and procedures.

#### ***Wellness Recovery Action Plan***

Upon entering the program, clients will be guided in the creation of their own Wellness Recovery Action plan and share it with their case manager. This plan will include the following:

- ☐ Wellness Toolbox: Practical things that can be done to stay well and feel better
- ☐ Daily Maintenance List: Description of feeling right and what needs to happen every day to feel that way
- ☐ Triggers: Things that can make you feel worse and an action plan to avoid these.
- ☐ Early Warning Signs: Subtle internal signs that warn of problems and how to manage these
- ☐ Things are Breaking Down or Getting Worse: Signs that indicate a crisis is coming and how to respond to these.
- ☐ Crisis Planning: Instructions for others about how you want to be cared for if you temporarily can't care for yourself
- ☐ Post Crisis Plan: Plans to gradually resume everyday responsibilities in a way as to not feel overwhelmed

**WRAP Diary Card:** Upon the initial creation of the Wellness Recovery Action Plan, a diary card will be created that is designed to track key elements of the WRAP plan. These elements could include medications; managing anger; self-harm or assault; using or craving substances; asking for help when needed; staying with a budget; following through on important appointments; housing search; etc. Each parolee will have a customized diary card that tracks thoughts, feelings, and behaviors on one side and gives them the opportunity to list skills they have learned and used on the other side. The skills will come from their wellness toolbox which should expand as they participate in the program.

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Clients will have their diary cards reviewed by staff every day that they attend program or at least on a once a week basis depending on the treatment plan. Parolees will review their diary card with the case manager who will use the session to do further analysis of problem behaviors, develop alternative strategies for the future, and coach the use of skills when they are most needed. When clients engage in behaviors that move them farther away from their stated goals, the disparity will be noted and the case manager will seek to determine if problems arose because the client did not have a skill to manage the situation or if they had a skill but were not motivated to use it. The answer to that question will determine whether to teach a new skill or use motivational strategies to ensure that the skills are being used.

The program plans to use small, noncash incentives to encourage greater participation in program services. Clients who complete classes or are consistent with their WRAP diary cards can be given personal care products, food, movie tickets, restaurant coupons, etc. Criteria will be developed and peer mentors might be used to manage this process.

**Development of the Individual Personal Services Plan:** Within seven days of enrollment into the program, a case review will take place and a goal oriented Individual Personal Services Plan will be developed. The plan will guide case management efforts and activities in key areas including establishing income, housing, medical and mental health treatment, social support, etc. Assessments and the Wellness Recovery Action Plan will also inform the process. The goals of the Individual Personal Services Plan will be matched to the clinical schedule of groups and seminars. Clients will be encouraged to use program activities in order to create structure to their daily and weekly schedules.

**Program Services** are configured in such a way as to provide clients with daily structure and support as they can attend groups and seminars five days a week as well as take part in recreational/socialization activities, eat breakfast and lunch at the program, and participate in opportunities to mentor other clients. In this way, clients will be encouraged to utilize services as a Rehabilitation Day Treatment model with intensive case management services. Clients will receive independent living skills classes, vocational/educational support, wellness classes, social skills training, parenting support, crisis intervention support, DBT mindfulness training, and peer mentoring support.

The program is relationally oriented and case managers engage clients with respect and empathy and seek to develop a sense of connection with them. Clients are encouraged to manage symptoms and problem behaviors through intentional planning and resource management. The program also works to shore up inadequate or poorly utilized networks of interpersonal support so that help is at hand for clients when they need it the most.

**Case Management & Case Conferencing:** Case management activities will be directed by the individual services plan and will include linkage to system of care services and follow-up to ensure that services have been established. When appropriate, case managers will refer clients to organizations that can provide advocacy for establishing benefits and will work to ensure that clinical information will be made available to support that process. Appropriate Releases of Information will be sought in order to facilitate case conferencing and with outside agencies and regular case reviews will be scheduled with parole agents.

Staff will address criminal thinking and behaviors by utilizing the "Thinking for a Change" curriculum. Parolees will be able to learn how their thoughts, feelings, behaviors, and core belief systems have created problems in the past. Utilizing role play, the curriculum encourages the practice of cognitive, self-change skills in high risk situations to prepare for future challenges. The curriculum will most likely require some modification for the population served in this program.

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**Recreational Activities and Opportunities to Improve Socialization Skills:** Because services will be offered on a daily basis and clients will be encouraged to use the program to structure daily activities, organized recreational activities will be offered. These activities could include parties, movie days, field trips, outings to the park, game days, etc. These activities will also provide important opportunities to practice and apply newly acquired social skills.

The program will seek to involve the family and friends of our clients in creating an effective network of support that will assist the client both while they are being actively case managed and once they are discharged as well. Family/Friends education events will be sponsored in order to provide supporters with information about recovery from mental health and addiction as well as information about involvement in the criminal justice system. If willing, individual members of client support networks could take part in groups or individual counseling sessions that would focus on setting up guidelines for future support. For example, a discussion might take place between a client and a supporter regarding how the supporter should approach the client if they fear he is in a high-risk situation. Using role play and behavioral rehearsal, difficult conversations could be prepared for in advance. Supporters could also take part in curriculum and learn how to help the client do a chain analysis, assist them to fill out the WRAP diary card, or learn principles that support recovery and prevent relapse.

**Stabilization Beds:** While the program will work to help keep clients out of inpatient care, it is possible that some clients may require either a brief stay in Psychiatric Emergency Services or less intensive services in a residential stabilization program.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

**Document Date:** October 8, 2010



**Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

**Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

**Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

**Objective F.1: Health Disparity in African Americans**

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

**Objective G.1: Alcohol Use/Dependency**

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1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010.** (G.1a)
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

#### **Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

#### **B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 90% of those who complete will have improved housing status at time of discharge as measured by internal outcome measurement system and documented in client files documented in client files.
2. During Fiscal Year 2010-11, 90% who complete are linked to 12 Step and/or support groups as measured by Internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, At the time of completion 85% will report increased quality of life (versus self report at intake) as measured by Internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, at the time of completion, 85% will report increased quality of life (versus self report at intake) as measured by internal outcome measurement system and documented in client files documented in client files.

#### **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards &

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compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermittent scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.

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- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

#### **Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a

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contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.



Contractor: Walden House, Inc.  
Program: Residential Treatment Post SFGH  
Fiscal Year: 2010-11

Appendix A-5  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS Office & CHPP only)

**1. Program Name: Residential Treatment Post SFGH**

890 Hayes Street (Men)	815 Buena Vista West (Women)	214 Haight Street (Dual Recovery)
San Francisco, CA 94117	San Francisco, CA 94117	San Francisco, CA 94102
(415) 241-5566	(415) 554-1450	(415) 554-1480
(415) 621-1033 f	(415) 554-1475 f	(415) 934-6867 f

**2. Nature of Document (check one)**

☐ New      ☒ Renewal      ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

**4. Target Population**

The target population served by the Walden House SFGH Treatment Access Program is adult poly-substance abusers who live in San Francisco and referred from San Francisco General Hospital by the Treatment Access Program (TAP). Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. Walden House serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless people; young adults ages 18-24; gay, lesbian, bisexual and transgender people; veterans; parents; and individuals involved in the criminal justice system.

- Mental Health referrals.
- Polysubstance abusers
- Intravenous route of administration

**5. Modality(ies)/Interventions**

The service modality for this Appendix is residential substance abuse treatment

**6. Methodology**

Walden House Residential Treatment Post SFGH offers a streamlined continuum of care comprehensive residential substance abuse services.

**Outreach and Recruitment:** While Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs, Clients are primarily referred by San Francisco General Hospital by the Treatment Access Program (TAP). We also make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs

**Contractor:** Walden House, Inc.  
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to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>.

**Admissions and Intake:** Admission to the Walden House Behavioral Health programs including Adult Residential and Outpatient Programs are open to all adult San Francisco residents with a substance abuse problem. The person served may access Walden House services through an appointment or walk-in at the Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) Lite assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for the Walden House continuum of care to ensure proper placement. At any time should any immediate detoxification or medical need be identified, Walden House will coordinate with medical staff or external emergency medical service personnel. The client is then assessed as appropriate for the Walden House continuum of care or is identified as inappropriate.

When the client is identified as inappropriate for the program will be provided referrals other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability. Post-SFGH clients are admitted and screened to determine where the client will be placed and what population specific services they may require.

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**Program Service Delivery Model:** The residential program is a variable-length program that accommodates up to 4 months and the stay may be lengthened from 1 to 12 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Once onsite at their assigned location, the client immediately enters orientation which includes: introduction to staff and peers; orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.); "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules; Recovery Plan – self assessment of needs, life problems, and areas for improvement.

Staff reviews client's Recovery Plan and an Interpretive Summary is then developed based upon information obtained. The Interpretive Summary provides the multidisciplinary treatment team a client-centric clinical picture of the immediate areas of concern and interventions, referrals, and treatment plans that are necessary to meet the client's needs. The client works with the staff member on creating an individual treatment plan with concrete objectives including what assignments, services and tasks with begin and end dates that are required of them to complete.

Walden House provides a variety of behavioral health and human services to the client. The components of services include:

**Health Services:** This component includes onsite Health Coordinators who observe the person served and their physical well-being. Medical referrals and medications are maintained by this component. In addition, psychiatric services including evaluation and medications are managed under the health service system in place.

**Clinical Services:** This component includes both substance abuse and mental health clinicians. The Clinical Services department contains licensed professionals for mental health concerns. Substance abuse counselors who work from a case management perspective are the primary clinical team contact. Interventions provided by Clinical Services include: Education; Counseling; and Case Management services. Services provided and received by the client are directly tied to the individual plan already developed.

- ☐ **Education:** A curriculum of educational materials to the person served that addresses substance abuse, health and wellness issues is conducted to enhance the person's served understanding of the issues that require treatment.
- ☐ **Counseling:** Clinical services provided are achieved via include family, group and individual modalities. Clinical services due to its unique structure not only can provide substance abuse counseling services, but dual diagnosis capable services as well. Current methodologies used in clinical practice include: Cognitive-Behavioral Theory; Dialectical

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Behavioral Therapy; Motivational Interviewing; and the Seeking Safety curriculum. Counseling services include: substance abuse issues, daily functioning & social skills, psychiatric issues, cultural identity issues, coping skill development, traumatic experiences, family dysfunction/relationships, and reunification issues.

- **Case Management:** The Clinical Service department provides cultural and linguistically competent Case Management services. This is achieved via continuous assessment and re-assessment of the client's needs. Case Management may mean internal referrals to other Walden House service components or to external service providers. When the needs are beyond the scope of the program, the assigned staff member then makes linkages within the community for the client. Case management and supportive counseling are provided on an ongoing basis to the client.

**Ancillary Services:** Ancillary Services work in a consultative capacity and serves a pivotal role with the Clinical Services department to serve the needs of the client in a coordinated and coherent fashion. This component includes onsite:

- **Family Services:** This department provides parenting skill development and assists clients with minor children in the custody of the state or other guardians. Family education is also provided.
- **Prevention/Diversion:** This department provides prevention services. Health promotion and disease prevention services are provided surrounding high-risk behaviors related to sexually transmitted diseases and other health-related issues. In addition, the Prevention/Diversion department provides Primary Case Management services to those persons at risk for, or who currently are HIV infected. All clients complete a high-risk behavior questionnaire at the time of intake and are triaged by this department based upon the questionnaire completed.
- **Social Services:** This department functions the eligibility worker for the Social Security benefits system and representative payee. This department assists the clients to obtain and receive benefits they are eligible for and helps the person served identify possible routes for continued benefits beyond discharge.
- **Transitional Services:** This department provides educational, housing & economic support; employment; and vocational services and is charged with preparing the client to transition back into the community. This department provides GED; job-readiness; resume writing; housing seeking & maintenance; vocational skill building; and general employment & community services. The Transitional Services department works hand in hand with the Clinical Services department to ensure that Case Management and Transition planning are both consistent and sufficient to meet the needs of the client.

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Walden House considers continuing care and transitioning back into the community at the beginning of the treatment episode. This primarily starts to be addressed in Orientation when the person served completes the Recovery Plan, including their plans after Walden House. Initial referrals are also considered during the creation of the Interpretive Summary to ensure transition and recovery support services are provided consistently over the course of treatment.

While in treatment, the client consistently meets with their assigned staff member and discusses Case Management needs as well as formalizing the transition process back into the community. Within the Walden House continuum of care, transition housing is available for those eligible for that funding. Services are provided outside of the Sober Living environment and assigned staff ensures coordinated care occurs to meet the needs of the person served. In addition, Transition Services staff members work with the assigned staff member and the client to ensure housing and employment needs are met. As the client approaches the end of their treatment episode referrals and recommendations are formulated.

A Continuing Care plan is created by the multidisciplinary team making necessary referrals for the smooth transition back into the community. In addition, recommendations post-discharge are made. As treatment comes to an end, the client must also complete the Continuing Care plan by outlining their plan to continue functioning in healthy manner post-discharge. Prior to the successful discharge, the Continuing Care plan must be reviewed and approved by the assigned staff member and the client. This plan serves as the roadmap to transitioning into the community and getting the client's needs met.

In addition to the usual services an adult residential clients receives, Post-SFGH clients are split into two groups:

- Clients with medical issues that require medical attention from our medical staff
- Clients with mental health issues (dual-diagnosis et al) coming out of SFGH that require psychotherapy attention with our psychotherapy staff.

Based on the need of the client, population specific services are rendered to stabilize the client so that the client can receive treatment and be integrated into the therapeutic community. Clients in this program are allowed to enter satellite as well.

Program services are located at 890 Hayes Street, 815 Buena Vista West, and 214 Haight in San Francisco and the facility operates 24 hours every day. Admissions/Intakes are conducted at 1899 Mission Street. The Site(s) are licensed and the treatment programs are certified by California's Dept. of Alcohol and Drug Programs. All sites are ADA compliant and complies with all licensing, certification, health, safety, and fire codes.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or

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notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs; tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

#### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

#### **Objective A.2: Reduce Substance Use**

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1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer.(A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

#### **Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

#### **Objective F.1: Health Disparity in African Americans**

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

#### **Objective G.1: Alcohol Use/Dependency**

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1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.  
**Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010. (G.1a)**
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

#### **Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

#### **B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 90% of those who complete will have improved housing status at time of discharge as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 90% who complete are linked to 12 Step and/or support groups as measured by Internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, At the time of completion 85% will report increased quality of life (versus self report at intake) as measured by Internal outcome measurement system and documented in client files.

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4. During Fiscal Year 2010-11, at the time of completion, 85% will report increased quality of life (versus self report at intake) as measured by internal outcome measurement system and documented in client files documented in client files.

## **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

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- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

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To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

***Privacy Policy:***

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule -- December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.* known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the

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following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

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1. Program Name: Transgender Recovery Program

890 Hayes Street (Men)	815 Buena Vista West 214 Haight Street (Women)	(Dual Recovery)
San Francisco, CA 94117	San Francisco, CA 94117	San Francisco, CA 94102
(415) 241-5566	(415) 554-1450	(415) 554-1480
(415) 621-1033 f	(415) 554-1475 f	(415) 934-6867 f

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

4. Target Population

The target populations served by the Walden House Transgender Recovery Program (TRP) are transgender poly-substance abusers who live in San Francisco. Primary drugs of abuse are alcohol, amphetamines, crack cocaine and heroin. Walden House serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent, primarily African-American, followed demographically by Caucasian, Hispanic, and Asian. All are at significant risk for HIV as some are positive. We also serve female -to-male (FTM), and gender-queer identified clients.

- male-to-female (MTF) transgender
- poly-substance abusers
- other transgender (Female to Male and gender-queer)

5. Modality(ies)/Interventions

The service modality for this Appendix is residential substance abuse treatment

6. Methodology

Transgender Recovery Program — Gender Identity (Transgender) Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender identity sensitive residential substance abuse treatment program for transgendered (TG) individuals. This program accepts self-identifying TG San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many TG individuals' paths to addiction. Each individual's treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered. The program is staffed by self-identifying TG clinicians, and all staff and residents in the facility are trained in TG sensitivity. TG-specific needs, including access to hormones, are thoroughly assessed and addressed.

**Outreach and Recruitment:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance

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abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

In addition, because this program's target population is Transgender clients, the program staff has good referral relationships with several agencies that serve transgender clients in San Francisco. In addition, program staff delivers services via a monthly support groups with trans identified women in other community forum like St. James Infirmary's trans sex worker clinic on Thursday nights.

**Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determined based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability. If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**Program Service Delivery Model:** The program is variable length, offering the possibility of services for six months to a year and is designed to serve Transgender clients, some of whom have co-occurring mental health disorders, and/or HIV/AIDS. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

**Welcoming and Initial Engagement:** Participants are transported from admissions to the residential facility by WH drivers who have received training in welcoming and supporting participants as they transition into residential care. They are warmly greeted at the facility by staff and are assigned a care manager and therapist who will, over the next several days, conduct additional assessments to determine the most pressing treatment needs. They attend orientation groups that outline the program's rules, structure and schedule. The new participant is also introduced to a Big Brother or Big Sister, a peer who has already adapted well to program demands and can assist with adjusting to the treatment environment. Participants are provided with clothes, toiletries, and other necessities and receive a lot of support from staff and peers.

**Treatment Plan Development:** Within fourteen days, a comprehensive treatment plan is developed in collaboration with the participant and based on assessment results. The plan identifies problems the participant wants to address and recommends interventions and strategies. Problems most often include substance use, severity of mental health symptoms, poor medication adherence, homelessness, and lack of social support and professional services. Residential substance abuse treatment plans always includes at least 20 hours per week of AOD services. The care manager and the participant both sign the treatment plan, which is updated with new objectives and goals as the participant moves through treatment. In addition to shaping the content of case management and individual therapy, the individualized treatment plan also determines what other services the participant will access at WH and what services they will access through linkage to partnering service providers.

**Case Management and Care Review:** Case Management with an emphasis on referral and linkage is the program's overarching evidence-based practice. The WH approach to case management is participant-driven and strength-based. Case managers partner with participants to help them utilize personal strengths and supports to navigate stressors and challenges. Issues of culture, ethnicity, family, environment, language, attitudes toward seeking help and stigmatization are actively addressed. Program participants frequently have a history of utilizing system of care services inconsistently and in ways that interfere with continuity of care. Creating meaningful linkages to key services both within and outside of Walden House supports a hearty recovery that can extend beyond the limits of the residential treatment episode.

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Case Managers work with our partners to arrange participant appointments at Tom Waddell, San Francisco General Hospital, Positive Health Program, or St. Mary's Hospital if they don't already have a primary care home; these partners are all points of access for Healthy San Francisco enrollment. For those participants who have primary care providers, information about the date of last contact and frequency of care are determined, and they are encouraged to reestablish or become consistent with services. Participants are either dropped off to these appointments by a Walden House van and driver or are accompanied by peers for support. HIV+ participants who require a patient advocate are also linked to a peer advocate who can continue to assist with access to services after the Walden House stay.

Often, the treatment plan identifies other goals for case management including community reintegration planning for finding housing, employment or education services, SSI or other benefits advocacy and ongoing medical and mental health services. Releases of information are obtained and stored in participants' clinical files to facilitate communication between providers and to aid in the coordination of services.

The components of services include:

**Alcohol and Drug Counseling** - All TRP participants receive individual, group, and family AOD counseling with clinical staff who are trained to use a Motivational Interviewing clinical approach. This ensures that counseling maintains engagement, addresses ambivalence, and matches interventions to stages of change. Individual counseling sessions provide each participant the opportunity to meet privately with the Coordinator at least weekly for focused work toward meeting treatment plan goals. Group counseling is either delivered within the TG caseload or among the larger facility population; topical groups are typically process-oriented and have a psycho-educational and/or curriculum component to them (for example, Caseload Group, Drug Education Group, DBT Group, Relapse Prevention, Seeking Safety, Prevention with Positives); affinity groups are focused on AOD-related issues or concerns shared by particular groups of people (for example, Grief & Loss, LGBTQQ, Ex-Sex Workers); and family counseling may include family therapy with a clinician, and Family Psycho-education Group (a CMHS EBP).

**HIV Services** - Individuals who are HIV+ will receive specialized services throughout the program that target their specific needs. These program participants will receive psychiatric screenings, case management, linkage to primary care, prevention education, and medication support, with specialized treatment goals and interventions in these areas that reflect the needs inherent to life with HIV/AIDS. This will include participation in Prevention With Positives groups and HIV support groups. Case management strategies for HIV+ participants focus on developing meaningful linkages to assist the participant in the areas of disease management, advocacy, access to services and benefits, and supporting long-term recovery. All referrals and other linkages are recorded in the participant's clinical file. All WH clinical staff attend numerous annual HIV trainings sponsored by the San Francisco system of care and the Walden Institute of Training. They are educated about HIV, sensitive to issues of disclosure and forming trust with this population, knowledgeable about system of care resources, and maintain relationships with these providers which ensures the effectiveness of linkages and coordinated services.

**Individual and Group Therapy** - Participants whose assessments indicate trauma symptoms or a need for other mental health support will have the opportunity for at least one individual therapy session per week with a masters- or doctoral-level mental health professional. Therapy goals usually focus on symptom management, managing urges to use alcohol and drugs, increasing coping skills, using social support, and medication adherence. All WH clinicians are trained in the clinical approach of Motivational Interviewing. They respect the participant's own process, accurately assess and respond to the participants' readiness to change problem behaviors, and initiate interventions when they can be most effective.

**Medication Services** - Medication services are available to all participants with mental health or physical issues that require medical intervention, including access to hormone pills or injections. When clinically appropriate, participants are referred to a WH psychiatrist for initial medication evaluations and follow-up visits. These services are available on-site weekly. Medical services staff assist participants to assume responsibility for medication adherence, and medications information is tracked and regularly included in case reviews.

**Prevention Services** - Upon entering a WH program, all participants undergo a behavioral risk assessment to identify prevention issues for their treatment plan. Group and individual prevention services include seminars and counseling about reducing risk factors for HIV, HCV, and STDs. Additionally, when risk is identified, participants receive appropriate referrals and support for HIV testing through partnerships with the Native American Health Center and the Haight Ashbury Free Clinic, who provide services at our site. Individuals who are HIV+ attend seminars in Prevention With Positives, to reduce the risk of transmitting the virus. The WH Prevention Services staff team, which includes a TG woman to ensure engagement with the TRP population, are specially trained to provide culturally sensitive harm reduction, counseling, education, and referrals to participants according to the standards of the U.S. Center for Disease Control and Prevention's (CDC) HIV testing protocol.

**Family and Support Network Assessment** - Shortly after admission to the program, participants are asked to complete a self-administered questionnaire about their family relationships and interpersonal and professional support systems. They are also guided in creating a simple genogram (family map). This assessment provides useful information and opens a dialogue with the individual to explore whether family members can be enlisted to participate in the treatment process. Often, these assessments indicate a lack of family and social support, and increasing resources of support becomes a treatment goal.

**Relapse Prevention** - Relapse prevention strategies, based on Cognitive Behavioral Therapy (CBT) principles, are aimed at enhancing participants' self-efficacy and resilience to sustain recovery. They are designed to help participants understand their patterns of substance use, those issues that might lead to substance use, warning signs of potential lapse (use), and how to create a plan to prevent full relapse. Relapse prevention work is done in the individual, group, and family settings.

**Self Help Groups** - Walden House invites an NA/AA/MA panel into the facility weekly, in order to provide participants with an opportunity to interact with others who are thriving in the outside world. In order to build a clean and sober support system, WH encourages attendance at 12-Step meetings and other support groups that resonate with each individual, but does not endorse a particular model over others.

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**Legal Services** - Because of the high incidence of incarceration and involvement with law enforcement among the TG population, and because of widespread discrimination and marginalization of TG individuals in almost all areas of public life, the TRP has strong ties with legal advocacy and resource agencies in San Francisco. The TRP works closely with the TGI Justice Project for legal advice and referrals as well as support in employment, housing, health care, and education discrimination cases. The Transgender Law Center offers free legal clinics to provide guidance on TG rights, presents Transgender Law 101 and Transgender Health Care Law 101 workshops, assists transgender people with legal name changes, gender changes and other legal issues. Additionally, the San Francisco Human Rights Commission's LGBT and AIDS/HIV Unit provides free and confidential investigation and mediation of complaints of HIV-based and sexual orientation/gender identity discrimination in SF in areas of employment, housing, and public accommodation.

**Re-entry Services** - Walden House has a comprehensive re-entry services component that supports participants as they prepare to leave residential treatment and transition to living independently. Often participants come to WH homeless, with no income, poor employment, skills, and little education. They frequently leave with a job or established benefits, housing, the foundation for economic self-sufficiency, and a GED with plans to pursue higher educational goals. Re-entry services include seminars and counseling on building resumes, job search and interviewing skills, housing search, filling out applications, establishing educational goals, computer skills, restoring credit and money management. Participants can obtain their high school diploma or GED on site through a partnership with 5 Keys Charter School.

**Aftercare** - Walden House plans to link TRP participants who need continued care to our forthcoming gender responsive Outpatient Services. Some will be referred to the WH Satellite Housing Program, where they will live with peers, work in the community, and continue less intensive counseling and case management with a WH clinician. Others will be linked to collaborative partners who offer transitional and supportive housing. Additionally, the TRP Coordinator will link participants to other needed services and supports prior to discharge from the program during the Re-Entry Phase of treatment.

**Family Services** - Family members and other supporters ("chosen family") can participate with the program if the participant invites them. Family Education Nights provide information about Walden House and behavioral health treatment, and holiday events and other recreational and social activities are open to supporters. Also upon invitation, when relevant to the individual's treatment plan, family members and other supporters can take part in therapy or other counseling sessions in order to optimize social support for the participant's recovery.

Program services are located at 214 Haight, 890 Hayes, and 815 Buena Vista West in San Francisco and the facility operates 24 hours every day. Admissions/Intakes are conducted at 1899 Mission Street. The Site(s) are licensed and the treatment programs are certified by California's Dept. of Alcohol and Drug Programs. All sites are ADA compliant and complies with all licensing, certification, health, safety, and fire codes.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing

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within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

#### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

#### **Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))

2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

#### **Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

#### **Objective F.1: Health Disparity in African Americans**

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

#### **Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will**

**compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010. (G.1a)**

2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

**Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

**B. Other Measurable Objectives**

1. 75% of participants who complete the program are linked to continuing care and supports as documented in client files.
2. 85% of those who complete will have improved housing status at time of discharge as documented in client files.
3. 60% of those who complete will achieve stable income through employment or established benefits as documented in client files.
4. At completion, 85% will report increased quality of life (versus self-report at intake) as documented in client files.
5. 75% of participants who report unknown HIV status at intake will be linked to testing as documented in client files.

**8. Continuous Quality Improvement**

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Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.

- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermittent scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

#### **Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule - December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all

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amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

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**1. Program Name: Women's Residential Program**

815 Buena Vista West  
San Francisco, CA 94117  
(415) 554-1450  
(415) 554-1475 f

**2. Nature of Document (check one)**

☒ New      ☐ Renewal      ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

**4. Target Population**

The target population served by Walden House Adult Residential is HIV+ adult women poly-substance abusers who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. Walden House serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services for HIV+ women 18 years and older who are:

- Polysubstance abusers
- Intravenous route of administration
- Homeless Polysubstance abusers

**5. Modality(ies)/Interventions**

The service modality for this Appendix is residential substance abuse treatment

**6. Methodology**

Walden House's Gender Responsive Women's Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program for women. This program accepts HIV+ female San Francisco residents and offers HIV specific services, integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many women's paths to addiction. Each woman's treatment experience is unique, as services are assessment-driven, strength-based, and woman-centered.

**Outreach and Recruitment:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties

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through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

**Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; Intake takes place at 1899 Mission Street where the Walden House Intake Department receives all referrals and arranges interviews with the Intake Coordinator. Clients are asked to bring documentation of a recent TB Test, verification of San Francisco residency, HIV Status, and income to the interview in order for the Intake Coordinator to check to ensure that clients are eligible to receive CARE funded services. Clients are advised of their rights to confidentiality; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. In addition, the Intake Coordinator conducts the intake and assessment process that includes an Addiction Severity Index Survey to collect demographical information plus a complete biomedical/psychosocial assessment and obtains a signed consent for treatment form and provides a copy of the form to the client. The new client is assigned a room, and is introduced to their peers at the morning or evening meetings. New clients participate in Orientation groups, in which they learn about the norms and rules of the program.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

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If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**Program Service Delivery Model:** The program is variable length, offering the possibility of services for six months to a year and is designed to serve HIV+ women, some of whom have co-occurring mental health disorders. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

**Welcoming and Initial Engagement:** Participants are transported from admissions to the residential facility by WH drivers who have received training in welcoming and supporting participants as they transition into residential care. They are warmly greeted at the facility by staff and are assigned a care manager and therapist who will, over the next several days, conduct additional assessments to determine the most pressing treatment needs. They attend orientation groups that outline the program's rules, structure and schedule. The new participant is also introduced to a Big Sister, a peer who has already adapted well to program demands and can assist with adjusting to the treatment environment. Participants are provided with clothes, toiletries, and other necessities and receive a lot of support from staff and peers.

**Treatment Plan Development:** Within fourteen days, a comprehensive treatment plan is developed in collaboration with the participant and based on assessment results. The plan identifies problems the participant wants to address and recommends interventions and strategies. Problems most often include substance use, severity of mental health symptoms, poor medication adherence, homelessness, and lack of social support and professional services. Residential substance abuse treatment plans always includes at least 20 hours per week of AOD services. The care manager and the participant both sign the treatment plan, which is updated with new objectives and goals as the participant moves through treatment. In addition to shaping the content of case management and individual therapy, the individualized treatment plan also determines what other services the participant will access at WH and what services they will access through linkage to partnering service providers.

**Case Management and Care Review:** Case Management with an emphasis on referral and linkage is the program's overarching evidence-based practice. The WH approach to case management is participant-driven and strength-based. Case managers partner with participants to help them utilize personal strengths and supports to navigate stressors and challenges. Issues of culture, ethnicity, family, environment, language, attitudes toward seeking help and stigmatization are actively addressed. Program participants frequently have a history of utilizing system of care services inconsistently and in ways that interfere with continuity of care. Creating meaningful linkages to key services both within and outside of Walden House supports a hearty recovery that can extend beyond the limits of the residential treatment episode.

Case Managers work with our partners to arrange participant appointments at Tom Waddell, San Francisco General Hospital, Positive Health Program, or St. Mary's Hospital if they don't already have a primary care home; these partners are all points of access for Healthy San Francisco enrollment. For

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those participants who have primary care providers, information about the date of last contact and frequency of care are determined, and they are encouraged to reestablish or become consistent with services. Participants are either dropped off to these appointments by a Walden House van and driver or are accompanied by peers for support. HIV+ participants who require a patient advocate are also linked to a peer advocate who can continue to assist with access to services after the Walden House stay.

Often, the treatment plan identifies other goals for case management including community reintegration planning for finding housing, employment or education services, SSI or other benefits advocacy and ongoing medical and mental health services. Releases of information are obtained and stored in participants' clinical files to facilitate communication between providers and to aid in the coordination of services. Walden House provides a variety of behavioral health and human services to the client. The components of services include: Wellness and Nutrition, Mental Health Services, Recovery Education, Individual and Group Counseling, Alcohol and Drug Counseling, Family and Support Network Assessment, Relapse Prevention, Self Help Groups, Reentry Services, and Aftercare.

In addition, some clients may require specialized treatment plan based on their specific needs. Walden House also provides:

**HIV Services:** These HIV+ women will receive specialized services throughout the program that target their specific needs. We utilize the standards of care established for HIV+ participants in providing care to all participants in our program. For instance, all program participants will receive psychiatric screenings, case management, linkage to primary care, prevention education, and medication support. These women will have specialized treatment goals and interventions in these areas that reflect the nature and scope of needs that are unique to the population. This will include participation in Prevention with Positives groups, and HIV support groups that help participants manage the unique challenges of living with HIV. Case management strategies for HIV+ participants focus on developing meaningful linkages to assist the participant in the areas of disease management, advocacy, access to services and benefits, and supporting long-term recovery. All referrals and other linkages are recorded in the participant's clinical file. Case managers and therapists working in the program attend numerous annual HIV trainings sponsored by the San Francisco system of care and the Walden Institute of Training. They are educated about HIV, sensitive to issues of disclosure and forming trust with this population, and are not only knowledgeable about system of care resources, but also maintain relationships with these providers which ensures the effectiveness of establishing linkages and coordinating services.

**Prevention Services:** Upon entering a WH program, all participants undergo a behavioral risk assessment to identify prevention issues for their treatment plan. Group and individual prevention services include educational seminars and counseling about reducing risk factors. They attend seminars in Prevention With Positives, to reduce the risk of transmitting the virus. WH Prevention Services staff is specially trained to provide culturally sensitive harm reduction, counseling, education, and referrals to participants according to the standards of the U.S. Center for Disease Control and Prevention's (CDC) HIV testing protocol.

**Skills Training Groups:** Building participants' healthy coping skills is one of the pillars of the clinical program. Participants are supported in skill development so that they can better manage symptoms and avoid using drugs and alcohol to self-medicate. Participants are referred to skills training groups

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according to the goals in their treatment plan. Groups include Anger Management; Dialectical Behavior Therapy Skills (Mindfulness, Distress Tolerance, Interpersonal Effectiveness, and Emotional Regulation); Seeking Safety (a manualized CBT approach to treating co-morbid PTSD and substance abuse); and Relapse Prevention.

**Parenting Skills:** The Parenting Skills Classes at WH 815 will be available to all women with minor children and any other woman who wants to take the course. These skills classes are a series in the *Nurturing Parenting Programs* collection. The classes are geared for parents of children at different developmental levels so as to meet the needs of all women in the program

**Family Services:** Family members and other supporters can participate with the program if the participant invites them to do so. Family Education Nights provide information about Walden House and behavioral health treatment, and holiday events and other recreational and social activities are open to family members. Also upon invitation, when relevant to the individual's treatment plan, family members and other supporters can take part in therapy or other counseling sessions in order to optimize social support for the participant's recovery. For many WH participants, recovery involves visits and possible reunification with children who are involved with Child Protective Services. The program will support parents in numerous ways, including ensuring that all CPS mandates are honored, offering parenting classes and support groups, sponsoring parent/child activities, and providing linkage to Child Support Services for assistance in fulfilling child support obligations. When appropriate, participants are linked to the County's Family Law Facilitators Office for help with issues relating to divorce, visitation, and custody arrangements.

**Gender Specific Services:** The most common of these are gender specific support groups which provide an opportunity to process issues of addiction, mental illness and recovery as they relate to gender. Other groups and skills classes are also conducted in gender cohorts, including Seeking Safety groups and parenting classes, the latter of which consists of separate curricula for women (The Nurturing Parenting Program for Families in Substance Abuse Treatment and Recovery).

**Community Re-integration:** WH operates a Re-entry Services Center at 1550 Evans Ave. The Center provides job readiness skills, linkages to vocational training programs, job search skills, employment and housing counseling and linkages, computer training classes and benefits enrollment assistance. Additionally, the Five Keys Charter School operates a classroom at the Evans site that offers GED preparation, linkage to GED testing and high school class work for completion of a high school diploma. Participants at the Re-entry stage of their treatment episode are referred to the Re-entry Services Center in order to prepare for employment and begin a housing search or apply for necessary benefits if employment seems unlikely.

Program services are located at 815 Buena Vista West in San Francisco and the facility operates 24 hours every day. Admissions/Intakes are conducted at 1899 Mission Street. The Site(s) are licensed and the treatment programs are certified by California's Dept. of Alcohol and Drug Programs. All sites are ADA compliant and complies with all licensing, certification, health, safety, and fire codes.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within

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the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

#### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

#### **Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer.(A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

**Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

**Objective F.1: Health Disparity in African Americans**

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

**Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will compile the**

**informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010. (G.1a)**

2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

**Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

**B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, at least 60 % of clients completing 1-5 days of treatment will be screened for inconsistent or lack of receipt of primary care, need for a psychiatric assessment, need for case management, and need for a patient advocate as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, at least 60 % of clients completing one week of treatment will be seen at least once over the course of their stay in the program by their primary care provider for a medical assessment including review of current medications and evaluation of the need for PCP prophylaxis; program staff will request consent to release information (when necessary as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, clients that complete at least 4 weeks of treatment, 90% of them will receive basic HIV disease education including information about blood work, PCP prophylaxis, treatment options, and the effect of drug and alcohol use on disease progression as documented in client files.

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4. During Fiscal Year 2010-11, at least 60 % of clients completing one month of treatment, medication adherence skills will be included in their treatment plan and progress documented in client files.
5. During Fiscal Year 2010-11, HIV competency of staff will be achieved through on-going training including treatment advocacy, disease education, adherence skill building, and psychosocial issues facing HIV positive clients as documented by Agency training logs.

### **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

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- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least

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10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

**Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule - December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.* known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.



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**1. Program Name: WH Women's HOPE (Healing Opportunities & Parenting Education) Program**

2261 Bryant St  
San Francisco, CA  
(415) 554-1100  
(415) 970-7564 f

**2. Nature of Document (check one)**

☒ New    ☐ Renewal    ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

**4. Target Population**

The target population for residential substance abuse treatment to pregnant and post-partum women and their children. Target populations include individuals with polysubstance abusers, chronic mental illness, transition age youth (aged 18-25 years), the African American, Asian Pacific Islander, and Hispanic/Latino communities, the LBTQQ community including transgendered individuals, homeless individuals and families, polysubstance abusers, seniors, and individuals with HIV/AIDS.

- Pregnant Women
- Post-partum Women
- Polysubstance abusers

**5. Modality(ies)/Interventions**

The service modality for this Appendix is residential substance abuse treatment

**6. Methodology**

WH HOPE Program will be a multi-services program is a residential substance abuse treatment program for pregnant and post-partum women. The facility houses up to 16 women, with additional capacity for up to 19 children. Services are trauma-informed and gender responsive, and include parenting and family services in an effort to break the intergenerational cycles of substance abuse and mental illness. The program has been designed to address all co-factors that support addictive behaviors in addition to providing services for children. Issues to be addressed include substance use, trauma, mental illness, health and wellness, spirituality, culture, relationships, family reunification, employability, homelessness, sober living skills, parenting education, and aftercare.

**Outreach and Recruitment:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and

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publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

**Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

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**Program Service Delivery Model:** The WH HOPE Program is a variable-length program that accommodates up to 6 to 12 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

The Walden House assessment process will be completed within 12 days of admission and consists of the administration of the ASI, a Psycho-social Assessment, the administration of the PTSD Checklist (to assess trauma) and the University of Rhode Island Change Assessment (URICA) in order to understand the women's motivation to change. The Child Development Specialist will also complete a developmental assessment on each child.

After the Assessment is complete the Treatment Plan will be developed, within 14 days of admission. Treatment planning for female clients is based on each client's identified needs, problems, and resources or strengths. Client inclusion in treatment planning is a key to working with substance abusing women. Helping to craft their own treatment helps women to feel a sense of control, counteracts the impact of trauma, and therefore increases the likelihood of positive outcomes and accountability.

Walden House provides a variety of behavioral health and human services to the client. The components of services include: Wellness and Nutrition, Recovery Education, Individual, Group, and Family Counseling, Alcohol and Drug Counseling, Parenting Skills, Family and Support Network Assessment, Relapse Prevention, Self Help Groups, and Reentry Services.

The Walden House Gender Responsive/Trauma Informed Pomeroy House program service components include:

**Case Management:** Each woman will be provided with a Case Manager upon admission, who will see her weekly. This Case Manager will work with the woman to identify treatment goals as well as all ancillary needs. All needs that cannot be met through Walden House will be met through linkage and referral to an identified provider agency. The Case Manager will link the participant with all needed services except those related to benefits, education, employment and housing (these links will be taken care of by the Re-entry services department). Once a partner agency becomes involved with a participant they will become part of her treatment team and will be invited to appropriate case conferences and treatment plan meetings in order to help create an integrated system of care.

**Community Re-integration:** Walden House operates a Re-entry Services Center at the corporate office on Evans. The Center provides job readiness skills, linkages to vocational training programs, job search skills, employment and housing counseling and linkages, computer training classes and benefits enrollment assistance. Additionally, the Five Keys Charter School operates a classroom at the Evans site that offers GED preparation, linkage to GED testing and high school class work designed to help clients obtain a high school diploma. Participants at the Re-entry stage of their treatment episode are referred to the Re-entry Services Center in order to prepare for employment and begin a housing search or apply for necessary benefits if employment seems unlikely.

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**Aftercare:** Walden House plans to link women with needs for continued care to our Outpatient Services for the purposes of continuity of care. Additionally, Walden House operates a Sober Living facility on Treasure Island for working women therefore women who complete the program and need/want Sober Living housing will be referred to this facility. Women who are less independent and who need additional support will be referred to collaborative partners who offer Transitional Housing. Finally, Case Managers will make sure to secure appointments for women who have needs in other service areas prior to discharge from the program.

**Co-occurring Disorders:**

- ☐ **HIV:** Walden House provides a full range of services to clients who are HIV positive or at risk. These services include Prevention Workshops designed to educate the participant population about HIV, risk factors and prevention. One of the evidence based practices utilized by WH is Time Out for Me. The curriculum was designed specifically as a tool for HIV prevention and relationship skill building. Walden House also provides referrals for testing and counseling related to testing. For clients who are HIV positive more specific case management is provided in order to assure proper linkage with medical providers and support services within the community. Additionally, WH runs groups for HIV positive participants. Medication storage and access is provided along with assistance in remembering to take medication in a timely manner. All providers involved with the client are considered part of the WH treatment team and as such a more integrated system of care is created.
- ☐ **Hepatitis C:** Walden House also provides prevention education related to Hepatitis C as well as referrals for testing and post test counseling. Clients with Hep C receive enhanced case management designed to improve and solidify access to medical providers. Counseling related to understanding and living with Hep C. is also provided.
- ☐ **Mental Health:** Understanding that many substance abusing women also present with co-occurring mental health disorders, Walden House provides an array of mental health services including: Mental Health assessment; medication evaluation; and Individual and group therapy in order to help participants cope with and manage symptoms as well as to function within the context of the program and the community. Women impacted by substance use have typically also experienced trauma which greatly affects their ability to cope in the world. To this end WH provides a trauma informed treatment environment as well as a variety of trauma interventions. Trauma is assessed at intake through the use of the PTSD Checklist. Participants who score in the clinical range on this instrument are referred for a Mental Health assessment. Clients with PTSD or other trauma symptoms are offered individual therapy as well as Seeking Safety. The goal of this curriculum is to help participants manage the residual symptoms of trauma and develop and understanding of the impact of trauma and addiction. WH also offers Skills Training for Dialectical Behavioral Therapy. This intervention is the treatment of choice for women who have difficulty with distress tolerance and emotional regulation which are hallmark issues for

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women who have been traumatized or suffer from a variety of other mental health issues. Finally, a Domestic Violence Group will be offered at the facility.

**Childcare and Children's Services:** WH HOPE Program will operate a Cooperative Therapeutic Parenting Center. Participants will be trained by the Child Development Specialist to work with Child Care staff to operate the Center. Upon entry into the HOPE Program each child will be assessed using the WH Child Assessment Tool. Children who are identified as having developmental delays or behavioral problems will be referred to an appropriate partner agency for further evaluation. All children ages 0-3 will be referred to Early Intervention Services as their mother's addiction and incarceration qualifies them for assessment and services to ameliorate any delays that may have occurred. Children ages 4-5 will be referred to Head Start for pre-school in order to better prepare them for entry into school. Finally, The Incredible Years is an evidence-based social skills curriculum designed to modify persistent behavioral issues for children. Many children who come to Pomeroy House may have behavior problems due to disrupted attachments and neglect, Walden House will therefore implement Incredible Years Dina Dinosaur Curriculum.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

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## **7. Objectives and Measurements**

### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

### **Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

### **Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

### **Objective F.1: Health Disparity in African Americans**

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)



2. Primary Care provider and health care information

All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

**Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010.** (G.1a)
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

**Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

## **B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 95% of participants will be successfully linked to 3rd party benefits and supports as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, At the time of completion 85% will report increased quality of life (versus self report at intake) as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 90% of those who complete will have housing arranged at the time of completion as measured by internal outcome measurement system and documented in client.
4. During Fiscal Year 2010-11, 40% of those who complete will have gained employment as measured by internal outcome measurement system and documented in client.
5. During Fiscal Year 2010-11, 95% of babies born to participants while in program will have negative toxicology results as measured by internal outcome measurement system and documented in client files.

## **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency; spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs,

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behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermittent scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out

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directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

#### **Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule - December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not

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available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc.; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.



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1. Program Name: WH Outpatient Addiction Specialized Integrated Services (OASIS)

1550 Evans Avenue
San Francisco, CA 94124
415-970-7500
415-970-7575 f

2. Nature of Document (check one)

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

4. Target Population

The target population served by Walden House Outpatient Addiction Specialized Integrated Services (OASIS) are adults, 18 and above, who abuse and/or are dependant on drugs and/or alcohol with a focus on individuals residing in the Central City area of San Francisco and who are homeless and/or indigent. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). Walden House serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless addicts; young adults ages 18-24, gays, lesbians, bisexuals and transgenders; veterans; and individuals involved in the criminal justice system.

- Behavioral health disordered persons that are San Francisco residents.
- Homeless and Indigent persons in the "Central City" designation.
- Substance dependent persons in the "Central City" designation.

5. Modality(ies)/Interventions

The service modality for this Appendix Outpatient Treatment.

6. Methodology

Walden House Outpatient Addiction Specialized Integrated Services (OASIS) offers a streamlined continuum of care comprehensive and Dual Diagnosis Capable (DDC) substance abuse services which include individual and group counseling, relapse prevention, vocational and educational classes, social services, family reunification and legal counseling and urine surveillance as a tool when appropriate. Our mission is to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California. These services are designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles.

Outpatient Addiction Specialized Integrated Services (OASIS)

**Outreach and Recruitment:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and

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publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

OASIS will actively work to reach out to target group clients on the streets, in shelters, in temporary housing sites, and other locations where they reside or are temporarily or transitionally located. WH uses a variety of strategies including incentives of food, housing, and access to other resources to begin to establish trust and encourage these clients to get off the streets and accept treatment and other services. WH will also use its extensive network of agencies that serve the homeless and/or located in the Central City area to identify target group clients. This program will encourage walk-ins of eligible clients, and also accept clients identified by other providers including the Treatment Access Program, Mental Health Access services, primary care providers, and, of course, the mental health partner agency that is assigned to work with this program. Program will increase the percentage of women and girls participating in program over the course of the contract year by 10% from a baseline established in the first quarter of service delivery.

**Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) Lite assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for program placement. At any time should any immediate detoxification or medical need be identified, Walden House will coordinate with medical staff or external emergency medical service personnel. The client is then assessed as appropriate for the Walden House continuum of care or is identified as inappropriate.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).



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When the client is identified as appropriate, a level of care is determined based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

Program Service Delivery Model: OASIS integrates a continuum of treatment activities that are based on CCISC program models that have been implemented in other jurisdictions and incorporate numerous evidence-based interventions.

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.
- Three Levels of Active Treatment
  - Level I -- Outpatient Treatment for clients who have maintained substantial stability in managing their behavioral health disorders.
  - Level II -- Intensive Outpatient Treatment is intended both to serve clients stepping down from more intensive levels of care and/or to provide more intensive supports to clients in a lower level of care.
  - Level III -- Day Treatment -- Day is provided for the highest need clients and again as a step down program and to prevent clients from needing higher levels of service.

This program leverages the limited funding available through this RFP with the treatment services and wraparound supports of WH to deliver multifaceted programming that incorporates numerous evidence-based practices so as to respond comprehensively to multiple needs of high-risk individuals.

**Location & Hours of Operation:** The Program will be located at 1550 Evans Avenue. This location houses a comprehensive array of WH outpatient treatment and supportive services. The facility is ADA compliant and is situated in an area that is central to where many potential methamphetamine clients live and for which public transportation is readily accessible. OASIS will have outpatient service availability Monday – Friday 8am-8pm and Saturday 10am-6pm

**Comprehensive Assessment and Individualized Treatment Planning:** A comprehensive assessment that includes all problems and needs as well as strengths and resources of the client underpins treatment planning and services for clients. This begins with an interview to thoroughly assess the overall needs and issues using the Addiction Severity Index (ASI) Lite that is reliable and has been validated for substance abuse treatment. The ASI-Lite information is then entered into the Drug Evaluation Network (DENS) software. The DENS software uses the information from the ASI- Lite to create both a Narrative Summary and Severity Profile of the client in domains related to substance use, psychiatric issues, medical needs, education/employment history, and family issues.

Clients also complete a self-administered health questionnaire that documents their current health status, issues, treatment and needs as well as high-risk behaviors. It is noted that these assessment procedures may be modified or replaced with other instruments as WH and CBHS work together with other providers in implementing the CCISC model that is expected to establish a fully integrated assessment process.

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Clients are then asked to use the information that is available from the assessment information to prepare a personalized Recovery Plan that responds to their needs as they understand them and as per their own priorities and wishes. This client centered tool helps to engage clients within a treatment planning process that is participatory and collaborative.

A counselor reviews the Recovery Plan and with input from other staff, family members, and providers, completes an Interpretive Summary that provides a clinical picture of the client's status and needs at the time of admission. The information in the Interpretive Summary is used to create Master Problem List that staff and client can use to track treatment outcomes. The client's identified needs and problems as well as their strengths and resources are then used to generate a Treatment Plan that focuses on enhancing functioning so as to achieve personal goals. The client and a counselor sign off on the treatment plan that identifies the services to be provided, the responsibilities of program staff, and of the clients, and where appropriate, their families, as well as other providers and individuals in carrying out the plan. Treatment plans include specific measurable objectives and time frames for achieving them. As assessment is an ongoing process and, as clients change with treatment over time, the Treatment Plan is every 90 days or with significant changes in the client's status.

**PROGRAM DESIGN:** Within the overall structure of CCISC, the OASIS also includes an array of evidence-based interventions that are considered necessary to effectively treat homeless and indigent populations. Therefore, the OASIS incorporates three levels of outpatient treatment that are necessary to establish a continuum of outpatient treatment that is described within CCISC programming. The three levels include (1) Outpatient Treatment, (2) Intensive Outpatient, and (3) Day Treatment that offer state-of-the-art treatment at varying levels of intensity to meet specific needs of clients with diverse needs and at differing levels of willingness to participate in treatment.

OASIS specifically incorporates harm reduction strategies with the treatment program to engage clients, build trust, and meet them where they are including their particular stage of change. This program especially integrates mental health assessments, treatment and care coordination for clients with co-occurring disorders, primary screening and treatment access, and the full array of wraparound supports.

#### Harm Reduction Strategies

Walden House is committed to offering a range of clinical interventions, including low threshold treatment, in order to make behavioral health assessable to the broadest range of clients. To that end, clients will be able to participate in the agency's harm reduction programs at the Walden House Multi Services facilities. The following clinical activities will be made available to clients based on their treatment plan:

- Harm reduction substance abuse individual counseling and groups
- Clinical activities to engage ambivalence and enhance motivation to change
- Recovery education
- Abstinence-based substance abuse individual counseling and groups
- Relapse Prevention skills training
- Coping skills training (DBT and Seeking Safety)
- Case management
- Psychiatric services
- Mental Health assessment
- Individual and group therapy

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Vocational services  
Prevention services

Clients will undergo assessment and screenings in order to identify substance use patterns, mental health problems, legal issues, medical problems and other social stressors. During the admission process, clients will be assessed for their stage of change on multiple behavioral issues such as ceasing or decreasing substance use and managing mental health symptoms and medical problems. Once admitted, clients will engage with staff in a collaborative treatment planning process that will meet the client where they are in establishing goals about behavioral change. Walden House staff are trained in a variety of interventions including Motivational Interviewing and clients will not be required to "cross the abstinence threshold" in order to receive outpatient services.

The Walden House Institute of Training has prepared a draft manual of treatment strategies and interventions that match the client's stage of change. These interventions are based on harm reduction principles and are currently being reviewed by agency clinical staff. Once finalized, this manual will become the basis for staff trainings and clinical protocols.

#### Outpatient Substance Abuse Treatment

The active treatment components of OASIS include three levels of service intensity. Clients can enter treatment at any of these levels and/or may move among them as per their needs and wishes and as their circumstances change. These levels include:

Level I -- Outpatient Treatment is provided for a minimum of 1 hours per week for clients who have maintained substantial stability in managing their behavioral health disorders.

Level II -- Intensive Outpatient Treatment is delivered for a minimum of 9 hours per week and is intended both to serve clients stepping down from more intensive levels of care and/or to provide more intensive supports to clients in a lower level of care as a means of preventing the need for more intensive and costly services.

Level III - Day Treatment is provided at least 5 hours a day 5 days per week is the most intensive level of outpatient treatment provided for the highest need clients and, again, as a step-down program for clients leaving hospitalization, residential treatment or incarceration and/or to prevent clients from needing higher levels of service.

OASIS will integrate the following:

- Clinical Services (Integrated Substance Abuse and Mental Health Treatment) include comprehensive substance abuse services that are integrated with mental health treatment for individuals with co-occurring disorders. Services are provided by staff with appropriate certifications and/or licensed professionals as well as by peers who also support recovery of clients through self-help programming. All interventions are directly linked to the individualized Treatment Plan. The specific substance abuse treatment and integrated mental health services for individuals with co-occurring mental health disorders are discussed in the program methodology section below.

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- Healthcare involves WH Health Coordinators monitoring clients health status and well being, accessing primary care screenings and treatment as needed, and coordinating the clients medical needs with the clients primary care providers and within the OASIS treatment activities.
- Wraparound Supports incorporate delivery or linkage to any service or resource that responds to any client need or wish that can support recovery and/or achievement of personal goals. WH case managers work within a clinical case management role and framework with responsibility for actively linking clients and coordinating any and all services described in the Treatment Plan.

OASIS Treatment Interventions: The OASIS components include a blend of group activities and individual counseling with the full array of wraparound supports. The particular groups that are available for clients to attend and the topics for individual counseling are based on the individualized need of each client as identified in the Treatment Plan. These can include those listed in Appendix A1 – Adult Residential Index I – VI.

It should be noted that there are numerous components of this curriculum that derive from evidence-based interventions and best practices including education on alcohol and drugs of abuse, relapse prevention strategies, Seeking Safety for individuals who have experienced trauma, the 12 step methodology, Motivational Enhancements, harm reduction interventions, Psychoeducation for mental health disorders, cognitive behavioral approaches including Dialectical Behavioral Therapy for managing emotional dysregulation and improving impulse control. In addition, staff are trained in and use Motivational Interviewing approaches in working with clients to make the most effective use of all aspects of the program.

OASIS will be ready to incorporate procedures for using of long-acting Naltrexone for appropriate clients, if and when this treatment becomes available—and as agreed upon with our partnering agencies.

**Integrated Mental Health Treatment:** The significant majority of target group clients have co-occurring mental health disorders and, therefore, mental health treatment is fully integrated with the substance abuse interventions and or is coordinated for clients with outside providers. Clients who are assessed to have mental health needs and are not currently in treatment are evaluated by a WH Psychiatrist and, if appropriate, are prescribed medications. Medication treatment is monitored closely for effectiveness and side effects by staff and the mental health providers would share information about client functioning, progress, and problems.

Dually disordered clients also receive psychotherapeutic services individually, in groups, and with their families as appropriate to their particular needs within the program. These services are provided by licensed clinicians and/or registered interns under supervision, and incorporate evidence-based approaches that may include, cognitive behavioral treatment (CBT) as a primary modality, dialectical behavioral treatment (DBT) approaches for clients with emotional dysregulation and impulse problems, Aggression Replacement Therapy to address violent behaviors, and Seeking Safety therapy for individuals with a history of trauma.

Clients who already have a psychiatrist and/or therapist with whom they have been working will be encouraged to maintain their existing relationships. Program staff will monitor clients closely and collaborate with the psychiatrists and therapists who are working with the clients whether the mental health treatment is provided by WH or by other community providers. The Program will establish an

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MOU with its assigned mental health partner agency to assure linkage and coordination of care within the establishment of a "hub" of integrated behavioral care.

**Primary Care Medical Services:** Clients complete the self-administered Health Questionnaire at intake, and clients in out of home placement have had recent medical examinations that are received as part of the referral information. These documents are reviewed by the WH Health Coordinator, a registered nurse, who follows up with the clients to assure that they have access to treatment for identified health needs, and who follows through with issues that may require further screenings, assessment and treatment. WH case managers are responsible for coordinating care with medical providers.

Clients who identify behaviors on this questionnaire that put them at risk for HIV, STD's, Hepatitis and other health problems receive health education about the potential consequences of these behaviors and participate in treatment interventions that are intended to reduce their risks for HIV and other health problems. WH will actively link clients to medical providers for those who do not already have a physician or other healthcare services. WH has a long history of effective collaboration with the Tom Waddell Clinic and the primary care programs at San Francisco General Hospital that serve indigent populations.

Clients who are HIV positive and/or Appendix high risk behaviors will be linked to the WH continuum of HIV prevention services that utilize interventions promoted by the Center for Disease Control and adopted by DPH that include Individual Risk Reduction Counseling, Multiple Session Workshops, and Prevention Case Management.

**Wraparound/Case Management Services:** WH uses a clinical case management model to deliver wraparound supports that respond to all needs and wishes of clients and their families. The clinical case management model integrates assessment, treatment, and active linkage functions. The WH Case Managers will link and coordinate services with the numerous WH service components or to external service providers including the mental health partner assigned by CBHS to this program. The case management approach involves actively linking clients to needed resources. Active linkage requires following through with referrals with both the client and other provider and overcoming barriers to client engagement with other programs. Active linkage goes beyond physically linking a client to a resource and involves continued involvement of the case manager so that the services are coordinated with the substance abuse treatment services and the clients receive the benefit of the resources to which they are referred.

A focus of the wraparound approach is to support access to vocational services and employment. The OASIS program includes workshops to teach clients skills related to resume preparation, job search strategies, and interviewing skills. The WH Case Managers will work with each client individually to support their efforts to obtain employment as well as to provide job coaching supports. OASIS clients may also be linked with the WH Transitional Services or other vocational programming that is appropriate to their needs and wishes. The WH Transitional Services Department works hand in hand with WH Case Managers to provide job-readiness, resume writing, vocational skill building, employment placement and job coaching services. Clients will also be linked to the Department of Rehabilitation and One Stop Employment Centers as appropriate. Finally, appropriate clients with serious mental illnesses will be linked to the RAMS Hire-ability Program and Community Vocational Enterprise within the San Francisco mental health system.

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A critical need for clients leaving out of home placement is the need for safe, decent, and affordable housing. This effort is supported by WH's comprehensive programming to assist its clients obtain appropriate housing in a very difficult housing market. This includes participating in a Housing Search Workshop that covers the pros and cons of different types of housing, the use of newspapers, the internet, networking and shared housing arrangements to locate housing opportunities, monthly budgeting, and the role of credit reports and housing references.

WH Case Managers will also help clients apply for subsidized and supportive housing programs for which they are eligible. WH has working relationships with numerous housing organizations that provide or assist in access to housing resources for its clients.

As discussed above, comprehensive services involves establishing partnerships with families and natural support system members who with education and support for themselves can play a key role in supporting the recovery of their family members. The WH Case Manager will work with clients to identify family members who the client agrees are appropriate and who are willing and able to be involved in the client's recovery plan. Services to families include family education and support groups, family therapy with clients, and other family focused program activities

To coordinate treatment and supportive services, the WH Counselor will be responsible for organizing and facilitating case conferences for dually disordered and other multiple need clients. The case conference will bring together WH providers, mental health and primary care treatment and other services staff to review the clients needs and establish a coordinated plan for delivering all of the services the client needs. Clients and, with the client's permission, family members are encouraged to participate in these case conferences, and to be actively involved in all aspects of the treatment process.

The case management function involves providing wraparound supports for all other needs identified by clients that could include access to legal services, recreational activities, transportation, spiritual/religious organizations, or any other resource that can support client recovery. To meet these many needs WH has MOUs with over 60 governmental and community based programs and organizations that describe collaborative relationships for assuring access and establishing mutual expectations for coordinating services. This includes mental health and primary care providers as described in the CCISC implementation section above and many other organizations that provide an array of services.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony.

Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

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All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

#### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

#### **Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

#### **Objective A.3: Increase Stable Living Environment**

1. 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment. (A.3a)

#### **Objective B.2: Treatment Access and Retention**

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1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

**Objective F.1: Health Disparity in African Americans**

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

**Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010.** (G.1a)
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

**Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year,

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based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged. (H.1b)

#### **B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 90% who complete are linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 60% of participants will achieve at least two treatment goals as documented by client files.
3. During Fiscal Year 2010-11, 90% who complete are linked to 12 Step and/or support groups as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, at the time of completion 85% will report increased quality of life (versus self report at intake) as measured by internal outcome measurement system and documented in client files.

#### **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for

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strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least

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10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

**Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 et seq., known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.



Contractor: Walden House, inc.  
Program: Rep Payee Case Management  
City Fiscal Year: 2010-11

Appendix A-10  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

**1. Program Name: REPRESENTATIVE PAYEE CASE MANAGEMENT**

1899 Mission Street
San Francisco, CA 94103
415-934-3407
415-626-9263 f

**2. Nature of Document (check one)**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

The goal is to reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

**4. Target Population**

The program serves recipients receiving financial benefits from Supplemental Security Income (SSI) or Social Security Administration (SSA). These recipients are in need of a representative payee case management services to manage their financial obligations because this target population includes those most difficult to serve due to serious disability or mental health impairments: they present with severe, often untreated mental illness, homelessness, substance abuse or addiction and other behavioral problems.

Key characteristics of the RPI target population:

- Disability/mental health impairments
- Homelessness/difficulty with social support
- Poly-substance abuse and addictions

**5. Modality/Interventions**

The service intervention for this Appendix is targeted case management.

**6. Methodology**

The Representative Payee Program (RPI) serves recipients in need of financial case management assistance focused on stabilizing basic needs of housing, medical, mental health, and substance abuse care. Case management services will be provided on a monthly basis from monthly check-ins or more frequently if the recipient appears to be intoxicated or under the influence of drugs or alcohol.

Staff members are on site 5 days/week, 8 hours/day, Monday through Friday. Checks will be distributed from 12:00 noon to 4:00 pm on Mondays, Tuesdays and Thursdays. The office will be closed on Wednesdays and Fridays for intake and paperwork. If a holiday falls on a scheduled check day, prior notification will be given on the check day that falls a week before and check distribution will be the day before the holiday.

Upon intake, the recipient will be given a scheduled check day and a budget will be established utilizing the following formula: we will deduct the monthly rent, program service fee and stipulated

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bills from the monthly gross deposit. The remaining balance is divided by five (5), which represents living expenses for five weeks in the month. If the current month contains only 4 weeks, the 5<sup>th</sup> weeks' living expense can be requested as a special request (this does not apply to those recipients receiving the maximum weekly amount of \$250.00). If the client doesn't pick up their 5<sup>th</sup> week special, their ending balance is automatically given to them (up to the \$250.00 limit) at the end of the month. Once the budget is set for the month, the recipient is encouraged to remain within that budget. However, budget modification will be made whenever changes are made which reflect benefit amounts.

The program makes presentations and maintains a working relationship with various community agencies as a way of promoting and increasing the community's knowledge of the services we provide to the recipients. The program services will be promoted through Walden House's participation in service provider groups and public health meetings. The program will distribute flyers regarding the program to various community base organizations, individuals, and other interested parties through the Walden House's website and at community meetings.

Recipients will be referred primarily from the Social Security Offices here in San Francisco, senior programs, mental health providers and various hospitals. A phone call secures an intake interview appointment at the Walden House's Multi-Services facility. If the recipient is unable to come into the office, an out-of-office visit can be made in order to complete the intake.

The Representative Payee Program is committed to being effective in maintaining the recipients' level of functioning. To accomplish this goal, the program ensures that staff has the capacity to function effectively as compassionate and caring individuals for recipients who are unable to care for themselves.

The program consists of three services:

- Financial management conducted in accordance with Social Security Administration rules and regulations
- Connection of the recipient with the needed community services through case management in cooperation with the mental health system
- Transition of the city's mentally ill homeless population into permanent housing.

The program philosophy is to treat each recipient as a human being with potential for growth and change. The Representative Payee Program provides crucial support in dealing with the pressures of homelessness and untreated disabilities. Harm reduction and health promotion concepts have been incorporated into a facility that usually conducts abstinence-based treatment, creating a unique Walden House program.

The Representative Payee Program will provide services to the recipient as long as the Social Security Administration deems it necessary that the recipient is required to have a payee or until the recipient opts to terminate financial services. However, our current rate of stay per recipient is greater than one year. Our program will refer recipients interested in the Mental Health Services or Residential services provided here at Walden House to the appropriate intake staff. If accepted into either program, the recipient will become eligible for no-fee Representative Payee services. The monthly fee is based on the current rate approved by Social Security and is deducted from the recipients' benefits.

A majority of the recipients transfer to free payee services (subsidized by the city) within a year after their intake at the Walden House Representative Payee Program. Because city-subsidized Representative Payee services are available for free, only about 40% of Walden House Representative Program recipients have been enrolled for more than 12 months, although a significant number of our clients are long term recipients. Thus, the Walden House Representative Payee Program provides the initial intake to a very difficult population, and successfully links them with housing and other services essential to their remaining in permanent housing. Only a small percentage of the program's recipients remain homeless.

The Representative Payee Program service is located at 1899 Mission Street. The site is licensed and the treatment program that shares the building is certified by the California's Department of Alcohol and Drug Programs, certified by the Commission on Accreditation of Rehabilitation Facilities and is handicap accessible. Walden House is in compliance with all licensing, certification, health, safety, and fire codes.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability. Walden House evaluates services in terms of cultural competency as mandated by Policy Twenty-four documented in the Cultural and Linguistic Competency Report submitted annually.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

1. During fiscal year 2010-11; Representative Payee services will be provided to 200 unduplicated clients (UDC) as reported by internal database & through AVATAR billing.
2. During fiscal year 2010-11; 1000 units of service (UOS) will be provided as specified in the unit of service definition as captured via internal database & through AVATAR billing, as well as client file.

### **B. Other Measurable Objectives**

1. During fiscal year 2010-11, at least 60% of all recipients will maintain stable housing as documented in the recipient ledger file indicating rent payments that were paid directly to landlords on behalf of the recipients to ensure their financial and housing stability.
2. During Fiscal Year 2010-11, at least 60% of all recipients will have created a budget for their daily living expenses to ensure that they have monies for the entire month of the monthly benefit amount as documented in the recipient ledger file indicating checks given to recipients for specific amounts on specific dates as specified in the budget.

3. During fiscal year 2010-11, at least 60% of all recipients will have enhanced their maintenance in the community through our weekly contacts with them to ensure that they are receiving adequate access to housing and their funds. Any recipients who attempt to collect funds in an inebriated condition will be instructed to return when they are sober, thus helping to ensure that they spend their funds in an appropriate manner. Such monthly contact will be documented in the recipients' case management files.
4. During fiscal year 2010-11, at least 60% of all recipients will maintain their benefits with the help of the program staff. Staff will assist them with completing the necessary forms for continued benefits. Once the forms are completed, they will be returned to Social Security in a timely manner. Recipients will be reminded of doctors' appointments for re-evaluation and noted in the case file.

## **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.



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City Fiscal Year: 2010-11

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- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

**Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

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Contractor: Walden House, Inc.  
Program: Rep Payee Case Management  
City Fiscal Year: 2010-11

Appendix A-10  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

Contractor: Walden House, Inc.

Program: Residential Acute Psychiatric Stabilization

City Fiscal Year: 2010-11

Appendix A-11

Contract Term: 7/1/10-6/30/11

Funding Source (AIDS/CHPP only)

**1. Program Name: Walden Residential Acute Psychiatric Stabilization Program**

**Program Address:**

214 Haight Street
San Francisco, CA 94102
Telephone: (415) 554-1480
Facsimile: (415) (415) 934-6867

**2. Nature of Document (check one)**

☐ New      ☒ Renewal      ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

**4. Target Population**

The target populations served by **Walden Residential Acute Psychiatric Stabilization Program** are adults, 18-59, chronically mentally ill, poly-substance abusers or dependant on drugs and/or alcohol; undergoing acute psychiatric episodes, considered legal residents of San Francisco who are homeless and/or indigent. A pattern of repeated involvement in both mental health and substance abuse treatment programs is characteristic of this population. Walden House serves clients from all racial and cultural back grounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless addicts; young adults, LGBTQQ; veterans; and individuals involved in the criminal justice system. These clients may have no medical insurance coverage (private or public) or be eligible for SSI/Medi-Cal/Short-Doyle benefits or in the process of applying for benefits; Potential clients do not need to be Medi-CAL or Short-Doyle eligible in order to participate in this program. Mental Health services provided to Medi-CAL or Short-Doyle eligible clients will be billed under the Walden House Mental Health Medi-CAL contract.

- Behavioral health disordered persons with persistent, serious or chronic mental illness who are San Francisco residents.
- Acute Psychiatric episodic persons
- Substance abusers or substance-dependent persons

**5. Modality(ies)/Interventions**

The service modality for this Appendix is System Development Residential Treatment. Clients qualifying for Medi-CAL or Short-Doyle coverage receive the Standard Outpatient Bundle for mental health services: Assessment/Plan Development, Individual Therapy, Collateral Contact and Case Management. Group Services and Medication Support are not included under

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utilization review as is standard for the Walden House Medi-CAL contract. Clients do not need to be Medi-CAL or Short-Doyle eligible in order to participate in this program.

## 6. Methodology

The **Walden Residential Acute Psychiatric Stabilization (WRAPS) Program** is designed to provide recovery-oriented residential treatment services for adult individuals in the community undergoing acute psychiatric episodes, to enable them to receive support towards stabilization, and to engage in a partnership with the system towards recovery.

**Outreach and Recruitment:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

**Admissions and Intake:** Admission to the WRAPS is open to all acute psychiatric, seriously and chronically mentally ill, adult poly-substance abusers who live in San Francisco, who have either no insurance, Medi-CAL/Short-Doyle coverage or are in the process of applying for benefits and meet the County's criteria for medical and service necessity.

*Medical Necessity* is defined as interference in level of functioning due to a mental illness that disrupts or interferes with community living to the extent that without service the individual would be unable to function in the family/guardian's residence, attend school, or engage in activities normal to developmental stage and age group.

*Service Necessity* refers to the requirement for evidence of a mental illness that satisfies ICD-9-CM/DSM-IV-TR criteria or a description of the individual's symptoms and history which suggests mental illness.

Criteria for exclusion from program will take the following into consideration. Walden House does not accept clients with convictions for arson, or sexual offenders with PC 290 registration. Factors taken into consideration during intake screening which are potentially but are not necessarily excluding are: clients must be stable enough in terms of severe medical, psychiatric or cognitive factors to be able to participate in individual and group treatment and understand and follow program norms and rules. Potential clients must be detoxed but may not be stabilized on any psychiatric medications. The population does not meet criteria for 5150, is not gravely disabled,

or at substantial risk of harm to self or others; does not require shadowing or one to one supervision and must not require constant one-on-one line of sight monitoring; they can attend moderately to negotiate activities of daily living with minimal to moderate prompting.

In addition, clinicians will consider factors for admission to include: current level of potential violence and risk of harm, functional status and psychiatric status. Discharge planning, progress and status of care plan objectives and client's overall environment will be considered to determine which clients can be discharged from MHS/CMB services into medication-only or to Private Provider Network/Primary care services. The program will also begin utilizing more time-efficient brief therapy and group interventions to maximize the number of clients that can be helped – by sending clinicians to trainings on these modalities.

The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) Lite assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for the Walden House continuum of care to ensure proper placement. At any time should any immediate detoxification or medical need be identified, Walden House will coordinate with medical staff or external emergency medical service personnel. The client is then assessed as appropriate for the Walden House continuum of care or is identified as inappropriate.

When the client is identified as inappropriate for the program will be provided referrals other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

When the client is identified as appropriate, a level of care is determined based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

**Process for Initiating Services:** Residential treatment services offered to individuals undergoing acute psychiatric episode services fall under San Francisco County's category of planned services. When an individual applies for or is referred for planned mental health services, the Walden House intake staff will first ascertain that person's status of treatment with other providers in the DPH safety net by locating the client's BIS client ID number and care management status on the MHS-140 report. Clients not yet registered into the BHBIS system will be registered at Walden House. Care managers will be notified of their clients' intake within the first 7 days of treatment in the WRAPS program.

**Program Service Delivery Model:** WRAPS will participate in the CBHS Advance Access Initiative and will provide intake assessment within 24-48 hours of referral; provide medication evaluation (as needed) within 24-48 hours of request; ensure timely collection and reporting of data to CBHS as required; provide quarterly measurements of new client demand according to Advance Access methodology and more frequently if required by CBHS; and measure delay or access for both new and ongoing clients on at least a monthly basis according to Advance Access methodology and more frequently if required by CBHS. The vision, goals, principles, and purpose of SF MHSA Behavioral Health Innovations Task Force are integrated into the service structure.

**Assessments/ Diagnosis & Written Evaluation:** The Multi-Service Center, located at 1899 Mission Street in San Francisco, is the central intake site for adult mental health services. After referral from ACCESS, the Walden House intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week. Once referral is made, clients are interviewed and given an appointment for assessment usually on the spot and within 48 hours.

Prior to admission, all WH prospective participants are screened to determine type and severity of psychiatric and substance abuse disorders in order to determine appropriate level of care. WH will also assess clients already in WH substance abuse treatment who indicate a need for mental health services. Individuals referred from ACCESS will be pre-screened; i.e., not be in need of medical detoxification services, appropriate for this sub-acute mental health setting, and also have a co-occurring substance abuse problem. Mental health staff will also be available to do intake assessments in the field, i.e., within a hospital or incarcerated setting, if the client has been pre-screened as appropriate for WH by ACCESS.

General intake includes the review of demographic information, a complete biomedical and psychosocial assessment and discussion of program norms and rules with the client. Primary

medical services are referred, if needed, and staff support is provided. Information from other/previous service providers when it is available, or from a client's current Care Manager, will be incorporated into the intake assessment and evaluation to better coordinate the continuum of care available.

The mental health assessment and diagnosis process is usually conducted after the general intake/admission form is filled out with an intake counselor. A psychologist or therapist who is trained and knowledgeable in co-occurring disorders and supervised by the program director, records the intake information into a new Mental Health Medi-CAL chart after establishing eligibility, and a provisional multi-axial diagnosis consistent with DSM-IV-TR/ICD-9-CM guidelines is determined through the clinical interview process. Clients are evaluated through a psychosocial and mental status exam assessment. During the assessments and the clinical interview process, the therapist incorporates an evaluation summarizing their findings and recommending services to be incorporated into the participant's treatment plan of care.

The assessment process and written evaluation form the basis for the treatment plan of care, which integrates the individual's own goals for better functionality with clinical recommendations for objectives. It delineates the client's diagnostic picture with these treatment objectives and goals. Assessment for psychotropic medication is part of Medication Services, described below. Participants may be referred for neurological assessments if so indicated. The Grievance procedures, clients' rights, HIPAA confidentiality, advance directives and consent for treatment forms are discussed and signed during the initial client intake process.

To fulfill the public behavioral health system's mission of serving as the safety net for San Franciscans, Walden House Adult outpatient services will remain open to accept new referrals from ACCESS and higher levels of care, and for new individuals who call or drop in requesting services. An intake appointment time within two (2) days of initial contact with the referral source or client, whichever comes first, will be offered. Following evaluation, the clinical judgment process will be used to determine the appropriate level of care for treatment at Walden House or referral to another agency.

**Treatment Procedures and Program Components:** The Walden House Adult Outpatient Mental Health Services program is designed to provide clients who have co-occurring disorders with a range of interventions aimed at reducing or managing symptoms of mental disability. Walden House provides assessments and evaluations, treatment planning, medication support, group and individual therapy, rehabilitative services such as life skills and relapse prevention, and collateral services such as family therapy. The goal is to discharge clients from Walden House to a lower level of care within the mental health system, if such services are still needed.

Based on their individual needs, each week, clients will participate in a number of individual and group sessions as determined by internal or external PURQC. Assessments, treatment plan development, case management, collateral contacts and medication assessment and support services will be provided as dictated by clinical necessity. Individuals will generally also participate in

substance abuse treatment activities, attend WH recreational and group functions, and be a part of the WH family, unless they are part of the Multi-Services outpatient only clinic, whose clients simply come in for weekly services and return home. WH will provide continuity of care to the extent possible within our own range of service options, and will link clients with services in the community. The average length of stay for Adult Outpatient Mental Health and Medication clients is 127.03 days.

**Plan Development:** A treatment plan of care is developed, which also addresses substance abuse treatment needs insofar as they affect mental health treatment. If the client's substance abuse disorder forms a barrier to mental health treatment, then those issues will be a more prominent part of the plan. Following the assessment and presentation by the intake therapist, the treatment team will decide and provide input to the treating therapist who acts as care manager, on treating and incorporating recommendations into the treatment plan of care. Our psychiatrist's evaluations and recommendations, and previous provider data (if available) are all incorporated into the plan of care. Following this team meeting, the client meets with the team, and once it is agreed upon by all, the participant and psychotherapist sign the plan of care.

Plans of care will be developed within 7- 10 days of admission to WH. WH will contact Care Managers for those clients already care-managed to assure the appropriateness of the plan of care and to obtain updated plans of care. The plan of care will be updated every 12 months, when dictated by clinical necessity or as the client approaches completion to focus on discharge issues (if before 12 months).

**Orientation:** When it is determined that an individual will reside at one of the Walden House adult facilities, he or she first meets with their caseload counselor and is given a tour of the facility and orientation for new residents. Staff members exercise care when orienting Mental Health Med-CAL clients, paying attention to the individual's symptom picture and need for adjustment to the treatment milieu.

The individual is given a preliminary schedule and assigned a "big sister" or "big brother" to offer guidance and support for their first two weeks in treatment. In certain cases the Mental Health Medi-Cal treatment team in conjunction with the outside referral provider may decide to "phase" the individual into treatment by a gradual introduction over a period of days to a Walden House residential facility. Within the first two days of treatment, the individual has a preliminary meeting with his or her designated psychotherapist to establish initial rapport, discuss the role of the care manager, review patients' rights and grievance procedures, and arrange an appointment to formulate a treatment plan.

**Medication Support Services:** Assessment of the need for medication is conducted by a psychiatrist in a clinical interview, and may include educating the client on anticipated benefits and side effects of medications, as well as obtaining informed consent for any prescription of psychoactive medications. Medication use is an important part of the mental health treatment plan for many individuals diagnosed with co-occurring disorders. Medications are held for the clients in



the medication office at each facility for clients who self-administer at appointed times under the monitoring of a qualified medical support staff member. Participants residing within the WH residential substance abuse treatment program are monitored while taking medication to assure compliance.

Counselors, therapists and medical support staff are trained in medication effects on an annual basis, and meet with the psychiatrist on a weekly basis to report progress or problems. The psychiatrist is available each week to see any clients with medication problems or questions, and is on-call for any urgent situations. They are also available for medication consultations with other care providers on an as-needed basis (i.e., upon transfer or discharge to another setting). Counselors discuss compliance to the prescribed course of medication with outpatient clients as part of case management. Staff trainings in medication support are a part of the overall training effort by the agency's human resources and staff development department.

**Therapy:** Each client will work individually with a licensed or board-registered, waived intern therapist on an agreed upon plan to address psychiatric symptoms and management of functional impairments. Therapy will be time-limited, usually occurring once a week, and will make use of the treatment plan of care to identify specific problem behaviors or symptoms to be addressed. As individuals progress, the frequency of their visits with the therapist will decrease as symptoms abate and functionality improves.

**Wellness Recovery Action Plan (Wrap):** The plan is a system based on increasing awareness of triggers, improving self-care, and strengthening peer support networks. WRAP is used as an addendum to our regular relapse prevention training process. Walden House clinical staffs are regularly trained in helping our clients to design a WRAP before they are discharged from treatment.

**Urgent Care Plan:** Walden House residential facilities are staffed 24 hours a day. If an individual is in need of psychiatric attention in an urgent situation (i.e., that same day, but not an emergency, potentially life-threatening situation), a mental health staff person is always on-call and available by pager or cell phone to provide Crisis Intervention services. In addition, all counselors working with mental health Medi-Cal clients receive training in crisis intervention and suicide prevention, as well as training in working with clients diagnosed with co-occurring disorders. If an individual is having extreme problems, and does not respond to counseling or clinical intervention from the on-call therapist, the Mobile Crisis Team, Psychiatric Emergency Services, or the Police are called. Staffs work to address problems before they become emergencies.

**Crisis Intervention Services:** Crisis Intervention services are provided by therapists and counselors trained in emergency response to psychiatric crises. A crisis may occur at any time, and all staff is trained to respond immediately. Typical examples of crisis situations are: when an individual expresses the desire to harm themselves or someone else; when an individual becomes violent or assaultive; or when a client's behavior becomes psychotic and bizarre,

including having severe delusions or hallucinations, to the degree that they are unable to attend treatment activities and/or are unable to respond to staff.

The goal of the crisis intervention is to stabilize the client, assess the severity of the crisis, determine what level of intervention is required, and to stay with the client until the emergency has passed, or until the client has been transported to a more appropriate emergency care site.

Upon identification of a crisis situation, the therapist on duty as officer of the day or the on call therapist is notified. The client is assessed by a qualified mental health professional to determine the acuteness of the crisis and the severity of symptoms. The therapist may make an attempt to have the client sign a behavioral contract to modify the potentially injurious behavior. The therapist may also remain with the client or assign staff to stay with the client, and provide a quieter environment when possible. They may make a referral for a psychiatrist to assess the client's need for medication.

If the crisis is evaluated as being severe, the therapist may make a referral to the Mobile Crisis Team (MCT) and/or to Psychiatric Emergency Services (PES) at SF General Hospital. They may also refer the client to ACCESS for placement into a higher level of care, such as other community mental health programs (Acute Diversion Units). If the client has any outside collateral support, such as a parole officer, outside therapist, or family members, etc., they are contacted regarding the client's new placement. Staff is on alert to watch for problems when a client Appendixs repeated crisis behaviors over a period of time. Clients who are appropriately stabilized at other programs are eligible to be reevaluated and considered for readmission.

#### **Mental Health Discharge Guidelines:**

Walden House is committed to providing quality mental health services and substance abuse treatment to our clients with co-occurring disorders. However, if after a period of treatment, assessment, and clinical review by mental health and substance abuse treatment staff, a client is found to be inappropriate for the Adult Rehabilitation Program at Walden House, Mental Health Discharge Guidelines will be implemented. Discharge from the program may occur under the following circumstances:

**Case Management /Rehabilitative Activities:** Therapists use a targeted case management approach in the delivery of contacts made on behalf of the client for purposes of linkage and brokerage. Clients diagnosed with mental health disorders often must participate in activities related to a number of other practical problems, such as medical appointments, family issues, and school problems, which are key parts of mental health service delivery.

**Integrated Mental Health Treatment:** The significant majority of target group clients have co-occurring mental health disorders and, therefore, mental health treatment is fully integrated with the substance abuse interventions and or is coordinated for clients with outside providers. Clients who are assessed to have mental health needs and are not currently in treatment are evaluated by a WH Psychiatrist and, if appropriate, are prescribed medications. Medication

treatment is monitored closely for effectiveness and side effects by staff and the mental health providers would share information about client functioning, progress, and problems.

Dually disordered clients also receive psychotherapeutic services individually, in groups, and with their families as appropriate to their particular needs within the program. These services are provided by licensed clinicians and/or registered interns under supervision, and incorporate evidence-based approaches that may include, cognitive behavioral treatment (CBT) as a primary modality, dialectical behavioral treatment (DBT) approaches for clients with emotional dysregulation and impulse problems, Aggression Replacement Therapy to address violent behaviors, and Seeking Safety therapy for individuals with a history of trauma.

Clients who already have a psychiatrist and/or therapist with whom they have been working will be encouraged to maintain their existing relationships. Program staff will monitor clients closely and collaborate with the psychiatrists and therapists who are working with the clients whether the mental health treatment is provided by WH or by other community providers. The Program will establish an MOU with its assigned mental health partner agency to assure linkage and coordination of care within the establishment of a "hub" of integrated behavioral care.

**Primary Care Medical Services:** Clients complete the self-administered Health Questionnaire at intake, and clients in out of home placement have had recent medical examinations that are received as part of the referral information. These documents are reviewed by the WH Health Coordinator, a registered nurse, who follows up with the clients to assure that they have access to treatment for identified health needs, and who follows through with issues that may require further screenings, assessment and treatment. WH case managers are responsible for coordinating care with medical providers.

Clients who identify behaviors on this questionnaire that put them at risk for HIV, STD's, Hepatitis and other health problems receive health education about the potential consequences of these behaviors and participate in treatment interventions that are intended to reduce their risks for HIV and other health problems. WH will actively link clients to medical providers for those who do not already have a physician or other healthcare services. WH has a long history of effective collaboration with the Tom Waddell Clinic and the primary care programs at San Francisco General Hospital that serve indigent populations.

Clients who are HIV positive and/or Appendix high risk behaviors will be linked to the WH continuum of HIV prevention services that utilize interventions promoted by the Center for Disease Control and adopted by DPH that include Individual Risk Reduction Counseling, Multiple Session Workshops, and Prevention Case Management.

**Wraparound/Case Management Services:** WH uses a clinical case management model to deliver wraparound supports that respond to all needs and wishes of clients and their families. The clinical case management model integrates assessment, treatment, and active linkage functions. The WH Case Managers will link and coordinate services with the numerous WH

service components or to external service providers including the mental health partner assigned by CBHS to this program. The case management approach involves actively linking clients to needed resources. Active linkage requires following through with referrals with both the client and other provider and overcoming barriers to client engagement with other programs. Active linkage goes beyond physically linking a client to a resource and involves continued involvement of the case manager so that the services are coordinated with the substance abuse treatment services and the clients receive the benefit of the resources to which they are referred.

A focus of the wraparound approach is to support access to vocational services and employment. The OASIS program includes workshops to teach clients skills related to resume preparation, job search strategies, and interviewing skills. The WH Case Managers will work with each client individually to support their efforts to obtain employment as well as to provide job coaching supports. OASIS clients may also be linked with the WH Transitional Services or other vocational programming that is appropriate to their needs and wishes. The WH Transitional Services Department works hand in hand with WH Case Managers to provide job-readiness, resume writing, vocational skill building, employment placement and job coaching services. Clients will also be linked to the Department of Rehabilitation and One Stop Employment Centers as appropriate. Finally, appropriate clients with serious mental illnesses will be linked to the RAMS Hire-ability Program and Community Vocational Enterprise within the San Francisco mental health system.

A critical need for clients leaving out of home placement is the need for safe, decent, and affordable housing. This effort is supported by WH's comprehensive programming to assist its clients obtain appropriate housing in a very difficult housing market. This includes participating in a Housing Search Workshop that covers the pros and cons of different types of housing, the use of newspapers, the internet, networking and shared housing arrangements to locate housing opportunities, monthly budgeting, and the role of credit reports and housing references.

WH Case Managers will also help clients apply for subsidized and supportive housing programs for which they are eligible. WH has working relationships with numerous housing organizations that provide or assist in access to housing resources for its clients.

As discussed above, comprehensive services involves establishing partnerships with families and natural support system members who with education and support for themselves can play a key role in supporting the recovery of their family members. The WH Case Manager will work with clients to identify family members who the client agrees are appropriate and who are willing and able to be involved in the client's recovery plan. Services to families include family education and support groups, family therapy with clients, and other family focused program activities

To coordinate treatment and supportive services, the WH Counselor will be responsible for organizing and facilitating case conferences for dually disordered and other multiple need clients. The case conference will bring together WH providers, mental health and primary care treatment and other services staff to review the clients needs and establish a coordinated plan for

delivering all of the services the client needs. Clients and, with the client's permission, family members are encouraged to participate in these case conferences, and to be actively involved in all aspects of the treatment process.

The case management function involves providing wraparound supports for all other needs identified by clients that could include access to legal services, recreational activities, transportation, spiritual/religious organizations, or any other resource that can support client recovery. To meet these many needs WH has MOUs with over 60 governmental and community based programs and organizations that describe collaborative relationships for assuring access and establishing mutual expectations for coordinating services. This includes mental health and primary care providers as described in the CCISC implementation section above and many other organizations that provide an array of services.

**Program Staffing:**

Integrated mental health and substance abuse service as well as psychiatric care for WRAPS clients will be conducted by a multidisciplinary team of professionals who will regularly assess the client's needs and review the progress toward treatment goals. This team will consist of a licensed or license-eligible therapist, the coordinator of adult mental health services, psychiatrists, the WRAPS peer counselor, and the Director of Mental Health Services.

WRAPS Clients will undergo an initial mental health screening and assessment conducted by the intake assessment psychologist. Information from the assessment will be communicated to the adult services mental health coordinator who is a registered psychologist responsible for assigning clients to primary therapists. After being assigned to a therapist, additional mental health assessments will take place as well as referral to a Walden House psychiatrist when an initial medication screening is required or coordination with existing outside psychiatric services needs to take place on a doctor to doctor basis..

Beyond assessment, the role of the primary therapist is to create a detailed treatment plan outlining the goals of the stabilization treatment episode, submitting the treatment plan and other appropriate paperwork to the Mental Health Coordinator and the Director for review and approval; coordinating with internal and external psychiatric services and enrolling the client in relevant clinical groups and activities such as DBT skills training, Wellness Recovery Action Plan or Seeking Safety groups. Additionally, the primary therapist will take part in the weekly team meetings to review the client's progress towards goals and will take on primary responsibility for discharge planning and related case management tasks.

The role of the adult services mental health coordinator will be to make initial clinical assignments, assist in the scheduling of medication evaluations and follow-up appointments, provide supervision to the primary mental health therapist and conduct/lead weekly team meetings to assure continuity of care. The adult services mental health coordinator reviews treatment plans, progress notes, and other documentation and is available for consultation in addition to regularly scheduled supervisions.

The role of the psychiatrist is to perform initial medication evaluations, conduct medication follow-up appointments, provide consultation to other WRAPS staff and Walden House Clinicians, plus take part in weekly team meetings. Additional roles may include coordination of services with outside providers.

The WRAPS Peer Counselor's role is to provide support and encouragement to the client by fostering motivation to change problem behaviors. Functioning as a role model and mentor, the peer counselor will accomplish their goal through formal and informal interactions with the client designed to normalize the client's experience, destigmatize the utilization of mental health services and coach the use of newly acquired skills.

WRAPS will recruit current consumers of our mental health services who are in the reentry or continuing care phase of treatment to become WRAPS peer counselors. Clients will be informed of the staff opportunity in a number of ways including announcements in morning/evening meetings, job postings on bulletin boards in all facilities, and postings on Walden House's website as well as disseminating job opportunities via our vocational services department which assists hundreds of clients with job training, vocational services, and education.

Consumers who are selected to become WRAPS peer counselors will take part in skills training opportunities as well as received additional training and mentoring from agency clinical staff. They will take part in new staff orientation which encompasses confidentiality, reporting requirements, cultural competency, basic counseling skills, boundaries, health & safety issues, and ethics. The WRAPS peer counselors will also be required to take part in motivational interviewing and understanding the stages of change seminars. Plus, WRAPS peer counselors may also attend numerous monthly trainings held by Walden House Institute of Training which includes mental health/integrated treatment topics, DBT, Seeking Safety, Wellness Recovery Action Plan, gender-specific, cultural-specific, psychotropic medications, treating dual-diagnosed clients, and so on.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

#### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

2. 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge. (A.1e)

*Note: if data available in AVATAR*

3. Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths Assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire. (A.1f)
4. Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score. (A.1m)

#### **Objective A.3: Increase Stable Living Environment**

1. 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment. (A.3a)

#### **Objective B.1: Access to Service**

75% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who is open in the program as of July 1, 2010, will have SSI linked Medi-Cal applications submitted by June 30, 2011. Programs are also strongly encouraged to refer eligible clients to Health San Francisco. (B.1a)

#### **Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

#### **Objective C.2: Client Outcomes Data Collection**

1. For clients on atypical antipsychotics, at least 50% will have metabolic monitoring as per American Diabetes Association –American Psychiatric Association Guidelines for the Use of Atypical Antipsychotics in Adults, documented in CBHS Avatar Health Monitoring, or for clinics without access to Avatar, documentation in the Antipsychotic Metabolic Monitoring Form or equivalent. (C.2a)

#### **Objective F.1: Health Disparity in African Americans**

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

#### **Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.



**Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010. (G.1a)**

2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

**Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

**B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 90% who complete are linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 95% who complete are linked to a primary care home as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 75% will avoid hospitalization for mental health reasons for the duration of their stay as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, at the time of completion 85% will report increased quality of life (versus self report at intake) measured by internal outcome measurement system and documented in client files.

### **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors

standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.

- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

***Privacy Policy:***

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

Contractor: Walden House, Inc.  
Program: On-Call Crisis Intervention  
Fiscal Year: 2010-11

Appendix A-12  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

1. Program Name: On-Call/Crisis Intervention

Walden House  
1550 Evans Ave  
San Francisco, CA 94124  
415-9770-7500  
415-970-7564 f

Comprehensive Child Crisis  
3801 Third St. Ste 400 - Bldg B  
San Francisco CA, 94124

2. Nature of Document (check one)

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

To provide immediate on-call/ crisis care and follow-up case management services to family members and loved ones of victims of violence, in a professional, culturally-competent, dependable, through a sufficiently-staffed and well-organized program that is sustainable.

4. Target Population

The target population served by the **Violence Response Team** include victims of violence, their families, and children. These clients are in need of crisis care and follow-up case management services to ensure victims of violence and their loved ones receive increased access to services.

- Victims of Violence
- Children
- Family members

5. Modality(ies)/Interventions

The service modality for this Appendix is case management services.

6. Methodology:

The Walden House **On-Call/ Crisis Intervention (WHCI)** consists of a multidisciplinary team of experienced counselors who can provide immediate crisis care and follow-up case management when activated by SFPD/CBHS. WHCI can provide timely urgent crisis care to support victims of violence, their children/family and loved ones. WHCI will be on-call to respond to violence incidents and serve as standby-counselors. WHCI will use Walden House cell phones and pagers when activated for a crisis. Responders on Duty (ROD) will meet at the Comprehensive Child Crisis when activated, or be onsite on scene, at the hospital, or other care facility as needed. ROD will report information on incidents and follow-ups needed to be made with families to the regular program staff for immediate case management services the very next day.

**Training:** Counselors will be required to attend mandatory orientations. Orientation content will consist of: history of the violence response work; overview of the overall initiative (including the CRN as well as relations with the Mayor's Office and other departments); policies and procedures for responding to incidents, and for doing follow-up case management work; what is required and expected of the responders; further training, and ongoing debriefing support, to be provided to/for responders; logistics for responding (scheduling, communications, uniform, transportation, documentation, protocols, phoned-in and written reports, etc.) Ongoing and advanced training in crisis and trauma, and grief and loss, will be identified and provided to the responders.

**Contractor:** Walden House, Inc.  
**Program:** On-Call Crisis Intervention  
**Fiscal Year:** 2010-11

**Appendix A-12**  
**Contract Term:** 7/1/10-6/30/11  
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**7. Objectives and Measurements- Not Applicable**

**8. Continuous Quality Improvement**

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- **Training:** Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.

**Contractor:** Walden House, Inc.  
**Program:** On-Call Crisis Intervention  
**Fiscal Year:** 2010-11

**Appendix A-12**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source (AIDS/CHPP only)**

- **Clinical:** Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- **Operations Committee:** The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

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Document Date: October 8, 2010

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**Contractor:** Walden House, Inc.  
**Program:** On-Call Crisis Intervention  
**Fiscal Year:** 2010-11

**Appendix A-12**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source (AIDS/CHPP only)**

and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.



Contractor: Walden House, Inc.  
Program: BASN Adult Residential  
City Fiscal Year: 2010-11

Appendix A-13  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

**1. Program Name: BASN Adult Residential**

890 Hayes Street (Men)  
San Francisco, CA 94117  
(415) 241-5566  
(415) 621-1033 f

815 Buena Vista (Women)  
San Francisco, CA 94117  
(415) 554-1450  
(415) 554-1475 f

**2. Nature of Document (check one)**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

**4. Target Population**

The target population for BASN Residential consists of parolees referred through the Bay Area Services Network. Participants are non-violent offenders who abuse substances. The Walden House BASN Residential Program is part of the larger Bay Area Services Network. It is a variable length residential program (typically four to six months) designed to help paroled substance abusers maintain sobriety and abstinence from alcohol and other drugs, teach self-reliance and improve social functioning, and provide participants with an extensive support system. BASN clients are mainstreamed with other Walden House residential clients. Walden House emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for various populations with specific needs. The program is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes.

- Criminal Justice (BASN) referrals
- Non violent parolees
- Polysubstance abusers

**5. Modality(ies)/Interventions**

The service modality for this Appendix is residential substance abuse treatment

**6. Methodology**

The goal of the BASN Residential Therapeutic Community Services program is to reduce substance abuse and related criminal behavior in individuals referred to WH from the BASN administrator agency. To reach this goal, the project will provide 6 months of structured residential substance abuse treatment services to a static population of 18 individuals within a licensed treatment facility. This program will be integrated into the existing Walden House Residential TC Program

**Outreach and Recruitment:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies,

participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

**Admissions and Intake:** Admission to the BASN Residential Program is open to all adult San Francisco parolees referred through the Bay Area Services Network residents with a substance abuse problem who desire treatment in a therapeutic community.

The person served may access Walden House services through an appointment or walk-in at the Intake Department. A referral phone call secures an intake interview appointment at the 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) Lite assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for the Walden House continuum of care to ensure proper placement. At any time should any immediate detoxification or medical need be identified, Walden House will coordinate with medical staff or external emergency medical service personnel. The client is then assessed as appropriate for the Walden House continuum of care or is identified as inappropriate.

When the client is identified as inappropriate for the program will be provided referrals other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

**Program Service Delivery Model:** The BASN residential program is a variable-length program that accommodates up to 6 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Once onsite at their assigned location, the client immediately enters orientation which includes:

- introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan – self assessment of needs, life problems, and areas for improvement.

**Program Phases:**

The BASN Residential TC program at Walden House is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

**Orientation:** The first 14-30 days at Walden House consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When the client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

**TC Phase:** The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services.

When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

**Pre-Reentry/Reentry:** The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

**Continuing Care (Aftercare):** Continuing Care clients live on their own in the community, but return to Walden House for weekly groups and individual check-ins. They may also participate in Relapse Prevention

Contractor: Walden House, Inc.  
Program: BASN Adult Residential  
City Fiscal Year: 2010-11

Appendix A-13  
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Funding Source (AIDS/CHPP only)

sessions, recreational activities, and all Walden House family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in June.

**Program Service Locations:** The BASN residential program will be located at two Walden House facilities, one at 815 Buena Vista West, San Francisco, CA and the other at 890 Hayes Street, San Francisco, CA with additional services to be provided at the 1550 Evans Avenue. The 890 Hayes and 815 Buena Vista facilities house the WH adult substance abuse residential treatment programs. Individual and Group Counseling, MH services, and other substance abuse treatment related activities and services will take place at these facilities. These facilities are staffed 24 hours a day, 7 days a week. Intake will take place at the 1899 Mission Street which also houses the Representative Payee Services Program. Adjunctively the Primary Medical Clinic in partnership with the City and County of San Francisco, Tom Waddell Health Clinic and the Psychiatric Team in partnership with the University of California Medical Center are located at this facility. This facility is open from 8am – 8pm Monday through Friday and 8am – 4pm Saturday.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

## 7. Objectives and Measurements

**A. Performance/Outcome Objectives**

**Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

**Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

**Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

**Objective F.1: Health Disparity in African Americans**

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;

2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

**Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010.** (G.1a)
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

**Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate

retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

#### **B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 90% who complete are linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 90% who complete are linked to 12 Step and/or support groups as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 95% who complete are linked to a primary care home as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, at the time of completion 85% will report increased quality of life (versus self report at intake) as measured by Internal outcome measurement system and documented in client files.

#### **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is

achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
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- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
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and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

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#### **Privacy Policy:**

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New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Contractor: Walden House, Inc.  
Program: BASN Adult Residential  
City Fiscal Year: 2010-11

Appendix A-13  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

Contractor: Walden House, Inc.  
Program: CARE (Variable Length)  
City Fiscal Year: 2010-11

Appendix A-14  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

**1. Program Name: CARE Variable Length**  
**Program Address:**

890 Hayes Street (Men)	815 Buena Vista West (Women)	214 Haight Street (Dual Recovery)
San Francisco, CA 94117	San Francisco, CA 94117	San Francisco, CA 94102
(415) 241-5566	(415) 554-1450	(415) 554-1480
(415) 621-1033 f	(415) 554-1475 f	(415) 934-6867f

**2. Nature of Document (check one)**

☐ New      ☒ Renewal      ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

**4. Target Population**

The target populations are poly-substance abusing, persons living with HIV-infection or AIDS who are indigent. Included in these populations are men and women; gays, lesbians, bisexuals and transgenders; all ethnic/racial minorities; young adults 18 to 24 years old, and 16 to 17 year old emancipated minors; veterans; criminal justice involved individuals; persons multiply diagnosed with concomitant mental health and behavioral issues; and homeless people. Enrollment priority will be given to residents of San Francisco who are low income and uninsured or underinsured.

- HIV+/AIDS plus:
  - Substance abusers
  - Homeless

**5. Modality(ies)/Interventions**

The service modality for this Appendix is residential substance abuse treatment

**6. Methodology**

Walden House's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. Walden House CARE Variable Length offers a streamlined continuum of care comprehensive residential substance abuse service.

Our Agency's overarching mission is "to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California with services designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles." This mission is directed to the target population we serve who live in San Francisco.

Document Date: October 8, 2010

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**Outreach and Recruitment:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

**Admissions and Intake:**

Intake takes place at 1899 Mission Street where the Walden House Intake Department receives all referrals and arranges interviews with the Intake Coordinator. Clients are asked to bring documentation of a recent TB Test, verification of San Francisco residency, HIV Status, and income to the interview in order for the Intake Coordinator to check to ensure that clients are eligible to receive CARE funded services. Clients are advised of their rights to confidentiality; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. In addition, the Intake Coordinator conducts the intake and assessment process that includes an Addiction Severity Index Survey to collect demographical information plus a complete biomedical/psychosocial assessment and obtains a signed consent for treatment form and provides a copy of the form to the client. The new client is assigned a room, and is introduced to their peers at the morning or evening meetings. New clients participate in Orientation groups, in which they learn about the norms and rules of the program.

**Program Service Delivery Model:**

During this component a client works on achieving their individual treatment plan goals, continues to attend various groups including: anger management meetings, art therapy group meetings, men's group, women's group meetings, DBT group meetings, HIV prevention & education meetings, HIV support group meetings, community meetings, Narcotics Anonymous/Alcoholics Anonymous meetings (in house and in the community), and works on finding a 12 step sponsor and an outside HIV support group with which they feel comfortable.

Clients continue with health care appointments, as well as any other outside appointments. At two weeks into the main phase, clients reassess their individual treatment plan goals. This treatment plan is reassessed at 30 days, 60 days and 90 days, at which time the client discusses their progress with the clinical review team and the counselor, to determine what goals will be pursued in the next phase, or upon completion. Client responsibilities are to follow program rules, participate fully in treatment activities, act as a role model for new clients, and do house chores, including making dinner once a week for the house. During this time the resident begins to receive an increasing number of privileges including, but limited to: sending and receiving monitored mail, personally use house electronic equipment, eligibility for community outings, and room privileges (which include posters on walls and the use of radio/tape players). These privileges are granted in accordance with demonstrated responsibility. When it is deemed appropriate by the counselor and client, the client writes a proposal to become a mentor in the community and enter the Pre-Reentry phase of the variable length program.

Contractor: Walden House, Inc.  
Program: CARE (Variable length)  
City Fiscal Year: 2010-11

Appendix A-14  
Contract Term: 7/1/10-6/30/11  
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The Pre-Reentry phase of programming is where the client prepares for the transition between Variable Length and Reentry Phase. During this time the resident develops a reentry plan. In this later stage of treatment, the client focuses on developing strong support systems within the larger community and relapse prevention.

After pre-reentry, clients enter the reentry phase of the program. Clients reside in satellite housing, which is subsidized rent-free transitional supportive housing. Satellite provides the client the opportunity to learn to live independently and save funds to transition to permanent housing.

Reentry goals must include making plans to - return to employment or seek further treatment; become involved in volunteer work or other ongoing outside activities; or seek education or vocational training. Other concerns that the clients must address during reentry include housing, benefits entitlement, creating a stable health care regime, identifying clean and sober recreational resources, and giving back to the program and the community. These issues are addressed in individual counseling sessions and with case managers, to ensure clients are leaving with appropriate information, skills and resources. The length of stay for variable length will ranged between 3 months and 18 months.

Clients who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion is celebrated through a formal ceremony.

Clients are unsuccessfully completed when they leave treatment without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Clients who abandon treatment may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, and/or get contact information; referral information is offered to the client upon discharge. When a client is discharged from the residential programs, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

Admissions/Intakes are conducted at the Multi-Services Center located at 1899 Mission Street. 214 Haight is licensed by California's Dept. of Alcohol and Drug Programs and are handicap accessible with elevator, path of travel and appropriate facilities. Walden House complies with all licensing, certification, health, safety, and fire codes.

Walden House agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of newly diagnosed and people living with HIV disease not in care. Key points of access include emergency rooms, substance use treatment programs, detox centers, adult probation, HIV testing and counseling programs, mental health program, and homeless shelters.

All program services and activities are documented in a client chart that has a separate section for all HIV related information. Charting is consistent with regulations set by Commission on Accreditation of Rehabilitation Facilities and the San Francisco Department of Public Health AIDS Office. Current client files

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are securely stored with their counselors at 214 Haight. Discharged client files are locked in secured rooms at 1550 Evans Street.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer information; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, and ensures that the progress notes match the treatment plan within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

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## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

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#### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

#### **Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

#### **Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2,a)

#### **Objective F.1: Health Disparity in African Americans**

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

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Interventions to address health issues:

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2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

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75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

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**Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
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contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

#### **B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 75% of HIV positive clients successfully referred for treatment will complete their substance abuse treatment plan as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 85% of HIV positive clients determined to be out-of-care [previous six months or longer] when substance abuse services are initiated, will be successfully referred into medical care within four weeks of their referral as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 50% of the clients who completed one month of treatment and has the need for medication adherence skills included in their treatment, will demonstrate increased understanding of the importance of medication adherence or demonstrate improvements in medication adherence as measured by internal outcome measurement system and documented in client files.

#### **8. Continuous Quality Improvement**

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Contractor: Walden House, Inc.  
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City Fiscal Year: 2010-11

Appendix A-14  
Contract Term: 7/1/10-6/30/11  
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New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Document Date: October 8, 2010

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Contractor: Walden House, Inc.  
Program: CARE (Variable length)  
City Fiscal Year: 2010-11

Appendix A-14  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

Contractor: Walden House, Inc.  
Program: CARE MDSP  
City Fiscal Year: 2010-11

Appendix A-15  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

**1. Program Name: CARE MDSP**

214 Haight Street  
(Dual Recovery)  
San Francisco, CA  
94102  
(415) 554-1480  
(415) 934-6867f

**2. Nature of Document (check one)**

☐ New      ☒ Renewal      ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

**4. Target Population**

The target populations are poly-substance abusing, persons living with HIV-infection or AIDS who are indigent. Included in these populations are men and women; gays, lesbians, bisexuals and transgenders; all ethnic/racial minorities; young adults 18 to 24 years old, and 16 to 17 year old emancipated minors; veterans; criminal justice involved individuals; persons multiply diagnosed with concomitant mental health and behavioral issues; and homeless people. Enrollment priority will be given to residents of San Francisco who are low income and uninsured or underinsured.

- HIV+/AIDS plus:
  - Substance abusers
  - Homeless

**5. Modality(ies)/Interventions**

The service modality for this Appendix is residential mental health and substance abuse treatment.

**6. Methodology**

Walden House's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. Walden House CARE MDSP offers a streamlined continuum of care comprehensive residential substance abuse service.

Our Agency's overarching mission is "to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California with services designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles." This mission is directed to the target population we serve who live in San Francisco.

**Outreach and Recruitment:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies,

participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

#### **Admissions and Intake:**

Intake takes place at 1899 Mission Street where the Walden House Intake Department receives all referrals and arranges interviews with the Intake Coordinator. Clients are asked to bring documentation of a recent TB Test, verification of San Francisco residency, HIV Status, and income to the interview in order for the Intake Coordinator to check to ensure that clients are eligible to receive CARE funded services. Clients are advised of their rights to confidentiality; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. In addition, the Intake Coordinator conducts the intake and assessment process that includes an Addiction Severity Index Survey to collect demographical information plus a complete biomedical/psychosocial assessment and obtains a signed consent for treatment form and provides a copy of the form to the client. The new client is assigned a room, and is introduced to their peers at the morning or evening meetings. New clients participate in Orientation groups, in which they learn about the norms and rules of the program.

#### **Program Service Delivery Model:**

During this component a client works on achieving their individual treatment plan goals, continues to attend various groups including: anger management meetings, art therapy group meetings, men's group, women's group meetings, DBT group meetings, HIV prevention & education meetings, HIV support group meetings, community meetings, Narcotics Anonymous/Alcoholics Anonymous meetings (in house and in the community), and works on finding a 12 step sponsor and an outside HIV support group with which they feel comfortable.

Clients continue with health care appointments, as well as any other outside appointments. At two weeks into the main phase, clients reassess their individual treatment plan goals. This treatment plan is reassessed at 30 days, 60 days and 90 days, at which time the client discusses their progress with the clinical review team and the counselor, to determine what goals will be pursued in the next phase, or upon completion. Client responsibilities are to follow program rules, participate fully in treatment activities, act as a role model for new clients, and do house chores, including making dinner once a week for the house. During this time the resident begins to receive an increasing number of privileges including, but limited to: sending and receiving monitored mail, personally use house electronic equipment, eligibility for community outings, and room privileges (which include posters on walls and the use of radio/tape players). These privileges are granted in accordance with demonstrated responsibility. When it is deemed appropriate by the counselor and client, the client writes a proposal to become a mentor in the community and enter the Pre-Reentry phase of the variable length program.

The Pre-Reentry phase of programming is where the client prepares for the transition between Variable Length and Reentry Phase. During this time the resident develops a reentry plan. In this later stage of treatment, the client focuses on developing strong support systems within the larger community and relapse prevention.

Contractor: Walden House, Inc.  
Program: CARE (Variable length)  
City Fiscal Year: 2010-11

Appendix A-15  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

After pre-reentry, clients enter the reentry phase of the program. Clients reside in satellite housing, which is subsidized rent-free transitional supportive housing. Satellite provides the client the opportunity to learn to live independently and save funds to transition to permanent housing.

Reentry goals must include making plans to - return to employment or seek further treatment; become involved in volunteer work or other ongoing outside activities; or seek education or vocational training. Other concerns that the clients must address during reentry include housing, benefits entitlement, creating a stable health care regime, identifying clean and sober recreational resources, and giving back to the program and the community. These issues are addressed in individual counseling sessions and with case managers, to ensure clients are leaving with appropriate information, skills and resources. The length of stay for variable length will ranged between 3 months and 18 months.

Clients who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion is celebrated through a formal ceremony.

Clients are unsuccessfully completed when they leave treatment without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Clients who abandon treatment may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, and/or get contact information; referral information is offered to the client upon discharge. When a client is discharged from the residential programs, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

Admissions/Intakes are conducted at the Multi-Services Center located at 1899 Mission Street. 214 Haight is licensed by California's Dept. of Alcohol and Drug Programs and are handicap accessible with elevator, path of travel and appropriate facilities. Walden House complies with all licensing, certification, health, safety, and fire codes.

Walden House agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of newly diagnosed and people living with HIV disease not in care. Key points of access include emergency rooms, substance use treatment programs, detox centers, adult probation, HIV testing and counseling programs, mental health program, and homeless shelters.

All program services and activities are documented in a client chart that has a separate section for all HIV related information. Charting is consistent with regulations set by Commission on Accreditation of Rehabilitation Facilities and the San Francisco Department of Public Health AIDS Office. Current client files are securely stored with their counselors at 214 Haight. Discharged client files are locked in secured rooms at 1550 Evans Street.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or

transfer information; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, and ensures that the progress notes match the treatment plan within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

#### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

**Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

**Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

**Objective F.1: Health Disparity in African Americans**

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

1. 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.

Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)

2. Primary Care provider and health care information

All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

**Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010.** (G.1a)
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

**Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

## **B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 75% of HIV positive clients successfully referred for treatment will complete their substance abuse treatment plan as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 85% of HIV positive clients determined to be out-of-care [previous six months or longer] when substance abuse services are initiated, will be successfully referred into medical care within four weeks of their referral as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 50% of the clients who completed one month of treatment and has the need for medication adherence skills included in their treatment, will demonstrate increased understanding of the importance of medication adherence or demonstrate improvements in medication adherence as measured by internal outcome measurement system and documented in client files.

## **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is

demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management

and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

**Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule - December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

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Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Contractor: Walden House, Inc.  
Program: CARE (Variable length)  
City Fiscal Year: 2010-11

Appendix A-15  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

Contractor: Walden House, Inc.  
Program: CARE Detox/Stabilization)  
Fiscal Year: 2010-11

Appendix A-16  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS Office & CHPP only):

1. Program Name: CARE Detox/Stabilization

214 Haight Street  
San Francisco, CA 94102  
Telephone: (415) 554-1480  
Facsimile: (415) 934-6867

2. Nature of Document (check one)

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

4. Target Population

The target populations are poly-substance abusing, persons living with HIV-infection or AIDS who are indigent. Included in these populations are men and women; gays, lesbians, bisexuals and transgenders; all ethnic/racial minorities; young adults 18 to 24 years old, and 16 to 17 year old emancipated minors; veterans; criminal justice involved individuals; persons multiply diagnosed with concomitant mental health and behavioral issues; and homeless people. Enrollment priority will be given to residents of San Francisco who are low income and uninsured or underinsured.

- HIV+/AIDS
- Substance abusers
- Homeless

5. Modality(ies)/Interventions

The service modality for this Appendix is residential substance abuse treatment

6. Methodology

Walden House's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. Walden House CARE Detox offers a streamlined continuum of care providing comprehensive residential substance abuse service to HIV+ participants in a short time.

Our Agency's overarching mission is "to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California with services designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles." This mission is directed to the target population we serve who live in San Francisco.

**Outreach and Recruitment:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies,

Document Date: October 8, 2010

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participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

#### **Admissions and Intake:**

Intake takes place at 1899 Mission Street where the Walden House Intake Department receives all referrals and arranges interviews with the Intake Coordinator. Clients are asked to bring documentation of a recent TB Test, verification of San Francisco residency, HIV Status, and income to the interview in order for the Intake Coordinator to check to ensure that clients are eligible to receive CARE funded services. Clients are advised of their rights to confidentiality; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. In addition, the Intake Coordinator conducts the intake and assessment process that includes an Addiction Severity Index Survey to collect demographical information plus a complete biomedical/psychosocial assessment and obtains a signed consent for treatment form and provides a copy of the form to the client. The new client is assigned a room, and is introduced to their peers at the morning or evening meetings. New clients participate in Orientation groups, in which they learn about the norms and rules of the program.

#### **Program Service Delivery Model:**

During this component a client works on achieving their individual treatment plan goals, continues to attend various groups including: anger management meetings, art therapy group meetings, men's group, women's group meetings, DBT group meetings, HIV prevention & education meetings, HIV support group meetings, community meetings, Narcotics Anonymous/Alcoholics Anonymous meetings (in house and in the community), and works on finding a 12 step sponsor and an outside HIV support group with which they feel comfortable.

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The Pre-Reentry phase of programming is where the client prepares for the transition between Variable Length and Reentry Phase. During this time the resident develops a reentry plan. In this later stage of



**Contractor:** Walden House, Inc.  
**Program:** CARE Detox/Stabilization)  
**Fiscal Year:** 2010-11

**Appendix A-16**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source:** General Fund

treatment, the client focuses on developing strong support systems within the larger community and relapse prevention.

After pre-reentry, clients enter the reentry phase of the program. Clients reside in satellite housing, which is subsidized rent-free transitional supportive housing. Satellite provides the client the opportunity to learn to live independently and save funds to transition to permanent housing.

Reentry goals must include making plans to - return to employment or seek further treatment; become involved in volunteer work or other ongoing outside activities; or seek education or vocational training. Other concerns that the clients must address during reentry include housing, benefits entitlement, creating a stable health care regime, identifying clean and sober recreational resources, and giving back to the program and the community. These issues are addressed in individual counseling sessions and with case managers, to ensure clients are leaving with appropriate information, skills and resources. The length of stay for variable length will ranged between 3 months and 18 months.

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Admissions/Intakes are conducted at the Multi-Services Center located at 1899 Mission Street. 214 Haight is licensed by California's Dept. of Alcohol and Drug Programs and are handicap accessible with elevator, path of travel and appropriate facilities. Walden House complies with all licensing, certification, health, safety, and fire codes.

Walden House agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of newly diagnosed and people living with HIV disease not in care. Key points of access include emergency rooms, substance use treatment programs, detox centers, adult probation, HIV testing and counseling programs, mental health program, and homeless shelters.

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Document Date: October 8, 2010

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Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer information; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, and ensures that the progress notes match the treatment plan within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions. (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

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## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

**Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

**Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

**Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

**Objective F.1: Health Disparity in African Americans**

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

**Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010.** (G.1a)
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

**Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate

retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

#### **B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 75% of HIV positive clients successfully referred for treatment will complete their substance abuse treatment plan as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 85% of HIV positive clients determined to be out-of-care [previous six months or longer] when substance abuse services are initiated, will be successfully referred into medical care within four weeks of their referral as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 50% of the clients who completed one month of treatment and has the need for medication adherence skills included in their treatment, will demonstrate increased understanding of the importance of medication adherence or demonstrate improvements in medication adherence as measured by internal outcome measurement system and documented in client files.

#### **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.

**Contractor:** Walden House, Inc.  
**Program:** CARE Detox/Stabilization)  
**Fiscal Year:** 2010-11

**Appendix A-16**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source:** General Fund

- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

#### **Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

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**Contractor:** Walden House, Inc.  
**Program:** CARE Detox/Stabilization)  
**Fiscal Year:** 2010-11

**Appendix A-16**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source:** General Fund

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.



Contractor: Walden House, Inc.  
Program: BRIDGES Outpatient  
Fiscal Year: 2010-11

Appendix A-17  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS Office & CHPP only):

1. Program Name: BRIDGES Outpatient

1885 Mission Street  
San Francisco, CA 94102  
(415) 554-1131  
(415) 703-9722 f

2. Nature of Document (check one)

☒ New      ☐ Renewal      ☐ Modification

3. Goal Statement

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

4. Target Population

The target population served by the Walden House BRIDGES program are adults parolees, mentally ill, poly-substance abusers or dependant on drugs and/or alcohol, considered legal residents of San Francisco.

- CDCR Parolees
- Poly-Substance Abusers
- Mentally Ill

5. Modality(ies)/Interventions

The service modality for this Appendix is outpatient substance abuse treatment

6. Methodology

Walden House offers a streamlined continuum of care comprehensive residential substance abuse services.

**Outreach and Recruitment:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals. In addition, because this program's target population are CDCR parolees, the program staff have good referral relationships with the Parole agencies that serve parolees in San Francisco.

**Admissions and Intake:** Admission to the BRIDGES Program through an initial referral by the Parole Agent. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a

Document Date: October 8, 2010

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biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, additional assessments will take place in order to determine current mental status; symptom picture; substance use; living situation; medications; potential for economic self-sufficiency; client strengths; and personal goals. The client will also take part in the Walden House Family/Support Network assessment which seeks to identify professional helpers and avenues of interpersonal support. The three-part assessment includes a questionnaire, completion of a simple genogram and a support system map. Upon admission, the client will complete a baseline "Milestones of Recovery Scale (MORS).

**Program Service Delivery Model:** BRIDGES is designed to provide intensive case management, skills training, advocacy and recovery support to parolees managing significant reentry challenges including mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support. The program services are arrayed in order to help clients avoid reincarceration and the need for emergency services; meet survival needs; create and maintain a foundation for wellness and recovery; and have more quality of life.

**Location & Hours of Operation:** The Program will be located at 1885 Mission Street. This location houses a comprehensive array of BRIDGES services. The facility is ADA compliant and is situated in an area that is central to where many potential clients live and for which public transportation is readily accessible. BRIDGES will have outpatient service availability Monday – Friday 8am-8pm and Saturday 10am-6pm

**Orientation:** Within three days of being admitted to the program, each parolee will receive a face-to-face orientation to the program along with a copy of written policies and procedures.

### ***Wellness Recovery Action Plan***

Upon entering the program, clients will be guided in the creation of their own Wellness Recovery Action plan and share it with their case manager. This plan will include the following:

- ☐ Wellness Toolbox: Practical things that can be done to stay well and feel better
- ☐ Daily Maintenance List: Description of feeling right and what needs to happen every day to feel that way
- ☐ Triggers: Things that can make you feel worse and an action plan to avoid these.
- ☐ Early Warning Signs: Subtle internal signs that warn of problems and how to manage these
- ☐ Things are Breaking Down or Getting Worse: Signs that indicate a crisis is coming and how to respond to these.
- ☐ Crisis Planning: Instructions for others about how you want to be cared for if you temporarily can't care for yourself

- ☐ Post Crisis Plan: Plans to gradually resume everyday responsibilities in a way as to not feel overwhelmed

**WRAP Diary Card:** Upon the initial creation of the Wellness Recovery Action Plan, a diary card will be created that is designed to track key elements of the WRAP plan. These elements could include medications; managing anger; self-harm or assault; using or craving substances; asking for help when needed; staying with a budget; following through on important appointments; housing search; etc. Each parolee will have a customized diary card that tracks thoughts, feelings, and behaviors on one side and gives them the opportunity to list skills they have learned and used on the other side. The skills will come from their wellness toolbox which should expand as they participate in the program.

Clients will have their diary cards reviewed by staff every day that they attend program or at least on a once a week basis depending on the treatment plan. Parolees will review their diary card with the case manager who will use the session to do further analysis of problem behaviors, develop alternative strategies for the future, and coach the use of skills when they are most needed. When clients engage in behaviors that move them farther away from their stated goals, the disparity will be noted and the case manager will seek to determine if problems arose because the client did not have a skill to manage the situation or if they had a skill but were not motivated to use it. The answer to that question will determine whether to teach a new skill or use motivational strategies to ensure that the skills are being used.

The program plans to use small, noncash incentives to encourage greater participation in program services. Clients who complete classes or are consistent with their WRAP diary cards can be given personal care products, food, movie tickets, restaurant coupons, etc. Criteria will be developed and peer mentors might be used to manage this process.

**Development of the Individual Personal Services Plan:** Within seven days of enrollment into the program, a case review will take place and a goal oriented Individual Personal Services Plan will be developed. The plan will guide case management efforts and activities in key areas including establishing income, housing, medical and mental health treatment, social support, etc. Assessments and the Wellness Recovery Action Plan will also inform the process. The goals of the Individual Personal Services Plan will be matched to the clinical schedule of groups and seminars. Clients will be encouraged to use program activities in order to create structure to their daily and weekly schedules.

**Program Services** are configured in such a way as to provide clients with daily structure and support as they can attend groups and seminars five days a week as well as take part in recreational/socialization activities, eat breakfast and lunch at the program, and participate in opportunities to mentor other clients. In this way, clients will be encouraged to utilize services as a Rehabilitation Day Treatment model with intensive case management services. Clients will receive independent living skills classes, vocational/educational support, wellness classes, social skills training, parenting support, crisis intervention support, DBT mindfulness training, and peer mentoring support.

**Contractor:** Walden House, Inc.  
**Program:** BRIDGES Outpatient  
**Fiscal Year:** 2010-11

**Appendix A-17**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source:** CDRC

The program is relationally oriented and case managers engage clients with respect and empathy and seek to develop a sense of connection with them. Clients are encouraged to manage symptoms and problem behaviors through intentional planning and resource management. The program also works to shore up inadequate or poorly utilized networks of interpersonal support so that help is at hand for clients when they need it the most.

**Case Management & Case Conferencing:** Case management activities will be directed by the individual services plan and will include linkage to system of care services and follow-up to ensure that services have been established. When appropriate, case managers will refer clients to organizations that can provide advocacy for establishing benefits and will work to ensure that clinical information will be made available to support that process. Appropriate Releases of Information will be sought in order to facilitate case conferencing and with outside agencies and regular case reviews will be scheduled with parole agents.

Staff will address criminal thinking and behaviors by utilizing the "Thinking for a Change" curriculum. Parolees will be able to learn how their thoughts, feelings, behaviors, and core belief systems have created problems in the past. Utilizing role play, the curriculum encourages the practice of cognitive, self-change skills in high risk situations to prepare for future challenges. The curriculum will most likely require some modification for the population served in this program.

**Recreational Activities and Opportunities to Improve Socialization Skills:** Because services will be offered on a daily basis and clients will be encouraged to use the program to structure daily activities, organized recreational activities will be offered. These activities could include parties, movie days, field trips, outings to the park, game days, etc. These activities will also provide important opportunities to practice and apply newly acquired social skills.

The program will seek to involve the family and friends of our clients in creating an effective network of support that will assist the client both while they are being actively case managed and once they are discharged as well. Family/Friends education events will be sponsored in order to provide supporters with information about recovery from mental health and addiction as well as information about involvement in the criminal justice system. If willing, individual members of client support networks could take part in groups or individual counseling sessions that would focus on setting up guidelines for future support. For example, a discussion might take place between a client and a supporter regarding how the supporter should approach the client if they fear he is in a high-risk situation. Using role play and behavioral rehearsal, difficult conversations could be prepared for in advance. Supporters could also take part in curriculum and learn how to help the client do a chain analysis, assist them to fill out the WRAP diary card, or learn principles that support recovery and prevent relapse.

**Stabilization Beds:** While the program will work to help keep clients out of inpatient care, it is possible that some clients may require either a brief stay in Psychiatric Emergency Services or less intensive services in a residential stabilization program.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing

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within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

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- 2) Enhance welcoming and engagement of African American clients.

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**B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 75% of those who complete will report improved quality of life at discharge (versus self-report at intake) as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 60% of participants will achieve at least two treatment goals as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 80% of those who complete will be linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, 70% will avoid hospitalization for mental health reasons and/or other crisis services during their stay as measured by internal outcome measurement system and documented in client files.

## **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

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- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
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- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
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- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

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Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to

**Contractor:** Walden House, Inc.  
**Program:** BRIDGES Outpatient  
**Fiscal Year:** 2010-11

**Appendix A-17**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source:** CDRC

providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc.; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.



Contractor: Walden House, Inc.  
Program: Second Chance SLE  
Fiscal Year: 2010-11

Appendix A-18  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS Office & CHPP only):

1. Program Name: Second Chance SLE

1254 13<sup>th</sup> St. Units A, E & F,  
Treasure Island  
San Francisco, CA 94130  
(415) 402-0435  
(415) 402-0413 f

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

To increase access to community resources and provide wrap around case management services in order to reduce recidivism and increase pro-social life skills/choices in the target population.

4. Target Population

The target population served by the Walden House 2<sup>nd</sup> Chance program is SF County women sentenced to State prison. Services to be provided in-custody and when inmates parole back to San Francisco County.

- CDCR Inmates and Parolees from San Francisco County
- Adult Females

5. Modality(ies)/Interventions

The service modality for this Appendix is a residential Sober Living Environment.

6. Methodology

Walden House will serve as the primary point of contact and Case Manager for the women involved in the 2<sup>nd</sup> Chance Program. In conjunction with the programs partners client needs will be assessed and appropriate service referrals will be made.

**Outreach and Recruitment:** Walden House is well established in the human service provider community and the criminal justice system. We make presentations and maintain working relationships with both community-based service agencies and the criminal justice system. In addition; we make direct contact with incarcerated individuals in SF County jail and state prison to make individuals aware of available programs and services through Walden House. In the community as well as in the criminal justice institutions we distribute brochures and publications about our programs. Recruitment is also done through Walden House's website at <http://www.waldenhouse.org>, word of mouth and self-referrals both in the community and in the criminal justice system. Specifically, because this program's target population is CDCR parolees, the program staff has good referral relationships with the Parole Agencies that serve parolees in San Francisco. In addition regular outreach visits to the institutions (SF County Jail, VSPW, CCWF, Leo Chesney) will occur in order to identify women that qualify for the program and then presentations will be conducted to educate them on services available.

Document Date: October 8, 2010

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**Contractor:** Walden House, Inc.  
**Program:** Second Chance SLE  
**Fiscal Year:** 2010-11

**Appendix A-18**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source:** DOJ

**Admissions and Intake:** Admission to the 2<sup>nd</sup> Chance Program occurs through an initial referral by the SF Adult Probation Department. A referral form will be faxed to secure an intake interview appointment at the SF County Jail by a Case Manager. The Case Management staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a needs assessment; completes clinical assessments (CAIS, ASI, PCL, URICA); Obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; a detailed explanation of services available in the program, and the grievance procedures.

Upon release from the criminal justice system (SF County Jail, VSPW, CCWF) further intake paperwork will be done in the form of the CalOMS forms so that participants can be appropriately entered into San Francisco County substance abuse/mental health system. Additionally as clients enter the community and are referred to partner agencies those agencies may complete additional assessments.

**Program Service Delivery Model:** 2<sup>nd</sup> Chance is designed to provide intensive case management to incarcerated individuals and parolees managing significant reentry challenges including mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support. The program services are arrayed in order to help clients avoid reincarceration, build family relationships, and increase overall quality of life.

Program services will occur in two distinct segments incarceration/post incarceration. Clients will initially be assessed at San Francisco County Jail while they are pending transfer to state prison (CCWF, VSPW, Leo Chesney). Upon their transfer from SF County Jail and into state prison Case Management visits will continue to occur. During the clients time of incarceration services will consist of weekly Case Management visits. During these visits all appropriate Assessments and forms will be completed, a preliminary Individual Personal Services Plan will be established, appropriate referrals will be identified, transportation support will be provided to family members monthly to encourage visits, and upon release the client will be provided transportation to their designated housing by one of the Case Management staff. Upon the client entering San Francisco County and being post release from state prison the referral services will be implemented, a case conference will occur to formalize the Individual Personal Service Plan, weekly case management will continue to occur to ensure proper follow up on needs and referrals, and as appropriate reassessments will occur.

During the case management visits, both while incarcerated and post incarceration, the appropriateness of referrals will continually be assessed and Case Managers will work on building and maintaining client motivation for treatment.

**Location & Hours of Operation:** This location houses the Sober Living beds of the case management program.

**Document Date:** October 8, 2010

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**Contractor:** Walden House, Inc.  
**Program:** Second Chance SLE  
**Fiscal Year:** 2010-11

**Appendix A-18**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source:** DOJ

**Orientation:** An initial orientation will occur in SF County Jail where potential clients will be informed of the services available. In the event that a client is identified after transfer from SF County Jail to state prison then this initial orientation will take place at the housing institution (VSPW, CCWF, Leo Chesney). Upon release from the criminal justice system and placement into San Francisco County another orientation will occur within three days, each parolee will receive a face-to-face orientation to the program along with a copy of written policies and procedures. For those clients who will be residing in one of the 15 SLE beds this orientation will take place on the day of arrival.

**Development of the Individual Personal Services Plan:** Prior to release from state prison the Case Manager and client will have formed a preliminary Individual Personal Services Plan. This plan will be based on the client's objectives, Needs Assessment, and Clinical Assessments. Within seven days of release into San Francisco County, a case conference will take place and a goal oriented Individual Personal Services Plan will be developed. The plan will guide case management efforts and activities in key areas including establishing income, housing, medical and mental health treatment, social support, etc. The clients Needs/Clinical Assessments, the Preliminary Individual Personal Services Plan, Project Partners feedback and client objectives will inform the service plan process. Clients will be encouraged to make full use of available referral services.

**Program Services** The program is configured in such a way as to provide clients with intensive case management services. Clients will be given Clinical Assessments in the form of the CAIS, ASI, PCL, and URICA in addition to a thorough Needs Assessment, while in the criminal justice system. Where possible the initial assessments will occur while the client is in SF County jail prior to transfer to state prison. Based on this information and the client's stated goals/objectives appropriate service referrals will be made. Services and referrals will be implemented while still incarcerated where it is appropriate to do so.

Upon release into San Francisco County the project partners will be the primary referral source; as needed (based on client need and suitability) other referral sources will also be used. A case conference will be conducted with all applicable partners and the client upon their release from prison to design the Individual Personal Services Plan.

During both the in custody and out custody portion of case management regular follow-up on the service referrals will be made in addition to periodic reassessment of the client and their needs.

The program is relationally oriented and case managers engage clients with respect and empathy and seek to develop a sense of connection with them. The program also works to shore up inadequate or poorly utilized networks of interpersonal support so that help is at hand for clients when they need it the most. One significant way this will be accomplished is by the community referrals. However, monthly, client family members will be provided transportation support to encourage family connection and reunification which will also be a significant part of the interpersonal support process.

**Case Management & Case Conferencing:** Throughout the entire case management episode services and referrals will be directed by the individual services plan and will include linkage to system of care services and follow-up to ensure that services have been established. When appropriate, case managers will refer clients to organizations that can provide advocacy for establishing benefits and will work to

Document Date: October 8, 2010

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Contractor: Walden House, Inc.  
Program: Second Chance SLE  
Fiscal Year: 2010-11

Appendix A-18  
Contract Term: 7/1/10-6/30/11  
Funding Source: DOJ

ensure that clinical information will be made available to support that process. Appropriate Releases of Information will be sought in order to facilitate case conferencing with outside agencies and regular case reviews will be scheduled with parole agents.

**Exit planning:** Walden House program staff will engage in exit planning during any transitions of care for any reason or at least 90 days prior to an anticipated discharge. The focus of the exit planning phase will be to ensure a smooth transition of services. Specifically exit planning will occur when clients are preparing to move from the criminal justice system and when a client is preparing to complete their case management services.

Successful completion of program consists of being discharged from parole or having successfully taken part in the 2<sup>nd</sup> Chance referral services for one year post release from CDCR. Those who complete the program have stabilized their lives and have moved on to safe housing within the community.

Unsuccessful completion includes those who fail to make use of any of the referral services, and those who engage in acts of violence or threats of violence towards staff or other clients. Those who abandoned treatment may return at which time counselors seek to engage back into case management services. Upon discharge, clients are offered referral information and a discharge summary is completed.

Admissions/Intakes are conducted at the SF County Jail and CDCR intuitions prior to release and at 13<sup>th</sup> St Unit B post release. All sites are ADA compliant and comply with all health, safety, and fire codes.

All program services and referrals are documented in a client chart. Charting is consistent with regulations set by the State, and the San Francisco Department of Public Health. Current client files are securely stored in centralized location in locked cabinets. Discharged client files are locked in secured property at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the clients' needs and issues, and track these along with referrals within the client chart notes.

**Program Staffing:** Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

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## 7. Objectives and Measurements

### A. Performance/Outcome Objectives

#### Objective A.1: Reduced Psychiatric Symptoms

1. 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. (A.1a)

#### Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

#### Objective B.2: Treatment Access and Retention

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

#### Objective F.1: Health Disparity in African Americans

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)

2. Primary Care provider and health care information

All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

**Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010.** (G.1a)
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

**Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

## **B. Other Measurable Objectives**

- i. During Fiscal Year 2010-11, 90% of those who will complete will be linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
- ii. During Fiscal Year 2010-11, 90% of those who complete will have improved housing status at time of discharge as measured by internal outcome measurement system and documented in client files.
- iii. During Fiscal Year 2010-11, 60% will gain, maintain, or regain employment as measured by internal outcome measurement system and documented in client files.
- iv. During Fiscal Year 2010-11, at the time of completion, 85% will report increased quality of life (versus self report at intake) as measured by internal outcome measurement system and documented in client files.
- v. During Fiscal Year 2010-11, 95% who complete will be linked to appropriate continuing care and support as measured by internal outcome measurement system and documented in client files in addition to being captured in AVATAR via or other required tools.

## **8. Continuous Quality Improvement**

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**Program:** Second Chance SLE  
**Fiscal Year:** 2010-11

**Appendix A-18**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source:** DOJ

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Document Date: October 8, 2010

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**Program:** Second Chance SLE  
**Fiscal Year:** 2010-11

**Appendix A-18**  
**Contract Term:** 7/1/10-6/30/11  
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is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care; (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

Contractor: Walden House, Inc.  
Program: Second Chance CSM  
City Fiscal Year: 2010-11

Appendix A-19  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

**1. Program Name: Second Chance CSM**

1254 13<sup>th</sup> St. Unit B, Treasure  
Island  
San Francisco, CA 94130  
(415) 402-0435  
(415) 402-0413 f

**2. Nature of Document (check one)**

☒ New      ☐ Renewal      ☐ Modification

**3. Goal Statement**

To increase access to community resources and provide wrap around case management services in order to reduce recidivism and increase pro-social life skills/choices in the target population.

**4. Target Population**

The target population served by the Walden House 2<sup>nd</sup> Chance program is SF County women sentenced to State prison. Services to be provided in-custody and when inmates parole back to San Francisco County.

- CDCR Inmates and Parolees from San Francisco County
- Adult Females

**5. Modality(ies)/Interventions**

The service modality for this Appendix is Case Management Auxiliary Services.

**6. Methodology**

Walden House will serve as the primary point of contact and Case Manager for the women involved in the 2<sup>nd</sup> Chance Program. In conjunction with the programs partners client needs will be assessed and appropriate service referrals will be made.

**Outreach and Recruitment:** Walden House is well established in the human service provider community and the criminal justice system. We make presentations and maintain working relationships with both community based service agencies and the criminal justice system. In addition, we make direct contact with incarcerated individuals in SF County jail and state prison to make individuals aware of available programs and services through Walden House. In the community as well as in the criminal justice institutions we distribute brochures and publications about our programs. Recruitment is also done through Walden House's website at <http://www.waldenhouse.org>, word of mouth and self-referrals both in the community and in the criminal justice system. Specifically, because this program's target population is CDCR parolees, the program staff has good referral relationships with the Parole Agencies that serve parolees in San Francisco. In addition regular outreach visits to the institutions (SF County Jail, VSPW, CCWF, Leo Chesney) will occur in order to identify women that qualify for the program and then presentations will be conducted to educate them on services available.

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Contractor: Walden House, Inc.  
Program: Second Chance CSM  
City Fiscal Year: 2010-11

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**Admissions and Intake:** Admission to the 2<sup>nd</sup> Chance Program occurs through an initial referral by the SF Adult Probation Department. A referral form will be faxed to secure an intake interview appointment at the SF County Jail by a Case Manager. The Case Management staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a needs assessment; completes clinical assessments (CAIS, ASI, PCL, URICA); Obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; a detailed explanation of services available in the program, and the grievance procedures.

Upon release from the criminal justice system (SF County Jail, VSPW, CCWF) further intake paperwork will be done in the form of the CalOMS forms so that participants can be appropriately entered into San Francisco County substance abuse/mental health system. Additionally as clients enter the community and are referred to partner agencies those agencies may complete additional assessments.

**Program Service Delivery Model:** Second Chance is designed to provide intensive case management to incarcerated individuals and parolees managing significant reentry challenges including mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support. The program services are arrayed in order to help clients avoid reincarceration, build family relationships, and increase overall quality of life.

Program services will occur in two distinct segments incarceration/post incarceration. Clients will initially be assessed at San Francisco County Jail while they are pending transfer to state prison (CCWF, VSPW, Leo Chesney). Upon their transfer from SF County Jail and into state prison Case Management visits will continue to occur. During the clients time of incarceration services will consist of weekly Case Management visits. During these visits all appropriate Assessments and forms will be completed, a preliminary Individual Personal Services Plan will be established, appropriate referrals will be identified, transportation support will be provided to family members monthly to encourage visits, and upon release the client will be provided transportation to their designated housing by one of the Case Management staff. Upon the client entering San Francisco County and being post release from state prison the referral services will be implemented, a case conference will occur to formalize the Individual Personal Service Plan, weekly case management will continue to occur to ensure proper follow up on needs and referrals, and as appropriate reassessments will occur.

During the case management visits, both while incarcerated and post incarceration, the appropriateness of referrals will continually be assessed and Case Managers will work on building and maintaining client motivation for treatment.

**Location & Hours of Operation:** The Program will be located at 1254 13<sup>th</sup> St Unit B on Treasure Island. This location houses the staff offices and Community Meeting Facility for those in 2<sup>nd</sup> Chance SLE beds. 2<sup>nd</sup> Chance will have Sober Living beds located in Units A, E and F of the same facility.



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**Orientation:** An initial orientation will occur in SF County Jail where potential clients will be informed of the services available. In the event that a client is identified after transfer from SF County Jail to state prison then this initial orientation will take place at the housing institution (VSPW, CCWF, Leo Chesney). Upon release from the criminal justice system and placement into San Francisco County another orientation will occur within three days, each parolee will receive a face-to-face orientation to the program along with a copy of written policies and procedures. For those clients who will be residing in one of the 15 SLE beds this orientation will take place on the day of arrival.

**Development of the Individual Personal Services Plan:** Prior to release from state prison the Case Manager and client will have formed a preliminary Individual Personal Services Plan. This plan will be based on the client's objectives, Needs Assessment, and Clinical Assessments. Within seven days of release into San Francisco County, a case conference will take place and a goal oriented Individual Personal Services Plan will be developed. The plan will guide case management efforts and activities in key areas including establishing income, housing, medical and mental health treatment, social support, etc. The clients Needs/Clinical Assessments, the Preliminary Individual Personal Services Plan, Project Partners feedback and client objectives will inform the service plan process. Clients will be encouraged to make full use of available referral services.

**Program Services** The program is configured in such a way as to provide clients with intensive case management services. Clients will be given Clinical Assessments in the form of the CAIS, ASI, PCL, and URICA in addition to a thorough Needs Assessment, while in the criminal justice system. Where possible the initial assessments will occur while the client is in SF County jail prior to transfer to state prison. Based on this information and the client's stated goals/objectives appropriate service referrals will be made. Services and referrals will be implemented while still incarcerated where it is appropriate to do so.

Upon release into San Francisco County the project partners will be the primary referral source; as needed (based on client need and suitability) other referral sources will also be used. A case conference will be conducted with all applicable partners and the client upon their release from prison to design the Individual Personal Services Plan.

During both the in custody and out custody portion of case management regular follow-up on the service referrals will be made in addition to periodic reassessment of the client and their needs.

The program is relationally oriented and case managers engage clients with respect and empathy and seek to develop a sense of connection with them. The program also works to shore up inadequate or poorly utilized networks of interpersonal support so that help is at hand for clients when they need it the most. One significant way this will be accomplished is by the community referrals. However, monthly, client family members will be provided transportation support to encourage family connection and reunification which will also be a significant part of the interpersonal support process.

**Case Management & Case Conferencing:** Throughout the entire case management episode services and referrals will be directed by the individual services plan and will include linkage to system of care services and follow-up to ensure that services have been established. When appropriate, case managers will refer clients to organizations that can provide advocacy for establishing benefits and will work to

ensure that clinical information will be made available to support that process. Appropriate Releases of Information will be sought in order to facilitate case conferencing with outside agencies and regular case reviews will be scheduled with parole agents.

**Exit Criteria and process:** Walden House program staff will engage in exit planning during any transitions of care for any reason or at least 90 days prior to an anticipated discharge. The focus of the exit planning phase will be to ensure a smooth transition of services. Specifically exit planning will occur when clients are preparing to move from the criminal justice system and when a client is preparing to complete their case management services.

Successful completion of program consists of being discharged from parole or having successfully taken part in the 2<sup>nd</sup> Chance referral services for one year post release from CDCR. Those who complete the program have stabilized their lives and have moved on to safe housing within the community.

Unsuccessful completion includes those who fail to make use of any of the referral services, and those who engage in acts of violence or threats of violence towards staff or other clients. Those who abandoned treatment may return at which time counselors seek to engage back into case management services. Upon discharge, clients are offered referral information and a discharge summary is completed.

Admissions/Intakes are conducted at the SF County Jail and CDCR intutions prior to release and at 13<sup>th</sup> St Unit B post release. All sites are ADA compliant and comply with all health, safety, and fire codes.

All program services and referrals are documented in a client chart. Charting is consistent with regulations set by the State, and the San Francisco Department of Public Health. Current client files are securely stored in centralized location in locked cabinets. Discharged client files are locked in secured property at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the clients' needs and issues, and track these along with referrals within the client chart notes.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

#### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

#### **Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

#### **Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

#### **Objective F.1: Health Disparity in African Americans**

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

#### **Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010.** (G.1a)
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

#### **Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to

contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

#### **B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 75% of those who complete will report improved quality of life at discharge (versus self-report at intake) as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 60% of participants will achieve at least two treatment goals as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 80% of those who complete will be linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.

#### **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their

communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to

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be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

#### **Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a

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copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.



Contractor: Walden House, Inc.  
Program: Women and Children Connections  
City Fiscal Year: 2010-11

Appendix A-20  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

**1. Program Name: WH Women & Children Connections Program**

1550 Evans Avenue
San Francisco, CA 94124
415-970-7500
415-970-7575 f

**2. Nature of Document (check one)**

☒ New      ☐ Renewal      ☐ Modification

**3. Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

**4. Target Population**

Target populations include female with children who are polysubstance abusers, chronic mental illness, transition age youth (aged 18-25 years), the African American, Asian Pacific Islander, and Hispanic/Latino communities, the LBTTQ community including transgendered individuals, homeless individuals and families, polysubstance abusers, seniors, and individuals with HIV/AIDS.

- Pregnant Women
- Post-partum Women
- Women with Children

**5. Modality(ies)/Interventions**

The service modality for this Appendix is Outpatient & Casemanagment Services.

**6. Methodology**

The WH Women & Children Connections Program services are arrayed to address the needs of women with children who are in residential and outpatient services at Walden House. These services focus on family strengthening activities and are designed to assist women in recovery from substance abuse and mental health problems to fulfill important family role obligations and for their children to thrive and grow. Addiction, mental illness, and involvement with the criminal justice system often weaken families and create fragmented social support networks for clients in recovery. The children of individuals suffering from addiction and mental health problems frequently demonstrate problems related to attachment wounding, trauma, and inconsistent nurturing. They often are delayed in reaching developmental milestones, experience emotional and behavioral dysregulation, and exhibit risk behaviors for substance abuse and other problems. The Walden House Nurture program will provide assessment; individual, child, and family therapy; case management; and parenting support to women and their children. Additionally, the program will offer referral and linkage to support reconnection to the greater family network as often, they have, themselves, been impacted by the forces of addiction, mental illness,

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and incarceration. The provision of family services not only increases long-term social support for recovery, it also helps to break the intergenerational cycle of addiction, mental illness, and criminal behavior.

Women with children who might benefit from receiving family services are identified through assessment during the orientation phase of treatment. They are then referred to the Family Services Manager who assigns a Nurture Program Case Manager (Masters-level Case Manager III) to conduct further assessment and develop specific family related goals for their treatment plan. Adult clients will be assessed with the ANSA and children with the CANS. Treatment goals for adult clients can include establishing visitation with children, regaining custody when appropriate, fulfilling CPS mandates, improving parenting skills, and obtaining additional services for children and other family members. Treatment goals for children may include addressing behavioral problems, improving school attendance and performance, increasing emotional regulation or supporting acculturation. The Nurture Program case manager assigned to the client will then directly provide or otherwise establish in-house services and develop referral and linkage to appropriate outside services.

Specifically, program services will include adult assessment; child assessment; individual therapy focused on family goals; child therapy; family therapy; case management; and parenting skills training. Family services at Walden House include support and advocacy to establish visitation and possible reunification with minor children by working with family members, Child Protective Services, and client advocates. The program offers skills training for parents (Triple P) along with other groups and activities to support parent-child bonding. Further, when appropriate, clients are linked to agencies and advocates who will assist them to fulfill child support obligations or other CPS mandates. Additionally, program staff organizes and supervise parent-child bonding activities such as holiday gatherings, summer outings, and structured weekend activities.

**Outreach and Recruitment:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

**Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent

for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

**Program Service Delivery Model:** The WH HOPE Program is a variable-length program that accommodates up to 6 to 12 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

The Walden House assessment process will be completed within 12 days of admission and consists of the administration of the ASI, a Psycho-social Assessment, the administration of the PTSD Checklist (to assess trauma) and the University of Rhode Island Change Assessment (URICA) in order to understand the women's motivation to change. The Child Development Specialist will also complete a developmental assessment on each child.

After the Assessment is complete the Treatment Plan will be developed, within 14 days of admission. Treatment planning for female clients is based on each client's identified needs, problems, and resources or strengths. Client inclusion in treatment planning is a key to working with substance abusing women. Helping to craft their own treatment helps women to feel a sense of control, counteracts the impact of trauma, and therefore increases the likelihood of positive outcomes and accountability.

Walden House provides a variety of behavioral health and human services to the client. The components of services include: Wellness and Nutrition, Recovery Education, Individual, Group, and Family Counseling, Alcohol and Drug Counseling, Parenting Skills, Family and Support Network Assessment, Relapse Prevention, Self Help Groups, and Reentry Services.

The Walden House Gender Responsive/Trauma Informed Pomeroy House program service components include:

**Case Management:** Each woman will be provided with a Case Manager upon admission, who will see her weekly. This Case Manager will work with the woman to identify treatment goals as well as all ancillary needs. All needs that cannot be met through Walden House will be met through linkage and referral to an identified provider agency. The Case Manager will link the participant with all needed services except those related to benefits, education, employment and housing (these links will be taken care of by the Re-entry services department). Once a partner agency becomes involved with a participant they will become part of her treatment team and will be invited to appropriate case conferences and treatment plan meetings in order to help create an integrated system of care.

**Community Re-integration:** Walden House operates a Re-entry Services Center at the corporate office on Evans. The Center provides job readiness skills, linkages to vocational training programs, job search skills, employment and housing counseling and linkages, computer training classes and benefits enrollment assistance. Additionally, the Five Keys Charter School operates a classroom at the Evans site that offers GED preparation, linkage to GED testing and high school class work designed to help clients obtain a high school diploma. Participants at the Re-entry stage of their treatment episode are referred to the Re-entry Services Center in order to prepare for employment and begin a housing search or apply for necessary benefits if employment seems unlikely.

**Aftercare:** Walden House plans to link women with needs for continued care to our Outpatient Services for the purposes of continuity of care. Additionally, Walden House operates a Sober Living facility on Treasure Island for working women therefore women who complete the program and need/want Sober Living housing will be referred to this facility. Women who are less independent and who need additional support will be referred to collaborative partners who offer Transitional Housing. Finally, Case Managers will make sure to secure appointments for women who have needs in other service areas prior to discharge from the program.

**Co-occurring Disorders:**

- ☐ **HIV:** Walden House provides a full range of services to clients who are HIV positive or at risk. These services include Prevention Workshops designed to educate the participant population about HIV, risk factors and prevention. One of the evidence based practices utilized by WH is Time Our for Me. The curriculum was designed specifically as a tool for HIV prevention and relationship skill building. Walden House also provides referrals for testing and counseling related to testing. For clients who are HIV positive more specific case management is provided in order to assure proper linkage with medical providers and support services within the community. Additionally, WH runs groups for HIV positive participants. Medication storage and access is provided along with assistance in remembering to take medication in a timely manner. All providers involved with the client are considered part of the WH treatment team and as such a more integrated system of care is created.
- ☐ **Hepatitis C:** Walden House also provides prevention education related to Hepatitis C as well as referrals for testing and post test counseling. Clients with Hep C receive enhanced case management designed to improve and solidify access to medical providers. Counseling related to understanding and living with Hep C is also provided.
- ☐ **Mental Health:** Understanding that many substance abusing women also present with co-occurring mental health disorders, Walden House provides an array of mental health services including: Mental Health assessment; medication evaluation; and Individual and group therapy in order to help participants cope with and manage symptoms as well as to function within the context of the program and the community. Women impacted by substance use have typically also experienced trauma which greatly affects their ability to cope in the world. To this end WH provides a trauma informed treatment environment as well as a variety of trauma interventions. Trauma is assessed at intake through the use of the PTSD Checklist. Participants who score in the clinical range on this instrument are referred for a Mental Health assessment. Clients with PTSD or other trauma symptoms are offered individual therapy as well as Seeking Safety. The goal of this curriculum is to help participants manage the residual symptoms of trauma and develop and understanding of the impact of trauma and addiction. WH also offers Skills Training for Dialectical Behavioral Therapy. This intervention is the treatment of choice for women who have difficulty with distress tolerance and emotional regulation which are hallmark issues for women who have been traumatized or suffer from a variety of other mental health issues. Finally, a Domestic Violence Group will be offered at the facility.

**Childcare and Children's Services:** WH Women & Children Connections Program will operate a Cooperative Therapeutic Parenting Center. Participants will be trained by the Child Development Specialist to work with Child Care staff to operate the Center. Upon entry into the HOPE Program each child will be assessed using the WH Child Assessment Tool. Children who are identified as having developmental delays or behavioral problems will be referred to an appropriate partner agency for further evaluation. All children ages 0-3 will be referred to Early Intervention Services as their mother's addiction and incarceration qualifies them for assessment and services to ameliorate any delays that may have occurred. Children ages 4-5 will be referred to Head Start for pre-school in order to better prepare them for entry into school. Finally, The Incredible Years is an evidence-based social skills curriculum

designed to modify persistent behavioral issues for children. Many children who come to Pomeroy House may have behavior problems due to disrupted attachments and neglect, Walden House will therefore implement Incredible Years Dina Dinosaur Curriculum.

**Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

## **7. Objectives and Measurements**

### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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. (A.1a)

**Objective A.2: Reduce Substance Use**

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers 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 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

**Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

**Objective F.1: Health Disparity in African Americans**

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

**Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010. (G.1a)**
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

**Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

**B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 90% of adult participants will receive an assessment using the Adult Needs and Strengths Assessment (ANSA) as measured by internal outcome measurement and documentation in client files.
2. During Fiscal Year 2010-11, 90% of child participants will receive an assessment using the Child Assessment of Needs and Strengths (CANS) as measured by internal outcome measurement and documentation in client files.
3. During Fiscal Year 2010-11, 90% of participants requiring services outside of Walden House will be successfully linked to services as measured by internal outcome measurement and documentation in client files.



4. During Fiscal Year 2010-11, 90% of participants requiring parenting support will be enrolled in parenting services as measured by internal outcome measurement and documentation in client files.
5. During Fiscal Year 2010-11 90% of participants will have made some step towards improving parent/child bonding, (i.e. increasing visitations, attendance at Walden House child-parent bonding activities, enrollment in parenting classes, fulfilling CPS mandates, steps toward meeting child support obligations) as measured by internal outcome measurement and documentation in client files.

### **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide

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opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

#### **Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden

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House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

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1. **Program Name:** Reaffirming Educating and Advocating Life (REAL) - PROP

**Program Address:**

1550 Evans Avenue  
San Francisco, CA 94124  
415-970-7500  
415-970-7575 f

2. **Nature of Document** (check one)

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

4. **Target Population**

The REAL program will provide culturally competent treatment services for adults 18 and above who abuse or are dependent on methamphetamine. The target population will focus on individuals who are HIV-positive or at high risk for contracting HIV including the following behavioral risk populations.

- Men who have sex with Men and/or Females (MSM, MSM/F)
- Male-to-female transgenders (MTF) who have sex with men and women (TSM, TSM/F, TSF, TST, TSM/T, and TSF/T).

5. **Modality(ies)/Interventions**

The service modality for this Appendix is Outpatient Services.

6. **Methodology**

Walden House, Inc. (WH), a non-profit, behavioral health services agency serving the San Francisco community, shall provide Methamphetamine -- HIV Prevention Outpatient services targeting South of Market, Tenderloin, and Inner Mission neighborhoods with evidence-based practices. These practices include the Positive Reinforcement Opportunity Project (PROP) and the Matrix Model, and state-of-the-art HIV prevention interventions within a comprehensive, integrated and culturally competent substance abuse outpatient treatment services model.

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REAL is consistent with the WH Mission that is to establish integrated and comprehensive substance abuse treatment services that integrate mental health and primary care services, and incorporates evidence-based practices and culturally competent programming that meets the needs of diverse multiple need populations. In REAL this is achieved through several distinct but integrating program elements that include: harm reduction strategies, two abstinence focused treatment programs based on new research and evidence-based practices including the Positive Reinforcement Opportunity Project (PROP), and state-of-the-art HIV prevention interventions. REAL specifically incorporates the best known interventions for treating individuals who are addicted to methamphetamines and for preventing HIV infections. WH is committed to implementing these recommendations and will work with CBHS and DPH to modify the program components based both on these recommendations and the outcomes from this program, and to identify and seek additional funding sources as necessary.

**Outreach and Recruitment:** Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

In addition to the outreach activities and walk-in procedures that identify and encourage clients to accept treatment and to fully participate so promote their recovery. WH programming incorporates number of strategies to engage both clients and their family members. Specifically, this begins with harm reduction strategies that support clients' safety and health in the pre-contemplation contemplation stages of change and build trust within a working relationship that are necessary so that clients can consider accepting active treatment to reduce or abstain from substance use.

WH reaches out to and actively works with families of clients, because it is well documented that families can undermine treatment efforts if they do not understand the rationale for program requirements or remain aloof and uninvolved in the treatment process. Conversely, family can be a major support for members in recovery if they are educated about substance abuse disorders, and understand their treatment role in supporting the recovery of a family member. Clients are asked identify family and/or other natural support system members who could serve as partners in treatment and recovery. Family members are strongly encouraged to visit the program site regularly and to participate in family meetings with the clients and also in family education groups, family therapy, and other family focused activities. Program will increase the percentage of women and girls participating in program over the course of the contract year by 10% from a baseline established in the first quarter of service delivery.

**Admissions and Intake:** Admission to the Walden House Behavioral Health programs including Adult Residential and Outpatient Programs are open to all adult San Francisco residents with a substance abuse problem. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at the Walden House Multi-Services Center at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises

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the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) Lite assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for the Walden House continuum of care to ensure proper placement. At any time should any immediate detoxification or medical need be identified, Walden House will coordinate with medical staff or external emergency medical service personnel. The client is then assessed as appropriate for the Walden House continuum of care or is identified as inappropriate.

When the client is identified as inappropriate for the program will be provided referrals other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

Also, all potential REAL client and/or their family members are encouraged to walk in or call for services. Through program brochures and other marketing materials, potential clients, family members, and other providers will be informed that they may come by the program or call any WH facility to learn more about these and other services. Whether they walk in or call, all WH staff members are trained to welcome everyone and to congratulate potential clients for their courage in taking the first step in addressing their problem. This is the case, no matter whether the contact is about substance abuse treatment or any other need they may have, or if they are appropriate for any WH service at all. If the contact is by phone, the WH staff quickly assesses the person's request for services and direct them to the most appropriate program within the WH continuum of services and/or the services of other providers including our new mental health provider partners on this project. The client will be given the name of the WH staff person they contacted and will be encouraged to call back for further assistance if the referral does not work out or meet their needs.

If the client is eligible for REAL, they will be scheduled for an intake and invited to visit the program site to see for themselves how it looks and how it works. They will be provided the hours of operation and the name and telephone number of a contact person at the program. Potential clients or family members who walk into the WH Multi Services program site will be greeted immediately and congratulated for coming in. A staff member will be available to meet with them within 15 minutes to briefly assess their needs. If the potential client meets target group criteria for REAL, a current program participant and peer volunteer will describe the program, and the potential client will be invited to sit in on an appropriate treatment group meeting that day to experience how treatment works. If clients do not meet eligibility criteria or if the program is currently full, they will be

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referred to another program that can provide them with services in a more timely manner. Again, the client will be given the staff persons name and will be encouraged to call back if the referral does not work out or meet their needs.

**Comprehensive Assessment and Individualized Treatment Planning:** A comprehensive assessment that includes all problems and needs as well as strengths and resources of the client underpins treatment planning and services for clients. This begins with an interview to thoroughly assess the overall needs and issues using the Addiction Severity Index (ASI) Lite that is reliable and has been validated for substance abuse treatment. The ASI-Lite information is then entered into the Drug Evaluation Network (DENS) software. The DENS software uses the information from the ASI- Lite to create both a Narrative Summary and Severity Profile of the client in domains related to substance use, psychiatric issues, medical needs, education/employment history, and family issues.

Clients also complete a self-administered health questionnaire that documents their current health status, issues, treatment and needs as well as high-risk behaviors. It is noted that these assessment procedures may be modified or replaced with other instruments as WH and CBHS work together with other providers in implementing the CCISC model that is expected to establish a fully integrated assessment process. Clients are then asked to use the information that is available from the assessment information to prepare a personalized Recovery Plan that responds to their needs as they understand them and as per their own priorities and wishes. This client centered tool helps to engage clients within a treatment planning process that is a participatory and collaborative. A counselor reviews the Recovery Plan and with input from other staff, family members, and providers, completes an Interpretive Summary that provides a clinical picture of the client's status and needs at the time of admission. The information in the Interpretive Summary is used to create Master Problem List that staff and client can use to track treatment outcomes. The client's identified needs and problems as well as their strengths and resources are then used to generate a Treatment Plan that focuses on enhancing functioning so as to achieve personal goals. The client and a counselor sign off on the treatment plan that identifies the services to be provided, the responsibilities of program staff, and of the clients, and where appropriate, their families, as well as other providers and individuals in carrying out the plan. Treatment plans include specific measurable objectives and time frames for achieving them. As assessment is an ongoing process and, as clients change with treatment over time, the Treatment Plan is every 90 days or with significant changes in the client's status.

**Client Orientation:** The WH Intake process includes obtaining a "Consent for Treatment" and signed "Releases of Information," as needed. All WH clients are given an individual orientation to the program to which they are admitted. They also receive the Walden ABC book that thoroughly reviews all the agency's privacy policies, client's rights and responsibilities, and other agency policies and procedures.

**Harm Reduction Strategies:** Harm reduction strategies have proved to be essential in engaging and supporting individuals with substance abuse disorders, and particularly during the pre-contemplation and contemplation stages of change. Harm reduction methodologies demonstrate that substance abuse providers accept them where they are and can be the foundation of a trusting relationship. These strategies educate clients about behaviors that can keep them safer and healthier, and at the same time demonstrate to clients that there are significant risks associated with continuing their behaviors. Harm reductions strategies are used in REAL to engage, educate, and provide support for clients who are not yet ready to accept one of the active treatment components. Information about risky behaviors that clients engage in arise during the engagement activities, and are more fully evaluated in the comprehensive assessment process. WH counselors are trained to identify these behaviors and to suggest to clients things they can do to reduce their risks. The particular strategies used are individualized to each client's needs, issues, and willingness to accept them. A few of the many strategies that counselors will suggest



can include: needle cleaning procedures and exchange programs, HIV testing, use of condoms, using a designated driver, using in safer environments, and obtaining healthcare assessments and treatment for health problems associated with the use of methamphetamines.

**The PROP Treatment Program:** The PROP program is based on new evidence that contingency management techniques can reduce substance use and abuse for clients who have previously been difficult to engage and effectively treat. PROP is a contingency management program model that has been piloted in San Francisco through a collaboration of the San Francisco Department of Public Health, STD prevention & Control Services, The Office of AIDS, Community Behavioral Health Services, the Positive Health Program, Magnet, and Continuum. WH is adopting the model as one element of outpatient treatment milieu at its 1550 Evans Avenue location and will partner with Continuum TLC on 255 Golden Gate in the Tenderloin.

#### PROP Intake Procedures

Clients who are interested in participating in PROP will participate in the intake process described in the approved PROP protocol. The intake will screen bio-psychosocial issues. Once intake is complete, the PROP Protocol will be administered in full compliance with the model as described in the *PROP Operational Protocol, Using Positive Re-Enforcement to Reduce Methamphetamine Use in Methamphetamine using MSM in San Francisco CA* (June 2005)

The following inclusion and exclusion criteria must be met prior to admissions into the program:

#### **Inclusion Criteria**

- Individual must identify as a man who has sex with other men;
- Test positive for methamphetamine within 7 days of baseline visit;
- Report methamphetamine use at least weekly, on average, in the prior 3 months
- Willing to comply with the requirements of observed urine testing, three times per week.

#### **Exclusion Criteria**

- Unable to commit to three times-a-week clinic visits.
- Currently taking Ritalin or other medication, including those containing pseudophedrine, which may result in false-positive urine samples.
- Will not refrain from the use of Ecstasy and Cocaine during the project.
- Currently participating or enrolled in other residential, outpatient and/or any substance use program. (Participation in a 12-step based program is acceptable).

The positive reinforcement procedure is intended to be brief. It is crucial that all elements of the procedure be completed in 15 minutes or less on each clinic visit. Upon visiting the recruitment or clinical site, participants will be screened and asked if they have used methamphetamines in the past week. Those that have will meet with a health worker for a 45-minute orientation to the positive reinforcement procedures. Participants will be asked to provide a sample of urine for testing; those whose urine test positive for methamphetamine will be eligible for the Positive Reinforcement Opportunity Project (PROP). A medical provider may refer other participants. If this is the case, the participant will provide the Health Worker with the signed and dated Medical Provider Referral Sheet. Eligible participants will be informed that they meet with the health worker on 3 alternate days a week (M/ W/ F) to provide a directly observed urine sample. During these visits reinforcements based upon abstinence from methamphetamine, cocaine, crack, and MDMA are determined and delivered.

During their initial visit the reinforcement schedule is explained. In this positive reinforcement treatment program, the voucher for the initial stimulant-free sample is worth \$2.50. Vouchers increase in value by \$1.25 for each consecutive stimulant-free sample to a maximum of \$10.00. Participants earn a \$10.00 bonus voucher for every third consecutive stimulant-free sample. Participants who produce a sample positive for stimulant metabolites, or who fail to submit urine samples, will not receive a voucher for that particular visit and their subsequent voucher value is reduced to the initial \$2.50. A rapid reset procedure allows participants to return to their place in the escalating contingency schedule after producing three urine samples that are negative for stimulant metabolites.

There should be only limited interaction between the participant and the health worker. The health worker provides positive reinforcement for samples indicating abstinence, but provides no form of drug counseling. Results that indicate recent methamphetamine use are handled in a nonjudgmental manner, informing the subject that no voucher is earned for the day, and encouraging the subject to continue pursuing the goal of abstinence. Outcomes are only based upon stimulant use (cocaine, methamphetamine, Ecstasy), as abstinence from stimulant use is the specifically targeted behavior that is being reinforced. Referrals for drug treatment programs and other relevant resources will be provided.

Urine Drug Screening Procedures. Analysis of all urine samples is conducted immediately on-site to determine the presence of select drugs of abuse. The most important concept that must be followed with these participants is that all urine samples are directly observed while providing samples. In addition, participants are informed that use of over-the-counter cold and allergy preparations that contain ephedrine or similar ingredients will be detected by toxicology and will be interpreted as an indication of methamphetamine, Cocaine and/or-MDMA use. We anticipate the potential for tampering with samples in an attempt to produce false negative results (e.g. using common household chemicals to nullify positive results and for drinking significant amounts of water (i.e., water-loading). Urine adulterant strips are used as an efficient method for detecting over-hydration and other abnormal variations in pH or constituents. Participants will be directly observed while providing urine samples. Participants are informed at the beginning of the study that evidence suggesting sample tampering will be interpreted as conclusive and results for that day will be recorded as positive for stimulant metabolite.

Urine bottles and potential adulterants (i.e., cleaning supplies) are stored away from participants' reach. For the few participants who cannot urinate under direct observation, bottles containing a temperature strip may be used to minimize the possibility that the sample was mishandled. This protocol will be strictly observed during the time that clients are participating in this contingency management intervention with one minor modification. This is, clients who express interest in or ask for information about other treatment programs, health or mental health services, or other resources will be provided the information and request with contact information.

#### Upon Completion of the PROP 12-Week program

The 12-week program is designed to reduce methamphetamine use. After completion, participants shall be referred to other treatment programs for maintenance and supportive therapy as indicated. Repeating PROP is not encouraged but may be available to select participants on a case-by-case basis as determined by the Clinical Staff. If a PROP participant wishes to repeat the PROP project, a written request will be required to review each individual case. Participants may receive a certificate of treatment completion. This certificate may be adequate documentation for some programs, e.g. employers, but may not be sufficient for other programs, e.g. court-mandated drug treatment programs or parole officers. Clients who are not successfully at abstaining from methamphetamine use or who quit the program will be encouraged to participate in the Matrix component of The REAL.

**Integrated HIV Prevention Services:** The REAL incorporates evidence-based HIV prevention programming, Health Education and Risk Reduction intervention for individuals who are HIV negative or do not know their serostatus and Prevention with Positive approaches for individuals who are HIV positive. From the assessment process, information is used to identify clients who are at risk for contracting HIV, and those who are known to be HIV positive. All WH clients receive information and education about HIV, its transmission and safer sex strategies. Clients who do not know their HIV status are encouraged to be tested. Those who test positive are linked to healthcare services as well as the DPH partner notification program.

REAL clients who are HIV negative or who do not know their status and who are from an identified behavioral risk population or who participate in high risk behaviors will be eligible for the WH Health Education and Risk Reduction services. Specifically, clients will be linked to one or more interventions that respond to their level of risk and willingness to participate. These include Multiple Session Workshops, Individual Risk Reduction Counseling, and Prevention Case Management programming that are available on site. Individuals who are HIV positive will be actively engaged by WH Prevention with Positives services. These services also include Multiple Session Workshops, Individual Risk Reduction Counseling and Prevention Case Management with a focus on reducing behaviors that could spread the HIV virus to others.

**Primary Care Medical Services:** Clients complete the self-administered Health Questionnaire at intake, and clients. This document is reviewed by the WH Health Coordinator, a registered nurse, who follows up with the clients to assure that they have access to treatment for identified health needs, and who follows through with issues that may require further screenings, assessment and treatment. WH case managers are responsible for coordinating care with medical providers. They will also actively link clients to medical providers for the clients who do not already have a physician or other healthcare services. Clients who identify behaviors on this questionnaire that put them at risk for HIV, STD's, Hepatitis and other health problems receive health education about the potential consequences of these behaviors and are encouraged to be tested. These clients will also be linked to the evidence-based Health Education and Risk Reduction interventions for preventing HIV infection.

**Wraparound/Case Management Services:** WH uses a clinical case management model to deliver wraparound supports that respond to all needs and wishes of clients and their families. The clinical case management model integrates assessment, treatment, and active linkage functions. The WH Case Managers will link and coordinate services with the numerous WH service components or to external service providers including the mental health partner assigned by CBHS to this program. The case management approach involves actively linking clients to needed resources. Active linkage requires following through with referrals with both the client and other provider and overcoming barriers to client engagement with other programs. Active linkage goes beyond physically linking a client to a resource and involves continued involvement of the case manager so that the services are coordinated with the substance abuse treatment services and the clients receive the benefit of the resources to which they are referred.

The REAL program includes workshops to teach clients skills related to resume preparation, job search strategies, and interviewing skills. The WH Case Managers work with each client individually to support their efforts to obtain employment as well as to provide job coaching supports. REAL clients may also be linked with the WH Transitional Services or other vocational programming that is appropriate to their needs and wishes. The WH Transitional Services Department works hand in hand with WH Case Managers to provide job-readiness, resume writing, vocational skill building, employment placement and job coaching services. Clients will also be linked to the Department of Rehabilitation and One Stop Employment Centers as appropriate. Finally, appropriate clients with serious mental illnesses will be linked to the RAMS Hire-ability Program and Community Vocational Enterprise within the San Francisco mental health system.

A critical need for clients leaving out of home placement is the need for safe, decent, and affordable housing. This effort is supported by WH's comprehensive programming to assist its clients obtain appropriate housing in a very difficult housing market. This includes participating in a Housing Search Workshop that covers the pros and cons of different types of housing, the use of newspapers, the internet, networking and shared housing arrangements to locate housing opportunities, monthly budgeting, and the role of credit reports and housing references. WH Case Managers helps clients to apply for subsidized and supportive housing programs for which they are eligible. WH has working relationship with numerous housing organizations that provide or assist in access to housing resources for its clients. Some of these include the Independent Living Resource Center, Larkin Street Youth Services, Guerrero House, Conard House Supportive Housing Services, North-Gate Transitional Housing (for men and women) the New Leaf Transitional Program, Catholic Charities of San Francisco, and selected sober living facilities and single room occupancy hotels.

Our comprehensive services involve establishing partnerships with families and natural support system members who with education and support for themselves can play a key role in supporting the recovery of their family members. The WH Case Manager will work with clients to identify family members who the client agrees are appropriate and who are willing and able to be involved in the client's recovery plan. Services to families include family education and support groups, family therapy with clients, and other family focused program activities. To coordinate treatment and supportive services, the WH Counselor will be responsible for organizing and facilitating case conferences for dually disordered and other multiple need clients. The case conference will bring together WH providers, mental health and primary care treatment and other services staff to review the client's needs and establish a coordinated plan for delivering all of the services the client needs. Clients and, with the client's permission, family members are encouraged to participate in these case conferences, and to be actively involved in all aspects of the treatment process. The case management function involves providing wraparound supports for all other needs identified by clients that could include access to legal services, recreational activities, transportation, spiritual/religious organizations, or any other resource that can support client recovery.

**Transgender Services:** Transgender clients experience particularly challenging barriers to acceptance and effective services. Staff and clients are trained at the agency's quarterly Clinical Days program to educate the entire community on transgender needs and issues, and which includes transgender individuals telling their stories. Effective treatment involves acknowledging and addressing the likelihood of a trauma history, the high risk for HIV, and often the experience of being a sex worker as this may be the only way these clients can make a living because of the discrimination they experience with school and employment. Transgender identified youth in the REAL will have access to a transgender therapist and to the Transgender Pride curriculum that WH has developed. This a six-week curriculum includes lecture, role play, films, arts, and crafts to explore the history and cross-cultural experiences of transgender individuals and supports the establishment of an accepting community for these clients.

**Tobacco & Nicotine Addiction:** Staff, clients and guests of Walden House are required to smoke at least 20 feet away from any doorway and in designated smoking areas. Tobacco use in clients is assessed upon intake. Clients in their orientation phase of treatment receive a tobacco education presentation. Walden House offers stop smoking groups to adult clients in 3 of its facilities with 4 programs on a rotating basis. The stop smoking curriculum currently being used is the American Lung Association's (ALA), Freedom From Smoking. This model is facilitated by ALA trained substance abuse counselors and medical services staff. The six sessions are offered during a 6 week period and each session is 1 1/2 hours long. Clients are provided nicotine replacement therapy only if they participate in a group.

**Incorporating CCISC Principles in REAL:** WH is committed to incorporating the principles of the CCISC model within all of its services and to collaborate with the full array of behavioral health, primary care, and social service providers, and particularly its assigned mental health partner to establish a comprehensive and integrated system of care to meet the particular needs of all individuals with substance abuse disorders and their families. The REAL program is designed to be welcoming, accessible, and culturally competent and to deliver individualized services. All clients are assessed for mental health, primary care and other needs as part of a comprehensive assessment, and receive or are linked to treatment and other services. Families are encouraged to be full partners in treatment. The interventions delivered through this program represent an array of evidence base practices that meet clients where there are, and provide comprehensive supports. This includes state-of-the-art substance abuse interventions that are integrated and/or coordinated with mental health treatment, access to and primary care screenings and services, and linkage to the all needed community resources. Services are delivered in a hopeful and empathic manner and are designed to promote recovery so that clients can pursue their goals and productively participate in community life.

**Location & Hours of Operation:** The Program will be located at 1550 Evans Avenue. The facility is ADA compliant and is situated in an area that is central to where many potential methamphetamine clients live and for which public transportation is readily accessible. REAL will have outpatient service availability Monday – Friday 8am-8pm and Saturday 10am-6pm

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

1. During Fiscal Year 2010-2011, each month, 40% of participants' urine test results will be negative for methamphetamines.
2. During Fiscal Year 2010-2011, each month, 50% of participants will have consecutive negatives results for methamphetamine.
3. During Fiscal Year 2010-2011, at 3 months, 75% of participants will self-report reduced use of methamphetamines, through follow-up by email/phone.

## **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermittent scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees;

Contractor: Walden House, Inc.  
Program: REAL/PROP  
City Fiscal Year: 2010-11

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sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

**Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule - December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or

Document Date: October 8, 2010

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Contractor: Walden House, Inc.  
Program: REAL/PROP  
City Fiscal Year: 2010-11

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contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.



Contractor: Walden House, Inc.  
Program: HIV Set Aside Coordinator  
City Fiscal Year: 2010-11

Appendix A-22  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

1. **Program Name:** HIV Set Aside Coordinator

2. **Nature of Document** (check one)

☐ New      ☒ **Renewal**      ☐ **Modification**

3. **Goal Statement**

To provide technical assistance and training to providers in servicing substance abusers with high-risk HIV behaviors. Reduction of high-risk sexual behaviors by substance abusers will be reduced as a result of the technical assistance provided.

4. **Target Population**

The target population served by Walden House Health Program Coordinator for HIV Counseling and Testing provides technical assistance to the HIV Counseling, Testing and Linkages Providers in San Francisco.

- Counseling, Testing and Linkages Providers in San Francisco
- Providers and Programs serving Substance Abuse issues.
- HIV Prevention and Substance Abuse Providers

5. **Modality(ies)/Interventions**

The service modality for this Appendix is HIV Early Intervention (65)

6. **Methodology**

This position performs highly complex tasks relative to the operation of the HIV Counseling, Testing and Linkages Program. This position is responsible for providing technical assistance and insuring the quality of counseling and testing at CTL programs that are part of the San Francisco Network, with a special emphasis on those programs that serve persons with substance abuse issues. This position will work with the CTL team and the CTL Manager in setting policy/procedures and supporting the network of CTL providers in San Francisco.

The essential job functions of this position:

- Works closely with substance use service providers in San Francisco to assess the need for HIV counseling and testing of their clients
- Develops plans to insure clients in alcohol and drug programs in San Francisco are able to access testing services
- Provides technical assistance and appropriate training to programs that serve persons with substance use issues
- Implements continuous quality improvement efforts for CTL programs, data, testing and counseling.
- Participates in various CTL and HIV Prevention Section and Substance Abuse Services working groups, committees, meetings and task forces as needed

**Contractor:** Walden House, <sup>LLC</sup>  
**Program:** HIV Set Aside Coordinator  
**City Fiscal Year:** 2010-11

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**Funding Source** (AIDS/CHPP only)

- Working with the Manager for CTL and the CTL team, helps to monitor and analyze CTL data and CTL reports for QA, trends, evaluation and planning as needed.
- Monitors programs for the appropriate use of Substance Abuse Prevention and Treatment Block Grant HIV Early Intervention Set Aside funds.

#### **Staff Required Qualifications:**

**Education and special training:** Minimum-possession of a bachelor's degree; preferred possession of a Master's in Public Health, Social Work or Public Administration.

**Practical experience:** One year of experience managing a public health program requiring training, insuring quality of services, team work, public speaking, planning and evaluation.

**Licenses or Certificates required:** California certification as an HIV test counselor or willingness to become a certified HIV test counselor within 6 months of hire.

**Verification/Waiver:** Verification of qualifying experience, education, and/or training is required at the time of filing and application. Candidates unable to do so may submit a letter requesting a waiver of this requirement indicating the reason(s) verification cannot be obtained.

#### **Staff Desired Qualifications**

- Knowledge and experience of HIV counseling, testing and linkage programs and services;
- knowledge and experience working with alcohol and drug programs in San Francisco;
- excellent written and oral communication skills;
- sensitivity to and experience working with ethnically, culturally and sexually diverse individuals, communities, agencies and organizations;
- knowledge of and experience with data, program and quality assurance;
- knowledge of HIV rapid testing technology and application.

7. N/A

#### **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

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**Program:** HIV Set Aside Coordinator  
**City Fiscal Year:** 2010-11

**Appendix A-22**  
**Contract Term:** 7/1/10-6/30/11  
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individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

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**Contractor:** Walden House, Inc.  
**Program:** HIV Set Aside Coordinator  
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- **Training:** Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- **Clinical:** Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- **Operations Committee:** The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

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***Privacy Policy:***

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New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various

**Contractor:** Walden House, Inc.  
**Program:** HIV Set Aside Coordinator  
**City Fiscal Year:** 2010-11

**Appendix A-22**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source** (AIDS/CHPP only)

regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.



**Contractor:** Walden House, Inc.  
**Program:** Adult OPMH & Med Svcs  
**Fiscal Year:** 2010-11

**Appendix A-23**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source:**(AIDS office only)

**1. Program Name: Adult Outpatient Mental Health & Medication Services (Medi-Cal)**

**Program Site I**  
1550 Evans Avenue  
San Francisco, CA 94124  
Telephone: (415) 970-7500  
Facsimile: (415) 970-7575f

**Program Site II**  
815 Buena Vista West  
San Francisco, CA 94117  
Telephone: (415) 554-1450  
Facsimile: (415) 863-1305f

**Program Site III**  
890 Hayes Street  
San Francisco, CA 94117  
Telephone: (415) 701-5100  
Facsimile: (415) 863-1305f

**Program Site IV**  
214 Haight Street  
San Francisco, CA 94102  
(415) 554-1480  
(415) 934-6867f

**2. Nature of Document (check one)**

☐ New      ☒ Renewal      ☐ Modification

**3. Goal Statement**

To assist participants to maintain or restore personal independence and/or functioning consistent with requirements for learning, development, and enhanced self-sufficiency through treatment of their mental health disorders in the settings of residential substance abuse treatment, substance abuse day treatment or outpatient office visits.

**4. Target Population**

This component serves individuals in the community whose psychiatric disorders are accompanied by co-morbid substance abuse or dependence. In many cases, individuals present with longstanding psychiatric histories, numerous psychiatric hospitalizations and crisis services. Walden House serves individuals from all racial and cultural backgrounds and from all economic classes. Participants in this program are either Medi-CAL eligible or qualify under the Short-Doyle law. The agency will provide these outpatient services for clients referred through ACCESS, San Francisco General Hospital, Swords to Plowshares, Baker Places, our treatment partners and from within other WH programs. These clients must meet medical and service necessity criteria as defined for Medi-CAL services.

- Adult psychiatric disorders
- Co-morbid substance abuse or dependence
- MediCal eligible or Short-Doyle

**5. Modalities/Interventions**

Assessment Services  
Collateral Services  
Case Management Services  
Crisis Intervention

Group Therapy Services  
Medication Support Services  
Individual Therapy Services  
(Provided in CRDC)

**6. Methodology**

Walden House is a comprehensive behavioral health program providing a wide range of high quality services to adult San Francisco residents. Walden House emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for individuals with specific needs. The WH environment is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes. The philosophy of Walden House reflects an emphasis on self-reliance, shared community values, and the development of supportive peer relationships. Each individual learns to take responsibility for his/her own actions, and to share in the daily operations of each treatment site. Group and individual counseling helps individuals focus on issues related to their substance abuse and mental disorders. Coordinated efforts with ACCESS are designed to maintain appropriate service options for participants. The agency has had extensive experience with multiply-diagnosed adult clients.

DPH STANDARDIZED CONTRACT PROGRAM NARRATIVE  
FORMAT

**Contractor:** Walden House, Inc.  
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In recognition of the complex needs of multiply diagnosed clients, Walden House provides integrated mental health and substance abuse treatment services. From the initial point of intake through continuing care and discharge, the agency recognizes the importance of treating addiction and other mental health disorders concurrently with a multidisciplinary staff.

The Admissions department at the Walden House Multi Services facility, located at 1899 Mission Street, is staffed with a registered psychologist who performs mental health screenings and assessments. The object of these screenings is to identify the mental health needs of clients entering residential and day treatment programs. Additional psychiatric screenings or medication evaluation appointments are also made available on an as-needed basis with our regular Psychiatrists and Doctors.

All Walden House community-based programs are staffed with licensed, waived or registered mental health professionals who provide assessments, plan development, individual and group therapy, collateral, case management and crisis intervention services. Additionally these staffs have been trained in the use of **Dialectical Behavior Therapy** as a treatment modality. DBT skills training and cognitive behavioral therapy are currently being used as an agency standard and are available in all outpatient facilities. **Seeking Safety treatment** has also been adopted as a best practice for clients with PTSD diagnoses and issues with traumatic experiences, which are common with those who have histories of substance abuse. **Motivational Interviewing** is also in the process of being introduced as a best practice this year, bringing a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

Walden House staffs in general, including some administrative staffs, receive numerous trainings on treating multiply diagnosed clients. This training begins with a four-week intensive Clinical Training conducted for all new staffs having contact with clients. This training includes an introduction to mental health assessment, an introduction to dual diagnosis services and an interactive exercise focused on when and how to refer a client to a Walden House therapist. Additionally, the staff attends monthly mental health trainings organized by the Walden House Human Resources and Staff Development department. These topics include: depression, trauma, dialectical behavior therapy, integrating mental health services and the therapeutic community, eating disorders, psychopharmacology, confidentiality, root cause analysis techniques and other risk management techniques, etc.

As an agency, Walden House endeavors to broaden access to treatment in a welcoming way and to identify and eliminate barriers to seeking and remaining in treatment. Potential clients who take prescription medications for medical or psychological disorders and/or utilize methadone or other agonist therapies are welcome to receive services at Walden House.

Harm reduction principles are applied in all of our programs, including our abstinence-based residential programs. Walden House teaches formal relapse prevention techniques to all of its clients, using the Bio-Psycho-Spiritual-Social model and ways of effectively self-analyzing and stopping pre-relapse behaviors. Classes are held regularly to help all of our residential and day treatment clients recognize and deal with the behavior that leads to relapse.

Reclaiming a life damaged by alcohol and drugs is complex and change is often a circular and not a linear process. Whatever the client's treatment goals, relapse is often part of the cycle of change. While agency staff are trained to assist clients to prevent relapse, when it does occur Walden House is committed to retaining the client in treatment and to reducing the emotional and physical damage created by the relapse.

The Walden House Outpatient Mental Health Medi-CAL Program participates in the CBHS Advanced Access Initiative:

- Walden House provides intake assessment within 24-48 hours of referral.

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- Program provides Medication evaluation (as needed) within 7-10 days of request.
- Walden House will ensure timely collection and reporting of data to CBHS as required.
- Program will provide quarterly measure of new client *demand* according to Advanced Access methodology and more frequently if required by CBHS.
- Program will also measure *delay* or access for both new and ongoing clients on at least a monthly basis according to Advanced Access reporting methodology and more frequently if required by CBHS.

Because of limited and shrinking mental health resources, coupled with the need to immediately serve many new acute patients coming in the front door, the program will consistently apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Clinicians will consider such factors as: risk of harm, functional status, psychiatric stability and risk of de-compensation, medication compliance, progress and status of care plan objectives and the client's overall environment to determine which clients can be discharged from MHS/CMB services into medication-only or to Private Provider Network/Primary care services. The program will also begin utilizing more of time-efficient brief therapy and group interventions to maximize the number of clients that can be helped, which has been started by sending clinicians to trainings on these modalities.

**Admission Criteria:** The Mental Health Medi-CAL component of Walden House's Co-Occurring Disorders program provides mental health services to residents of San Francisco County who meet the County's criteria for medical and service necessity.

**Process for Initiating Services and Securing Authorization:** Outpatient Mental Health services offered to individuals with dual disorders fall under San Francisco County's category, planned services. By definition, planned services require prior authorization within the San Francisco Behavioral Health Plan.

When an individual applies for or is referred for planned mental health services, the Walden House intake staff will first ascertain that person's eligibility for Mental Health Medi-Cal services by locating the client's BIS ID number and care management status on the MHS-140 report. Clients not yet registered into the BHBIS system will be registered at Walden House. In addition, the client must possess current Medi-CAL eligibility for the month in which he or she is requesting services. Current eligibility will be verified by referring to the Cal Meds printout, which can be obtained from the INSYST data operators in our IT or clinical departments. Under this contract, Walden House also serves a percentage of indigent clients who do not have Medi-CAL benefits as part of our compliance with the Short-Doyle-Lanterman-Petris act.

The Walden House Intake Assessment Psychologist, a registered clinician, will complete the assessment form and complete the paperwork necessary to open the client's chart.

Prior to the client's acceptance into treatment, it is the responsibility of the Assessment Psychologist to establish whether the individual has an existing open episode with another provider in the County or has insurance through another source than Medi-CAL. If the individual has care management through another San Francisco County provider, the psychologist will contact that care manager to discuss the client's current treatment and necessity for specialized treatment at Walden House.

In the event that an individual has other health care coverage from a private provider, in addition to Medi-CAL, Walden House staff must obtain a letter of denial of services, in order to be able to bill Medi-CAL.

Clients under Walden House care management are authorized by the Walden House PURQC committee.

Once authorization is received, the Intake Assessment Psychologist will notify the Coordinator of Adult Mental Health Services to arrange to present the individual's case at the weekly Walden House outpatient MediCal staff meeting.

**Assessments/ Diagnosis & Written Evaluation:** The Multi-Service Center, located at 1899 Mission Street in San Francisco, is the central intake site for adult mental health services. After referral from ACCESS, the

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Walden House intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week. Once referral is made, clients are interviewed and given an appointment for assessment usually on the spot and within 48 hours.

Prior to admission, all WH prospective participants are screened to determine type and severity of psychiatric and substance abuse disorders in order to determine appropriate level of care. WH will also assess clients already in WH substance abuse treatment who indicate a need for mental health services. Individuals referred from ACCESS will be pre-screened; i.e., not be in need of medical detoxification services, appropriate for this sub-acute mental health setting, and also have a co-occurring substance abuse problem. Mental health staff will also be available to do intake assessments in the field, i.e., within a hospital or incarcerated setting, if the client has been pre-screened as appropriate for WH by ACCESS.

General intake includes the review of demographic information, a complete biomedical and psychosocial assessment and discussion of program norms and rules with the client. Primary medical services are referred, if needed, and staff support is provided. Information from other/previous service providers when it is available, or from a client's current Care Manager, will be incorporated into the intake assessment and evaluation to better coordinate the continuum of care available.

The mental health assessment and diagnosis process is usually conducted after the general intake/admission form is filled out with an intake counselor. A psychologist or therapist who is trained and knowledgeable in co-occurring disorders and supervised by the program director, records the intake information into a new Mental Health Medi-CAL chart after establishing eligibility, and a provisional multi-axial diagnosis consistent with DSM-IV-TR/ICD-9-CM guidelines is determined through the clinical interview process. Clients are evaluated through a psychosocial and mental status exam assessment. During the assessments and the clinical interview process, the therapist incorporates an evaluation summarizing their findings and recommending services to be incorporated into the participant's treatment plan of care.

The assessment process and written evaluation form the basis for the treatment plan of care, which integrates the individual's own goals for better functionality with clinical recommendations for objectives. It delineates the client's diagnostic picture with these treatment objectives and goals. Assessment for psychotropic medication is part of Medication Services, described below. Participants may be referred for neurological assessments if so indicated. The Grievance procedures, clients' rights, HIPAA confidentiality, advance directives and consent for treatment forms are discussed and signed during the initial client intake process.

To fulfill the public behavioral health system's mission of serving as the safety net for San Franciscans, Walden House Adult outpatient services will remain open to accept new referrals from ACCESS and higher levels of care, and for new individuals who call or drop in requesting services. An intake appointment time within two (2) days of initial contact with the referral source or client, whichever comes first, will be offered. Following evaluation, the clinical judgment process will be used to determine the appropriate level of care for treatment at Walden House or referral to another agency.

**Treatment Procedures and Program Components:** The Walden House Adult Outpatient Mental Health Services program is designed to provide clients who have co-occurring disorders with a range of interventions aimed at reducing or managing symptoms of mental disability. Walden House provides assessments and evaluations, treatment planning, medication support, group and individual therapy, rehabilitative services such as life skills and relapse prevention, and collateral services such as family therapy. The goal is to discharge clients from Walden House to a lower level of care within the mental health system, if such services are still needed.

Based on their individual needs, each week, clients will participate in a number of individual and group sessions as determined by internal or external PURQC. Assessments, treatment plan development, case management, collateral contacts and medication assessment and support services will be provided as

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dictated by clinical necessity. Individuals will generally also participate in substance abuse treatment activities, attend WH recreational and group functions, and be a part of the WH family, unless they are part of the Multi-Services outpatient only clinic, whose clients simply come in for weekly services and return home. WH will provide continuity of care to the extent possible within our own range of service options, and will link clients with services in the community. The average length of stay for Adult Outpatient Mental Health and Medication clients is 127.03 days.

**Plan Development:** A treatment plan of care is developed, which also addresses substance abuse treatment needs insofar as they affect mental health treatment. If the client's substance abuse disorder forms a barrier to mental health treatment, then those issues will be a more prominent part of the plan. Following the assessment and presentation by the intake therapist, the treatment team will decide and provide input to the treating therapist who acts as care manager, on treating and incorporating recommendations into the treatment plan of care. Our psychiatrist's evaluations and recommendations, and previous provider data (if available) are all incorporated into the plan of care. Following this team meeting, the client meets with the team, and once it is agreed upon by all, the participant and psychotherapist sign the plan of care.

Plans of care will be developed within 7- 10 days of admission to WH. WH will contact Care Managers for those clients already care-managed to assure the appropriateness of the plan of care and to obtain updated plans of care. The plan of care will be updated every 12 months, when dictated by clinical necessity or as the client approaches completion to focus on discharge issues (if before 12 months).

**Orientation:** When it is determined that an individual will reside at one of the Walden House adult facilities, he or she first meets with their caseload counselor and is given a tour of the facility and orientation for new residents. Staff members exercise care when orienting Mental Health Med-CAL clients, paying attention to the individual's symptom picture and need for adjustment to the treatment milieu.

The individual is given a preliminary schedule and assigned a 'big sister' or 'big brother' to offer guidance and support for their first two weeks in treatment. In certain cases the Mental Health Medi-Cal treatment team in conjunction with the outside referral provider may decide to "phase" the individual into treatment by a gradual introduction over a period of days to a Walden House residential facility. Within the first two days of treatment, the individual has a preliminary meeting with his or her designated psychotherapist to establish initial rapport, discuss the role of the care manager, review patients' rights and grievance procedures, and arrange an appointment to formulate a treatment plan.

**Medication Support Services:** Assessment of the need for medication is conducted by a psychiatrist in a clinical interview, and may include educating the client on anticipated benefits and side effects of medications, as well as obtaining informed consent for any prescription of psychoactive medications. Medication use is an important part of the mental health treatment plan for many individuals diagnosed with co-occurring disorders. Medications are held for the clients in the medication office at each facility for clients who self-administer at appointed times under the monitoring of a qualified medical support staff member. Participants residing within the WH residential substance abuse treatment program are monitored while taking medication to assure compliance.

Counselors, therapists and medical support staff are trained in medication effects on an annual basis, and meet with the psychiatrist on a weekly basis to report progress or problems. The psychiatrist is available each week to see any clients with medication problems or questions, and is on-call for any urgent situations. They are also available for medication consultations with other care providers on an as-needed basis (i.e., upon transfer or discharge to another setting). Counselors discuss compliance to the prescribed course of medication with outpatient clients as part of case management. Staff trainings in medication support are a part of the overall training effort by the agency's human resources and staff development department.

**Therapy:** Each client will work individually with a licensed or board-registered, waived intern therapist on an agreed upon plan to address psychiatric symptoms and management of functional impairments. Therapy will

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be time-limited, usually occurring once a week, and will make use of the treatment plan of care to identify specific problem behaviors or symptoms to be addressed. As individuals progress, the frequency of their visits with the therapist will decrease as symptoms abate and functionality improves.

**Wellness Recovery Action Plan (Wrap):** The plan is a system based on increasing awareness of triggers, improving self-care, and strengthening peer support networks. WRAP is used as an addendum to our regular relapse prevention training process. Walden House clinical staffs are regularly trained in helping our clients to design a WRAP before they are discharged from treatment.

**Urgent Care Plan:** Walden House residential facilities are staffed 24 hours a day. If an individual is in need of psychiatric attention in an urgent situation (i.e., that same day, but not an emergency, potentially life-threatening situation), a mental health staff person is always on-call and available by pager or cell phone to provide Crisis Intervention services. In addition, all counselors working with mental health Medi-Cal clients receive training in crisis intervention and suicide prevention, as well as training in working with clients diagnosed with co-occurring disorders. If an individual is having extreme problems, and does not respond to counseling or clinical intervention from the on-call therapist, the Mobile Crisis Team, Psychiatric Emergency Services, or the Police are called. Staffs work to address problems before they become emergencies.

**Crisis Intervention Services:** Crisis Intervention services are provided by therapists and counselors trained in emergency response to psychiatric crises. A crisis may occur at any time, and all staff is trained to respond immediately. Typical examples of crisis situations are: when an individual expresses the desire to harm themselves or someone else; when an individual becomes violent or assaultive; or when a client's behavior becomes psychotic and bizarre, including having severe delusions or hallucinations, to the degree that they are unable to attend treatment activities and/or are unable to respond to staff.

The goal of the crisis intervention is to stabilize the client, assess the severity of the crisis, determine what level of intervention is required, and to stay with the client until the emergency has passed, or until the client has been transported to a more appropriate emergency care site.

Upon identification of a crisis situation, the therapist on duty as officer of the day or the on call therapist is notified. The client is assessed by a qualified mental health professional to determine the acuteness of the crisis and the severity of symptoms. The therapist may make an attempt to have the client sign a behavioral contract to modify the potentially injurious behavior. The therapist may also remain with the client or assign staff to stay with the client, and provide a quieter environment when possible. They may make a referral for a psychiatrist to assess the client's need for medication.

If the crisis is evaluated as being severe, the therapist may make a referral to the Mobile Crisis Team (MCT) and/or to Psychiatric Emergency Services (PES) at SF General Hospital. They may also refer the client to ACCESS for placement into a higher level of care, such as other community mental health programs (Acute Diversion Units). If the client has any outside collateral support, such as a parole officer, outside therapist, or family members, etc., they are contacted regarding the client's new placement. Staff is on alert to watch for problems when a client Appendix repeated crisis behaviors over a period of time. Clients who are appropriately stabilized at other programs are eligible to be reevaluated and considered for readmission.

**Mental Health Discharge Guidelines:**

Walden House is committed to providing quality mental health services and substance abuse treatment to our clients with co-occurring disorders. However, if after a period of treatment, assessment, and clinical review by mental health and substance abuse treatment staff, a client is found to be inappropriate for the Adult Rehabilitation Program at Walden House, Mental Health Discharge Guidelines will be implemented. Discharge from the program may occur under the following circumstances:

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**Completion of treatment:** Completion of treatment is jointly determined by clinical staff, the client, and applicable, outside coordinating care managers. Decisions about the completion of treatment are informed by the status of goals on the treatment plan as well as behavioral and lifestyle markers. Ideally, a discharge plan should be developed at least two weeks before the completion of the program. The discharge plan will be coordinated with other mental health providers in the client's network of care and should address issues regarding continued mental health treatment, medication support, and linkage to other appropriate service providers for medical, vocational, educational, and housing needs.

**Client elects to withdraw before the completion of treatment:** In the event that the client chooses to withdraw from the program before the completion of significant treatment goals, a discharge plan should be developed. During a face-to-face session with the client, clinical staff will review the client's progress or lack thereof and offer appropriate referrals dealing with the above-mentioned areas. If the client was receiving medication services through the program, special care will be taken to ensure that the client does not experience a gap in services. In the event that the client suddenly withdraws from treatment and is not available to develop a treatment plan, every effort will be made to contact the client and offer them a face-to-face discharge planning session and follow up with the Walden House psychiatrist.

**Client discharged by Walden House before completion of treatment:** Clients who engage in threatening or assaultive behavior, repeatedly violate rules, destroy or steal property, or refuse to cooperate with treatment will be discharged from the. Clients and outside case managers will be notified of the discharge and a plan will be created in order to ensure continued services. The specific nature of these plans will be determined by the situation and the nature of the client's existing care network.

**Reasons For Discharge:**

1. Client has engaged in assaultive or threatening behavior to Walden House staff or peers.
2. Client introduced or used drugs or alcohol on the adult residential facility premises.
3. Client is a threat to self, e.g., intentionally causes physical injury to self threatens suicide, or engages in suicidal gestures.
4. Client destroys Walden House property.
5. Client repeatedly violates program rules and norms.
6. Client refuses to comply with psychotropic medication recommendation resulting in a worsening of symptoms.
7. Despite a reasonable time in treatment, client fails to demonstrate stabilization or improvement of symptoms, thereby indicating a need for a higher level of care.

**Discharge Planning:** All Mental Health Medi-CAL clients transferred from one of Walden House's adult residential facilities will have a transfer of services plan in place that deals with the following issues:

1. Psychiatric medication
2. Continuation of mental health treatment at our own outpatient clinic at Multi-Services or with another provide in the community, if the internal referral is impossible. Such referrals need to be cleared with ACCESS.
3. Referral to necessary and appropriate collateral services, e.g., medical.
4. Housing or shelter.

**Referral:**

1. The care manager will secure temporary or permanent housing or shelter and arrange to continue providing mental health and case management services at the Harm Reduction Outpatient Program at Multi Services. The care manager will contact the Multi Services staff to arrange for space to perform these services. The objective is to continue the current plan of care without disruption of mental health services, including psychotherapy, case management, psychiatric or related medical services.
2. For some individuals who require a different approach because of persistent relapse and/or

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inability to comply with rules and norms at Walden House's residential facilities, the care manager will coordinate a transfer of mental health services to the Walden House Day Treatment Program or associated Harm Reduction Outpatient Programs located at the Walden House Multi Services center. The care manager will notify the Coordinator of those programs of their intent to transfer services. The Coordinator of Day Treatment Services will arrange for an intake appointment. If the client meets the criteria for admission into the Day Treatment and/or Harm Reduction Outpatient programs, the Coordinator will complete the Request for authorization of Services and fax this to the appropriate PURQC committee.

3. The care manager will inform the Intake Department of the Client's transfer plan and take steps to ensure that the client's file is updated and in compliance with Medi-Cal regulations.

**Continuity Of Care:** Providing continuity of care is essential to both a positive treatment outcome and stabilization of symptoms. If a client elects to leave treatment early or is in need of a different level of care, the Walden House Mental Health treatment team meets to decide on the next phase of treatment. It is important to minimize disruption of mental health services to our Mental Health Medi-Cal clients. When the psychotherapist is not acting as the care manager, he or she will coordinate with the care manager from an outside agency to provide for ongoing mental health services. In most cases, clients will continue to meet with their psychotherapist at the Walden House Multi Services site on an ongoing basis until an appropriate transfer of services can be arranged. The exception to this policy occurs in situations where there is an imminent threat of suicide or homicide or destruction of property. In such instances, mental health staff will follow standard emergency policy and initiate 5150 procedures. In the event that a client is actively using substances and intoxicated while registered for mental health services from Walden House, that individual will not be allowed on Walden House premises until returning in a sober state or, if necessary, referred for detoxification to another program. It is the responsibility of the Walden House psychotherapist, in conjunction with the care manager, if this is an outside provider, to bring all matters involving transfer of care to the attention of the Coordinator of Adult Mental Health Services for Walden House and to notify the CBHS Program Manager or ACCESS.

**Transfer of Care Policy And Procedure:** In the interest of ensuring continuity of care and in accordance with San Francisco Community Behavioral Health guidelines, Walden House's Adult Mental Health Services maintains that any San Francisco County Medi-Cal eligible client who meets service necessity guidelines will have ongoing access to mental health services upon exiting treatment. At the time of a client's transfer from Walden House treatment services, the client will continue to be followed by their Walden House care manager who, in most cases, is his or her psychotherapist. This WH care manager will coordinate with any primary care manager the client may have. The care manager will facilitate transfer of services to another appropriate provider. In the event that a client is involuntarily discharged or elects to leave treatment prematurely (AWOL) and does not wish to return to treatment with Walden House, that client will be referred, if possible, to receive temporary mental health services from Walden House at the Multi-Services facility in the Day Treatment or Outpatient programs until an appropriate transfer of services outside the agency can be arranged. All clients who were prescribed psychotropic medications and are continuing to take those medications at the time of transfer will leave with three days' supply of medication. If clients have been prescribed psychoactive medications, arrangements are made to ensure that the clients have continued access to their medications. A short - term transition plan and case management will establish medication services outside of Walden House residential facilities.

## **7. Objectives and Measurements**

### **A. Performance/Outcome Objectives**

#### **Objective A.1: Reduced Psychiatric Symptoms**

1. 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

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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. (A.1a)

2. 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge. (A.1e)

**Note: if data available in AVATAR**

3. Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths Assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire. (A.1f)
4. Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score. (A.1m)

#### **Objective A.3: Increase Stable Living Environment**

1. 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment. (A.3a)

#### **Objective B.1: Access to Service**

75% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who is open in the program as of July 1, 2010, will have SSI linked Medi-Cal applications submitted by June 30, 2011. Programs are also strongly encouraged to refer eligible clients to Health San Francisco. (B.1a)

#### **Objective B.2: Treatment Access and Retention**

1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. (B.2.a)

#### **Objective C.2: Client Outcomes Data Collection**

1. For clients on atypical antipsychotics, at least 50% will have metabolic monitoring as per American Diabetes Association – American Psychiatric Association Guidelines for the Use of Atypical Antipsychotics in Adults, documented in CBHS Avatar Health Monitoring, or for clinics without access to Avatar, documentation in the Antipsychotic Metabolic Monitoring Form or equivalent. (C.2a)

#### **Objective F.1: Health Disparity in African Americans**

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To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

1. 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. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

*The new Avatar system will allow electronic documentation of such information.*

3. Active engagement with primary care provider  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

#### **Objective G.1: Alcohol Use/Dependency**

1. For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. **Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010.** (G.1a)
2. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions. (G.1b)

#### **Objective H.1: Planning for Performance Objective FY 2011 - 2012**

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)



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#### **B. Other Measurable Objectives**

1. During Fiscal Year 2010-11, 75% of those who complete will report improved quality of life at discharge (versus self-report at intake) as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 60% of participants will achieve at least two treatment goals as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 80% of those who complete will be linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, 70% will avoid hospitalization for mental health reasons and/or other crisis services during their stay as measured by internal outcome measurement system and documented in client files.

#### **8. Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

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Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond

**Contractor:** Walden House, Inc.  
**Program:** Adult OPMH & Med Svcs  
**Fiscal Year:** 2010-11

**Appendix A-23**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source:** General Fund

to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.

- **Standards & Compliance:** Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- **Health and Safety:** Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- **Training:** Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- **Clinical:** Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- **Operations Committee:** The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

#### **Privacy Policy:**

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and

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Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.



**Contractor:** Walden House, Inc.  
**Program:** Project Homeless Connect  
**Fiscal Year:** 2010-11

**Appendix A-24**  
**Contract Term:** 7/1/10-6/30/11  
**Funding Source** (AIDS/CHPP only)

1. **Program Name:** Walden House PHC TA Cooperative Program

2. **Nature of Document** (check one)

☐ New      ☒ Renewal      ☐ Modification

3. **Goal Statement**

To reduce the impact of homelessness by providing technical assistance to Project Homeless Connect.

4. **Target Population**

The target population served by Walden House PHC TA Cooperative Program will be the population served by Project Homeless Connect Program. The program will serve as technical assistance to Project Homeless Connect as both a fiscal and staffing intermediary.

- Homeless
- Project Homeless Connect Volunteer
- Project Homeless Connect Funders

5. **Modality(ies)/Interventions**

The service modality for this Appendix is Cooperative Projects (63)

6. **Methodology**

Project Homeless Connect (PHC) is an initiative spearheaded by San Francisco Mayor Gavin Newsom in coordination with the Human Services Agency and the Department of Public Health. PHC is a bimonthly event where homeless individuals and families are connected to housing and social/medical services. The project provides assistance to over 2,000 homeless clients at each event and relies on the assistance of some 1500 volunteers to facilitate this process.

Walden House Project Homeless Connect Cooperative Program will be the staffing and fiscal intermediary for the Project Homeless Connect (PHC) Program. PHC Director will supervise the Volunteer/Grants Coordinator who will manage grants and volunteers; Development/Public Relations Coordinator who will provide public relations support and fund development to sustain Project Homeless Connect; the Administrative Assistant will assist with all administrative functions as necessary including scheduling meetings, filing, assist in progress reports, and so on; a PHC Office Administrator to manage the PHC office; consultants to do data analysis for report generation.

7. N/A

8. **Continuous Quality Improvement**

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DPH STANDARDIZED CONTRACT PROGRAM NARRATIVE  
FORMAT

**Contractor:** Walden House, Inc.  
**Program:** Project Homeless Connect  
**Fiscal Year:** 2010-11

**Appendix A-24**  
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**Appendix A-24**  
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(fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.

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DPH STANDARDIZED CONTRACT PROGRAM NARRATIVE  
FORMAT

**Contractor:** Walden House, Inc.  
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**Fiscal Year:** 2010-11

**Appendix A-24**  
**Contract Term:** 7/1/10-6/30/11  
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**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 (15<sup>th</sup>) 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 (15<sup>th</sup>) 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 Prop 63 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	Adult Residential
Appendix B-2	Satellite Residential
Appendix B-3	WHITS Residential
Appendix B-4	Bridges Residential
Appendix B-5	Adult Residential Post SFGH
Appendix B-6	Transgender Residential
Appendix B-7	LODESTAR
Appendix B-8	Women's Hope
Appendix B-9	Central City OASIS
Appendix B-10	RPI
Appendix B-11	Prop 63
Appendix B-12	Crisis Intervention
Appendix B-13	BASN Residential
Appendix B-14	CARE Variable Length
Appendix B-15	CARE MDSP
Appendix B-16	CARE Detox
Appendix B-17	Bridges Outpatient
Appendix B-18	Second Chances Supportive Housing
Appendix B-19	Second Chances Case Management
Appendix B-20	Connections program

Appendix B-21	PROP
Appendix B-22	HIV Set Aside Coordinator
Appendix B-23	Health Services & Medication Support
Appendix B-24	Project Homeless Connect

## B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> 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 Fifty Four Million Two Hundred Fifty Six Thousand Five Hundred Forty Five Dollars (\$54,256,545) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$5,813,201 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through December 31, 2010 (BPHM07000070)	\$4,250,907
December 31, 2010 through June 30, 2011	\$5,973,660
July 1, 2011 through June 30, 2012	\$9,489,324
July 1, 2012 through June 30, 2013	\$8,208,415

July 1, 2013 through June 30, 2014	\$8,208,415
July 1, 2014 through June 30, 2015	\$8,208,415
July 1, 2015 through December 31, 2015	\$4,104,208
July 1, 2010 through December 31, 2015	\$48,443,344

(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.

(4) CONTRACTOR further understands that, \$4,250,907 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000070 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000070 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

### DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This Contract is: <b>New</b> Renewal      Modification						
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):		
LEGAL ENTITY NUMBER: 19454						
LEGAL ENTITY/CONTRACTOR NAME: <b>Walden House, Inc.</b>						
APPENDIX NUMBER	B-1	B-2	B-3	B-4	B-5	B-6
	383805				383805	383805
	383834	383357			383834	383834
PROVIDER NUMBER	383806	383806	383805	383805	383806	383806
PROVIDER NAME:	Adult Residential	Satellite Residential	WHITS Residential	Bridges Residential	SFGH Residential	Transgender Residential
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
<b>FUNDING USES</b>						
SALARIES & EMPLOYEE BENEFITS	2,382,623	158,074	209,573	85,956	282,379	237,326
OPERATING EXPENSE	1,206,773	116,816	65,441	40,940	117,745	95,442
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-	-	-	-	-	-
SUBTOTAL DIRECT COSTS	3,589,396	274,890	275,014	126,896	400,124	332,768
INDIRECT COST AMOUNT	430,727	32,988	33,002	15,228	48,015	39,932
INDIRECT %	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES:	4,020,123	307,878	308,016	142,124	448,139	372,700
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES</b>						
SDMC Regular FFP (50%)	HMHMCC730515					
ARRA SDMC FFP (11.59%)	HMHMCC730515					
<b>STATE REVENUES</b>						
MHSA	PMHS63-1105					
MHSA	PMHS63-1113					
<b>GRANTS</b>						
PRIOR YEAR ROLL OVER						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS	HMHMCC730515					
COUNTY GENERAL FUND	HMHMCC730515					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>FEDERAL REVENUES</b>						
SAPT Fed Discretionary #93.959	HMHSCRES227	889,990				
SAPT HIV Set-aside #93.959	HMHSCRES227					
<b>STATE REVENUES</b>						
BASN	HMHSCRES227					
<b>GRANTS/PROJECTS</b>						
State CDCR ISMIP	HMAD01-11			71,062		
State CDCR ISMIP	HMAD02-11			71,062		
Fed USDOJ Second Chance #16.202	HCSA02-10					
<b>WORK ORDERS</b>						
HSA FSET: USDA FNS SNAP #10.561	HMHSCCADM377	821,121				
COUNTY GENERAL FUND	HMHSCRES227	1,900,394	298,286	308,016	419,156	342,303
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		3,611,505	298,286	308,016	142,124	419,156
TOTAL DPH REVENUES		3,611,505	298,286	308,016	142,124	419,156
<b>NON-DPH REVENUES</b>						
Patient/Client Fees		408,618	9,592	-	28,983	30,397
TOTAL NON-DPH REVENUES		408,618	9,592	-	28,983	30,397
TOTAL REVENUES (DPH AND NON-DPH)		4,020,123	307,878	308,016	142,124	448,139
Prepared by / Phone #: Brian Herrera / 415-970-7517						

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APPENDIX NUMBER	B-7	B-8	B-9	B-10	B-11	B-12
PROVIDER NUMBER	383806	TBA	383873	383835	383805	n/a
PROVIDER NAME:	Lodestar Residential	Women's Hope Residential	OASIS Outpatient	Rep Payee Case Mgmt	WRAPS Residential	On Call/Crisis Intervention Outpatient
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	97,104	423,032	385,505	118,782	61,745	14,975
OPERATING EXPENSE	42,327	128,372	213,390	23,872	14,891	-
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-	65,707	-	-	-	-
SUBTOTAL DIRECT COSTS	139,431	617,111	598,895	142,654	76,636	14,975
INDIRECT COST AMOUNT	16,731	74,054	71,867	17,118	9,196	1,797
INDIRECT %	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES:	156,162	691,165	670,762	159,772	85,832	16,772
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES						
SDMC Regular FFP (50%)	HMHMCC730515					
ARRA SDMC FFP (11.59%)	HMHMCC730515					7,490
STATE REVENUES						
MHSA	PMHS63-1105				82,400	
MHSA	PMHS63-1113					
GRANTS						
PRIOR YEAR ROLL OVER						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS	HMHMCC730515					
COUNTY GENERAL FUND	HMHMCC730515					9,282
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	82,400	16,772
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES						
SAPT Fed Discretionary #93.959	HMHSCCRES227	633,519				
SAPT HIV Set-aside #93.959	HMHSCCRES227					
STATE REVENUES						
BASN	HMHSCCRES227					
GRANTS/PROJECTS						
State CDCR ISMIP	HMAD01-11					
State CDCR ISMIP	HMAD02-11					
Fed USDOJ Second Chance #16.202	HCSA02-10					
WORK ORDERS						
HSA FSET: USDA FNS SNAP #10.561	HMHSCCADM377					
COUNTY GENERAL FUND	HMHSCCRES227	156,162		670,762	77,437	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	156,162	633,519	670,762	77,437	-	-
TOTAL DPH REVENUES	156,162	633,519	670,762	77,437	82,400	16,772
NON-DPH REVENUES						
Patient/Client Fees		57,646		82,335	3,432	
TOTAL NON-DPH REVENUES	-	57,646	-	82,335	3,432	-
TOTAL REVENUES (DPH AND NON-DPH)	156,162	691,165	670,762	159,772	85,832	16,772
Prepared by / Phone #: Brian Herrera / 415-970-7517						

### DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is: <b>New</b> Renewal      Modification						
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):		
LEGAL ENTITY NUMBER: 19454						
LEGAL ENTITY/CONTRACTOR NAME: <b>Walden House, Inc.</b>						
APPENDIX NUMBER	B-13	B-14	B-15	B-16	B-17	B-18
	383805	383805				
	383834	383834				
PROVIDER NUMBER	383806	383806	383805	383805	383835	383807
PROVIDER NAME:	BASN Residential	CARE Variable Length Residential	CARE MDSP Residential	CARE DETOX Residential	Bridges Outpatient	Chances Supportive Housing
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	7/1/10-3/31/11
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	264,997	146,247	263,410	146,815	480,390	2,135
OPERATING EXPENSE	147,982	66,134	67,280	38,778	253,314	23,178
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-	-	-	-	-	-
SUBTOTAL DIRECT COSTS	412,979	212,381	330,690	185,593	733,704	25,313
INDIRECT COST AMOUNT	49,558	25,486	39,683	22,271	88,044	3,037
INDIRECT %	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES:	462,537	237,867	370,373	207,864	821,748	28,350
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>						
FEDERAL REVENUES						
SDMC Regular FFP (50%) HMHMCC730515						
ARRA SDMC FFP (11.59%) HMHMCC730515						
STATE REVENUES						
MHSA PMHS63-1105						
MHSA PMHS63-1113						
GRANTS						
PRIOR YEAR ROLL OVER						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS HMHMCC730515						
COUNTY GENERAL FUND HMHMCC730515						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES						
SAPT Fed Discretionary #93.959 HMHSCCRES227						
SAPT HIV Set-aside #93.959 HMHSCCRES227						
STATE REVENUES						
BASN HMHSCCRES227	432,525					
GRANTS/PROJECTS						
State CDCR ISMIP HMAD01-11					428,738	
State CDCR ISMIP HMAD02-11					393,010	
Fed USDOJ Second Chance #16.202 HCSA02-10						28,350
WORK ORDERS						
HSA FSET: USDA FNS SNAP #10.561 HMHSCCADM377						
COUNTY GENERAL FUND HMHSCCRES227		213,253	348,750	207,864		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	432,525	213,253	348,750	207,864	821,748	28,350
TOTAL DPH REVENUES	432,525	213,253	348,750	207,864	821,748	28,350
<b>NON-DPH REVENUES:</b>						
Patient/Client Fees	30,012	24,614	21,623			
TOTAL NON-DPH REVENUES	30,012	24,614	21,623	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	462,537	237,867	370,373	207,864	821,748	28,350

Prepared by / Phone #: Brian Herrera / 415-970-7517

**DPH 1: Department of Public Health Contract Budget Summary**

CONTRACT TYPE - This contract is:		New	Renewal	Modification		
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY)		
LEGAL ENTITY NUMBER: 19454						
LEGAL ENTITY/CONTRACTOR NAME: <b>Walden House, Inc.</b>						
APPENDIX NUMBER	B-19	B-20	B-21	B-22	B-23	B-24
PROVIDER NUMBER	383807	383835	383873	n/a	38AK	n/a
PROVIDER NAME:	Second Chances Case Mgmt	Connections Outpatient	PROP Outpatient	HIV Set Aside Coordinator	Adult OP MH Services & Medication	Project Homeless Connect
CBHS FUNDING TERM:	7/1/10-3/31/11	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
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	152,045	145,410	10,800	91,700	204,152	369,026
OPERATING EXPENSE	178,041	33,161	1,596	8,549	21,973	27,723
CAPITAL OUTLAY (COST \$5,000 AND OVER)	18,000	-	-	-	-	-
SUBTOTAL DIRECT COSTS	348,086	178,571	12,396	100,249	226,125	396,749
INDIRECT COST AMOUNT	41,770	21,429	1,486	12,030	27,135	47,609
INDIRECT %	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES:	389,856	200,000	13,882	112,279	253,260	444,358
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>						
<b>FEDERAL REVENUES</b>						
SDMC Regular FFP (50%)	HMHMCC730515				40,540	
ARRA SDMC FFP (11.59%)	HMHMCC730515				1,907	
<b>STATE REVENUES</b>						
MHSA	PMHS63-1105					
MHSA	PMHS63-1113					45,427
<b>GRANTS</b>						
<b>PRIOR YEAR ROLL OVER</b>						
<b>WORK ORDERS</b>						
<b>3RD PARTY PAYOR REVENUES</b>						
REALIGNMENT FUNDS	HMHMCC730515				181,181	
COUNTY GENERAL FUND	HMHMCC730515				29,632	262,563
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	253,260	307,990
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
<b>FEDERAL REVENUES</b>						
SAPT Fed Discretionary #93.959	HMHSCCRES227					
SAPT HIV Set-aside #93.959	HMHSCCRES227			112,279		
<b>STATE REVENUES</b>						
BASN	HMHSCCRES227					
<b>GRANTS/PROJECTS</b>						
State CDCR ISMIP	HMAD01-11					
State CDCR ISMIP	HMAD02-11					
Fed USDOJ Second Chance #16.202	HCSA02-10	389,856				
<b>WORK ORDERS</b>						
HSA FSET: USDA FNS SNAP #10.561	HMHSCCADM377					
COUNTY GENERAL FUND	HMHSCCRES227		200,000	13,882		136,368
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	389,856	200,000	13,882	112,279	-	136,368
TOTAL DPH REVENUES	389,856	200,000	13,882	112,279	253,260	444,358
<b>NON-DPH REVENUES</b>						
Patient/Client Fees						
TOTAL NON-DPH REVENUES	-	-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	389,856	200,000	13,882	112,279	253,260	444,358
Prepared by / Phone #: Brian Herrera / 415-970-7517						



# DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New	Renewal	Modification
If modification, Effective Date of Mod.:		# of Mod:	VENDOR ID (DPH USE ONLY)	
LEGAL ENTITY NUMBER: 19454				
LEGAL ENTITY/CONTRACTOR NAME: Walden House, Inc.				
APPENDIX NUMBER				
PROVIDER NUMBER				
PROVIDER NAME:				TOTAL
CBHS FUNDING TERM:				
<b>FUNDING USES:</b>				
SALARIES & EMPLOYEE BENEFITS				6,734,201
OPERATING EXPENSE				2,933,718
CAPITAL OUTLAY (COST \$5,000 AND OVER)				83,707
SUBTOTAL DIRECT COSTS	-	-	-	9,751,626
INDIRECT COST AMOUNT				1,170,193
INDIRECT %				12%
TOTAL FUNDING USES:	-	-	-	10,921,819
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>				
FEDERAL REVENUES				-
SDMC Regular FFP (50%)	HMHMCC730515			40,540
ARRA SDMC FFP (11.59%)	HMHMCC730515			9,397
STATE REVENUES				-
MHSA	PMHS63-1105			82,400
MHSA	PMHS63-1113			45,427
GRANTS				-
PRIOR YEAR ROLL OVER				-
WORK ORDERS				-
3RD PARTY PAYOR REVENUES				-
REALIGNMENT FUNDS	HMHMCC730515			181,181
COUNTY GENERAL FUND	HMHMCC730515			301,477
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	660,422
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>				
FEDERAL REVENUES				-
SAPT Fed Discretionary #93.959	HMHSOCRES227			1,523,509
SAPT HIV Set-aside #93.959	HMHSOCRES227			112,279
STATE REVENUES				-
BASN	HMHSOCRES227			432,525
GRANTS/PROJECTS				-
State CDCR ISMIP	HMAD01-11			499,800
State CDCR ISMIP	HMAD02-11			464,072
Fed USDOJ Second Chance #16.202	HCSA02-10			418,206
WORK ORDERS				-
HSA FSET: USDA FNS SNAP #10.561	HMHSOCADM377			821,121
COUNTY GENERAL FUND	HMHSOCRES227			5,292,633
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	9,564,145
TOTAL DPH REVENUES	-	-	-	10,224,567
<b>NON-DPH REVENUES</b>				
Patient/Client Fees				697,252
TOTAL NON-DPH REVENUES	-	-	-	697,252
TOTAL REVENUES (DPH AND NON-DPH)	-	-	-	10,921,819

Prepared by / Phone #: Brian Herrera / 415-970-7517



**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11		APPENDIX #: B-1	
LEGAL ENTITY NAME:		Walden House, Inc.		PROVIDER #: 383805, 383806 & 383834	
PROVIDER NAME:		Adult Residential			
REPORTING UNIT NAME:	Buena Vista, Hayes & Haight Res				
REPORTING UNIT:	38062 38342 38572				
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79				
SERVICE DESCRIPTION:	Adult Residential				TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11				
<b>FUNDING USES</b>					
SALARIES & EMPLOYEE BENEFITS	2,382,623				2,382,623
OPERATING EXPENSE	1,206,773				1,206,773
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-				-
SUBTOTAL DIRECT COSTS	3,589,396	-	-	-	3,589,396
INDIRECT COST AMOUNT	430,727				430,727
TOTAL FUNDING USES:	4,020,123	-	-	-	4,020,123
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS					-
PRIOR YEAR ROLL OVER					-
WORK ORDERS					-
3RD PARTY PAYOR REVENUES					-
REALIGNMENT FUNDS					-
COUNTY GENERAL FUND					-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
FEDERAL REVENUES					-
SAPT Fed Discretionary #93.959 HMHSCCRES227	889,990				889,990
STATE REVENUES					-
GRANTS/PROJECTS					-
WORK ORDERS					-
HSA FSET: USDA FNS SNAP #10.561 HMHSCCADM377	821,121				821,121
COUNTY GENERAL FUND HMHSCCRES227	1,900,394				1,900,394
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	3,611,505	-	-	-	3,611,505
TOTAL DPH REVENUES	3,611,505	-	-	-	3,611,505
<b>NON-DPH REVENUES</b>					
Patient/Client Fees	408,618				408,618
TOTAL NON-DPH REVENUES	408,618	-	-	-	408,618
TOTAL REVENUES (DPH AND NON-DPH)	4,020,123	-	-	-	4,020,123
<b>CBHS UNITS OF SVCS TIME AND UNIT COST</b>					
UNITS OF SERVICE <sup>1</sup>	41,720				41,720
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	96.36				96.36
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	86.57				86.57
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDULICATED CLIENTS	342				342

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

Provider Number: 383805, 383806 & 383834

Provider Name: Walden House, Inc. - Adult Residential

APPENDIX #: B-1

Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:  (grant title)		GRANT #2:  (grant title)		WORK ORDER #1: HSA FSET (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: 7/1/10-6/30/11		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
V.P. of Programs	0.240	31,202	0.191	24,829					0.049	6,373		
Program Director	1.528	90,801	1.216	72,255					0.312	18,546		
Clinical Coordinator	0.377	14,500	0.300	11,538					0.077	2,952		
Administrative Manager	0.493	20,701	0.392	16,473					0.101	4,228		
Director of QA & Compliance	0.433	31,013	0.345	24,679					0.088	6,334		
Manager of Licensing & Certification	0.585	29,242	0.466	23,269					0.119	5,973		
Director of Admissions	0.345	19,696	0.275	15,673					0.070	4,023		
Admissions Counselor	0.691	22,308	0.550	17,752					0.141	4,556		
Court Liaison	0.474	14,344	0.377	11,414					0.097	2,930		
Counselor	12.282	386,705	9.773	307,719					2.509	78,986		
Night Counselor	2.049	56,421	1.630	44,897					0.419	11,524		
Weekend Counselor	1.695	53,745	1.349	42,767					0.346	10,978		
Reentry Coordinator	0.785	27,460	0.625	21,851					0.160	5,609		
T.C. Admin. Assistant (Nexus)	1.362	48,080	1.084	38,260					0.278	9,820		
T.C. Coordinator	0.694	27,658	0.552	22,009					0.142	5,649		
Maintenance Manager	0.263	16,608	0.209	13,216					0.054	3,392		
Maintenance Supervisor	0.333	14,201	0.265	11,300					0.068	2,901		
Maintenance Worker	1.307	40,445	1.040	32,184					0.267	8,261		
Transportation & Facility Manager	0.439	27,959	0.349	22,248					0.090	5,711		
Warehouse Coordinator	0.600	26,343	0.477	20,962					0.123	5,381		
Driver	1.797	56,678	1.430	45,101					0.367	11,577		
Cook/Food Service	2.301	90,211	1.831	71,785					0.470	18,426		
Client Services Manager	0.412	31,676	0.328	25,206					0.084	6,470		
Client Services Support	0.850	23,675	0.676	18,839					0.174	4,836		
Family Services Coordinator	0.527	26,268	0.419	20,903					0.108	5,365		
Medical Services Director	0.500	40,093	0.398	31,904					0.102	8,189		
Medical Services Support	1.593	50,996	1.268	40,580					0.325	10,416		
Physician	0.553	2,653	0.440	2,111					0.113	542		
V.P. of Mental Health Services	0.328	39,844	0.261	31,706					0.067	8,138		
Mental Health Training Director	0.417	25,918	0.332	20,624					0.085	5,294		
Administrative Assistant	0.710	23,099	0.565	18,381					0.145	4,718		
Intake Assessment Specialist	0.261	11,197	0.208	8,910					0.053	2,287		
Therapist	2.321	107,233	1.847	85,330					0.474	21,903		
Mental Health Manager	1.316	60,990	1.047	48,533					0.269	12,457		
Director of Workflow Development	0.488	37,391	0.388	29,754					0.100	7,637		
Education Coordinator	0.557	21,750	0.443	17,308					0.114	4,442		
Housing & Community Services Spec	0.544	19,068	0.433	15,173					0.111	3,895		
Employment Counselor	1.279	44,921	1.018	35,746					0.261	9,175		

### DPH 3: Salaries & Benefits Detail

Provider Number: 383805, 383806 & 383834  
 Provider Name: Walden House, Inc. - Adult Residential

APPENDIX #: B-1  
 Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:  (grant title)		GRANT #2:  (grant title)		WORK ORDER #1: HSA FSET (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: 7/1/10-6/30/11		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Computer Lab Instructor	0.643	20,584	0.512	16,380					0.131	4,204		
IT Specialist - Data Control	0.555	21,959	0.442	17,474					0.113	4,485		
Psychiatrist	0.888	63,161	0.707	50,260					0.181	12,901		
TOTALS	45.815	1,818,797	36.458	1,447,303	-	-	-	-	9.357	371,494	-	-
EMPLOYEE FRINGE BENEFITS	31%	563,826	31%	448,663		-		-	31%	115,163		-
TOTAL SALARIES & BENEFITS		2,382,623		1,895,966		-		-		486,657		-

### DPH 4: Operating Expenses Detail

Provider Number: 383805, 383806 & 383834

Provider Name: **Walden House, Inc. - Adult Residential**

APPENDIX #: B-1

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1:	GRANT #2:	WORK ORDER #1:	WORK ORDER #2:
			(grant title)	(grant title)	HSA FSET (dept. name)	(dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	340,787	271,180			69,607	
Utilities (Elec, Water, Gas, Phone, Scave	233,829	186,069			47,760	
Office Supplies, Postage	13,136	10,453			2,683	
Building Maintenance Supplies & Repair	106,817	84,999			21,818	
Printing and Reproduction	-	-			-	
Insurance	70,759	56,306			14,453	
Staff Training	1,649	1,312			337	
Staff Travel (Local & Out of Town)	2,016	1,604			412	
Rental of Equipment	47,589	37,869			9,720	
CONSULTANT/SUBCONTRACTOR	-	-			-	
	-	-			-	
	-	-			-	
	-	-			-	
	-	-			-	
OTHER						
Client Costs	104,036	82,786			21,250	
Transportation & Vehicles	14,185	11,288			2,897	
Food and Food Preparation	154,467	122,917			31,550	
General Operating	117,503	93,503			24,000	
	-	-			-	
TOTAL OPERATING EXPENSE	1,206,773	960,286	-	-	246,487	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805, 383806 & 383834  
 Program Name: **Walden House, Inc. - Adult Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-1  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
V.P. of Programs - Annual Salary = \$130,008	0.240	31,202
Program Director - Annual Salary = \$59,425	1.528	90,801
Clinical Coordinator - Annual Salary = \$38,462	0.377	14,500
Administrative Manager - Annual Salary = \$41,990	0.493	20,701
Director of QA & Compliance - Annual Salary = \$71,624	0.433	31,013
Manager of Licensing & Certification - Annual Salary = \$49,986	0.585	29,242
Director of Admissions - Annual Salary = \$57,090	0.345	19,696
Admissions Counselor - Annual Salary = \$32,284	0.691	22,308
Court Liaison - Annual Salary = \$30,262	0.474	14,344
Counselor - Annual Salary = \$31,486	12.282	386,705
Night Counselor - Annual Salary = \$27,536	2.049	56,421
Weekend Counselor - Annual Salary = \$31,708	1.695	53,745
Reentry Coordinator - Annual Salary = \$34,981	0.785	27,460
T.C. Admin. Assistant (Nexus) - Annual Salary = \$35,301	1.362	48,080
T.C. Coordinator - Annual Salary = \$39,853	0.694	27,658
Maintenance Manager - Annual Salary = \$63,148	0.263	16,608
Maintenance Supervisor - Annual Salary = \$42,646	0.333	14,201
Maintenance Worker - Annual Salary = \$30,945	1.307	40,445
Transportation & Facility Manager - Annual Salary = \$63,688	0.439	27,959
Warehouse Coordinator - Annual Salary = \$43,905	0.600	26,343
Driver - Annual Salary = \$31,540	1.797	56,678
Cook/Food Service - Annual Salary = \$39,205	2.301	90,211
Client Services Manager - Annual Salary = \$76,883	0.412	31,676
Client Services Support - Annual Salary = \$27,853	0.850	23,675
Family Services Coordinator - Annual Salary = \$49,844	0.527	26,268
Medical Services Director - Annual Salary = \$80,186	0.500	40,093
Medical Services Support - Annual Salary = \$32,013	1.593	50,996
Physician - Annual Salary = \$4,797	0.553	2,653
V.P. of Mental Health Services - Annual Salary = \$12,1476	0.328	39,844
Mental Health Training Director - Annual Salary = \$62,153	0.417	25,918
Administrative Assistant - Annual Salary = \$32,534	0.710	23,099
Intake Assessment Specialist - Annual Salary = \$42,900	0.261	11,197
Therapist - Annual Salary = \$46,201	2.321	107,233
Mental Health Manager - Annual Salary = \$46,345	1.316	60,990
Director of Workflow Development - Annual Salary = \$76,621	0.488	37,391
Education Coordinator - Annual Salary = \$39,048	0.557	21,750
Housing & Community Services Spec. - Annual Salary = \$35,051	0.544	19,068
Employment Counselor - Annual Salary = \$35,122	1.279	44,921
Computer Lab Instructor - Annual Salary = \$32,012	0.643	20,584
IT Specialist - Data Control - Annual Salary = \$39,566	0.555	21,959
Psychiatrist - Annual Salary = \$71,127	0.888	63,161
<b>Total Salaries</b>	<b>45.815</b>	<b>1,818,797</b>
State Unemployment Insurance - 5.46%		99,306
FICA - 7.37%		134,045
Workers' Compensation - 2.69%		48,926
Health Benefits - 12.28%		223,347
Retirement - 3.2%		58,202
<b>Total Benefits</b>		<b>563,826</b>

# CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834  
 Program Name: **Walden House, Inc. - Adult Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-1  
 Document Date: 10/08/10

<b>Total Salaries and Benefits</b>	<b>2,382,623</b>
<b>Operating Expenses</b>	
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.	
Occupancy:	
Rent:	
Rental of Office space and individual & Group Therapy rooms	340,787
\$8.168 per Bed Day	
Utilities:	
Water, gas, electricity and waste disposal	233,829
\$5.604 per Bed Day	
Building Maintenance:	
Maintenance & repairs of building	106,817
\$2.560 per Bed Day	
Total Occupancy:	681,433
Materials and Supplies:	
Office Supplies:	
Office supplies for Program staff	13,136
\$286.718 per FTE of 45.815	
Client Costs	
Office & activity supplies, transportation of clients	104,036
\$2.493 per Bed Day	
Food and Food Preparation	
Meals and food related expense	154,467
\$3.702 per Bed Day	
Total Materials and Supplies:	271,639
General Operating:	
Insurance:	
22.9745% of Agency Total of \$307,988	70,759
Staff Training:	
Costs to train staff in best practices	1,649
\$35.99 per FTE of 45.815	
Rental of Equipment:	
Copier Rental	47,589
\$1.140 per Bed Day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	14,185
\$ .34 per Bed Day	



# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805, 383806 & 383834  
 Program Name: **Walden House, Inc. - Adult Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-1  
 Document Date: 10/08/10

Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	117,503
\$2.816 per Bed Day	
Total General Operating:	251,685
Staff Travel (Local & Out of Town):	
Local staff travel	2,016
\$ 44.003 per FTE of 45.815	
	2,016
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
<b>Total Operating Expenses</b>	<b>1,206,773</b>
<b>Capital Expenditures</b>	<b>-</b>
<b>Total Direct Costs</b>	<b>3,589,396</b>
<b>Indirect Costs</b>	<b>430,727</b>
<b>CONTRACT TOTAL</b>	<b>4,020,123</b>

# DPH 6: Contract-Wide Indirect Detail

CONTRACTOR NAME: Walden House, Inc.

DATE: 10/08/10

FISCAL YEAR: 2010-11

LEGAL ENTITY #: 19454

## 1. SALARIES & BENEFITS

Position Title	FTE	Salaries
CEO	0.264	52,812
CFO	0.264	46,210
CIO	0.293	39,374
V.P. of Development	0.220	22,004
Exec. Admin Asst.	0.293	16,137
Director of Fiscal Projects	0.293	14,670
Budget Manager	0.351	26,112
Human Resources Manager	0.439	22,004
HR Admin. Assistant	0.293	9,386
HR Clerk	0.293	7,629
Manager IT Information Serv.	0.220	13,533
Manager IT-Data Control	0.293	15,257
Manager Transport. & Facility	0.003	183
Payroll Manager	0.293	20,538
A/R Coordinator	0.074	3,521
Accounts Payable II	0.293	13,200
Accounts Payable II	0.293	13,200
AP SUPERVISOR	0.293	16,724
Benefits Administrator	0.293	11,736
Budget/Fiscal Analyst	0.293	17,604
Client Programmer II	0.074	4,768
Controller	0.293	30,807
Budget Coordinator	0.293	14,671
Development Director	0.146	9,535
Dir of Workforce Development	0.021	1,584
File Clerk	0.293	10,985
G/L Accountant	0.293	15,844
Grants Director	0.293	20,538
I.T. Specialist data entry	0.293	9,551
IT Analyst	0.293	14,230
IT Specialist - Data Control	0.258	8,385
IT Specialist -Data Specialist	0.293	9,682
IT Tech Support	0.146	7,115
PC Support Analyst	0.293	14,230
Senior IT Specialist-Data Cont	0.293	10,563
SR Database Application Analys	0.293	22,298
Procurement Manager	0.293	14,670
Maintenance Department	0.311	8,971
Driver/Procurement	0.011	346
EMPLOYEE FRINGE BENEFITS	31%	189,287
TOTAL SALARIES & BENEFITS	10.144	799,894

## 2. OPERATING COSTS

Expenditure Category	Amount
Rental of Property	60,545
Utilities(Elec, Water, Gas, Phone, Scavenger)	28,411
Office Supplies, Postage	7,802
Building Maintenance Supplies and Repair	9,565
Insurance	23,169
Staff Training	608
Staff Travel (Local & Out of Town)	14,642
Rental of Equipment	13,181
Client Costs	90
Transportation & Vehicles	1,836
Food and Food Preparation	113
General Operating	210,337
TOTAL OPERATING COSTS	370,299

TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)

1,170,193

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11		APPENIDX #:		B-2	
LEGAL ENTITY NAME:		Walden House, Inc.		PROVIDER #:		383806 & 383857	
PROVIDER NAME:		Satellite Residential					
REPORTING UNIT NAME:	Satellite Residential						
REPORTING UNIT:	TBA & 88077						
MODE OF SVCS / SERVICE FUNCTION CODE:	05/60-64						
SERVICE DESCRIPTION:	Residential Other						TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11						
<b>FUNDING USES</b>							
SALARIES & EMPLOYEE BENEFITS	158,074						158,074
OPERATING EXPENSE	116,816						116,816
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-						-
SUBTOTAL DIRECT COSTS	274,890	-	-	-	-	-	274,890
INDIRECT COST AMOUNT	32,988						32,988
TOTAL FUNDING USES:	307,878	-	-	-	-	-	307,878
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES							-
STATE REVENUES							-
GRANTS							-
PRIOR YEAR ROLL OVER							-
WORK ORDERS							-
3RD PARTY PAYOR REVENUES							-
REALIGNMENT FUNDS							-
COUNTY GENERAL FUND							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
FEDERAL REVENUES							-
STATE REVENUES							-
GRANTS/PROJECTS							-
WORK ORDERS							-
COUNTY GENERAL FUND	HMHSCRES227 298,286						298,286
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	298,286	-	-	-	-	-	298,286
TOTAL DPH REVENUES	298,286	-	-	-	-	-	298,286
<b>NON-DPH REVENUES</b>							
Patient/Client Fees	9,592						9,592
TOTAL NON-DPH REVENUES	9,592	-	-	-	-	-	9,592
TOTAL REVENUES (DPH AND NON-DPH)	307,878	-	-	-	-	-	307,878
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>							
UNITS OF SERVICE <sup>1</sup>	6,899						6,899
UNITS OF TIME <sup>2</sup>							
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	44.63						44.63
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	43.24						43.24
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS	84						84

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

Provider Number: 383806 & 383857  
Provider Name: Walden House, Inc. - Satellite Residential

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1:	GRANT #2:	WORK ORDER #1:	WORK ORDER #2:
			(grant title)	(grant title)	(dept. name)	(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: _____
POSITION TITLE	FTE      SALARIES	FTE      SALARIES	FTE      SALARIES	FTE      SALARIES	FTE      SALARIES	FTE      SALARIES
V.P. of Programs	0.024          3,169	0.024          3,169				
Program Director	0.059          4,843	0.059          4,843				
Administrative Manager	0.090          3,780	0.090          3,780				
Director of QA & Compliance	0.034          2,420	0.034          2,420				
Court Liaison	0.053          1,648	0.053          1,648				
Counselor	1.954        58,536	1.954        58,536				
Maintenance Manager	0.030          1,915	0.030          1,915				
Maintenance Worker	0.215          7,611	0.215          7,611				
Transportation & Facility Manager	0.010             639	0.010             639				
Driver	0.042          1,197	0.042          1,197				
Cook/Food Service	0.106          6,920	0.106          6,920				
Administrative Assistant	0.005             174	0.005             174				
Therapist	0.180          8,493	0.180          8,493				
Mental Health Manager	0.049          3,169	0.049          3,169				
Director of Workflow Development	0.028          2,214	0.028          2,214				
Education Coordinator	0.057          2,210	0.057          2,210				
Housing & Community Services Spec	0.064          2,250	0.064          2,250				
Employment Counselor	0.029          1,086	0.029          1,086				
Computer Lab Instructor	0.038          1,212	0.038          1,212				
IT Specialist - Data Control	0.107          4,228	0.107          4,228				
Psychiatrist	0.022          2,953	0.022          2,953				
	-                  -	-                  -				
	-                  -	-                  -				
	-                  -	-                  -				
	-                  -	-                  -				
	-                  -	-                  -				
	-                  -	-                  -				
	-                  -	-                  -				
	-                  -	-                  -				
	-                  -	-                  -				
TOTALS	3.196        120,667	3.196        120,667	-                  -	-                  -	-                  -	-                  -
EMPLOYEE FRINGE BENEFITS	31%          37,407	31%          37,407				
TOTAL SALARIES & BENEFITS	158,074	158,074	-	-	-	-

### DPH 4: Operating Expenses Detail

Provider Number: 383806 & 383857

Provider Name: **Walden House, Inc. - Satellite Residential**

APPENDIX #: B-2

Document Date: 10/08/10

	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
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	39,787	39,787				
Utilities (Elec, Water, Gas, Phone, Scave	29,921	29,921				
Office Supplies, Postage	331	331				
Building Maintenance Supplies & Repair	21,321	21,321				
Printing and Reproduction	-	-				
Insurance	3,713	3,713				
Staff Training	50	50				
Staff Travel (Local & Out of Town)	236	236				
Rental of Equipment	4,167	4,167				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	2,263	2,263				
Transportation & Vehicles	483	483				
Food and Food Preparation	13,577	13,577				
General Operating	967	967				
	-	-				
TOTAL OPERATING EXPENSE	116,816	116,816	-	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383806 & 383857  
 Program Name: **Walden House, Inc. - Satellite Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-2  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
V.P. of Programs Annual Salary = \$132,042	0.024	3,169
Program Director Annual Salary = \$82,085	0.059	4,843
Administrative Manager Annual Salary = \$42,000	0.090	3,780
Director of QA & Compliance Annual Salary = \$71,176	0.034	2,420
Court Liaison Annual Salary = \$31,094	0.053	1,648
Counselor Annual Salary = \$29,957	1.954	58,536
Maintenance Manager Annual Salary = \$63,833	0.030	1,915
Maintenance Worker Annual Salary = \$35,400	0.215	7,611
Transportation & Facility Manager Annual Salary = \$63,900	0.010	639
Driver Annual Salary = \$28,500	0.042	1,197
Cook/Food Service Annual Salary = \$65,283	0.106	6,920
Administrative Assistant Annual Salary = \$34,800	0.005	174
Therapist Annual Salary = \$47,183	0.180	8,493
Mental Health Manager Annual Salary = \$64,673	0.049	3,169
Director of Workflow Development Annual Salary = \$79,071	0.028	2,214
Education Coordinator Annual Salary = \$38,772	0.057	2,210
Housing & Community Services Spec. Annual Salary = \$35,156	0.064	2,250
Employment Counselor Annual Salary = \$37,448	0.029	1,086
Computer Lab Instructor Annual Salary = \$31,895	0.038	1,212
IT Specialist - Data Control Annual Salary = \$39,514	0.107	4,228
Psychiatrist Annual Salary = \$134,227	0.022	2,953
<b>Total Salaries</b>	<b>3.196</b>	<b>120,667</b>
State Unemployment Insurance - 5.46%		6,588
FICA - 7.37%		8,893
Workers' Compensation - 2.69%		3,246
Health Benefits - 12.28%		14,819
Retirement - 3.2%		3,861
<b>Total Benefits</b>		<b>37,407</b>
<b>Total Salaries and Benefits</b>		<b>158,074</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and group therapy rooms		39,787
\$5.767 per Bed Day		
Utilities:		
Water, gas, electricity and waste disposal		29,921
\$4.337 per Bed Day		
Building Maintenance:		
Maintenance and repairs of building		21,321
\$3.09 per Bed Day		
Total Occupancy:		91,028
Materials and Supplies:		

# CBHS BUDGET JUSTIFICATION

Provider Number: 383806 & 383857  
 Program Name: **Walden House, Inc. - Satellite Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-2  
 Document Date: 10/08/10

Office Supplies:	
Office supplies for program staff	331
\$103.56 per FTE of 3.196	
Client Costs	
Office and activity supplies, transportation of clients	2,263
\$328 per Bed Day	
Food and Food Preparation	
Meals and food related expense	13,577
\$1.967 per Bed Day	
Total Materials and Supplies:	16,171
General Operating:	
Insurance:	
.012055% of Agency Total of \$307,988	3,713
Staff Training:	
Costs to train staff in best practices	50
\$15.64 per FTE of 3.196	
Rental of Equipment:	
Copier rental	4,167
\$604 per Bed Day	
Transportation & Vehicles	
Gad, vehicles maintenance and registration fees	483
\$0.07 per Bed Day	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising graduation events, depreciation and miscellaneous expenses	
\$1.14 per Bed Day	967
Total General Operating:	9,380
Staff Travel (Local & Out of Town):	
Local staff travel	236
\$73.84 per FTE of 3.196	
	236
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383806 & 383857  
Program Name: **Walden House, Inc. - Satellite Residential**  
Fiscal Year: 2010-11

APPENDIX #: B-2  
Document Date: 10/08/10

<b>Total Operating Expenses</b>	116,816
<b>Capital Expenditures</b>	-
<b>Total Direct Costs</b>	274,890
<b>Indirect Costs</b>	32,988
<b>CONTRACT TOTAL</b>	307,878



**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11		APPENDIX #: B-3	
LEGAL ENTITY NAME:		Walden House, Inc.		PROVIDER #: 383805	
PROVIDER NAME:		WHITS Residential			
REPORTING UNIT NAME:	WH Resid				
	WHITS Dual Dx				
REPORTING UNIT:	38632				
MODE OF SVCS / SERVICE FUNCTION CODE:	Res-51				
SERVICE DESCRIPTION:	SA-Res Recov Long Term (over 30 days)				
CBHS FUNDING TERM:	7/1/10-6/30/11				TOTAL
<b>FUNDING USES</b>					
SALARIES & EMPLOYEE BENEFITS	209,573				209,573
OPERATING EXPENSE	65,441				65,441
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-				-
SUBTOTAL DIRECT COSTS	275,014	-	-	-	275,014
INDIRECT COST AMOUNT	33,002				33,002
TOTAL FUNDING USES:	308,016	-	-	-	308,016
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS					-
PRIOR YEAR ROLL OVER					-
WORK ORDERS					-
3RD PARTY PAYOR REVENUES					-
REALIGNMENT FUNDS					-
COUNTY GENERAL FUND					-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS/PROJECTS					-
WORK ORDERS					-
COUNTY GENERAL FUND	HMHS CCRES227	308,016			308,016
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	308,016	-	-	-	308,016
TOTAL DPH REVENUES	308,016	-	-	-	308,016
<b>NON-DPH REVENUES</b>					
Patient/Client Fees					-
TOTAL NON-DPH REVENUES		-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	308,016	-	-	-	308,016
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>					
UNITS OF SERVICE <sup>1</sup>	1,643				1,643
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	187.47				187.47
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	187.47				187.47
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	40				40

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

Provider Number: 383805

Provider Name: Walden House, Inc. - WHITS Residential

APPENDIX #: B-3

Document Date: 10/08/10

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:		Term:		Term:		Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
V.P. of Programs	0.017	2,122	0.017	2,122								
Program Director	0.154	10,826	0.154	10,826								
Administrative Manager	0.030	1,264	0.030	1,264								
Therapist	0.323	14,572	0.323	14,572								
V.P. of Mental Health Services	0.026	3,252	0.026	3,252								
Mental Health Manager	0.204	10,478	0.204	10,478								
Mental Health Training Director	0.025	1,603	0.025	1,603								
Counselor	1.036	34,017	1.036	34,017								
Night Counselor	0.156	4,720	0.156	4,720								
Family Service Coordinator	0.012	542	0.012	542								
Client Services Manager	0.022	1,829	0.022	1,829								
Client Services Support	0.053	1,475	0.053	1,475								
Manager of Licensing & Certification	0.021	1,003	0.021	1,003								
Director Of Medical Services	0.061	4,915	0.061	4,915								
Medical Services Assistant	0.156	5,034	0.156	5,034								
Physician	0.035	165	0.035	165								
MH Medi-Cal Admin Coordinator	0.063	2,893	0.063	2,893								
HIV/AIDS Program Clinical Coordinator	0.302	11,788	0.302	11,788								
HIV/AIDS Program Admin. Asst	0.179	5,549	0.179	5,549								
Psychiatrist	0.058	7,670	0.058	7,670								
HIV/AIDS Program Admissions	0.182	7,369	0.182	7,369								
HIV/AIDS Program Legal	0.001	44	0.001	44								
IT Specialist - Data Control	0.029	1,149	0.029	1,149								
Manager Of Transportation & Facility	0.053	3,370	0.053	3,370								
Driver	0.209	6,757	0.209	6,757								
Cook/Food Service	0.177	6,645	0.177	6,645								
Director of QA & Compliance	0.027	2,023	0.027	2,023								
Intake Assessment Specialist	0.025	1,083	0.025	1,083								
Operations (Janitor., Maint.)	0.142	5,822	0.142	5,822								
TOTALS	3.778	159,979	3.778	159,979	-	-	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	49,594	31%	49,594	-	-	-	-	-	-	-	-
TOTAL SALARIES & BENEFITS		209,573		209,573	-	-	-	-	-	-	-	-

### DPH 4: Operating Expenses Detail

Provider Number: 383805

Provider Name: **Walden House, Inc. - WHITS Residential**

APPENDIX #: B-3

Document Date: 10/08/10

	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
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	17,074	17,074				
Utilities (Elec, Water, Gas, Phone, Scave	15,897	15,897				
Office Supplies, Postage	786	786				
Building Maintenance Supplies & Repair	5,720	5,720				
Printing and Reproduction	-					
Insurance	6,081	6,081				
Staff Training	60	60				
Staff Travel (Local & Out of Town)	172	172				
Rental of Equipment	4,525	4,525				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	3,605	3,605				
Transportation & Vehicles	828	828				
Food and Food Preparation	7,972	7,972				
General Operating	2,721	2,721				
	-	-				
TOTAL OPERATING EXPENSE	65,441	65,441	-	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805  
 Program Name: **Walden House, Inc. - WHITS Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-3  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
V.P. of Programs - Annual Salary \$124,824	0.017	2,122
Program Director - Annual Salary \$70,299	0.154	10,826
Administrative Manager - Annual Salary \$42,133	0.030	1,264
Therapist - Annual Salary \$45,115	0.323	14,572
V.P. of Mental Health Services - Annual Salary \$125,077	0.026	3,252
Mental Health Manager - Annual Salary \$51,363	0.204	10,478
Mental Health Training Director - Annual Salary \$64,120	0.025	1,603
Counselor - Annual Salary \$32,835	1.036	34,017
Night Counselor - Annual Salary \$30,256	0.156	4,720
Family Service Coordinator - Annual Salary \$45,167	0.012	542
Client Services Manager - Annual Salary \$83,136	0.022	1,829
Client Services Support - Annual Salary \$27,830	0.053	1,475
Manager of Licensing & Certification - Annual Salary \$47,762	0.021	1,003
Director Of Medical Services - Annual Salary \$80,574	0.061	4,915
Medical Services Assistant - Annual Salary \$32,269	0.156	5,034
Physician - Annual Salary \$4,714	0.035	165
MH Medi-Cal Admin Coordinator - Annual Salary \$45,921	0.063	2,893
HIV/AIDS Program Clinical Coordinator - Annual Salary \$39,033	0.302	11,788
HIV/AIDS Program Admin. Asst - Annual Salary \$31,000	0.179	5,549
Psychiatrist - Annual Salary \$13,2241	0.058	7,670
HIV/AIDS Program Admissions - Annual Salary \$40,489	0.182	7,369
HIV/AIDS Program Legal - Annual Salary \$44,000	0.001	44
IT Specialist - Data Control - Annual Salary \$39,621	0.029	1,149
Manager Of Transportation & Facility - Annual Salary \$63,585	0.053	3,370
Driver - Annual Salary \$32,330	0.209	6,757
Cook/Food Service - Annual Salary \$37,542	0.177	6,645
Director of QA & Compliance - Annual Salary \$74,926	0.027	2,023
Intake Assessment Specialist - Annual Salary \$43,320	0.025	1,083
Operations (Janitor., Maint.) - Annual Salary \$41,000	0.142	5,822
<b>Total Salaries</b>	<b>3.778</b>	<b>159,979</b>
State Unemployment Insurance - 5.46%		8,735
FICA - 7.37%		11,790
Workers' Compensation - 2.69%		4,303
Health Benefits - 12.28%		19,647
Retirement - 3.2%		5,119
<b>Total Benefits</b>		<b>49,594</b>
<b>Total Salaries and Benefits</b>		<b>209,573</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of Office space and individual & group therapy rooms		17,074
\$10.391 per Bed Day		
Utilities:		
Water, gas, electricity and waste disposal		15,897

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805  
 Program Name: **Walden House, Inc. - WHITS Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-3  
 Document Date: 10/08/10

\$9.675 per Bed Day	
Building Maintenance:	
Maintenance & repairs of building	5,720
\$3.481 per Bed Day	
Total Occupancy:	38,692
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	786
\$208.04 per FTE of 3.778	
Client Costs	
Office & activity supplies, transportation of clients	3,605
\$2.194 per Bed Day	
Food and Food Preparation	
Meals and food related expense	7,972
\$4.852 per Bed Day	
Total Materials and Supplies:	12,363
General Operating:	
Insurance:	
.0197% of Agency Total of \$307,988	6,081
Staff Training:	
Costs to train staff in best practices	60
\$.0365 per Bed Day	
Rental of Equipment:	
Copier Rental	4,525
\$2.754 per Bed Day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	
\$ .503 per Bed Day	828
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	
\$1.651 per Bed Day	2,721
Total General Operating:	14,215
Staff Travel (Local & Out of Town):	
Local staff travel	172
\$.104 per Bed Day	
	172

# CBHS BUDGET JUSTIFICATION

Provider Number: 383805  
Program Name: **Walden House, Inc. - WHITS Residential**  
Fiscal Year: 2010-11

APPENDIX #: B-3  
Document Date: 10/08/10

Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	65,441
Capital Expenditures	-
Total Direct Costs	275,014
Indirect Costs	33,002
<b>CONTRACT TOTAL</b>	<b>308,016</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11			APPENIDX #: B-4	
LEGAL ENTITY NAME:		Walden House, Inc.			PROVIDER #: 383805	
PROVIDER NAME:		Bridges Residential				
REPORTING UNIT NAME::		WH Integrated Mentaly Ill Res				
REPORTING UNIT:		85572				
MODE OF SVCS / SERVICE FUNCTION CODE:		05/65-79				
SERVICE DESCRIPTION:		Adult Residential				TOTAL
CBHS FUNDING TERM:		7/1/10-6/30/11				
FUNDING USES						
SALARIES & EMPLOYEE BENEFITS		85,956				85,956
OPERATING EXPENSE		40,940				40,940
CAPITAL OUTLAY (COST \$5,000 AND OVER)		-				-
SUBTOTAL DIRECT COSTS		126,896	-	-	-	126,896
INDIRECT COST AMOUNT		15,228				15,228
TOTAL FUNDING USES:		142,124	-	-	-	142,124
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES						-
STATE REVENUES						-
GRANTS						-
PRIOR YEAR ROLL OVER						-
WORK ORDERS						-
3RD PARTY PAYOR REVENUES						-
REALIGNMENT FUNDS						-
COUNTY GENERAL FUND						-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES						-
STATE REVENUES						-
GRANTS/PROJECTS						-
State CDCR ISMIP		HMAD01-11	71,062	50.00%		71,062
State CDCR ISMIP		HMAD02-11	71,062	50.00%		71,062
WORK ORDERS						-
COUNTY GENERAL FUND		-				-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		142,124	-	-	-	142,124
TOTAL DPH REVENUES		142,124	-	-	-	142,124
NON-DPH REVENUES						
Patient/Client Fees		-				-
TOTAL NON-DPH REVENUES		-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)		142,124	-	-	-	142,124
CBHS UNITS OF SVCS/TIME AND UNIT COST						
UNITS OF SERVICE <sup>1</sup>		1,095				1,095
UNITS OF TIME <sup>2</sup>						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		129.79				129.79
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		129.79				129.79
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDULICATED CLIENTS		24				24

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

Provider Number: 383805  
 Provider Name: Walden House, Inc. - Bridges Residential

APPENDIX #: B-4  
 Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: CDCR ISMIP (HMAD01) (grant title)		GRANT #2: CDCR ISMIP (HMAD02) (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
V.P. of Programs	0.007	951			0.0035	475	0.0035	476				
Program Director	0.078	5,473			0.0390	2,736	0.0390	2,737				
Administrative Manager	0.015	615			0.0075	307	0.0075	308				
Therapist	0.001	59			0.0005	29	0.0005	30				
V.P. of Mental Health Services	0.012	1,580			0.0060	790	0.0060	790				
Mental Health Manager	0.079	4,039			0.0395	2,019	0.0395	2,020				
Mental Health Training Director	0.015	888			0.0075	444	0.0075	444				
Counselor	0.518	17,007			0.2590	8,503	0.2590	8,504				
Night Counselor	0.079	2,384			0.0395	1,192	0.0395	1,192				
Family Service Coordinator	0.006	293			0.0030	146	0.0030	147				
Client Services Manager	0.012	934			0.0060	467	0.0060	467				
Client Services Support	0.030	815			0.0150	407	0.0150	408				
Manager of Licensing & Certification	0.011	554			0.0055	277	0.0055	277				
Director Of Medical Services	0.028	2,344			0.0140	1,172	0.0140	1,172				
Medical Services Assistant	0.079	2,546			0.0395	1,273	0.0395	1,273				
Physician	0.018	88			0.0090	44	0.0090	44				
MH Medi-Cal Admin Coordinator	0.049	2,256			0.0245	1,128	0.0245	1,128				
HIV/AIDS Program Clinical Coordinator	0.152	5,941			0.0760	2,970	0.0760	2,971				
HIV/AIDS Program Admin. Asst	0.112	3,616			0.0560	1,808	0.0560	1,808				
HIV/AIDS Program Admissions	0.003	156			0.0015	78	0.0015	78				
IT Specialist - Data Control	0.011	434			0.0055	217	0.0055	217				
Manager Of Transportation & Facility	0.024	1,558			0.0120	779	0.0120	779				
Driver	0.102	3,308			0.0510	1,654	0.0510	1,654				
Cook/Food Service	0.089	3,322			0.0445	1,661	0.0445	1,661				
Director of QA & Compliance	0.016	1,107			0.0080	553	0.0080	554				
Intake Assessment Specialist	0.015	637			0.0075	318	0.0075	319				
Operations (Janitor., Maint.)	0.066	2,711			0.0330	1,361	0.0330	1,350				
	-	-			-	-	-	-				
	-	-			-	-	-	-				
	-	-			-	-	-	-				
TOTALS	1.627	65,616	-	-	0.8135	32,808	0.8135	32,808	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	20,340		-	31%	10,170	31%	10,170		-		-
TOTAL SALARIES & BENEFITS		85,956		-		42,978		42,978		-		-



### DPH 4: Operating Expenses Detail

Provider Number: 383805.

Provider Name: **Walden House, Inc. - Bridges Residential**

APPENDIX #: B-4

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: CDCR ISMIP (HMAD01) (grant title)	GRANT #2: CDCR ISMIP (HMAD02) (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: _____	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____
Rental of Property	11,401		5,700	5,701		
Utilities (Elec, Water, Gas, Phone, Scave	8,865		4,432	4,433		
Office Supplies, Postage	506		253	253		
Building Maintenance Supplies & Repair	3,522		1,761	1,761		
Printing and Reproduction	-		-	-		
Insurance	2,716		1,358	1,358		
Staff Training	54		27	27		
Staff Travel (Local & Out of Town)	165		82	83		
Rental of Equipment	2,610		1,305	1,305		
CONSULTANT/SUBCONTRACTOR						
	-		-	-		
	-		-	-		
	-		-	-		
	-		-	-		
	-		-	-		
OTHER						
Client Costs	3,409		1,704	1,705		
Transportation & Vehicles	635		317	318		
Food and Food Preparation	5,047		2,523	2,524		
General Operating	2,010		1,008	1,002		
	-		-	-		
TOTAL OPERATING EXPENSE	40,940	-	20,470	20,470	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805  
 Program Name: **Walden House, Inc. - Bridges Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-4  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
V.P. of Programs - Annual Salary = \$ 135,857	0.007	951
Program Director - Annual Salary = \$ 70,167	0.078	5,473
Administrative Manager - Annual Salary = \$ 41,000	0.015	615
Therapist - Annual Salary = \$ 59,000	0.001	59
V.P. of Mental Health Services - Annual Salary = \$ 131,667	0.012	1,580
Mental Health Manager - Annual Salary = \$ 51,127	0.079	4,039
Mental Health Training Director - Annual Salary = \$ 59,200	0.015	888
Counselor - Annual Salary = \$ 32,832	0.518	17,007
Night Counselor - Annual Salary = \$ 30,177	0.079	2,384
Family Service Coordinator - Annual Salary = \$ 48,833	0.006	293
Client Services Manager - Annual Salary = \$ 77,833	0.012	934
Client Services Support - Annual Salary = \$ 27,167	0.030	815
Manager of Licensing & Certification - Annual Salary = \$ 50,364	0.011	554
Director Of Medical Services - Annual Salary = \$ 83,714	0.028	2,344
Medical Services Assistant - Annual Salary = \$ 32,228	0.079	2,546
Physician - Annual Salary = \$ 4,889	0.018	88
MH Medi-Cal Admin Coordinator - Annual Salary = \$ 46,041	0.049	2,256
HIV/AIDS Program Clinical Coordinator - Annual Salary = \$ 39,086	0.152	5,941
HIV/AIDS Program Admin. Asst - Annual Salary = \$ 32,286	0.112	3,616
HIV/AIDS Program Admissions - Annual Salary = \$ 52,000	0.003	156
IT Specialist - Data Control - Annual Salary = \$ 39,455	0.011	434
Manager Of Transportation & Facility - Annual Salary = \$ 64,917	0.024	1,558
Driver - Annual Salary = \$ 32,431	0.102	3,308
Cook/Food Service - Annual Salary = \$ 37,326	0.089	3,322
Director of QA & Compliance - Annual Salary = \$ 69,188	0.016	1,107
Intake Assessment Specialist - Annual Salary = \$ 42,467	0.015	637
Operations (Janitor., Maint.) - Annual Salary = \$ 41,061	0.066	2,710
<b>Total Salaries</b>	<b>1.627</b>	<b>65,615</b>
State Unemployment Insurance - 5.46%		3,583
FICA - 7.37%		4,836
Workers' Compensation - 2.69%		1,765
Health Benefits - 12.28%		8,057
Retirement - 3.2%		2,100
<b>Total Benefits</b>		<b>20,341</b>
<b>Total Salaries and Benefits</b>		<b>85,956</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual and group therapy rooms		11,401
\$10.412 per bed day		
Utilities:		
Water, gas, electricity and waste disposal		8,865
\$8.095 per bed day		

# CBHS BUDGET JUSTIFICATION

Provider Number: 383805  
 Program Name: **Walden House, Inc. - Bridges Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-4  
 Document Date: 10/08/10

Building Maintenance:	
Maintenance and repairs of building	3,522
\$3.216 per bed day	
Total Occupancy:	23,788
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	506
\$311.00 per FTE of 1.627	
Client Costs	
Office & activity supplies, transportation of clients	3,409
\$3.113 per bed day	
Food and Food Preparation	
Meals and food related expense	5,047
\$4.609 per bed day	
Total Materials and Supplies:	8,962
General Operating:	
Insurance:	
\$.0088% of Agency Total of \$307,988	2,716
Staff Training:	
Costs to train staff in best practices	54
\$33,189 per FTE of 1.627	
Rental of Equipment:	
Copier Rental	2,610
\$2.383 per bed day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	635
\$.579 per bed day	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	2,010
\$1.835 per bed day	
Total General Operating:	8,025
Staff Travel (Local & Out of Town):	
Local staff travel	165
\$101.41 per FTE of 1.627	
	165
Consultants/Subcontractors:	

# CBHS BUDGET JUSTIFICATION

Provider Number: 383805  
Program Name: **Walden House, Inc. - Bridges Residential**  
Fiscal Year: 2010-11

APPENDIX #: B-4  
Document Date: 10/08/10

Total Consultants/Subcontractors:	
Total Operating Expenses	40,940
Capital Expenditures	-
Total Direct Costs	126,896
Indirect Costs	15,228
<b>CONTRACT TOTAL</b>	<b>142,124</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11		APPENDIX #: B-5	
LEGAL ENTITY NAME:		Walden House, Inc.		PROVIDER #: 383805, 383806 & 383834	
PROVIDER NAME:		SFGH Residential			
REPORTING UNIT NAME:	Buena Vista, Hayes & Haight Res				
REPORTING UNIT:	38062 38342 38572				
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79				
SERVICE DESCRIPTION:	Adult Residential				TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11				
<b>FUNDING USES</b>					
SALARIES & EMPLOYEE BENEFITS	282,379				282,379
OPERATING EXPENSE	117,745				117,745
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-				-
SUBTOTAL DIRECT COSTS	400,124	-	-	-	400,124
INDIRECT COST AMOUNT	48,015				48,015
TOTAL FUNDING USES:	448,139	-	-	-	448,139
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS					-
PRIOR YEAR ROLL OVER					-
WORK ORDERS					-
3RD PARTY PAYOR REVENUES					-
REALIGNMENT FUNDS					-
COUNTY GENERAL FUND					-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS/PROJECTS					-
WORK ORDERS					-
COUNTY GENERAL FUND	HMHSCCRES227 419,156				419,156
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	419,156	-	-	-	419,156
TOTAL DPH REVENUES	419,156	-	-	-	419,156
<b>NON-DPH REVENUES</b>					
Patient/Client Fees	28,983				28,983
TOTAL NON-DPH REVENUES	28,983	-	-	-	28,983
TOTAL REVENUES (DPH AND NON-DPH)	448,139	-	-	-	448,139
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>					
UNITS OF SERVICE <sup>1</sup>	3,285				3,285
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	136.42				136.42
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	127.60				127.60
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	28				28

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

Provider Number: 383805, 383806 & 383834  
 Provider Name: Walden House, Inc. - SFGH Residential

APPENDIX #: B-5  
 Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	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
V.P. of Programs	0.020	2,631	0.020	2,631								
Program Director	0.172	12,282	0.172	12,282								
Administrative Manager	0.052	2,372	0.052	2,372								
Director of QA & Compliance	0.042	3,255	0.042	3,255								
Manager of Licensing & Certification	0.044	2,308	0.044	2,308								
Director of Admissions	0.054	3,393	0.054	3,393								
Admissions Counselor	0.110	3,842	0.110	3,842								
Court Liaison	0.018	582	0.018	582								
Counselor	1.540	56,258	1.540	56,258								
Night Counselor	0.202	6,426	0.202	6,426								
Weekend Counselor	0.086	2,706	0.086	2,706								
Reentry Coordinator	0.022	787	0.022	787								
T.C. Admin. Assistant (Nexus)	0.064	2,510	0.064	2,510								
T.C. Coordinator	0.022	929	0.022	929								
Maintenance Manager	0.026	1,745	0.026	1,745								
Maintenance Supervisor	0.032	1,420	0.032	1,420								
Maintenance Worker	0.112	3,930	0.112	3,930								
Transportation & Facility Manager	0.056	3,962	0.056	3,962								
Warehouse Coordinator	0.048	2,320	0.048	2,320								
Driver	0.226	7,899	0.226	7,899								
Cook/Food Service	0.248	10,712	0.248	10,712								
Client Services Manager	0.036	2,998	0.036	2,998								
Client Services Support	0.078	2,426	0.078	2,426								
Family Services Coordinator	0.036	1,956	0.036	1,956								
Medical Services Director	0.060	5,426	0.060	5,426								
Medical Services Support	0.176	6,171	0.176	6,171								
Physician	0.052	277	0.052	277								
V.P. of Mental Health Services	0.032	4,253	0.032	4,253								
Mental Health Training Director	0.040	2,637	0.040	2,637								
Administrative Assistant	0.152	5,410	0.152	5,410								
Intake Assessment Specialist	0.034	1,558	0.034	1,558								
Therapist	0.180	9,226	0.180	9,226								
Mental Health Manager	0.382	16,759	0.382	16,759								
Director of Workflow Development	0.036	2,821	0.036	2,821								
Education Coordinator	0.040	1,627	0.040	1,627								
Housing & Community Services Spec	0.032	1,160	0.032	1,160								
Employment Counselor	0.038	1,483	0.038	1,483								
Computer Lab Instructor	0.006	235	0.006	235								

### DPH 3: Salaries & Benefits Detail

Provider Number: 383805, 383806 & 383834  
 Provider Name: Walden House, Inc. - SFGH Residential

APPENDIX #: B-5  
 Document Date: 10/08/10

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
IT Specialist - Data Control	0.060	2,636	0.060	2,636								
Psychiatrist	0.100	14,229	0.100	14,229								
TOTALS	4.766	215,557	4.766	215,557	-	-	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	66,822	31%	66,822		-		-		-		-
TOTAL SALARIES & BENEFITS		282,379		282,379		-		-		-		-

### DPH 4: Operating Expenses Detail

Provider Number: 383805, 383806 & 383834

Provider Name: **Walden House, Inc. - SFGH Residential**

APPENDIX #: B-5

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>(grant title)</u>	GRANT #2: <u>(grant title)</u>	WORK ORDER #1: <u>(dept. name)</u>	WORK ORDER #2: <u>(dept. name)</u>
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	31,567	31,567				
Utilities (Elec, Water, Gas, Phone, Scave	24,276	24,276				
Office Supplies, Postage	1,097	1,097				
Building Maintenance Supplies & Repair	12,063	12,063				
Printing and Reproduction	-	-				
Insurance	8,589	8,589				
Staff Training	198	198				
Staff Travel (Local & Out of Town)	225	225				
Rental of Equipment	5,704	5,704				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	10,193	10,193				
Transportation & Vehicles	1,409	1,409				
Food and Food Preparation	16,101	16,101				
General Operating	6,323	6,323				
	-	-				
TOTAL OPERATING EXPENSE	117,745	117,745	-	-	-	-



# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805, 383806 & 383834  
 Program Name: **Walden House, Inc. - SFGH Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-5  
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs - Annual Salary = \$ 130,248	0.020	2,631
Program Director - Annual Salary = \$ 71,407	0.172	12,282
Administrative Manager - Annual Salary = \$ 45,615	0.052	2,372
Director of QA & Compliance - Annual Salary = \$ 77,500	0.042	3,255
Manager of Licensing & Certification - Annual Salary = \$ 52,455	0.044	2,308
Director of Admissions - Annual Salary = \$ 62,833	0.054	3,393
Admissions Counselor - Annual Salary = \$ 34,927	0.110	3,842
Court Liaison - Annual Salary = \$ 32,333	0.018	582
Counselor - Annual Salary = \$ 36,531	1.540	56,258
Night Counselor - Annual Salary = \$ 31,812	0.202	6,426
Weekend Counselor - Annual Salary = \$ 31,465	0.086	2,706
Reentry Coordinator - Annual Salary = \$ 35,773	0.022	787
T.C. Admin. Assistant (Nexus) - Annual Salary = \$ 39,219	0.064	2,510
T.C. Coordinator - Annual Salary = \$ 42,227	0.022	929
Maintenance Manager - Annual Salary = \$ 67,115	0.026	1,745
Maintenance Supervisor - Annual Salary = \$ 44,375	0.032	1,420
Maintenance Worker - Annual Salary = \$ 35,089	0.112	3,930
Transportation & Facility Manager - Annual Salary = \$ 70,750	0.056	3,962
Warehouse Coordinator - Annual Salary = \$ 48,333	0.048	2,320
Driver - Annual Salary = \$ 34,951	0.226	7,899
Cook/Food Service - Annual Salary = \$ 4,3194	0.248	10,712
Client Services Manager - Annual Salary = \$ 83,278	0.036	2,998
Client Services Support - Annual Salary = \$ 31,103	0.078	2,426
Family Services Coordinator - Annual Salary = \$ 54,333	0.036	1,956
Medical Services Director - Annual Salary = \$ 90,433	0.060	5,426
Medical Services Support - Annual Salary = \$ 350,63	0.176	6,171
Physician - Annual Salary = \$ 5,327	0.052	277
V.P. of Mental Health Services - Annual Salary = \$ 132,906	0.032	4,253
Mental Health Training Director - Annual Salary = \$ 65,925	0.040	2,637
Administrative Assistant - Annual Salary = \$ 35,592	0.152	5,410
Intake Assessment Specialist - Annual Salary = \$ 45,824	0.034	1,558
Therapist - Annual Salary = \$ 51,256	0.180	9,226
Mental Health Manager - Annual Salary = \$ 43,872	0.382	16,759
Director of Workflow Development - Annual Salary = \$ 78,361	0.036	2,821
Education Coordinator - Annual Salary = \$ 40,675	0.040	1,627
Housing & Community Services Spec. - Annual Salary = \$ 36,250	0.032	1,160
Employment Counselor - Annual Salary = \$ 39,026	0.038	1,483
Computer Lab Instructor - Annual Salary = \$ 39,167	0.006	235
IT Specialist - Data Control - Annual Salary = \$ 43,933	0.060	2,636
Psychiatrist - Annual Salary = \$ 142,290	0.100	14,229
<b>Total Salaries</b>	<b>4.766</b>	<b>215,557</b>
State Unemployment Insurance - 5.46%		11,769
FICA - 7.37%		15,887
Workers' Compensation - 2.69%		5,798
Health Benefits - 12.28%		26,470
Retirement - 3.2%		6,898
<b>Total Benefits</b>		<b>66,822</b>

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805, 383806 & 383834  
 Program Name: **Walden House, Inc. - SFGH Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-5  
 Document Date: 10/08/10

<b>Total Salaries and Benefits</b>	<b>282,379</b>
<b>Operating Expenses</b>	
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.	
Occupancy:	
Rent:	
Rental of office space and individual and group therapy rooms	31,567
\$9.609 per Bed Day	
Utilities:	
Water, gas, electricity, and waste disposal	24,276
\$7.389 per Bed Day	
Building Maintenance:	
Maintenance & repairs of Building	12,063
\$3.672 per Bed Day	
Total Occupancy:	67,906
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	1,097
\$230.172 per FTE of 4.766	
Client Costs	
Office & activity supplies, transportation of clients	10,193
\$3.103 per Bed Day	
Food and Food Preparation	
	16,101
\$4.901 per Bed Day	
Total Materials and Supplies:	27,391
General Operating:	
Insurance:	
.0278% of Agency Total of \$307,988	8,589
Staff Training:	
Costs to train staff in best practices	198
\$41.544 per FTE of 4.766	
Rental of Equipment:	
Copier Rental	5,704
\$1,196.81 per FTE of 4.766	
Transportation & Vehicles	
Gas, Vehicles maintenance and registration fees	1,409
\$429 per Bed Day	
Other General Operating	

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805, 383806 & 383834  
 Program Name: **Walden House, Inc. - SFGH Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-5  
 Document Date: 10/08/10

Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	6,323
\$1.925 per Bed Day	
Total General Operating:	22,223
Staff Travel (Local & Out of Town):	
Local Staff travel	225
\$47.21 per FTE of 4.766	
	225
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
<b>Total Operating Expenses</b>	<b>117,745</b>
<b>Capital Expenditures</b>	<b>-</b>
<b>Total Direct Costs</b>	<b>400,124</b>
<b>Indirect Costs</b>	<b>48,015</b>
<b>CONTRACT TOTAL</b>	<b>448,139</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR: 2010-11		APPENDIX #: B-6				
LEGAL ENTITY NAME: Walden House, Inc.		PROVIDER #: 383805, 383806 & 383834				
PROVIDER NAME: Transgender Residential						
REPORTING UNIT NAME:	Buena Vista, Hayes & Haight Res					
REPORTING UNIT:	38062 38342 38572					
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79					
SERVICE DESCRIPTION:	Adult Residential					TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11					
<b>FUNDING USES</b>						
SALARIES & EMPLOYEE BENEFITS	237,326					237,326
OPERATING EXPENSE	95,442					95,442
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-					-
SUBTOTAL DIRECT COSTS	332,768	-	-	-	-	332,768
INDIRECT COST AMOUNT	39,932					39,932
TOTAL FUNDING USES:	372,700	-	-	-	-	372,700
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES						-
STATE REVENUES						-
GRANTS						-
PRIOR YEAR ROLL OVER						-
WORK ORDERS						-
3RD PARTY PAYOR REVENUES						-
REALIGNMENT FUNDS						-
COUNTY GENERAL FUND						-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
FEDERAL REVENUES						-
STATE REVENUES						-
GRANTS/PROJECTS						-
WORK ORDERS						-
COUNTY GENERAL FUND	HMHSOCRES227 342,303					342,303
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	342,303	-	-	-	-	342,303
TOTAL DPH REVENUES	342,303	-	-	-	-	342,303
<b>NON-DPH REVENUES</b>						
Patient/Client Fees	30,397					30,397
TOTAL NON-DPH REVENUES	30,397	-	-	-	-	30,397
TOTAL REVENUES (DPH AND NON-DPH)	372,700	-	-	-	-	372,700
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>						
UNITS OF SERVICE <sup>1</sup>	2,628					2,628
UNITS OF TIME <sup>2</sup>						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	141.82					141.82
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	130.25					130.25
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	16					16

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

Provider Number: 383805, 383806 & 383834  
 Provider Name: Walden House, Inc. - Transgender Residential

APPENDIX #: B-6  
 Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction		Proposed Transaction		(grant title)		(grant title)		(dept. name)		(dept. name)	
	Term: 7/1/10-6/30/11		Term: 7/1/10-6/30/11		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Transgender Recovery Counselor	1.000	38,000	1.000	38,000								
V.P. of Programs	0.018	2,326	0.018	2,326								
Program Director	0.106	6,291	0.106	6,291								
Administrative Manager	0.044	1,883	0.044	1,883								
Director of QA & Compliance	0.036	2,590	0.036	2,590								
Manager of Licensing & Certification	0.016	762	0.016	762								
Director of Admissions	0.005	291	0.005	291								
Admissions Counselor	0.011	330	0.011	330								
Court Liaison	0.011	316	0.011	316								
Counselor	0.861	26,994	0.861	26,994								
Night Counselor	0.112	3,390	0.112	3,390								
Weekend Counselor	0.115	3,891	0.115	3,891								
Reentry Coordinator	0.083	2,911	0.083	2,911								
T.C. Admin. Assistant (Nexus)	0.089	3,121	0.089	3,121								
T.C. Coordinator	0.084	3,383	0.084	3,383								
Maintenance Manager	0.018	1,135	0.018	1,135								
Maintenance Supervisor	0.022	979	0.022	979								
Maintenance Worker	0.106	3,299	0.106	3,299								
Transportation & Facility Manager	0.036	2,283	0.036	2,283								
Warehouse Coordinator	0.040	1,806	0.040	1,806								
Driver	0.141	4,551	0.141	4,551								
Cook/Food Service	0.145	6,228	0.145	6,228								
Client Services Manager	0.029	2,360	0.029	2,360								
Client Services Support	0.065	1,790	0.065	1,790								
Family Services Coordinator	0.040	2,036	0.040	2,036								
Medical Services Director	0.038	3,169	0.038	3,169								
Medical Services Support	0.107	3,451	0.107	3,451								
Physician	0.042	199	0.042	199								
V.P. of Mental Health Services	0.098	12,325	0.098	12,325								
Mental Health Training Director	0.029	1,873	0.029	1,873								
Administrative Assistant	0.118	3,887	0.118	3,887								
Intake Assessment Specialist	0.019	829	0.019	829								
Therapist	0.089	4,060	0.089	4,060								
Mental Health Manager	0.086	3,585	0.086	3,585								
Director of Workflow Development	0.067	4,975	0.067	4,975								
Education Coordinator	0.062	2,434	0.062	2,434								

### DPH 3: Salaries & Benefits Detail

Provider Number: 383805, 383806 & 383834

Provider Name: Walden House, Inc. - Transgender Residential

APPENDIX #: B-6

Document Date: 10/08/10

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
Housing & Community Services Spec	0.057	2,005	0.057	2,005								
Employment Counselor	0.196	6,909	0.196	6,909								
Computer Lab Instructor	0.067	2,130	0.067	2,130								
IT Specialist - Data Control	0.044	1,775	0.044	1,775								
Psychiatrist	0.129	4,613	0.129	4,613								
TOTALS	4.481	181,165	4.481	181,165	-	-	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	56,161	31%	56,161		-		-		-		-
TOTAL SALARIES & BENEFITS		237,326		237,326		-		-		-		-

### DPH 4: Operating Expenses Detail

Provider Number: 383805, 383806 & 383834

Provider Name: **Walden House, Inc. - Transgender Residential**

APPENDIX #: B-6

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>(grant title)</u>	GRANT #2: <u>(grant title)</u>	WORK ORDER #1: <u>(dept. name)</u>	WORK ORDER #2: <u>(dept. name)</u>
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	25,100	25,100				
Utilities (Elec, Water, Gas, Phone, Scave	19,495	19,495				
Office Supplies, Postage	1,042	1,042				
Building Maintenance Supplies & Repair	7,928	7,928				
Printing and Reproduction	-					
Insurance	5,706	5,706				
Staff Training	96	96				
Staff Travel (Local & Out of Town)	149	149				
Rental of Equipment	3,600	3,600				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	7,930	7,930				
Transportation & Vehicles	951	951				
Food and Food Preparation	11,908	11,908				
General Operating	11,537	11,537				
	-	-				
TOTAL OPERATING EXPENSE	95,442	95,442	-	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805, 383806 & 383834  
 Program Name: **Walden House, Inc. - Transgender Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-6  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
Transgender Recovery Counselor - Annual Salary = \$ 38,000	1.000	38,000
V.P. of Programs - Annual Salary = \$ 129,222	0.018	2,326
Program Director - Annual Salary = \$ 59,349	0.106	6,291
Administrative Manager - Annual Salary = \$ 42,795	0.044	1,883
Director of QA & Compliance - Annual Salary = \$ 71,944	0.036	2,590
Manager of Licensing & Certification - Annual Salary = \$ 47,625	0.016	762
Director of Admissions - Annual Salary = \$ 58,200	0.005	291
Admissions Counselor - Annual Salary = \$ 30,000	0.011	330
Court Liaison - Annual Salary = \$ 28,727	0.011	316
Counselor - Annual Salary = \$ 31,352	0.861	26,994
Night Counselor - Annual Salary = \$ 30,268	0.112	3,390
Weekend Counselor - Annual Salary = \$ 33,835	0.115	3,891
Reentry Coordinator - Annual Salary = \$ 35,072	0.083	2,911
T.C. Admin. Assistant (Nexus) - Annual Salary = \$ 35,067	0.089	3,121
T.C. Coordinator - Annual Salary = \$ 40,274	0.084	3,383
Maintenance Manager - Annual Salary = \$ 63,056	0.018	1,135
Maintenance Supervisor - Annual Salary = \$ 44,500	0.022	979
Maintenance Worker - Annual Salary = \$ 31,123	0.106	3,299
Transportation & Facility Manager - Annual Salary = \$ 63,417	0.036	2,283
Warehouse Coordinator - Annual Salary = \$ 45,150	0.040	1,806
Driver - Annual Salary = \$ 32,277	0.141	4,551
Cook/Food Service - Annual Salary = \$ 42,952	0.145	6,228
Client Services Manager - Annual Salary = \$ 81,379	0.029	2,360
Client Services Support - Annual Salary = \$ 27,538	0.065	1,790
Family Services Coordinator - Annual Salary = \$ 50,900	0.040	2,036
Medical Services Director - Annual Salary = \$ 83,395	0.038	3,169
Medical Services Support - Annual Salary = \$ 32,252	0.107	3,451
Physician - Annual Salary = \$ 4,738	0.042	199
V.P. of Mental Health Services - Annual Salary = \$ 125,765	0.098	12,325
Mental Health Training Director - Annual Salary = \$ 64,586	0.029	1,873
Administrative Assistant - Annual Salary = \$ 32,941	0.118	3,887
Intake Assessment Specialist - Annual Salary = \$ 43,632	0.019	829
Therapist - Annual Salary = \$ 45,618	0.089	4,060
Mental Health Manager - Annual Salary = \$ 41,686	0.086	3,585
Director of Workflow Development - Annual Salary = \$ 74,254	0.067	4,975
Education Coordinator - Annual Salary = \$ 39,258	0.062	2,434
Housing & Community Services Spec. - Annual Salary = \$ 35,175	0.057	2,005
Employment Counselor - Annual Salary = \$ 35,250	0.196	6,909
Computer Lab Instructor - Annual Salary = \$ 31,791	0.067	2,130
IT Specialist - Data Control - Annual Salary = \$ 40,341	0.044	1,775
Psychiatrist - Annual Salary = \$ 35,760	0.129	4,613
<b>Total Salaries</b>	<b>4.481</b>	<b>181,165</b>
State Unemployment Insurance - 5.46%		9,892
FICA - 7.37%		13,352
Workers' Compensation - 2.69%		4,873
Health Benefits - 12.28%		22,247
Retirement - 3.2%		5,797
<b>Total Benefits</b>		<b>56,161</b>



# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805, 383806 & 383834  
 Program Name: **Walden House, Inc. - Transgender Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-6  
 Document Date: 10/08/10

<b>Total Salaries and Benefits</b>	<b>237,326</b>
<b>Operating Expenses</b>	
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.	
<b>Occupancy:</b>	
<b>Rent:</b>	
Rental of Office space and individual & group therapy rooms	25,100
\$9.550 per bed day	
<b>Utilities:</b>	
Water, gas, electricity and waste disposal	19,495
\$7.418 per bed day	
<b>Building Maintenance:</b>	
Maintenance & repairs of building	7,928
\$3.016 per bed day	
Total Occupancy:	52,523
<b>Materials and Supplies:</b>	
<b>Office Supplies:</b>	
Office supplies for program staff	1,042
\$232.53 per FTE of 4.481	
<b>Client Costs</b>	
Office & activity supplies, transportation of clients	7,930
\$3.017 per bed day	
<b>Food and Food Preparation</b>	
Meals and food related expense	11,908
\$4.531 per bed day	
Total Materials and Supplies:	20,880
<b>General Operating:</b>	
<b>Insurance:</b>	
.0185 % of Agency Total of \$307,988	5,706
<b>Staff Training:</b>	
Costs to train staff in best practices	96
\$21.423 per FTE of 4.481	
<b>Rental of Equipment:</b>	
Copier Rental	3,600
\$1.369 per bed day	
<b>Transportation &amp; Vehicles</b>	
Gas, vehicles maintenance and registration fees	951
\$ .361 per bed day	

# CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834  
 Program Name: **Walden House, Inc. - Transgender Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-6  
 Document Date: 10/08/10

Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	11,537
\$4,390 per bed day	
Total General Operating:	21,890
Staff Travel (Local & Out of Town):	
Local staff travel	149
\$33,251 per FTE of 4.481	
	149
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
<b>Total Operating Expenses</b>	<b>95,442</b>
<b>Capital Expenditures</b>	<b>-</b>
<b>Total Direct Costs</b>	<b>332,768</b>
<b>Indirect Costs</b>	<b>39,932</b>
<b>CONTRACT TOTAL</b>	<b>372,700</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11				APPENDIX #:	B-7
LEGAL ENTITY NAME:		Walden House, Inc.				PROVIDER #:	383806
PROVIDER NAME:		Lodestar Residential					
REPORTING UNIT NAME:	Buena Vista Residential						
REPORTING UNIT:	38062						
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79						
SERVICE DESCRIPTION:	Adult Residential						TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11						
<b>FUNDING USES</b>							
SALARIES & EMPLOYEE BENEFITS	97,104						97,104
OPERATING EXPENSE	42,327						42,327
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-						-
SUBTOTAL DIRECT COSTS	139,431	-	-	-	-	-	139,431
INDIRECT COST AMOUNT	16,731						16,731
TOTAL FUNDING USES:	156,162	-	-	-	-	-	156,162
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES							-
STATE REVENUES							-
GRANTS							-
PRIOR YEAR ROLL OVER							-
WORK ORDERS							-
3RD PARTY PAYOR REVENUES							-
REALIGNMENT FUNDS							-
COUNTY GENERAL FUND							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
FEDERAL REVENUES							-
STATE REVENUES							-
GRANTS/PROJECTS							-
WORK ORDERS							-
COUNTY GENERAL FUND	HMHS CCRES227 156,162						156,162
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	156,162	-	-	-	-	-	156,162
TOTAL DPH REVENUES	156,162	-	-	-	-	-	156,162
<b>NON-DPH REVENUES</b>							
Patient/Client Fees							-
TOTAL NON-DPH REVENUES	-	-	-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	156,162	-	-	-	-	-	156,162
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>							
UNITS OF SERVICE <sup>1</sup>	1,807						1,807
UNITS OF TIME <sup>2</sup>							
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	86.42						86.42
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	86.42						86.42
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)							
UNDULICATED CLIENTS	17						17

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

Provider Number: 383806  
 Provider Name: Walden House, Inc. - Lodestar Residential

APPENDIX #: B-7  
 Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction		Proposed Transaction		(grant title)		(grant title)		(dept. name)		(dept. name)	
	Term: 7/1/10-6/30/11		Term: 7/1/10-6/30/11		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
V.P. of Programs	0.010	1,233	0.010	1,233								
Program Director	0.056	3,338	0.056	3,338								
Administrative Manager	0.024	999	0.024	999								
Director of QA & Compliance	0.019	1,375	0.019	1,375								
Manager of Licensing & Certification	0.008	403	0.008	403								
Director of Admissions	0.003	158	0.003	158								
Admissions Counselor	0.005	177	0.005	177								
Court Liaison	0.005	168	0.005	168								
Counselor	0.443	13,825	0.443	13,825								
Night Counselor	0.068	2,049	0.068	2,049								
Weekend Counselor	0.061	1,973	0.061	1,973								
Reentry Coordinator	0.044	1,556	0.044	1,556								
T.C. Admin. Assistant (Nexus)	0.044	1,548	0.044	1,548								
T.C. Coordinator	0.042	1,683	0.042	1,683								
Maintenance Manager	0.010	601	0.010	601								
Maintenance Supervisor	0.013	521	0.013	521								
Maintenance Worker	0.059	1,734	0.059	1,734								
Transportation & Facility Manager	0.018	1,216	0.018	1,216								
Warehouse Coordinator	0.023	962	0.023	962								
Driver	0.076	2,421	0.076	2,421								
Cook/Food Service	0.074	3,218	0.074	3,218								
Client Services Manager	0.016	1,249	0.016	1,249								
Client Services Support	0.033	945	0.033	945								
Family Services Coordinator	0.023	1,095	0.023	1,095								
Medical Services Director	0.020	1,682	0.020	1,682								
Medical Services Support	0.054	1,737	0.054	1,737								
Physician	0.023	107	0.023	107								
V.P. of Mental Health Services	0.042	5,217	0.042	5,217								
Mental Health Training Director	0.016	994	0.016	994								
Administrative Assistant	0.055	1,781	0.055	1,781								
Intake Assessment Specialist	0.005	210	0.005	210								
Therapist	0.073	3,328	0.073	3,328								
Mental Health Manager	0.046	1,860	0.046	1,860								
Director of Workflow Development	0.036	2,709	0.036	2,709								
Education Coordinator	0.033	1,298	0.033	1,298								
Housing & Community Services Spec	0.030	1,063	0.030	1,063								

### DPH 3: Salaries & Benefits Detail

Provider Number: 383806  
 Provider Name: Walden House, Inc. - Lodestar Residential

APPENDIX #: B-7  
 Document Date: 10/08/10

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
Employment Counselor	0.088	3,154	0.088	3,154								
Computer Lab Instructor	0.036	1,135	0.036	1,135								
IT Specialist - Data Control	0.024	945	0.024	945								
Psychiatrist	0.068	2,458	0.068	2,458								
TOTALS	1.826	74,125	1.826	74,125	-	-	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	22,979	31%	22,979		-		-		-		-
TOTAL SALARIES & BENEFITS		97,104		97,104		-		-		-		-

### DPH 4: Operating Expenses Detail

Provider Number: 383806

Provider Name: **Walden House, Inc. - Lodestar Residential**

APPENDIX #: B-7

Document Date: 10/08/10

	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
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	7,772	7,772				
Utilities (Elec, Water, Gas, Phone, Scave	10,718	10,718				
Office Supplies, Postage	570	570				
Building Maintenance Supplies & Repair	2,711	2,711				
Printing and Reproduction	-					
Insurance	3,136	3,136				
Staff Training	45	45				
Staff Travel (Local & Out of Town)	82	82				
Rental of Equipment	1,979	1,979				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	4,360	4,360				
Transportation & Vehicles	520	520				
Food and Food Preparation	7,334	7,334				
General Operating	3,100	3,100				
	-	-				
TOTAL OPERATING EXPENSE	42,327	42,327	-	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383806  
 Program Name: **Walden House, Inc. - Lodestar Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-7  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
V.P. of ProgramsAnnual salary = \$123,300	0.010	1,233
Program DirectorAnnual salary = \$59,607	0.056	3,338
Administrative ManagerAnnual salary = \$41,625	0.024	999
Director of QA & ComplianceAnnual salary = \$72,368	0.019	1,375
Manager of Licensing & CertificationAnnual salary = \$50,375	0.008	403
Director of AdmissionsAnnual salary = \$52,667	0.003	158
Admissions CounselorAnnual salary = \$35,400	0.005	177
Court LiaisonAnnual salary = \$33,600	0.005	168
CounselorAnnual salary = \$31,208	0.443	13,825
Night CounselorAnnual salary = \$30,132	0.068	2,049
Weekend CounselorAnnual salary = \$32,344	0.061	1,973
Reentry CoordinatorAnnual salary = \$35,364	0.044	1,556
T.C. Admin. Assistant (Nexus)Annual salary = \$35,182	0.044	1,548
T.C. Coordinator Annual salary = \$40,071	0.042	1,683
Maintenance ManagerAnnual salary = \$60,100	0.010	601
Maintenance SupervisorAnnual salary = \$40,077	0.013	521
Maintenance WorkerAnnual salary = \$29,390	0.059	1,734
Transportation & Facility ManagerAnnual salary = \$67,556	0.018	1,216
Warehouse CoordinatorAnnual salary = \$41,826	0.023	962
DriverAnnual salary = \$31,855	0.076	2,421
Cook/Food ServiceAnnual salary = \$43,486	0.074	3,218
Client Services ManagerAnnual salary = \$78,063	0.016	1,249
Client Services SupportAnnual salary = \$28,636	0.033	945
Family Services CoordinatorAnnual salary = \$47,609	0.023	1,095
Medical Services DirectorAnnual salary = \$84,100	0.020	1,682
Medical Services SupportAnnual salary = \$32,167	0.054	1,737
PhysicianAnnual salary = \$4,652	0.023	107
V.P. of Mental Health ServicesAnnual salary = \$124,214	0.042	5,217
Mental Health Training DirectorAnnual salary = \$62,125	0.016	994
Administrative AssistantAnnual salary = \$32,382	0.055	1,781
Intake Assessment SpecialistAnnual salary = \$42,000	0.005	210
TherapistAnnual salary = \$45,589	0.073	3,328
Mental Health ManagerAnnual salary = \$40,435	0.046	1,860
Director of Workflow DevelopmentAnnual salary = \$75,250	0.036	2,709
Education CoordinatorAnnual salary = \$39,333	0.033	1,298
Housing & Community Services Spec. Annual salary = \$35,433	0.030	1,063
Employment CounselorAnnual salary = \$35,841	0.088	3,154
Computer Lab InstructorAnnual salary = \$31,528	0.036	1,135
IT Specialist - Data ControlAnnual salary = \$39,375	0.024	945
Psychiatrist Annual salary = \$36,147	0.068	2,458
<b>Total Salaries</b>	<b>1.826</b>	<b>74,125</b>
State Unemployment Insurance - 5.46%		4,047
FICA - 7.37%		5,463
Workers' Compensation - 2.69%		1,994
Health Benefits - 12.28%		9,103
Retirement - 3.2%		2,372
<b>Total Benefits</b>		<b>22,979</b>

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383806  
 Program Name: **Walden House, Inc. - Lodestar Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-7  
 Document Date: 10/08/10

<b>Total Salaries and Benefits</b>	<b>97,104</b>
<b>Operating Expenses</b>	
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.	
Occupancy:	
Rent:	
Rental of Office space and individual & group therapy rooms	7,772
\$4.301 per Bed Day	
Utilities:	
Water, gas, electricity and waste disposal	10,718
\$5.931 per Bed Day	
Building Maintenance:	
Maintenance and repairs of building	2,711
\$1.50 per Bed Day	
Total Occupancy:	21,201
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	570
\$312.15 per FTE of 1.826	
Clients Costs	
Office & activity supplies, transportation of clients	4,360
\$2.412 per Bed Day	
Food and Food Preparation	
Meals and food related expense	7,334
\$4.058 per Bed Day	
Total Materials and Supplies:	12,264
General Operating:	
Insurance:	
.010% of Agency Total of \$307,988	3,136
Staff Training:	
Costs to train staff in best practices	45
\$24.64 per FTE of 1.826	
Rental of Equipment:	
Copier Rental	1,979
\$1.095 per Bed Day	
Transportation & Vehicles	
\$ .28 per Bed Day	520
Other General Operating	
Urine analysis, Lecensing, memberships, job advertising, graduation	3,100



# CBHS BUDGET JUSTIFICATION

Provider Number: 383806  
 Program Name: **Walden House, Inc. - Lodestar Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-7  
 Document Date: 10/08/10

events, depreciation and miscellaneous expenses	
\$1.715 per Bed Day	
Total General Operating:	8,780
Staff Travel (Local & Out of Town):	
Local staff travel	82
\$44.906 per FTE of 1.826	
	82
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	
Total Operating Expenses	42,327
Capital Expenditures	
Total Direct Costs	139,431
Indirect Costs	16,731
<b>CONTRACT TOTAL</b>	<b>156,162</b>



**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:	2010-11	APPENDIX #:	B-8
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	TBA
PROVIDER NAME:	Women's Hope Residential		
REPORTING UNIT NAME:	n/a	TBA	
REPORTING UNIT:	n/a	TBA	
MODE OF SVCS / SERVICE FUNCTION CODE:	n/a	05/60-64	
SERVICE DESCRIPTION:	Startup	Residential Other	TOTAL
CBHS FUNDING TERM:	7/1/10-9/30/10	10/1/10-6/30/11	
<b>FUNDING USES</b>			
SALARIES & EMPLOYEE BENEFITS	57,332	365,700	423,032
OPERATING EXPENSE	18,371	110,001	128,372
CAPITAL OUTLAY (COST \$5,000 AND OVER)	65,707	-	65,707
SUBTOTAL DIRECT COSTS	141,410	475,701	617,111
INDIRECT COST AMOUNT	16,970	57,084	74,054
TOTAL FUNDING USES:	158,380	532,785	691,165
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
FEDERAL REVENUES			-
SAPT Fed Discretionary #93.959 HMHSCRES227	158,380	475,139	633,519
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	158,380	475,139	633,519
TOTAL DPH REVENUES	158,380	475,139	633,519
<b>NON-DPH REVENUES</b>			
Patient/Client Fees	-	57,646	57,646
TOTAL NON-DPH REVENUES	-	57,646	57,646
TOTAL REVENUES (DPH AND NON-DPH)	158,380	532,785	691,165
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>			
UNITS OF SERVICE <sup>1</sup>	1	3,011	3,012
UNITS OF TIME <sup>2</sup>			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	176.95	229.47
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR	157.80	210.33
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	n/a	16	n/a

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

Provider Number:	TBA
Provider Name:	Walden House, Inc. - Women's Hope Residential

APPENDIX #: B-8  
Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT:		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: 7/1/10-9/30/10		Term: 10/1/10-6/30/11		Term:		Term:		Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Manager	0.750	41,250	0.225	6,980	0.525	34,270						
Clinical Coordinator	0.708	26,208	0.212	4,625	0.496	21,583						
Care Manager	0.708	21,250	0.212	3,750	0.496	17,500						
Care Manager	0.667	19,998	0.200	2,500	0.467	17,498						
Employment Counselor	0.817	20,400	0.300	2,835	0.517	17,565						
Overnight Staff	1.000	31,000	0.300	1,411	0.700	29,589						
Weekend Overnight Staff	0.400	12,000	-	-	0.400	12,000						
Weekend Coordinator	0.667	23,333	0.200	2,917	0.467	20,416						
Therapist	0.750	39,000	0.225	6,500	0.525	32,500						
Parenting Counselor	0.667	20,665	0.200	2,583	0.467	18,082						
Parenting Counselor	0.667	20,665	0.200	2,583	0.467	18,082						
Psychiatrist	0.017	3,333	0.005	417	0.012	2,916						
Client Services	0.126	5,528	0.038	691	0.088	4,837						
Cook	0.667	21,333	0.200	1,500	0.467	19,833						
IT Data Entry Specialist	0.071	2,337	0.021	292	0.050	2,045						
Intake Staff	0.100	3,000	0.030	529	0.070	2,471						
Drivers	0.167	5,167	0.050	423	0.117	4,744						
Maintenance Workers	0.208	6,458	0.062	3,229	0.146	3,229						
-	-	-										
-	-	-										
-	-	-										
-	-	-										
-	-	-										
-	-	-										
-	-	-										
-	-	-										
-	-	-										
-	-	-										
TOTALS	9.157	322,925	2.680	43,765	6.477	279,160	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	100,107	31%	13,567	31%	86,540						
TOTAL SALARIES & BENEFITS		423,032		57,332		365,700						

### DPH 4: Operating Expenses Detail

Provider Number: TBA

Provider Name: **Walden House, Inc. - Women's Hope Residential**

APPENDIX #: B-8

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT:  (grant title)	WORK ORDER #1:  (dept. name)	WORK ORDER #2:  (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-9/30/10	Term: 10/1/10-6/30/11	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	-					
Utilities (Elec, Water, Gas, Phone, Scave	25,500	1,742	23,758			
Office Supplies, Postage	1,875	234	1,641			
Building Maintenance Supplies & Repair	15,793	4,213	11,580			
Printing and Reproduction	-	-	-			
Insurance	11,250	1,398	9,852			
Staff Training	375	-	375			
Staff Travel (Local & Out of Town)	375	-	375			
Rental of Equipment	11,000	5,625	5,375			
CONSULTANT/SUBCONTRACTOR	-	-	-			
	-	-	-			
OTHER						
Client Related Costs	15,000	875	14,125			
Food	24,200	3,025	21,175			
Household	1,875	230	1,645			
Fees	2,250	675	1,575			
Communications	6,750	354	6,396			
Client Medical	1,125	-	1,125			
Transportation	4,750	-	4,750			
General Operating	6,254	-	6,254			
TOTAL OPERATING EXPENSE	128,372	18,371	110,001	-	-	-

### DPH 5: Capital Expenditures Detail

Provider Number: TBA  
 Provider Name: Walden House, Inc. - Women's Hope Residential

APPENDIX #: B-8  
 Document Date: 10/08/10

#### 1. Equipment

No.	ITEM/DESCRIPTION	FUNDING SOURCE	PURCHASE COST EACH	TOTAL COST
				-
				-
				-
				-
				-
				-
				-
				-
				-
TOTAL EQUIPMENT COST				-
2. Remodeling				
Description:				
1.	Remove old carpet and replace with linoleum			36,767
2.	Replace the roof			18,940
3.	Replace the sewer			5,000
4.	Paint the interior of the building			5,000
				-
TOTAL REMODELING COST				65,707
TOTAL CAPITAL EXPENDITURE (Equipment plus Remodeling Cost)				65,707

# **CBHS BUDGET JUSTIFICATION**

Provider Number: TBA  
 Program Name: **Walden House, Inc. - Women's Hope Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-8  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
Program Manager Annual Salary = \$31,022	0.750	41,250
Clinical Coordinator Annual Salary = \$21,816	0.708	26,208
Care Manager Annual Salary = \$17,689	0.708	21,250
Care Manager Annual Salary = \$12,500	0.667	19,998
Employment Counselor Annual Salary = \$9,450	0.817	20,400
Overnight Staff Annual Salary = \$4,703	1.000	31,000
Weekend Overnight Staff Annual Salary = \$ 30,000	0.400	12,000
Weekend Coordinator Annual Salary = \$14,583	0.667	23,333
Therapist Annual Salary = \$28,889	0.750	39,000
Parenting Counselor Annual Salary = \$12,915	0.667	20,665
Parenting Counselor Annual Salary = \$12,915	0.667	20,665
Psychiatrist Annual Salary = \$83,400	0.017	3,333
Client Services Annual Salary = \$18,185	0.126	5,528
Cook Annual Salary = \$7,500	0.667	21,333
IT Data Entry Specialist Annual Salary = \$13,914	0.071	2,337
Intake Staff Annual Salary = \$17,633	0.100	3,000
Drivers Annual Salary = \$8,460	0.167	5,167
Maintenance Workers Annual Salary = \$52,081	0.208	6,458
<b>Total Salaries</b>	<b>9.157</b>	<b>322,925</b>
State Unemployment Insurance - 5.46%		17,632
FICA - 7.37%		23,800
Workers' Compensation - 2.69%		8,687
Health Benefits - 12.28%		39,654
Retirement - 3.2%		10,334
<b>Total Benefits</b>		<b>100,107</b>
<b>Total Salaries and Benefits</b>		<b>423,032</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Communications:		
Telephone, Online/Internet, and Postage/Mail service		6,750
\$2.124 per Bed Day		
Utilities:		
Water, gas, electricity, communications and waste disposal.		25,500
\$7.890 per Bed Day		
Insurance		
.030 % of Agency Total of \$307,988		11,250
Building Maintenance:		
Maintenance & repairs of building being rented		
\$3.596 per Bed Day		15,793
Total Occupancy:		59,293
Materials and Supplies:		

# **CBHS BUDGET JUSTIFICATION**

Provider Number: TBA  
 Program Name: **Walden House, Inc. - Women's Hope Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-8  
 Document Date: 10/08/10

Office Supplies:	
Office supplies for program staff. Initial start up supply.	
\$262.14 per FTE	1,875
Printing/Reproduction:	
Program/Medical Supplies:	
Total Materials and Supplies:	1,875
General Operating:	
Fees:	
Subscriptions, Licensing, Memberships, taxes and Printing	2,250
\$4.50 per bed day	
days	
Transportation	
Gas, vehicles maintenance and registration fees	4,750
\$1.245 per Bed Day	
Client Related Costs	
Office & activity supplies, transportation of clients	15,000
\$12.50 per bed day	
Food and Food Preparation	
Meals and food related expense	24,200
\$7.032 per Bed Day	
Household	
Laundry supplies, clothing and personal needs	1,875
\$ .546 per Bed Day	
Client Medical	
Medication, services, supplies, and urinalysis	1,125
\$ .373 per Bed Day	
Other General Operating	
Resident events, line of credit, depreciation and miscellaneous expenses	6,254
\$2.045 per Bed Day	
Staff Training:	
Costs to train staff in best practices	375
\$59.90 per FTE of 6.260	
Rental of Equipment:	
Copier Rental	11,000
\$ 1.453 per Bed Day	



# CBHS BUDGET JUSTIFICATION

Provider Number: TBA  
 Program Name: **Walden House, Inc. - Women's Hope Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-8  
 Document Date: 10/08/10

Total General Operating:	66,829
Staff Travel (Local & Out of Town):	
Local staff travel	
\$59.90 per FTE	
	375
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
<b>Total Operating Expenses</b>	<b>128,372</b>
<b>Capital Expenditures</b>	<b>65,707</b>
<b>Total Direct Costs</b>	<b>617,111</b>
<b>Indirect Costs</b>	<b>74,054</b>
<b>CONTRACT TOTAL</b>	<b>691,165</b>



**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:	2010-11			APPENDIX #:	B-9	
LEGAL ENTITY NAME:	Walden House, Inc.			PROVIDER #:	383873	
PROVIDER NAME:	OASIS					
REPORTING UNIT NAME::	WH OP OASIS/ Central City	WH OP OASIS/ Central City	WH OP OASIS/ Central City			
REPORTING UNIT:	87351	87351	87351			
MODE OF SVCS / SERVICE FUNCTION CODE:	Nonres-33	Nonres-34	SecPrev-19			
SERVICE DESCRIPTION:	Nonresidential ODF Grp	Nonresidential ODF Indv	Sec Prev Outreach			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	250,578	115,652	19,275			385,505
OPERATING EXPENSE	138,703	64,017	10,670			213,390
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-					-
SUBTOTAL DIRECT COSTS	389,281	179,669	29,945	-	-	598,895
INDIRECT COST AMOUNT	46,714	21,560	3,593			71,867
TOTAL FUNDING USES:	435,995	201,229	33,538	-	-	670,762
CBHS MENTAL HEALTH FUNDING SOURCES:						
FEDERAL REVENUES						-
STATE REVENUES						-
GRANTS						-
PRIOR YEAR ROLL OVER						-
WORK ORDERS						-
3RD PARTY PAYOR REVENUES						-
REALIGNMENT FUNDS						-
COUNTY GENERAL FUND						-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES						-
STATE REVENUES						-
GRANTS/PROJECTS						-
WORK ORDERS						-
COUNTY GENERAL FUND	HMHSCRES227	435,995	201,229	33,538		670,762
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	435,995	201,229	33,538	-	-	670,762
TOTAL DPH REVENUES	435,995	201,229	33,538	-	-	670,762
NON-DPH REVENUES:						
Patient/Client Fees						-
TOTAL NON-DPH REVENUES	-	-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	435,995	201,229	33,538	-	-	670,762
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE <sup>1</sup>	5,590	2,579	431			8,600
UNITS OF TIME <sup>2</sup>	167,700	77,370	12,930			258,000
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	78.00	78.03	77.81			78.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	78.00	78.03	77.81			78.00
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	148	68	12			228

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



### DPH 3: Salaries & Benefits Detail

Provider Number:	383873
Provider Name:	Walden House, Inc. - OASIS

APPENDIX #: B-9  
Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
					(grant title)		(grant title)		(dept. name)		(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:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
V.P. of Mental Health Services	0.032	3,979	0.032	3,979								
Director of Out Patient Services	1.000	76,230	1.000	76,230								
Admissions Department	0.580	23,922	0.580	23,922								
Legal Department	0.084	2,594	0.084	2,594								
Director Of QA & Compliance	0.118	8,479	0.118	8,479								
Administrative Manager	0.037	1,555	0.037	1,555								
Administrative Assistant	0.020	647	0.020	647								
Clinical Case Manager Level III	1.000	49,008	1.000	49,008								
Clinical Case Manager Level I	2.000	65,584	2.000	65,584								
Director Of Workforce Development	0.035	2,614	0.035	2,614								
Vocational/Housing, Emploment Case	0.302	10,711	0.302	10,711								
Therapist	0.014	640	0.014	640								
Family Service Coordinator	0.111	5,554	0.111	5,554								
Mental Health Training Director	0.196	12,226	0.196	12,226								
Psychiatrist	0.018	2,459	0.018	2,459								
Food Services	0.117	3,398	0.117	3,398								
Manager of Transportation & Facility	0.108	6,957	0.108	6,957								
Driver	0.433	12,399	0.433	12,399								
IT Specialist - Data Control	0.044	1,732	0.044	1,732								
Operations and Maintenance Department	0.085	3,591	0.085	3,591								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
TOTALS	6.334	294,279	6.334	294,279	-	-	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	91,226	31%	91,226		-		-		-		-
TOTAL SALARIES & BENEFITS		385,505		385,505		-		-		-		-

### DPH 4: Operating Expenses Detail

Provider Number: 383873

Provider Name: **Walden House, Inc. - OASIS**

APPENDIX #: B-9

Document Date: 10/08/10

	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
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	105,717	105,717				
Utilities (Elec, Water, Gas, Phone, Scave	33,533	33,533				
Office Supplies, Postage	2,986	2,986				
Building Maintenance Supplies & Repair	19,805	19,805				
Printing and Reproduction	-					
Insurance	5,811	5,811				
Staff Training	218	218				
Staff Travel (Local & Out of Town)	210	210				
Rental of Equipment	6,330	6,330				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	8,272	8,272				
Transportation & Vehicles	4,319	4,319				
Food and Food Preparation	6,292	6,292				
General Operating	19,897	19,897				
	-	-				
TOTAL OPERATING EXPENSE	213,390	213,390	-	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383873  
 Program Name: **Walden House, Inc. - OASIS**  
 Fiscal Year: 2010-11

APPENDIX #: B-9  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
V.P. of Mental Health Services - Annual Salary = \$ 124,344	0.032	3,979
Director of Out Patient Services - Annual Salary = \$ 76,230	1.000	76,230
Admissions Department - Annual Salary = \$ 41,245	0.580	23,922
Legal Department - Annual Salary = \$ 30,881	0.084	2,594
Director Of QA & Compliance - Annual Salary = \$ 71,856	0.118	8,479
Administrative Manager - Annual Salary = \$ 42,027	0.037	1,555
Administrative Assistant - Annual Salary = \$ 32,350	0.020	647
Clinical Case Manager Level III - Annual Salary = \$ 49,008	1.000	49,008
Clinical Case Manager Level I - Annual Salary = \$ 32,792	2.000	65,584
Director Of Workforce Development - Annual Salary = \$ 74,686	0.035	2,614
Vocational/Housing, Emploment Case Manager - Annual Salary = \$ 35,467	0.302	10,711
Therapist - Annual Salary = \$ 45,714	0.014	640
Family Service Coordinator - Annual Salary = \$ 50,036	0.111	5,554
Mental Health Training Director - Annual Salary = \$ 62,378	0.196	12,226
Psychiatrist - Annual Salary = \$ 136,611	0.018	2,459
Food Services - Annual Salary = \$ 29,043	0.117	3,398
Manager of Transportation & Facility - Annual Salary = \$ 64,417	0.108	6,957
Driver - Annual Salary = \$ 28,635	0.433	12,399
IT Specialist - Data Control - Annual Salary = \$ 39,364	0.044	1,732
Operations and Maintenance Department - Annual Salary = \$ 42,247	0.085	3,591
<b>Total Salaries</b>	<b>6.334</b>	<b>294,279</b>
State Unemployment Insurance - 5.46%		16,068
FICA - 7.37%		21,688
Workers' Compensation - 2.69%		7,916
Health Benefits - 12.28%		36,137
Retirement - 3.2%		9,417
<b>Total Benefits</b>		<b>91,226</b>
<b>Total Salaries and Benefits</b>		<b>385,505</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		
\$1.964 per square foot time 4,485 sq. ft. times 12 months		105,717
Utilities:		
Water, gas, electricity, communications and waste disposal.		
\$6.23 per square foot time 4,485 sq. ft. times 12 months		33,533
Building Maintenance:		
Maintenance & repairs of building being rented		
\$3.68 per square foot time 4,485 sq. ft. times 12 months		19,805
Total Occupancy:		159,055
Materials and Supplies:		
Office Supplies:		

# CBHS BUDGET JUSTIFICATION

Provider Number: 383873  
 Program Name: **Walden House, Inc. - OASIS**  
 Fiscal Year: 2010-11

APPENDIX #: B-9  
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Office supplies for program staff.	
\$ .347 per contact times 8,600 contacts	2,986
Client Costs	
Office & activity supplies, transportation for clients.	
\$ .962 per contact times 8,600 contacts	8,272
Food and Food Preparation	
Lunch for clients.	
\$ .732 per contact times 8,600 contacts	6,292
Total Materials and Supplies:	17,550
General Operating:	
Insurance:	
1.89% of Agency Total of \$307,988	5,811
Staff Training:	
Costs to train staff in best practices.	
\$34.44 per FTE	218
Rental of Equipment:	
Copier rental	
\$ .736 per contact times 8,600 contacts	6,330
Transportation & Vehicles	
Costs to run van shuttles for clients ( Gas and vehicle maintenance)	
\$ .502 per contact times 8,600 contacts	4,319
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses.	
\$2.314 per contact times 8,600 contacts	19,897
Total General Operating:	36,575
Staff Travel (Local & Out of Town):	
Local staff travel.	
\$33.18 per FTE	210
	210
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
<b>Total Operating Expenses</b>	<b>213,390</b>



# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383873  
Program Name: **Walden House, Inc. - OASIS**  
Fiscal Year: 2010-11

APPENDIX #: B-9  
Document Date: 10/08/10

<b>Capital Expenditures</b>	-
<b>Total Direct Costs</b>	598,895
<b>Indirect Costs</b>	71,867
<b>CONTRACT TOTAL</b>	670,762

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:	2010-11	APPENDIX #:	B-10
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383835
PROVIDER NAME:	Representative Payee Case Mgmt		
REPORTING UNIT NAME:	WH CM Rep Payee		
REPORTING UNIT:	88359		
MODE OF SVCS / SERVICE FUNCTION CODE:	Anc-68		
SERVICE DESCRIPTION:	Ancillary Svcs Case Mgmt		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
<b>FUNDING USES</b>			
SALARIES & EMPLOYEE BENEFITS	118,782		118,782
OPERATING EXPENSE	23,872		23,872
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	142,654	-	142,654
INDIRECT COST AMOUNT	17,118		17,118
TOTAL FUNDING USES:	159,772	-	159,772
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND	HMHS CCRES227 77,437		77,437
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	77,437	-	77,437
TOTAL DPH REVENUES	77,437	-	77,437
<b>NON-DPH REVENUES</b>			
Patient/Client Fees	82,335		82,335
TOTAL NON-DPH REVENUES	82,335	-	82,335
TOTAL REVENUES (DPH AND NON-DPH)	159,772	-	159,772
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>			
UNITS OF SERVICE <sup>1</sup>	948		948
UNITS OF TIME <sup>2</sup>			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	168.54		168.54
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	81.68		81.68
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	200		200

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

Provider Number:	383835
Provider Name:	Walden House, Inc. - Representative Payee Case Mgmt

[illegible]

### DPH 4: Operating Expenses Detail

Provider Number: 383835

Provider Name: **Walden House, Inc. - Representative Payee Case Mgmt**

APPENDIX #: B-10

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>                    </u> (grant title)	GRANT #2: <u>                    </u> (grant title)	WORK ORDER #1: <u>                    </u> (dept. name)	WORK ORDER #2: <u>                    </u> (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: <u>          </u>	Term: <u>          </u>	Term: 7/1/10-6/30/11	Term: <u>          </u>
Rental of Property	11,668	11,668				
Utilities (Elec, Water, Gas, Phone, Scave	4,971	4,971				
Office Supplies, Postage	1,055	1,055				
Building Maintenance Supplies & Repair	1,105	1,105				
Printing and Reproduction	-					
Insurance	596	596				
Staff Training	-					
Staff Travel (Local & Out of Town)	78	78				
Rental of Equipment	2,028	2,028				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Transportation & Vehicles	68	68				
General Operating	2,303	2,303				
	-	-				
	-	-				
	-	-				
TOTAL OPERATING EXPENSE	23,872	23,872	-	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383835  
 Program Name: **Walden House, Inc. - Representative Payee Case Mgmt**  
 Fiscal Year: 2010-11

APPENDIX #: B-10  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
Client Service Manager - Annual Salary = \$ 78,848	0.270	21,289
RPI Accounting Coordinator - Annual Salary = \$ 39,819	1.000	39,819
Receptionist/Clerk - Annual Salary = \$ 28,360	1.000	28,360
Maintenance Staff - Annual Salary = \$ 40,038	0.026	1,041
IT Specialist - Data Control - Annual Salary = \$ 41,000	0.004	164
<b>Total Salaries</b>	<b>2.300</b>	<b>90,673</b>
State Unemployment Insurance - 5.46%		4,951
FICA - 7.37%		6,683
Workers' Compensation - 2.69%		2,439
Health Benefits - 12.28%		11,134
Retirement - 3.2%		2,902
<b>Total Benefits</b>		<b>28,109</b>
<b>Total Salaries and Benefits</b>		<b>118,782</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		11,668
\$12.308 per Contact		
Utilities:		
Water, gas, electricity and waste disposal		4,971
\$5.243 per Contact		
Building Maintenance:		
Maintenance and repairs of building		1,105
\$1.165 per Contact		
Total Occupancy:		17,744
Materials and Supplies:		
Office Supplies:		
Office supplies for program staff		1,055
\$458.69 per FTE of 2.300		
Client Costs		
Program/Medical Supplies:		
Total Materials and Supplies:		1,055
General Operating:		
Insurance:		
.0019% of Agency Total of \$307,988		596

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383835

Program Name: **Walden House, Inc. - Representative Payee Case Mgmt**

Fiscal Year: 2010-11

APPENDIX #:

B-10

Document Date:

10/08/10

Staff Training:	
Rental of Equipment:	
Copier Rental	2,028
\$881.739 per FTE of 2.300	
Transportation & Vehicles	68
Gas, vehicles maintenance and registration fees	
\$.071 per Contact	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	2,303
\$2.429 per Contact	
Total General Operating:	4,995
Staff Travel (Local & Out of Town):	
Local staff travel	78
\$33.913 per FTE of 2.300	
	78
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
<b>Total Operating Expenses</b>	<b>23,872</b>
<b>Capital Expenditures</b>	<b>-</b>
<b>Total Direct Costs</b>	<b>142,654</b>
<b>Indirect Costs</b>	<b>17,118</b>
<b>CONTRACT TOTAL</b>	<b>159,772</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11		APPENIDX #:		B-11	
LEGAL ENTITY NAME:		Walden House, Inc.			PROVIDER #:		383805
PROVIDER NAME:		Walden Res Acute Psych Stabilization (WRAPS)					
REPORTING UNIT NAME::		WRAPS Program					
REPORTING UNIT:		38C1A1					
MODE OF SVCS / SERVICE FUNCTION CODE:		05/65-79					
SERVICE DESCRIPTION:		Adult Residential					TOTAL
CBHS FUNDING TERM:		7/1/10-6/30/11					
FUNDING USES							
SALARIES & EMPLOYEE BENEFITS		61,745					61,745
OPERATING EXPENSE		14,891					14,891
CAPITAL OUTLAY (COST \$5,000 AND OVER)		-					-
SUBTOTAL DIRECT COSTS		76,636	-	-	-	-	76,636
INDIRECT COST AMOUNT		9,196					9,196
TOTAL FUNDING USES:		85,832	-	-	-	-	85,832
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES							-
STATE REVENUES							-
MHSA	PMHS63-1105	82,400					82,400
GRANTS							-
PRIOR YEAR ROLL OVER							-
WORK ORDERS							-
3RD PARTY PAYOR REVENUES							-
REALIGNMENT FUNDS							-
COUNTY GENERAL FUND							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		82,400	-	-	-	-	82,400
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
FEDERAL REVENUES							-
STATE REVENUES							-
GRANTS/PROJECTS							-
WORK ORDERS							-
COUNTY GENERAL FUND							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH REVENUES		82,400	-	-	-	-	82,400
NON DPH REVENUES							
Patient/Client Fees		3,432					3,432
TOTAL NON-DPH REVENUES		3,432	-	-	-	-	3,432
TOTAL REVENUES (DPH AND NON-DPH)		85,832	-	-	-	-	85,832
CBHS UNITS OF SVCS/TIME AND UNIT COST							
UNITS OF SERVICE <sup>1</sup>		730					730
UNITS OF TIME <sup>2</sup>							
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		117.58					117.58
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		112.88					112.88
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS		16					16

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

Provider Number: 383805

APPENDIX #: B-11

Provider Name: Walden House, Inc. - Walden Res Acute Psych Stabilization (WRAPS)

Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		PROJECT: MHSA (project title)		GRANT: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
V.P. of Programs	0.003	388			0.003	388						
Program Director	0.032	2,274			0.032	2,274						
Administrative Manager	0.007	280			0.007	280						
Therapist	0.251	11,297			0.251	11,297						
V.P. of Mental Health Services	0.006	636			0.006	636						
Mental Health Manager	0.079	4,681			0.079	4,681						
Mental Health Training Director	0.006	365			0.006	365						
Counselor	0.220	7,210			0.220	7,210						
Night Counselor	0.033	994			0.033	994						
Family Service Coordinator	0.002	115			0.002	115						
Client Services Manager	0.005	365			0.005	365						
Client Services Support	0.012	341			0.012	341						
Manager of Licensing & Certification	0.005	243			0.005	243						
Director Of Medical Services	0.013	1,052			0.013	1,052						
Medical Services Assistant	0.033	1,059			0.033	1,059						
Physician	0.008	36			0.008	36						
MH Medi-Cal Admin Coordinator	0.030	1,382			0.030	1,382						
HIV/AIDS Program Clinical Coordinator	0.064	2,502			0.064	2,502						
HIV/AIDS Program Admin. Asst	0.038	1,203			0.038	1,203						
Psychiatrist	0.033	4,459			0.033	4,459						
HIV/AIDS Program Admissions	0.018	661			0.018	661						
IT Specialist - Data Control	0.006	236			0.006	236						
Manager Of Transportation & Facility	0.011	687			0.011	687						
Driver	0.042	1,366			0.042	1,366						
Cook/Food Service	0.038	1,440			0.038	1,440						
Director of QA & Compliance	0.007	465			0.007	465						
Intake Assessment Specialist	0.006	234			0.006	234						
Operations (Janitor., Maint.)	0.029	1,162			0.029	1,162						
	-	-			-	-						
	-	-			-	-						
TOTALS	1.037	47,133	-	-	1.037	47,133	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	14,612		-	31%	14,612		-		-		-
TOTAL SALARIES & BENEFITS		61,745		-		61,745		-		-		-



### DPH 4: Operating Expenses Detail

Provider Number: 383805

Provider Name: **Walden House, Inc. - Walden Res Acute Psych Stabilization (WRAPS)**

APPENDIX #: B-11

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	PROJECT: MHPA (project title)	GRANT: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: _____	Term: 7/1/10-6/30/11	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	3,606		3,606			
Utilities (Elec, Water, Gas, Phone, Scave	3,328		3,328			
Office Supplies, Postage	144		144			
Building Maintenance Supplies & Repair	1,241		1,241			
Printing and Reproduction	-		-			
Insurance	2,247		2,247			
Staff Training	14		14			
Staff Travel (Local & Out of Town)	37		37			
Rental of Equipment	971		971			
CONSULTANT/SUBCONTRACTOR	-		-			
	-		-			
	-		-			
	-		-			
	-		-			
OTHER						
Client Costs	831		831			
Transportation & Vehicles	171		171			
Food and Food Preparation	1,692		1,692			
General Operating	609		609			
	-		-			
TOTAL OPERATING EXPENSE	14,891	-	14,891	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805

Program Name: Walden House, Inc. - Walden Res Acute Psych Stabilization (WRAPS)

Fiscal Year: 2010-11

APPENDIX #:

Document Date:

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10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs- Annual Salary = \$129,333	0.003	388
Program Director - Annual Salary = \$71,063	0.032	2,274
Administrative Manager- Annual Salary = \$40,000	0.007	280
Therapist- Annual Salary = \$45,008	0.251	11,297
V.P. of Mental Health Services- Annual Salary = \$106,000	0.006	636
Mental Health Manager- Annual Salary = \$59,253	0.079	4,681
Mental Health Training Director- Annual Salary = \$60,833	0.006	365
Counselor- Annual Salary = \$32,773	0.220	7,210
Night Counselor- Annual Salary = \$30,121	0.033	994
Family Service Coordinator- Annual Salary = \$57,500	0.002	115
Client Services Manager- Annual Salary = \$73,000	0.005	365
Client Services Support- Annual Salary = \$28,417	0.012	341
Manager of Licensing & Certification- Annual Salary = \$48,600	0.005	243
Director Of Medical Services- Annual Salary = \$80,923	0.013	1,052
Medical Services Assistant- Annual Salary = \$32,091	0.033	1,059
Physician- Annual Salary = \$4,500	0.008	36
MH Medi-Cal Admin Coordinator- Annual Salary = \$46,067	0.030	1,382
HIV/AIDS Program Clinical Coordinator- Annual Salary = \$39,094	0.064	2,502
HIV/AIDS Program Admin. Asst- Annual Salary = \$31,658	0.038	1,203
Psychiatrist- Annual Salary = \$135,121	0.033	4,459
HIV/AIDS Program Admissions- Annual Salary = \$36,722	0.018	661
IT Specialist - Data Control- Annual Salary = \$39,333	0.006	236
Manager Of Transportation & Facility- Annual Salary = \$62,455	0.011	687
Driver- Annual Salary = \$32,524	0.042	1,366
Cook/Food Service- Annual Salary = \$37,895	0.038	1,440
Director of QA & Compliance- Annual Salary = \$66,429	0.007	465
Intake Assessment Specialist- Annual Salary = \$39,000	0.006	234
Operations (Janitor., Maint.)- Annual Salary = \$40,069	0.029	1,162
<b>Total Salaries</b>	<b>1.037</b>	<b>47,133</b>
State Unemployment Insurance - 5.46%		2,573
FICA - 7.37%		3,474
Workers' Compensation - 2.69%		1,268
Health Benefits - 12.28%		5,789
Retirement - 3.2%		1,508
<b>Total Benefits</b>		<b>14,612</b>
<b>Total Salaries and Benefits</b>		<b>61,745</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		3,606
\$4.939 per Bed Day		
Utilities:		
Water, gas, electricity and waste disposal		3,328
\$4.558 per Bed Day		

# CBHS BUDGET JUSTIFICATION

Provider Number: 383805

Program Name: Walden House, Inc. - Walden Res Acute Psych Stabilization (WRAPS)

Fiscal Year: 2010-11

APPENDIX #:

B-11

Document Date:

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Building Maintenance:	
Maintenance & repairs of building	1,241
\$1.70 per Bed Day	
Total Occupancy:	8,175
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	144
\$138.86 per FTE of 1.037	
Client Costs	
Office & activity supplies, transportation of clients	831
\$1.138 per Bed Day	
Food and Food Preparation	
Meals and food related expense	1,692
\$2.317 per Bed Day	
Total Materials and Supplies:	2,667
General Operating:	
Insurance:	
.007% of Agency Total of \$307,988	2,247
Staff Training:	
Costs to train staff in best practices	14
\$13.50 per FTE of 1.037	
Rental of Equipment:	
Copier Rental	971
\$1.330 per Bed Day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	171
\$ .234 per Bed Day	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	
\$ .834 per Bed Day	609
Total General Operating:	4,012
Staff Travel (Local & Out of Town):	
Local staff travel	37
\$ .050 per Bed Day	
	37

# CBHS BUDGET JUSTIFICATION

Provider Number: 383805

APPENDIX #:

B-11

Program Name: Walden House, Inc. - Walden Res Acute Psych Stabilization (WRAPS)

Document Date:

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Fiscal Year: 2010-11

Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	14,891
Capital Expenditures	-
Total Direct Costs	76,636
Indirect Costs	9,196
CONTRACT TOTAL	85,832

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:	2010-11	APPENDIX #:	B-12
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	n/a
PROVIDER NAME:	On Call / Crisis Intervention		
REPORTING UNIT NAME:	n/a		
REPORTING UNIT:	n/a		
MODE OF SVCS / SERVICE FUNCTION CODE:	15/70-79		
SERVICE DESCRIPTION:	Crisis Intervention- OP		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
<b>FUNDING USES</b>			
SALARIES & EMPLOYEE BENEFITS	14,975		14,975
OPERATING EXPENSE	-		-
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	14,975	-	14,975
INDIRECT COST AMOUNT	1,797		1,797
TOTAL FUNDING USES:	16,772	-	16,772
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES			-
ARRA SDMC FFP (11.59%) HMHMCC730515	7,490		7,490
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND HMHMCC730515	9,282		9,282
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	16,772	-	16,772
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-
TOTAL DPH REVENUES	16,772	-	16,772
<b>NON-DPH REVENUES</b>			
Patient/Client Fees			-
TOTAL NON-DPH REVENUES	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	16,772	-	16,772
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>			
UNITS OF SERVICE <sup>1</sup>	n/a		n/a
UNITS OF TIME <sup>2</sup>			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR		CR
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR		CR
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	n/a		n/a

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

Provider Number: n/a  
Provider Name: Walden House, Inc. - On Call / Crisis Intervention

Provider Number: n/a  
Provider Name: Walden House, Inc. - On Call / Crisis Intervention

[illegible]

# **CBHS BUDGET JUSTIFICATION**

Provider Number: n/a  
 Program Name: **Walden House, Inc. - On Call / Crisis Intervention**  
 Fiscal Year: 2010-11

APPENDIX #: B-12  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
Crisis Intervention Counselor Annual Salary = \$2,856.70	0.977	2,791
Crisis Intervention Counselor Annual salary = \$8,843.40	0.977	8,640
<b>Total Salaries</b>	1.954	11,431
State Unemployment Insurance - 5.46%		624
FICA - 7.37%		842
Workers' Compensation - 2.69%		307
Health Benefits - 12.28%		1,405
Retirement - 3.2%		366
<b>Total Benefits</b>		3,544
<b>Total Salaries and Benefits</b>		14,975
<b>Operating Expenses</b>		
Occupancy:		-
Materials and Supplies:		-
General Operating:		-
Staff Travel (Local & Out of Town):		-
Consultants/Subcontractors:		-
<b>Total Operating Expenses</b>		-
<b>Capital Expenditures</b>		-
<b>Total Direct Costs</b>		14,975
<b>Indirect Costs</b>		1,797
<b>CONTRACT TOTAL</b>		16,772

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11		APPENDIX #:		B-13	
LEGAL ENTITY NAME:		Walden House, Inc.		PROVIDER #:		383805, 383806 & 383834	
PROVIDER NAME:		BASN Residential					
REPORTING UNIT NAME:	Buena Vista, Hayes & Haight Res						
REPORTING UNIT:	38062 38342 38572						
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79						
SERVICE DESCRIPTION:	Adult Residential						TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11						
<b>FUNDING USES</b>							
SALARIES & EMPLOYEE BENEFITS	264,997						264,997
OPERATING EXPENSE	147,982						147,982
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-						-
SUBTOTAL DIRECT COSTS	412,979	-	-	-	-	-	412,979
INDIRECT COST AMOUNT	49,558						49,558
TOTAL FUNDING USES:	462,537	-	-	-	-	-	462,537
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES							-
STATE REVENUES							-
GRANTS							-
PRIOR YEAR ROLL OVER							-
WORK ORDERS							-
3RD PARTY PAYOR REVENUES							-
REALIGNMENT FUNDS							-
COUNTY GENERAL FUND							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
FEDERAL REVENUES							-
STATE REVENUES							-
BASN	HMHSOCRES227	432,525					432,525
GRANTS/PROJECTS							-
WORK ORDERS							-
COUNTY GENERAL FUND							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	432,525	-	-	-	-	-	432,525
TOTAL DPH REVENUES	432,525	-	-	-	-	-	432,525
<b>NON DPH REVENUES</b>							
Patient/Client Fees	30,012						30,012
TOTAL NON-DPH REVENUES	30,012	-	-	-	-	-	30,012
TOTAL REVENUES (DPH AND NON-DPH)	462,537	-	-	-	-	-	462,537
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>							
UNITS OF SERVICE <sup>1</sup>	4,599						4,599
UNITS OF TIME <sup>2</sup>							
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	100.57						100.57
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	94.05						94.05
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS	28						28

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



### DPH 3: Salaries & Benefits Detail

Provider Number: 383805, 383806 & 383834  
 Provider Name: Walden House, Inc. - BASN Residential

APPENDIX #: B-13  
 Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	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
V.P. of Programs	0.025	3,251	0.025	3,251								
Program Director	0.209	12,129	0.209	12,129								
Administrative Manager	0.053	2,199	0.053	2,199								
Director of QA & Compliance	0.043	3,112	0.043	3,112								
Manager of Licensing & Certification	0.066	3,357	0.066	3,357								
Director of Admissions	0.034	1,958	0.034	1,958								
Admissions Counselor	0.068	2,214	0.068	2,214								
Court Liaison	0.100	3,098	0.100	3,098								
Counselor	1.721	55,879	1.721	55,879								
Night Counselor	0.401	8,820	0.401	8,820								
Weekend Counselor	0.257	8,311	0.257	8,311								
Reentry Coordinator	0.043	1,515	0.043	1,515								
T.C. Admin. Assistant (Nexus)	0.218	7,989	0.218	7,989								
T.C. Coordinator	0.039	1,551	0.039	1,551								
Maintenance Manager	0.021	1,378	0.021	1,378								
Maintenance Supervisor	0.040	1,707	0.040	1,707								
Maintenance Worker	0.148	4,815	0.148	4,815								
Transportation & Facility Manager	0.042	2,691	0.042	2,691								
Warehouse Coordinator	0.088	3,878	0.088	3,878								
Driver	0.169	5,398	0.169	5,398								
Cook/Food Service	0.313	12,017	0.313	12,017								
Client Services Manager	0.044	3,506	0.044	3,506								
Client Services Support	0.094	2,618	0.094	2,618								
Family Services Coordinator	0.059	2,936	0.059	2,936								
Medical Services Director	0.044	3,643	0.044	3,643								
Medical Services Support	0.220	7,053	0.220	7,053								
Physician	0.003	14	0.003	14								
V.P. of Mental Health Services	0.032	4,023	0.032	4,023								
Mental Health Training Director	0.050	3,126	0.050	3,126								
Administrative Assistant	0.054	1,779	0.054	1,779								
Intake Assessment Specialist	0.022	982	0.022	982								
Therapist	0.058	2,677	0.058	2,677								
Mental Health Manager	0.020	964	0.020	964								
Director of Workflow Development	0.043	3,331	0.043	3,331								
Education Coordinator	0.082	3,196	0.082	3,196								
Housing & Community Services Spec	0.062	2,158	0.062	2,158								
Employment Counselor	0.097	3,607	0.097	3,607								
Computer Lab Instructor	0.021	661	0.021	661								

### DPH 3: Salaries & Benefits Detail

Provider Number: 383805, 383806 & 383834  
 Provider Name: Walden House, Inc. - BASN Residential

APPENDIX #: B-13  
 Document Date: 10/08/10

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
IT Specialist - Data Control	0.063	2,485	0.063	2,485								
Psychiatrist	0.050	6,262	0.050	6,262								
TOTALS	5.216	202,288	5.216	202,288	-	-	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	62,709	31%	62,709		-		-		-		-
TOTAL SALARIES & BENEFITS		264,997		264,997		-		-		-		-

### DPH 4: Operating Expenses Detail

Provider Number: 383805, 383806 & 383834

Provider Name: **Walden House, Inc. - BASN Residential**

APPENDIX #: B-13

Document Date: 10/08/10

	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
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	52,477	52,477				
Utilities (Elec, Water, Gas, Phone, Scave	28,382	28,382				
Office Supplies, Postage	1,349	1,349				
Building Maintenance Supplies & Repair	11,994	11,994				
Printing and Reproduction	-	-				
Insurance	7,231	7,231				
Staff Training	140	140				
Staff Travel (Local & Out of Town)	177	177				
Rental of Equipment	4,967	4,967				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	11,522	11,522				
Transportation & Vehicles	1,592	1,592				
Food and Food Preparation	20,090	20,090				
General Operating	8,061	8,061				
	-	-				
TOTAL OPERATING EXPENSE	147,982	147,982	-	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805, 383806 & 383834  
 Program Name: **Walden House, Inc. - BASN Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-13  
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs - Annual Salary = \$ 130,040	0.025	3,251
Program Director - Annual Salary = \$ 58,033	0.209	12,129
Administrative Manager - Annual Salary = \$ 41,491	0.053	2,199
Director of QA & Compliance - Annual Salary = \$ 72,372	0.043	3,112
Manager of Licensing & Certification - Annual Salary = \$ 50,864	0.066	3,357
Director of Admissions - Annual Salary = \$ 57,588	0.034	1,958
Admissions Counselor - Annual Salary = \$ 32,559	0.068	2,214
Court Liaison - Annual Salary = \$ 30,980	0.100	3,098
Counselor - Annual Salary = \$ 32,469	1.721	55,879
Night Counselor - Annual Salary = \$ 21,995	0.401	8,820
Weekend Counselor - Annual Salary = \$ 32,339	0.257	8,311
Reentry Coordinator - Annual Salary = \$ 35,233	0.043	1,515
T.C. Admin. Assistant (Nexus) - Annual Salary = \$ 36,647	0.218	7,989
T.C. Coordinator - Annual Salary = \$ 39,769	0.039	1,551
Maintenance Manager - Annual Salary = \$ 65,619	0.021	1,378
Maintenance Supervisor - Annual Salary = \$ 42,675	0.040	1,707
Maintenance Worker - Annual Salary = \$ 32,534	0.148	4,815
Transportation & Facility Manager - Annual Salary = \$ 64,071	0.042	2,691
Warehouse Coordinator - Annual Salary = \$ 44,068	0.088	3,878
Driver - Annual Salary = \$ 31,941	0.169	5,398
Cook/Food Service - Annual Salary = \$ 38,393	0.313	12,017
Client Services Manager - Annual Salary = \$ 79,682	0.044	3,506
Client Services Support - Annual Salary = \$ 27,851	0.094	2,618
Family Services Coordinator - Annual Salary = \$ 49,763	0.059	2,936
Medical Services Director - Annual Salary = \$ 82,795	0.044	3,643
Medical Services Support - Annual Salary = \$ 32,059	0.220	7,053
Physician - Annual Salary = \$ 4,667	0.003	14
V.P. of Mental Health Services - Annual Salary = \$ 125,719	0.032	4,023
Mental Health Training Director - Annual Salary = \$ 62,520	0.050	3,126
Administrative Assistant - Annual Salary = \$ 32,944	0.054	1,779
Intake Assessment Specialist - Annual Salary = \$ 44,636	0.022	982
Therapist - Annual Salary = \$ 46,155	0.058	2,677
Mental Health Manager - Annual Salary = \$ 48,200	0.020	964
Director of Workflow Development - Annual Salary = \$ 77,465	0.043	3,331
Education Coordinator - Annual Salary = \$ 38,976	0.082	3,196
Housing & Community Services Spec. - Annual Salary = \$ 34,806	0.062	2,158
Employment Counselor - Annual Salary = \$ 37,186	0.097	3,607
Computer Lab Instructor - Annual Salary = \$ 31,476	0.021	661
IT Specialist - Data Control - Annual Salary = \$ 39,444	0.063	2,485
Psychiatrist - Annual Salary = \$ 125,240	0.050	6,262
<b>Total Salaries</b>	<b>5.216</b>	<b>202,288</b>
State Unemployment Insurance - 5.46%		11,045
FICA - 7.37%		14,909
Workers' Compensation - 2.69%		5,442
Health Benefits - 12.28%		24,840
Retirement - 3.2%		6,473
<b>Total Benefits</b>		<b>62,709</b>

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805, 383806 & 383834  
 Program Name: **Walden House, Inc. - BASN Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-13  
 Document Date: 10/08/10

<b>Total Salaries and Benefits</b>	<b>264,997</b>
<b>Operating Expenses</b>	
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.	
Occupancy:	
Rent:	
Rental of office space and Individual & group therapy rooms	52,477
\$11.41 per Bed Day	
Utilities:	
Water, gas, electricity and waste disposal	28,382
\$6.171 per Bed Day	
Building Maintenance:	
Maintenance & repairs of Building	11,994
\$2.607 per Bed Day	
Total Occupancy:	92,853
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	1,349
\$258.62 per FTE of 5.216	
Client Costs	
Office & activity supplies, transportation of clients	11,522
\$2.505 per Bed Day	
Food and Food Preparation	
Meals and food related expense	20,090
\$4.368 per Bed Day	
Total Materials and Supplies:	32,961
General Operating:	
Insurance:	
.0234% of Agency Total of \$307,988	7,231
Staff Training:	
Costs to train staff in best practices	140
\$26.84 per FTE of 5.216	
Rental of Equipment:	
Copier Rental	4,967
\$1.080 per Bed Day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	1,592
\$ .346 per Bed Day	
Other General Operating	

# CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834  
 Program Name: **Walden House, Inc. - BASN Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-13  
 Document Date: 10/08/10

Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	8,061
\$1.752 per Bed Day	
Total General Operating:	21,991
Staff Travel (Local & Out of Town):	
Local staff travel	177
\$33.934 per FTE of 5.216	
	177
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	147,982
Capital Expenditures	-
Total Direct Costs	412,979
Indirect Costs	49,558
<b>CONTRACT TOTAL</b>	<b>462,537</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:	2010-11	APPENDIX #:	B-14
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383805, 383806 & 383834
PROVIDER NAME:	CARE Variable Length Residential		
REPORTING UNIT NAME:	Buena Vista, Hayes & Haight Res		
REPORTING UNIT:	38062 38342 38572		
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79		
SERVICE DESCRIPTION:	Adult Residential		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
<b>FUNDING USES</b>			
SALARIES & EMPLOYEE BENEFITS	146,247		146,247
OPERATING EXPENSE	66,134		66,134
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	212,381	-	212,381
INDIRECT COST AMOUNT	25,486		25,486
TOTAL FUNDING USES:	237,867	-	237,867
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND	HMHSCCRES227 213,253		213,253
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	213,253	-	213,253
TOTAL DPH REVENUES	213,253	-	213,253
<b>NON-DPH REVENUES</b>			
Patient/Client Fees	24,614		24,614
TOTAL NON-DPH REVENUES	24,614	-	24,614
TOTAL REVENUES (DPH AND NON-DPH)	237,867	-	237,867
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>			
UNITS OF SERVICE <sup>1</sup>	2,464		2,464
UNITS OF TIME <sup>2</sup>			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	96.54		96.54
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	86.55		86.55
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	14		14

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

Provider Number: 383805, 383806 & 383834

Provider Name: Walden House, Inc. - CARE Variable Length Residential

APPENDIX #: B-14

Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	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
V.P. of Programs	0.015	2,013	0.015	2,013								
Program Director	0.105	6,837	0.105	6,837								
Clinical Coordinator	0.035	1,350	0.035	1,350								
Administrative Manager	0.035	1,483	0.035	1,483								
Director of QA & Compliance	0.028	2,015	0.028	2,015								
Manager of Licensing & Certification	0.028	1,384	0.028	1,384								
Director of Admissions	0.008	448	0.008	448								
Admissions Counselor	0.016	501	0.016	501								
Court Liaison	0.024	751	0.024	751								
Counselor	0.899	29,863	0.899	29,863								
Night Counselor	0.112	3,342	0.112	3,342								
Weekend Counselor	0.062	1,924	0.062	1,924								
Reentry Coordinator	0.032	1,126	0.032	1,126								
T.C. Admin. Assistant (Nexus)	0.048	1,690	0.048	1,690								
T.C. Coordinator	0.029	1,132	0.029	1,132								
Maintenance Manager	0.013	839	0.013	839								
Maintenance Supervisor	0.018	755	0.018	755								
Maintenance Worker	0.077	2,458	0.077	2,458								
Transportation & Facility Manager	0.034	2,187	0.034	2,187								
Warehouse Coordinator	0.032	1,394	0.032	1,394								
Driver	0.135	4,352	0.135	4,352								
Cook/Food Service	0.145	5,968	0.145	5,968								
Client Services Manager	0.022	1,655	0.022	1,655								
Client Services Support	0.048	1,357	0.048	1,357								
Family Services Coordinator	0.024	1,231	0.024	1,231								
Medical Services Director	0.036	3,004	0.036	3,004								
Medical Services Support	0.110	3,483	0.110	3,483								
Physician	0.033	159	0.033	159								
V.P. of Mental Health Services	0.021	2,598	0.021	2,598								
Mental Health Training Director	0.022	1,410	0.022	1,410								
Administrative Assistant	0.088	2,838	0.088	2,838								
Intake Assessment Specialist	0.019	811	0.019	811								
Therapist	0.069	3,284	0.069	3,284								
Mental Health Manager	0.195	7,601	0.195	7,601								
Director of Workflow Development	0.032	2,397	0.032	2,397								
Education Coordinator	0.018	689	0.018	689								
Housing & Community Services Spec	0.028	967	0.028	967								
Employment Counselor	0.055	1,987	0.055	1,987								



### DPH 3: Salaries & Benefits Detail

Provider Number: 383805, 383806 & 383834

Provider Name: Walden House, Inc. - CARE Variable Length Residential

APPENDIX #: B-14

Document Date: 10/08/10

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
Computer Lab Instructor	0.018	563	0.018	563								
IT Specialist - Data Control	0.035	1,400	0.035	1,400								
Psychiatrist	0.008	393	0.008	393								
TOTALS	2.811	111,639	2.811	111,639	-	-	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	34,608	31%	34,608		-		-		-		-
TOTAL SALARIES & BENEFITS		146,247		146,247		-		-		-		-

### DPH 4: Operating Expenses Detail

Provider Number: 383805, 383806 & 383834

Provider Name: **Walden House, Inc. - CARE Variable Length Residential**

APPENDIX #: B-14

Document Date: 10/08/10

	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
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	16,632	16,632				
Utilities (Elec, Water, Gas, Phone, Scave	14,173	14,173				
Office Supplies, Postage	531	531				
Building Maintenance Supplies & Repair	7,060	7,060				
Printing and Reproduction	-	-				
Insurance	3,366	3,366				
Staff Training	94	94				
Staff Travel (Local & Out of Town)	124	124				
Rental of Equipment	3,115	3,115				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	5,543	5,543				
Transportation & Vehicles	788	788				
Food and Food Preparation	8,896	8,896				
General Operating	5,812	5,812				
	-	-				
TOTAL OPERATING EXPENSE	66,134	66,134	-	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805, 383806 & 383834

Program Name: **Walden House, Inc. - CARE Variable Length Residential**

Fiscal Year: 2010-11

APPENDIX #:

Document Date:

B-14

10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
V.P. of Programs - Annual Salary = \$ 134,200	0.015	2,013
Program Director - Annual Salary = \$ 65,114	0.105	6,837
Clinical Coordinator - Annual Salary = \$ 39,000	0.035	1,350
Administrative Manager - Annual Salary = \$ 42,371	0.035	1,483
Director of QA & Compliance - Annual Salary = \$ 71,964	0.028	2,015
Manager of Licensing & Certification - Annual Salary = \$ 49,429	0.028	1,384
Director of Admissions - Annual Salary = \$ 56,000	0.008	448
Admissions Counselor - Annual Salary = \$ 31,313	0.016	501
Court Liaison - Annual Salary = \$ 31,292	0.024	751
Counselor - Annual Salary = \$ 33,218	0.899	29,863
Night Counselor - Annual Salary = \$ 29,839	0.112	3,342
Weekend Counselor - Annual Salary = \$ 31,032	0.062	1,924
Reentry Coordinator - Annual Salary = \$ 35,188	0.032	1,126
T.C. Admin. Assistant (Nexus) - Annual Salary = \$ 35,208	0.048	1,690
T.C. Coordinator - Annual Salary = \$ 39,034	0.029	1,132
Maintenance Manager - Annual Salary = \$ 64,538	0.013	839
Maintenance Supervisor - Annual Salary = \$ 41,944	0.018	755
Maintenance Worker - Annual Salary = \$ 31,922	0.077	2,458
Transportation & Facility Manager - Annual Salary = \$ 64,324	0.034	2,187
Warehouse Coordinator - Annual Salary = \$ 43,563	0.032	1,394
Driver - Annual Salary = \$ 32,237	0.135	4,352
Cook/Food Service - Annual Salary = \$ 41,159	0.145	5,968
Client Services Manager - Annual Salary = \$ 75,227	0.022	1,655
Client Services Support - Annual Salary = \$ 28,271	0.048	1,357
Family Services Coordinator - Annual Salary = \$ 51,292	0.024	1,231
Medical Services Director - Annual Salary = \$ 83,444	0.036	3,004
Medical Services Support - Annual Salary = \$ 31,664	0.110	3,483
Physician - Annual Salary = \$ 4,818	0.033	159
V.P. of Mental Health Services - Annual Salary = \$ 12,3714	0.021	2,598
Mental Health Training Director - Annual Salary = \$ 64,091	0.022	1,410
Administrative Assistant - Annual Salary = \$ 32,250	0.088	2,838
Intake Assessment Specialist - Annual Salary = \$ 42,684	0.019	811
Therapist - Annual Salary = \$ 47,594	0.069	3,284
Mental Health Manager - Annual Salary = \$ 38,979	0.195	7,601
Director of Workflow Development - Annual Salary = \$ 74,906	0.032	2,397
Education Coordinator - Annual Salary = \$ 38,278	0.018	689
Housing & Community Services Spec. - Annual Salary = \$ 34,536	0.028	967
Employment Counselor - Annual Salary = \$ 36,127	0.055	1,987
Computer Lab Instructor - Annual Salary = \$ 31,278	0.018	563
IT Specialist - Data Control - Annual Salary = \$ 40,000	0.035	1,400
Psychiatrist - Annual Salary = \$ 49,125	0.008	393
<b>Total Salaries</b>	<b>2.811</b>	<b>111,639</b>
State Unemployment Insurance - 5.46%		6,095
FICA - 7.37%		8,228
Workers' Compensation - 2.69%		3,003
Health Benefits - 12.28%		13,710
Retirement - 3.2%		3,572
<b>Total Benefits</b>		<b>34,608</b>

# CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834

APPENDIX #:

B-14

Program Name: **Walden House, Inc. - CARE Variable Length Residential**

Document Date:

10/08/10

Fiscal Year: 2010-11

<b>Total Salaries and Benefits</b>	<b>146,247</b>
<b>Operating Expenses</b>	
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.	
Occupancy:	
Rent:	
Rental of office space and individual and group therapy rooms	16,632
\$6.750 per bed day	
Utilities:	
Water, gas, electricity and waste disposal	14,173
\$5.752 per bed day	
Building Maintenance:	
Maintenance & repairs of building	7,060
\$2.865 per bed day	
Total Occupancy:	37,865
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	531
\$188.90 per FTE of 2.811	
Client Costs	
Office & activity supplies, transportation of clients	5,543
\$2.249 per bed day	
Food and Food Preparation	
Meals and food related expense	8,896
\$3.610 per bed day	
Total Materials and Supplies:	14,970
General Operating:	
Insurance:	
.011 % of Agency Total of \$307,988	3,366
Staff Training:	
Costs to train staff in best practices	94
\$33.44 per FTE of 2.811	
Rental of Equipment:	
Copier Rental	3,115
\$1.264 per bed day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	788
\$ .319 per bed day	

# CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834

APPENDIX #: B-14

Program Name: **Walden House, Inc. - CARE Variable Length Residential**

Document Date: 10/08/10

Fiscal Year: 2010-11

Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	5,812
\$2.358 per bed day	
Total General Operating:	13,175
Staff Travel (Local & Out of Town):	
Local staff travel	124
\$44,112 per FTE of 2.811	
	124
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	66,134
Capital Expenditures	-
Total Direct Costs	212,381
Indirect Costs	25,486
CONTRACT TOTAL	237,867

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11				APPENIDX #:	B-15
LEGAL ENTITY NAME:		Walden House, Inc.				PROVIDER #:	383805
PROVIDER NAME:		CARE MDSP Residential					
REPORTING UNIT NAME:	Haight St Residential						
REPORTING UNIT:	38572						
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79						
SERVICE DESCRIPTION:	Adult Residential						TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11						
<b>FUNDING USES</b>							
SALARIES & EMPLOYEE BENEFITS	263,410						263,410
OPERATING EXPENSE	67,280						67,280
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-						-
SUBTOTAL DIRECT COSTS	330,690	-	-	-	-	-	330,690
INDIRECT COST AMOUNT	39,683						39,683
TOTAL FUNDING USES:	370,373	-	-	-	-	-	370,373
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES							-
STATE REVENUES							-
GRANTS							-
PRIOR YEAR ROLL OVER							-
WORK ORDERS							-
3RD PARTY PAYOR REVENUES							-
REALIGNMENT FUNDS							-
COUNTY GENERAL FUND							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
FEDERAL REVENUES							-
STATE REVENUES							-
GRANTS/PROJECTS							-
WORK ORDERS							-
COUNTY GENERAL FUND	HMHSCRES227	348,750					348,750
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		348,750	-	-	-	-	348,750
TOTAL DPH REVENUES		348,750	-	-	-	-	348,750
<b>NON-DPH REVENUES</b>							
Patient/Client Fees		21,623					21,623
TOTAL NON-DPH REVENUES		21,623	-	-	-	-	21,623
TOTAL REVENUES (DPH AND NON-DPH)		370,373	-	-	-	-	370,373
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>							
UNITS OF SERVICE <sup>1</sup>		1,807					1,807
UNITS OF TIME <sup>2</sup>							
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		204.97					204.97
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		193.00					193.00
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS		44					44

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

Provider Number: 383805  
 Provider Name: Walden House, Inc. - CARE MDSP Residential

APPENDIX #: B-15  
 Document Date: 10/08/10

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:		Term:		Term:		Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
V.P. of Programs	0.016	2,058	0.016	2,058								
Program Director	0.150	10,529	0.150	10,529								
Administrative Manager	0.029	1,237	0.029	1,237								
Therapist	0.485	21,842	0.485	21,842								
V.P. of Mental Health Services	0.025	3,101	0.025	3,101								
Mental Health Manager	0.235	13,119	0.235	13,119								
Mental Health Training Director	0.024	1,534	0.024	1,534								
Counselor	2.065	67,094	2.065	67,094								
Night Counselor	0.152	4,593	0.152	4,593								
Family Service Coordinator	0.010	518	0.010	518								
Client Services Manager	0.022	1,784	0.022	1,784								
Client Services Support	0.051	1,414	0.051	1,414								
Manager of Licensing & Certification	0.020	1,003	0.020	1,003								
Director Of Medical Services	0.059	4,798	0.059	4,798								
Medical Services Assistant	0.152	4,896	0.152	4,896								
Physician	0.033	164	0.033	164								
HIV/AIDS Program Clinical Coordinator	0.298	11,616	0.298	11,616								
HIV/AIDS Program Admin. Asst	0.172	5,528	0.172	5,528								
Psychiatrist	0.067	8,945	0.067	8,945								
HIV/AIDS Program Admissions	0.223	9,133	0.223	9,133								
HIV/AIDS Program Legal	0.001	33	0.001	33								
IT Specialist - Data Control	0.025	1,002	0.025	1,002								
Manager Of Transportation & Facility	0.052	3,291	0.052	3,291								
Driver	0.202	6,630	0.202	6,630								
Vocational Services	0.004	278	0.004	278								
Cook/Food Service	0.171	6,412	0.171	6,412								
Director of QA & Compliance	0.028	2,062	0.028	2,062								
Intake Assessment Specialist	0.026	1,136	0.026	1,136								
Operations (Janitor., Maint.)	0.130	5,326	0.130	5,326								
	-	-	-	-								
TOTALS	4.927	201,076	4.927	201,076	-	-	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	62,334	31%	62,334		-		-		-		-
TOTAL SALARIES & BENEFITS		263,410		263,410		-		-		-		-

### DPH 4: Operating Expenses Detail

Provider Number: 383805

Provider Name: **Walden House, Inc. - CARE MDSP Residential**

APPENDIX #: B-15

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1:	GRANT #2:	WORK ORDER #1:	WORK ORDER #2:
			(grant title)	(grant title)	(dept. name)	(dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	18,396	18,396				
Utilities (Elec, Water, Gas, Phone, Scave	15,439	15,439				
Office Supplies, Postage	812	812				
Building Maintenance Supplies & Repair	6,057	6,057				
Printing and Reproduction	-	-				
Insurance	6,648	6,648				
Staff Training	109	109				
Staff Travel (Local & Out of Town)	168	168				
Rental of Equipment	4,384	4,384				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	3,727	3,727				
Transportation & Vehicles	808	808				
Food and Food Preparation	7,429	7,429				
General Operating	3,303	3,303				
	-	-				
TOTAL OPERATING EXPENSE	67,280	67,280	-	-	-	-



# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805  
 Program Name: **Walden House, Inc. - CARE MDSP Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-15  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
V.P. of Programs - Annual Salary = \$ 128,625	0.016	2,058
Program Director - Annual Salary = \$ 70,193	0.150	10,529
Administrative Manager - Annual Salary = \$ 42,655	0.029	1,237
Therapist - Annual Salary = \$ 45,035	0.485	21,842
V.P. of Mental Health Services - Annual Salary = \$ 124,040	0.025	3,101
Mental Health Manager - Annual Salary = \$ 5,5826	0.235	13,119
Mental Health Training Director - Annual Salary = \$ 63,917	0.024	1,534
Counselor - Annual Salary = \$ 32,491	2.065	67,094
Night Counselor - Annual Salary = \$ 30,217	0.152	4,593
Family Service Coordinator - Annual Salary = \$ 51,800	0.010	518
Client Services Manager - Annual Salary = \$ 81,091	0.022	1,784
Client Services Support - Annual Salary = \$ 27,725	0.051	1,414
Manager of Licensing & Certification - Annual Salary = \$ 50,150	0.020	1,003
Director Of Medical Services - Annual Salary = \$ 81,322	0.059	4,798
Medical Services Assistant - Annual Salary = \$ 32,211	0.152	4,896
Physician - Annual Salary = \$ 49,70	0.033	164
HIV/AIDS Program Clinical Coordinator - Annual Salary = \$ 38,980	0.298	11,616
HIV/AIDS Program Admin. Asst - Annual Salary = \$ 32,140	0.172	5,528
Psychiatrist - Annual Salary = \$ 133,507	0.067	8,945
HIV/AIDS Program Admissions - Annual Salary = \$ 40,955	0.223	9,133
HIV/AIDS Program Legal - Annual Salary = \$ 33,000	0.001	33
IT Specialist - Data Control - Annual Salary = \$ 40,080	0.025	1,002
Manager Of Transportation & Facility - Annual Salary = \$ 63,288	0.052	3,291
Driver - Annual Salary = \$ 32,822	0.202	6,630
Vocational Services - Annual Salary = \$ 69,500	0.004	278
Cook/Food Service - Annual Salary = \$ 37,497	0.171	6,412
Director of QA & Compliance - Annual Salary = \$ 73,643	0.028	2,062
Intake Assessment Specialist - Annual Salary = \$ 43,692	0.026	1,136
Operations (Janitor., Maint.) - Annual Salary = \$ 40,969	0.130	5,326
<b>Total Salaries</b>	<b>4.927</b>	<b>201,076</b>
State Unemployment Insurance - 5.46%		10,979
FICA - 7.37%		14,819
Workers' Compensation - 2.69%		5,409
Health Benefits - 12.28%		24,693
Retirement - 3.2%		6,434
<b>Total Benefits</b>		<b>62,334</b>
<b>Total Salaries and Benefits</b>		<b>263,410</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		18,396
\$10.180 per Bed Day		
Utilities:		
Water, gas, electricity and waste disposal		15,439

# CBHS BUDGET JUSTIFICATION

Provider Number: 383805  
Program Name: **Walden House, Inc. - CARE MDSP Residential**  
Fiscal Year: 2010-11

APPENDIX #: B-15  
Document Date: 10/08/10

\$8.543 per Bed Day	
Building Maintenance:	
Maintenance & repairs of building	6,057
\$3.351 per Bed Day	
Total Occupancy:	39,892
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	812
\$164.81 per FTE of 4.927	
Client Costs	
Office & activity supplies, transportation of clients	3,727
\$2.062 per Bed Day	
Food and Food Preparation	
Meals and food related expense	7,429
\$4.111 per Bed Day	
Total Materials and Supplies:	11,968
General Operating:	
Insurance:	
.0215% of Agency Total of \$307,988	6,648
Staff Training:	
Costs to train staff in best practices	109
\$22.122 per FTE of 4.927	
Rental of Equipment:	
Copier Rental	4,384
\$2.426 per Bed Day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	808
\$ .447 per Bed Day	
Other General Operating	
URINE ANALYSIS, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	3,303
\$1.827 per Bed Day	
Total General Operating:	15,252
Staff Travel (Local & Out of Town):	
Local staff travel	168
\$34.097 per FTE of 4.927	

# CBHS BUDGET JUSTIFICATION

Provider Number: 383805  
Program Name: **Walden House, Inc. - CARE MDSP Residential**  
Fiscal Year: 2010-11

APPENDIX #: B-15  
Document Date: 10/08/10

	168
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	67,280
Capital Expenditures	-
Total Direct Costs	330,690
Indirect Costs	39,683
CONTRACT TOTAL	370,373

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:	2010-11	APPENDIX #:	B-16
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383805
PROVIDER NAME:	CARE Detox Residential		
REPORTING UNIT NAME:	Haight St Residential		
REPORTING UNIT:	38572		
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79		
SERVICE DESCRIPTION:	Adult Residential		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
<b>FUNDING USES</b>			
SALARIES & EMPLOYEE BENEFITS	146,815		146,815
OPERATING EXPENSE	38,778		38,778
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	185,593	-	185,593
INDIRECT COST AMOUNT	22,271		22,271
TOTAL FUNDING USES:	207,864	-	207,864
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND	HMHS CCRES227	207,864	207,864
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	207,864	-	207,864
TOTAL DPH REVENUES	207,864	-	207,864
<b>NON DPH REVENUES</b>			
Patient/Client Fees			-
TOTAL NON-DPH REVENUES	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	207,864	-	207,864
<b>CBHS UNITS OF SVCS TIME AND UNIT COST</b>			
UNITS OF SERVICE	1,478		1,478
UNITS OF TIME <sup>2</sup>			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	140.64		140.64
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	140.64		140.64
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	35		35

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH, Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

Provider Number: 383805  
 Provider Name: Walden House, Inc. - CARE Detox Residential

APPENDIX #: B-16  
 Document Date: 10/08/10

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: _____		Term: _____		Term: _____		Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
V.P. of Programs	0.011	1,382	0.011	1,382								
Program Director	0.093	6,535	0.093	6,535								
Administrative Manager	0.019	763	0.019	763								
Therapist	0.301	13,570	0.301	13,570								
V.P. of Mental Health Services	0.016	1,963	0.016	1,963								
Mental Health Manager	0.154	8,671	0.154	8,671								
Mental Health Training Director	0.016	968	0.016	968								
Counselor	0.998	31,677	0.998	31,677								
Night Counselor	0.095	2,850	0.095	2,850								
Family Service Coordinator	0.007	327	0.007	327								
Client Services Manager	0.014	1,104	0.014	1,104								
Client Services Support	0.032	891	0.032	891								
Manager of Licensing & Certification	0.012	606	0.012	606								
Director Of Medical Services	0.036	2,967	0.036	2,967								
Medical Services Assistant	0.095	3,040	0.095	3,040								
Physician	0.021	100	0.021	100								
HIV/AIDS Program Clinical Coordinator	0.185	7,207	0.185	7,207								
HIV/AIDS Program Admin. Asst	0.107	3,436	0.107	3,436								
Psychiatrist	0.017	2,315	0.017	2,315								
HIV/AIDS Program Admissions	0.138	5,652	0.138	5,652								
IT Specialist - Data Control	0.016	631	0.016	631								
Manager Of Transportation & Facility	0.032	2,034	0.032	2,034								
Driver	0.125	4,128	0.125	4,128								
Vocational Services	0.002	118	0.002	118								
Cook/Food Service	0.107	3,949	0.107	3,949								
Director of QA & Compliance	0.017	1,220	0.017	1,220								
Intake Assessment Specialist	0.018	752	0.018	752								
Operations (Janitor., Maint.)	0.081	3,216	0.081	3,216								
	-	-	-	-								
	-	-	-	-								
TOTALS	2.765	112,072	2.765	112,072	-	-	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	34,743	31%	34,743		-		-		-		-
TOTAL SALARIES & BENEFITS		146,815		146,815		-		-		-		-

### DPH 4: Operating Expenses Detail

Provider Number: 383805

Provider Name: **Walden House, Inc. - CARE Detox Residential**

APPENDIX #: B-16

Document Date: 10/08/10

	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
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	9,959	9,959				
Utilities (Elec, Water, Gas, Phone, Scave	9,378	9,378				
Office Supplies, Postage	497	497				
Building Maintenance Supplies & Repair	3,622	3,622				
Printing and Reproduction	-	-				
Insurance	3,230	3,230				
Staff Training	38	38				
Staff Travel (Local & Out of Town)	105	105				
Rental of Equipment	2,698	2,698				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	2,280	2,280				
Transportation & Vehicles	485	485				
Food and Food Preparation	4,813	4,813				
General Operating	1,673	1,673				
	-	-				
TOTAL OPERATING EXPENSE	38,778	38,778	-	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383805  
 Program Name: **Walden House, Inc. - CARE Detox Residential**  
 Fiscal Year: 2010-11

APPENDIX #: B-16  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
V.P. of Programs - Annual Salary = \$ 125,636	0.011	1,382
Program Director - Annual Salary = \$ 70,269	0.093	6,535
Administrative Manager - Annual Salary = \$ 40,158	0.019	763
Therapist - Annual Salary = \$ 45,083	0.301	13,570
V.P. of Mental Health Services - Annual Salary = \$ 122,688	0.016	1,963
Mental Health Manager - Annual Salary = \$ 56,305	0.154	8,671
Mental Health Training Director - Annual Salary = \$ 60,500	0.016	968
Counselor - Annual Salary = \$ 31,740	0.998	31,677
Night Counselor - Annual Salary = \$ 30,000	0.095	2,850
Family Service Coordinator - Annual Salary = \$ 46,714	0.007	327
Client Services Manager - Annual Salary = \$ 78,857	0.014	1,104
Client Services Support - Annual Salary = \$ 27,844	0.032	891
Manager of Licensing & Certification - Annual Salary = \$ 50,500	0.012	606
Director Of Medical Services - Annual Salary = \$ 82,417	0.036	2,967
Medical Services Assistant - Annual Salary = \$ 32,000	0.095	3,040
Physician - Annual Salary = \$ 4,762	0.021	100
HIV/AIDS Program Clinical Coordinator - Annual Salary = \$ 38,957	0.185	7,207
HIV/AIDS Program Admin. Asst - Annual Salary = \$ 32,112	0.107	3,436
Psychiatrist - Annual Salary = \$ 136,176	0.017	2,315
HIV/AIDS Program Admissions - Annual Salary = \$ 40,957	0.138	5,652
IT Specialist - Data Control - Annual Salary = \$ 39,438	0.016	631
Manager Of Transportation & Facility - Annual Salary = \$ 63,563	0.032	2,034
Driver - Annual Salary = \$ 33,024	0.125	4,128
Vocational Services - Annual Salary = \$ 59,000	0.002	118
Cook/Food Service - Annual Salary = \$ 36,907	0.107	3,949
Director of QA & Compliance - Annual Salary = \$ 71,765	0.017	1,220
Intake Assessment Specialist - Annual Salary = \$ 41,778	0.018	752
Operations (Janitor., Maint.) - Annual Salary = \$ 39,704	0.081	3,216
<b>Total Salaries</b>	<b>2.765</b>	<b>112,072</b>
State Unemployment Insurance - 5.46%		6,119
FICA - 7.37%		8,260
Workers' Compensation - 2.69%		3,015
Health Benefits - 12.28%		13,763
Retirement - 3.2%		3,586
<b>Total Benefits</b>		<b>34,743</b>
<b>Total Salaries and Benefits</b>		<b>146,815</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		9,959
\$6.738 per bed day		
Utilities:		
Water, gas, electricity and waste disposal		9,378
\$6.345 per bed day		

# CBHS BUDGET JUSTIFICATION

Provider Number: 383805  
Program Name: **Walden House, Inc. - CARE Detox Residential**  
Fiscal Year: 2010-11

APPENDIX #: B-16  
Document Date: 10/08/10

Building Maintenance:	
Maintenance & repairs of building	3,622
\$2.450 per bed day	
Total Occupancy:	22,959
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	497
\$179.75 per FTE of 2.765	
Client Costs	
Office & activity supplies, transportation of clients	2,280
\$1.542 per bed day	
Food and Food Preparation	
Meals and food related expense	4,813
\$3.256 per bed day	
Total Materials and Supplies:	7,590
General Operating:	
Insurance:	
\$.0104% of Agency Total of \$307,988	3,230
Staff Training:	
Costs to train staff in best practices	38
\$13.743 per FTE of 2.765	
Rental of Equipment:	
Copier Rental	2,698
\$1.825 per bed day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	485
\$ .328 per bed day	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	1,673
\$1.132 per bed day	
Total General Operating:	8,124
Staff Travel (Local & Out of Town):	
Local staff travel	105
\$37.974 per FTE of 2.765	
	105



# CBHS BUDGET JUSTIFICATION

Provider Number: 383805  
Program Name: **Walden House, Inc. - CARE Detox Residential**  
Fiscal Year: 2010-11

APPENDIX #: B-16  
Document Date: 10/08/10

Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	38,778
Capital Expenditures	-
Total Direct Costs	185,593
Indirect Costs	22,271
CONTRACT TOTAL	207,864

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:	2010-11	APPENDIX #:	B-17
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383835
PROVIDER NAME:	Bridges Outpatient		
REPORTING UNIT NAME:	WH Integrated Mentally Ill		
REPORTING UNIT:	85351		
MODE OF SVCS / SERVICE FUNCTION CODE:	Nonres-30		
SERVICE DESCRIPTION:	Nonresidential IO Day Care Rehab		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
<b>FUNDING USES</b>			
SALARIES & EMPLOYEE BENEFITS	480,390		480,390
OPERATING EXPENSE	253,314		253,314
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	733,704	-	733,704
INDIRECT COST AMOUNT	88,044		88,044
TOTAL FUNDING USES:	821,748	-	821,748
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
State CDCR ISMIP HMAD01-11	428,738	52.17%	428,738
State CDCR ISMIP HMAD02-11	393,010	47.83%	393,010
WORK ORDERS			-
COUNTY GENERAL FUND	-		-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	821,748	-	821,748
TOTAL DPH REVENUES	821,748	-	821,748
<b>NON-DPH REVENUES</b>			
Patient/Client Fees	-		-
TOTAL NON-DPH REVENUES	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	821,748	-	821,748
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>			
UNITS OF SERVICE <sup>1</sup>	16,425		16,425
UNITS OF TIME <sup>2</sup>			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	50.03		50.03
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	50.03		50.03
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	90		90

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

Provider Number:	383835
Provider Name:	Walden House, Inc. - Bridges Outpatient

[illegible]

### DPH 4: Operating Expenses Detail

Provider Number: 383835

Provider Name: **Walden House, Inc. - Bridges Outpatient**

APPENDIX #: B-17

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: CDCR ISMIP (HMAD01) (grant title)	GRANT #2: CDCR ISMIP (HMAD02) (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: _____	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____
Rental of Property	174,604		91,098	83,506		
Utilities (Elec, Water, Gas, Phone, Scave	19,539		10,194	9,345		
Office Supplies, Postage	1,297		677	620		
Building Maintenance Supplies & Repair	19,502		10,175	9,327		
Printing and Reproduction	-		-	-		
Insurance	3,602		1,879	1,723		
Staff Training	361		188	173		
Staff Travel (Local & Out of Town)	292		152	140		
Rental of Equipment	13,832		7,217	6,615		
CONSULTANT/SUBCONTRACTOR	-		-	-		
	-		-	-		
	-		-	-		
	-		-	-		
	-		-	-		
OTHER						
Client Costs	6,467		3,374	3,093		
Transportation & Vehicles	590		308	282		
Food and Food Preparation	7,480		3,903	3,577		
General Operating	5,748		2,999	2,749		
	-		-	-		
TOTAL OPERATING EXPENSE	253,314	-	132,164	121,150	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383835  
 Program Name: **Walden House, Inc. - Bridges Outpatient**  
 Fiscal Year: 2010-11

APPENDIX #: B-17  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
V.P. Of Mental Health Services Annual Salary = \$ 118,286	0.007	828
Program Director Annual Salary = \$ 70,000	1.000	70,000
Administrative Assist. MH Annual Salary = \$ 33,032	0.031	1,024
Admissions Staff Annual Salary = \$ 40,882	0.051	2,085
Case Manager 3 Annual Salary = \$ 45,000	4.000	180,000
Mental Health Counselor Annual Salary = \$ 32,115	1.000	32,115
Clinical Manager Annual Salary = \$ 60,000	1.000	60,000
Mental Health Training Dir. Annual Salary = \$ 62,056	0.036	2,234
MH Medi-Cal Admin Coordin. Annual Salary = \$ 46,125	0.080	3,690
IT Specialist-Data Control Annual Salary = \$ 39,733	0.015	596
Driver/Procurement Annual Salary = \$ 31,000	0.002	62
Regional Chef Annual Salary = \$ 29,000	0.216	6,264
Maintenance Staff Annual Salary = \$ 41,333	0.189	7,812
<b>Total Salaries</b>	<b>7.627</b>	<b>366,710</b>
State Unemployment Insurance - 5.46%		20,022
FICA - 7.37%		27,027
Workers' Compensation - 2.69%		9,864
Health Benefits - 12.28%		45,032
Retirement - 3.2%		11,735
<b>Total Benefits</b>		<b>113,680</b>
<b>Total Salaries and Benefits</b>		<b>480,390</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rent of office space and individual and group therapy rooms		174,604
\$10.63 per Contact		
Utilities:		
Water, gas, electricity and waste disposal		19,539
\$1.189 per Contact		
Building Maintenance:		
Maintenance & repairs of building		19,502
\$1.187 per Contact		
Total Occupancy:		213,645
Materials and Supplies:		
Office Supplies:		
Office supplies for program staff		1,297
\$170.05 per FTE of 7.627		
Client Costs		
Office & activity supplies, transportation of clients		6,467
\$ .393 per Contact		

# CBHS BUDGET JUSTIFICATION

Provider Number: 383835  
Program Name: **Walden House, Inc. - Bridges Outpatient**  
Fiscal Year: 2010-11

APPENDIX #: B-17  
Document Date: 10/08/10

Food and Food Preparation	
Meals and food related expense	7,480
\$ .455 per Contact	
Total Materials and Supplies:	15,244
General Operating:	
Insurance:	
.0117% of Agency Total of \$307,988	3,602
Staff Training:	
Costs to train staff in best practices	361
\$47,332 per FTE of 7.627	
Rental of Equipment:	
Copier Rental	13,832
\$ .842 per Contact	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	590
\$ .035 per Contact	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	5,748
\$ .349 per Contact	
Total General Operating:	24,133
Staff Travel (Local & Out of Town):	
Local staff travel	292
\$38,285 per FTE of 7.627	
	292
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
<b>Total Operating Expenses</b>	<b>253,314</b>
<b>Capital Expenditures</b>	<b>-</b>
<b>Total Direct Costs</b>	<b>733,704</b>
<b>Indirect Costs</b>	<b>88,044</b>
<b>CONTRACT TOTAL</b>	<b>821,748</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11		APPENDIX #: B-18	
LEGAL ENTITY NAME:		Walden House, Inc.		PROVIDER #: 383807	
PROVIDER NAME:		Second Chances Supportive Housing			
REPORTING UNIT NAME:	Satellite Residential				
REPORTING UNIT:	88077				
MODE OF SVCS / SERVICE FUNCTION CODE:	05/60-64				
SERVICE DESCRIPTION:	Residential Other				TOTAL
CBHS FUNDING TERM:	7/1/10-3/31/11				
<b>FUNDING USES</b>					
SALARIES & EMPLOYEE BENEFITS	2,135				2,135
OPERATING EXPENSE	23,178				23,178
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-				-
SUBTOTAL DIRECT COSTS	25,313	-	-	-	25,313
INDIRECT COST AMOUNT	3,037				3,037
TOTAL FUNDING USES:	28,350	-	-	-	28,350
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS					-
PRIOR YEAR ROLL OVER					-
WORK ORDERS					-
3RD PARTY PAYOR REVENUES					-
REALIGNMENT FUNDS					-
COUNTY GENERAL FUND					-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS/PROJECTS					-
Fed USDOJ Second Chance #16.202 HCSA02-10	28,350				28,350
WORK ORDERS					-
COUNTY GENERAL FUND					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	28,350	-	-	-	28,350
TOTAL DPH REVENUES	28,350	-	-	-	28,350
<b>NON-DPH REVENUES</b>					
Patient/Client Fees					-
TOTAL NON-DPH REVENUES	-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	28,350	-	-	-	28,350
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>					
UNITS OF SERVICE <sup>1</sup>	3,650				3,650
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR				CR
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR				CR
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	10				10

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

Provider Number: 383807

**Provider Name:** **Walden House, Inc. - Second Chances Supportive Housing**

APPENDIX #: B-18

Document Date: 10/08/10

[illegible]



### DPH 4: Operating Expenses Detail

Provider Number: 383807

Provider Name: **Walden House, Inc. - Second Chances Supportive Housing**

APPENDIX #: B-18

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: DOJ Second Chance (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
Expenditure Category	Term: 7/1/10-3/31/11	Term: _____	Term: 7/1/10-3/31/11	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	1,403		1,403			
Utilities (Elec, Water, Gas, Phone, Scave	15,919		15,919			
Office Supplies, Postage	-		-			
Building Maintenance Supplies & Repair	2,313		2,313			
Printing and Reproduction	-		-			
Insurance	1,040		1,040			
Staff Training	-		-			
Staff Travel (Local & Out of Town)	1,247		1,247			
Rental of Equipment	1,060		1,060			
CONSULTANT/SUBCONTRACTOR	-		-			
	-		-			
	-		-			
	-		-			
	-		-			
OTHER						
Client Costs	165		165			
Transportation & Vehicles	19		19			
General Operating	12		12			
	-		-			
	-		-			
TOTAL OPERATING EXPENSE	23,178	-	23,178	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383807

Program Name: Walden House, Inc. - Second Chances Supportive Housing

Fiscal Year: 2010-11

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<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
Maintenance Dept	0.037	1,629
	-	-
	-	-
	-	-
	-	-
<b>Total Salaries</b>	0.037	1,629
State Unemployment Insurance - 5.46%		89
FICA - 7.37%		120
Workers' Compensation - 2.69%		44
Health Benefits - 12.28%		201
Retirement - 3.2%		52
<b>Total Benefits</b>		506
<b>Total Salaries and Benefits</b>		2,135
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		1,403
Utilities:		
Water, gas, electricity and waste disposal		15,919
Building Maintenance:		
Maintenance and repairs of building		2,313
Total Occupancy:		19,635
Materials and Supplies:		
Office Supplies:		
Client Costs		165
Program/Medical Supplies:		
Total Materials and Supplies:		165
General Operating:		
Insurance:		1,040

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383807

Program Name: **Walden House, Inc. - Second Chances Supportive Housing**

Fiscal Year: 2010-11

APPENDIX #: B-18

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Staff Training:	
Rental of Equipment:	
Copier Rental	1,060
Transportation & Vehicles	19
Gas, vehicles maintenance and registration fees	
Other General Operating	12
Total General Operating:	2,131
Staff Travel (Local & Out of Town):	
Local staff travel	1,247
	1,247
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	23,178
Capital Expenditures	-
Total Direct Costs	25,313
Indirect Costs	3,037
<b>CONTRACT TOTAL</b>	<b>28,350</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11		APPENDIX #: B-19	
LEGAL ENTITY NAME:		Walden House, Inc.		PROVIDER #: 383807	
PROVIDER NAME:		Second Chances Case Management			
REPORTING UNIT NAME:	SC Case Mgmt				
REPORTING UNIT:	87071				
MODE OF SVCS / SERVICE FUNCTION CODE:	Anc-68				
SERVICE DESCRIPTION:	Ancillary Svcs Case Mgmt				TOTAL
CBHS FUNDING TERM:	7/1/10-3/31/11				
<b>FUNDING USES</b>					
SALARIES & EMPLOYEE BENEFITS	152,045				152,045
OPERATING EXPENSE	178,041				178,041
CAPITAL OUTLAY (COST \$5,000 AND OVER)	18,000				18,000
SUBTOTAL DIRECT COSTS	348,086	-	-	-	348,086
INDIRECT COST AMOUNT	41,770				41,770
TOTAL FUNDING USES:	389,856	-	-	-	389,856
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS					-
PRIOR YEAR ROLL OVER					-
WORK ORDERS					-
3RD PARTY PAYOR REVENUES					-
REALIGNMENT FUNDS					-
COUNTY GENERAL FUND					-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS/PROJECTS					-
Fed USDOJ Second Chance #16.202 HCSA02-10	389,856				389,856
WORK ORDERS					-
COUNTY GENERAL FUND					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	389,856	-	-	-	389,856
TOTAL DPH REVENUES	389,856	-	-	-	389,856
<b>NON-DPH REVENUES</b>					
Patient/Client Fees					-
TOTAL NON-DPH REVENUES	-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	389,856	-	-	-	389,856
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>					
UNITS OF SERVICE <sup>1</sup>	2,700				2,700
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR				CR
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR				CR
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	50				50

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

Provider Number:	383807
Provider Name:	Walden House, Inc. - Second Chances Case Management

[illegible]

### DPH 4: Operating Expenses Detail

Provider Number: 383807

Provider Name: **Walden House, Inc. - Second Chances Case Management**

APPENDIX #: B-19

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1:	GRANT #2:	WORK ORDER #1:	WORK ORDER #2:
			DOJ Second Chance (grant title)	(grant title)	(dept. name)	(dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-3/31/11	Term: _____	Term: 7/1/10-3/31/11	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	500		500			
Utilities (Elec, Water, Gas, Phone, Scave	6,650		6,650			
Office Supplies, Postage	150		150			
Building Maintenance Supplies & Repair	750		750			
Printing and Reproduction	-					
Insurance	1,000		1,000			
Staff Training	-					
Staff Travel (Local & Out of Town)	8,000		8,000			
Rental of Equipment	1,000		1,000			
CONSULTANT/SUBCONTRACTOR						
Jeanie Woodford	18,750		18,750			
Homeless Prenatal Program	30,130		30,130			
IRIS Center	54,880		54,880			
SF Clean City Coalition	50,000		50,000			
	-		-			
OTHER						
Client Costs	2,000		2,000			
Transportation & Vehicles	1,000		1,000			
General Operating	3,231		3,231			
	-		-			
	-		-			
TOTAL OPERATING EXPENSE	178,041	-	178,041	-	-	-

# DPH 5: Capital Expenditures Detail

Provider Number: 383807

Provider Name: Walden House, Inc. - Second Chances Case Management

APPENDIX #: B-19

Document Date: 10/08/10

## 1. Equipment

No.	ITEM/DESCRIPTION	FUNDING SOURCE	PURCHASE COST EACH	TOTAL COST
1	Passenger Van	DOJ Second Chance (HCSA02-10)	18,000	18,000
				-
				-
				-
				-
				-
				-
				-
TOTAL EQUIPMENT COST				18,000
2. Remodeling				
Description:				
TOTAL REMODELING COST				-
TOTAL CAPITAL EXPENDITURE (Equipment plus Remodeling Cost)				18,000





# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383807

Program Name: **Walden House, Inc. - Second Chances Case Management**

Fiscal Year: 2010-11

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<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
V.P. of Programs Annual Salary = \$ 97,533	0.075	7,315
Program Manager Annual Salary = \$ 65,000	0.750	48,750
Second Chances Case Manager Annual Salary = \$ 40,000	1.500	60,000
<b>Total Salaries</b>	<b>2.325</b>	<b>116,065</b>
State Unemployment Insurance - 5.46%		6,337
FICA - 7.37%		8,554
Workers' Compensation - 2.69%		3,122
Health Benefits - 12.28%		14,253
Retirement - 3.2%		3,714
<b>Total Benefits</b>		<b>35,980</b>
<b>Total Salaries and Benefits</b>		<b>152,045</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and Individual & group therapy rooms		500
\$ .185 per Contact		
Utilities:		
water, gas, electricity and waste disposal		6,650
\$2.463 per Contact		
Building Maintenance:		
Maintenance & repairs of building		750
\$ .277 per Contact		
Total Occupancy:		7,900
Materials and Supplies:		
Office Supplies:		
Office supplies for program staff		150
\$64.516 per FTE of 2.325		
Client Costs		
Office & activity supplies, transportation of clients		2,000
\$ .741 per Contact		
Program/Medical Supplies:		
Total Materials and Supplies:		2,150
General Operating:		
Insurance:		
.000325 % of Agency Total of \$307,988		1,000

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383807

APPENDIX #:

B-19

Program Name: **Walden House, Inc. - Second Chances Case Management**

Document Date:

10/08/10

Fiscal Year: 2010-11

Rental of Equipment	
Copier Rental	1,000
.370 % per Contact	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	1,000
.370 % per Contact	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	3,231
1.196% per Contact	
Total General Operating:	6,231
Staff Travel (Local & Out of Town):	
Local Staff travel	8,000
\$3,440.86 per FTE of 2.325	
	8,000
Consultants/Subcontractors:	
Jeanie Woodford	18,750
Homeless Prenatal Program	30,130
IRIS Center	54,880
SF Clean City Coalition	50,000
Total Consultants/Subcontractors:	153,760
TOTAL OPERATING COSTS:	178,041
Total Operating Expenses	178,041
Capital Expenditures	18,000
Total Direct Costs	348,086
Indirect Costs	41,770
<b>CONTRACT TOTAL</b>	<b>389,856</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11	APPENDIX #:		B-20
LEGAL ENTITY NAME:		Walden House, Inc.		PROVIDER #:	
PROVIDER NAME:		Connections Program			
REPORTING UNIT NAME:	TBA				
REPORTING UNIT:	TBA				
MODE OF SVCS / SERVICE FUNCTION CODE:	Nonres-34				
SERVICE DESCRIPTION:	Nonresidential ODF Indv				TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11				
<b>FUNDING USES</b>					
SALARIES & EMPLOYEE BENEFITS	145,410				145,410
OPERATING EXPENSE	33,161				33,161
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-				-
SUBTOTAL DIRECT COSTS	178,571	-	-	-	178,571
INDIRECT COST AMOUNT	21,429				21,429
TOTAL FUNDING USES:	200,000	-	-	-	200,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS					-
PRIOR YEAR ROLL OVER					-
WORK ORDERS					-
3RD PARTY PAYOR REVENUES					-
REALIGNMENT FUNDS					-
COUNTY GENERAL FUND					-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS/PROJECTS					-
WORK ORDERS					-
COUNTY GENERAL FUND	HMHSCRES227	200,000			200,000
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		200,000	-	-	200,000
TOTAL DPH REVENUES		200,000	-	-	200,000
<b>NON-DPH REVENUES</b>					
Patient/Client Fees					-
TOTAL NON-DPH REVENUES		-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)		200,000	-	-	200,000
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>					
UNITS OF SERVICE <sup>1</sup>	1,500				1,500
UNITS OF TIME <sup>2</sup>					-
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	133.33				133.33
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	133.33				133.33
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	24				24

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

Provider Number:	383835
Provider Name:	Walden House, Inc. - Connections Program

[illegible]

### DPH 4: Operating Expenses Detail

Provider Number: 383835

Provider Name: **Walden House, Inc. - Connections Program**

APPENDIX #: B-20

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>                    </u> (grant title)	GRANT #2: <u>                    </u> (grant title)	WORK ORDER #1: <u>                    </u> (dept. name)	WORK ORDER #2: <u>                    </u> (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: <u>          </u>	Term: <u>          </u>	Term: 7/1/10-6/30/11	Term: <u>          </u>
Rental of Property	6,000	6,000				
Utilities (Elec, Water, Gas, Phone, Scave	9,500	9,500				
Office Supplies, Postage	500	500				
Building Maintenance Supplies & Repair	4,000	4,000				
Printing and Reproduction	-					
Insurance	2,500	2,500				
Staff Training	-					
Staff Travel (Local & Out of Town)	-					
Rental of Equipment	3,000	3,000				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	3,000	3,000				
General Operating	4,661	4,661				
	-	-				
	-	-				
	-	-				
TOTAL OPERATING EXPENSE	33,161	33,161	-	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383835  
 Program Name: **Walden House, Inc. - Connections Program**  
 Fiscal Year: 2010-11

APPENDIX #: B-20  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
Family Services Coordinator- Annual Salary \$15,000	0.250	15,000
Licensed Therapist- Annual Salary \$48,000	1.000	48,000
Licensed Therapist- Annual Salary \$48,000	1.000	48,000
<b>Total Salaries</b>	<b>2.250</b>	<b>111,000</b>
State Unemployment Insurance - 5.46%		6,061
FICA - 7.37%		8,181
Workers' Compensation - 2.69%		2,986
Health Benefits - 12.28%		13,630
Retirement - 3.2%		3,552
<b>Total Benefits</b>		<b>34,410</b>
<b>Total Salaries and Benefits</b>		<b>145,410</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		
\$4.00 per contact times 1,500 contacts		6,000
Utilities:		
Water, gas, electricity, communications and waste disposal.		
\$6.33 per contact times 1,500 contacts		9,500
Building Maintenance:		
Maintenance & repairs of building being rented		
\$2.67 per contact times 1,500 contacts		4,000
Total Occupancy:		19,500
Materials and Supplies:		
Office Supplies:		
Office supplies for program staff.		
\$222.22 per FTE times 2.25 FTEs		500
Client Costs		
Office & activity supplies for clients and their children.		
\$2.00 per contact times 1,500 contacts		3,000
Total Materials and Supplies:		3,500
General Operating:		
Insurance:		
.81% of Agency Total of \$307,988		2,500
Rental of Equipment:		
Copier rental and two computers.		
\$2.00 per contact times 1,500 contacts		3,000

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383835  
 Program Name: **Walden House, Inc. - Connections Program**  
 Fiscal Year: 2010-11

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Other General Operating	
Licensing, memberships, job advertising depreciation and miscellaneous expenses.	
\$3.10 per contact times 1,500 contacts	4,661
Total General Operating:	
	10,161
Staff Travel (Local & Out of Town):	
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	
	-
TOTAL OPERATING COSTS:	
	33,161
Total Operating Expenses	
	33,161
Capital Expenditures	
	-
Total Direct Costs	
	178,571
Indirect Costs	
	21,429
<b>CONTRACT TOTAL</b>	
	<b>200,000</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11				APPENDIX #:	B-21
LEGAL ENTITY NAME:		Walden House, Inc.				PROVIDER #:	383873
PROVIDER NAME:		Positive Reinforcement Opportunity Project (PROP)					
REPORTING UNIT NAME:	OP OASIS/ Central City						
REPORTING UNIT:	87351						
MODE OF SVCS / SERVICE FUNCTION CODE:	Nonres-34						
SERVICE DESCRIPTION:	Nonresidntl ODF Indv						TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11						
<b>FUNDING USES</b>							
SALARIES & EMPLOYEE BENEFITS	10,800						10,800
OPERATING EXPENSE	1,596						1,596
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-						-
SUBTOTAL DIRECT COSTS	12,396	-	-	-	-	-	12,396
INDIRECT COST AMOUNT	1,486						1,486
TOTAL FUNDING USES:	13,882	-	-	-	-	-	13,882
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES							-
STATE REVENUES							-
GRANTS							-
PRIOR YEAR ROLL OVER							-
WORK ORDERS							-
3RD PARTY PAYOR REVENUES							-
REALIGNMENT FUNDS							-
COUNTY GENERAL FUND							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
FEDERAL REVENUES							-
STATE REVENUES							-
GRANTS/PROJECTS							-
WORK ORDERS							-
COUNTY GENERAL FUND	HMHS CCRES227	13,882					13,882
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	13,882	-	-	-	-	-	13,882
TOTAL DPH REVENUES	13,882	-	-	-	-	-	13,882
<b>NON-DPH REVENUES</b>							
Patient/Client Fees							-
TOTAL NON-DPH REVENUES	-	-	-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	13,882	-	-	-	-	-	13,882
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>							
UNITS OF SERVICE <sup>1</sup>	n/a						n/a
UNITS OF TIME <sup>2</sup>							
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR						CR
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR						CR
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS	n/a						n/a

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



### DPH 3: Salaries & Benefits Detail

Provider Number: 383873

**Provider Name:** **Walden House, Inc. - Positive Reinforcement Opportunity Project (PROP)**

APPENDIX #: B-21

Document Date: 10/08/10

[illegible]

### DPH 4: Operating Expenses Detail

Provider Number: 383873

Provider Name: **Walden House, Inc. - Positive Reinforcement Opportunity Project (PROP)**

APPENDIX #: B-21

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>(grant title)</u>	GRANT #2: <u>(grant title)</u>	WORK ORDER #1: <u>(dept. name)</u>	WORK ORDER #2: <u>(dept. name)</u>
	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: 7/1/10-6/30/11	Term: _____
Expenditure Category						
Rental of Property	-	-				
Utilities (Elec, Water, Gas, Phone, Scave	314	314				
Office Supplies, Postage	-	-				
Building Maintenance Supplies & Repair	-	-				
Printing and Reproduction	-	-				
Insurance	34	34				
Staff Training	-	-				
Staff Travel (Local & Out of Town)	-	-				
Rental of Equipment	-	-				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	1,100	1,100				
General Operating	148	148				
	-	-				
	-	-				
	-	-				
TOTAL OPERATING EXPENSE	1,596	1,596	-	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383873  
 Program Name: Walden House, Inc. - Positive Reinforcement Opportunity Project (PROP)  
 Fiscal Year: 2010-11

APPENDIX #: B-21  
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
Director Of OP Services - Annual Salary = \$ 69,050	0.020	1,381
PROP Case Manager - Annual Salary = \$ 44,856	0.153	6,863
<b>Total Salaries</b>	<b>0.173</b>	<b>8,244</b>
State Unemployment Insurance - 5.46%		450
FICA - 7.37%		608
Workers' Compensation - 2.69%		222
Health Benefits - 12.28%		1,012
Retirement - 3.2%		264
<b>Total Benefits</b>		<b>2,556</b>
<b>Total Salaries and Benefits</b>		<b>10,800</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Utilities:		
Communications		
2 months of cell phone usage for program manager times \$157 per mo.		314
Building Maintenance:		
Total Occupancy:		314
Materials and Supplies:		
Office Supplies:		
Client Costs		
Clients incentives for remaining clients.		1,100
Program/Medical Supplies:		
Total Materials and Supplies:		1,100
General Operating:		
Insurance:		
.011% of Agency Total of \$307,988		34
Staff Training:		

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 383873

Program Name: Walden House, Inc. - Positive Reinforcement Opportunity Project (PROP)

Fiscal Year: 2010-11

APPENDIX #:

B-21

Document Date:

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Other General Operating	
Urine analysis supplies and miscellaneous expenses.	148
Total General Operating:	182
Staff Travel (Local & Out of Town):	
	-
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	1,596
Capital Expenditures	-
Total Direct Costs	12,396
Indirect Costs	1,486
<b>CONTRACT TOTAL</b>	<b>13,882</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR:		2010-11			APPENDIX #:	B-22
LEGAL ENTITY NAME:		Walden House, Inc.			PROVIDER #:	n/a
PROVIDER NAME:		HIV Set-Aside Coordinator				
REPORTING UNIT NAME:	n/a					
REPORTING UNIT:	n/a					
MODE OF SVCS / SERVICE FUNCTION CODE:	n/a					
SERVICE DESCRIPTION:	ASO					TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11					
<b>FUNDING USES</b>						
SALARIES & EMPLOYEE BENEFITS	91,700					91,700
OPERATING EXPENSE	8,549					8,549
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-					-
SUBTOTAL DIRECT COSTS	100,249	-	-	-	-	100,249
INDIRECT COST AMOUNT	12,030					12,030
TOTAL FUNDING USES:	112,279	-	-	-	-	112,279
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES						-
STATE REVENUES						-
GRANTS						-
PRIOR YEAR ROLL OVER						-
WORK ORDERS						-
3RD PARTY PAYOR REVENUES						-
REALIGNMENT FUNDS						-
COUNTY GENERAL FUND						-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
FEDERAL REVENUES						-
SAPT HIV Set-aside #93.959	HMHSCCRES227	112,279				112,279
STATE REVENUES						-
GRANTS/PROJECTS						-
WORK ORDERS						-
COUNTY GENERAL FUND						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	112,279	-	-	-	-	112,279
TOTAL DPH REVENUES	112,279	-	-	-	-	112,279
<b>NON-DPH REVENUES</b>						
Patient/Client Fees						-
TOTAL NON-DPH REVENUES	-	-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	112,279	-	-	-	-	112,279
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>						
UNITS OF SERVICE <sup>1</sup>	n/a					n/a
UNITS OF TIME <sup>2</sup>						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR					CR
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR					CR
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	n/a					n/a

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

### DPH 3: Salaries & Benefits Detail

Provider Number: n/a

Provider Name: Walden House, Inc. - HIV Set-Aside Coordinator

APPENDIX #: B-22

Document Date: 10/08/10

[illegible]

### DPH 4: Operating Expenses Detail

Provider Number: n/a  
 Provider Name: **Walden House, Inc. - HIV Set-Aside Coordinator**

APPENDIX #: B-22  
 Document Date: 10/08/10

	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
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	-	-				
Utilities (Elec, Water, Gas, Phone, Scave	-	-				
Office Supplies, Postage	-	-				
Building Maintenance Supplies & Repair	-	-				
Printing and Reproduction	-	-				
Insurance	250	250				
Staff Training	-	-				
Staff Travel (Local & Out of Town)	-	-				
Rental of Equipment	-	-				
CONSULTANT/SUBCONTRACTOR:						
Harm Reduction Policy Evaluation	3,000	3,000				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
General Operating	5,299	5,299				
	-	-				
	-	-				
	-	-				
	-	-				
TOTAL OPERATING EXPENSE	8,549	8,549	-	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: n/a  
 Program Name: **Walden House, Inc. - HIV Set-Aside Coordinator**  
 Fiscal Year: 2010-11

APPENDIX #: B-22  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
HIV Set Aside Coordinator Annual Salary = \$ 70,000	1.000	70,000
	-	-
<b>Total Salaries</b>	1.000	70,000
State Unemployment Insurance - 5.46%		3,822
FICA - 7.37%		5,159
Workers' Compensation - 2.69%		1,883
Health Benefits - 12.28%		8,596
Retirement - 3.2%		2,240
<b>Total Benefits</b>		21,700
<b>Total Salaries and Benefits</b>		91,700
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Utilities:		
Building Maintenance:		
Total Occupancy:		
Materials and Supplies:		
Office Supplies:		
Printing/Reproduction:		
Program/Medical Supplies:		
Total Materials and Supplies:		
General Operating:		
Insurance:		
.086% of Agency Total of \$307,988		265
Staff Training:		



# **CBHS BUDGET JUSTIFICATION**

Provider Number: n/a  
 Program Name: **Walden House, Inc. - HIV Set-Aside Coordinator**  
 Fiscal Year: 2010-11

APPENDIX #: B-22  
 Document Date: 10/08/10

For various staff trainings	1,000
Other General Operating Miscellaneous expenses	3,284
Total General Operating:	4,549
Staff Travel (Local & Out of Town):	
Local Mileage and parking for staff travel to meetings, etc.	1,000
	1,000
Consultants/Subcontractors:	
Melissa Struzzo - To evaluate Harm Reduction Policy	3,000
Total Consultants/Subcontractors:	3,000
Total Operating Expenses	8,549
Capital Expenditures	-
Total Direct Costs	100,249
Indirect Costs	12,030
<b>CONTRACT TOTAL</b>	<b>112,279</b>

**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR: 2010-11			APPENDIX #: B-23
LEGAL ENTITY NAME: Walden House, Inc.			PROVIDER #: 38AK
PROVIDER NAME: Adult OP MH Svcs & Medication Support			
REPORTING UNIT NAME:	WH Adult Outpatient	WH Adult Outpatient	WH Adult Outpatient
REPORTING UNIT:	38AK3	38AK3	38AK3
MODE OF SVCS / SERVICE FUNCTION CODE:	15/10-59	15/60-69	15/01-09
SERVICE DESCRIPTION:	MH Svcs	Medication Support	Case Mgt Brokerage
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11
TOTAL			
<b>FUNDING USES</b>			
SALARIES & EMPLOYEE BENEFITS	180,878	19,803	3,471
OPERATING EXPENSE	19,468	2,131	374
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-	-	-
SUBTOTAL DIRECT COSTS	200,346	21,934	3,845
INDIRECT COST AMOUNT	24,042	2,632	461
TOTAL FUNDING USES:	224,388	24,566	4,306
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES			-
SDMC Regular FFP (50%) HMH MCC730515	35,918	3,932	690
ARRA SDMC FFP (11.59%) HMH MCC730515	1,690	185	32
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS HMH MCC730515	160,526	17,575	3,080
COUNTY GENERAL FUND HMH MCC730515	26,254	2,874	504
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	224,388	24,566	4,306
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-
TOTAL DPH REVENUES	224,388	24,566	4,306
<b>NON-DPH REVENUES</b>			
Patient/Client Fees			-
TOTAL NON-DPH REVENUES	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	224,388	24,566	4,306
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST</b>			
UNITS OF SERVICE <sup>1</sup>			
UNITS OF TIME <sup>2</sup>	85,947	5,089	2,183
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	4.83	1.97
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	4.83	1.97
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	n/a	n/a	n/a

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

Provider Number:	38AK
Provider Name:	Walden House, Inc. - Adult OP MH Svcs & Medication Support

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
					(grant title)		(grant title)		(dept. name)		(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
V.P. of Mental Health Services	0.242	30,192	0.242	30,192								
Dir. of QA & Compliance	0.052	3,744	0.052	3,744								
Mental Health Manager	0.101	6,526	0.101	6,526								
Therapist	1.123	50,900	1.123	50,900								
Mental Health MC Admin. Coordinator	0.715	33,164	0.715	33,164								
Social Services Support	0.207	8,401	0.207	8,401								
Psychiatrist	0.385	22,061	0.385	22,061								
Maintenance/Operations	0.023	853	0.023	853								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
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	-	-	-	-								
TOTALS	2.848	155,841	2.848	155,841	-	-	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	48,311	31%	48,311		-		-		-		-
TOTAL SALARIES & BENEFITS		204,152		204,152		-		-		-		-

### DPH 4: Operating Expenses Detail

Provider Number: 38AK

Provider Name: **Walden House, Inc. - Adult OP MH Svcs & Medication Support**

APPENDIX #: B-23

Document Date: 10/08/10

	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
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	7,287	7,287				
Utilities (Elec, Water, Gas, Phone, Scave	3,504	3,504				
Office Supplies, Postage	249	249				
Building Maintenance Supplies & Repair	954	954				
Printing and Reproduction	-	-				
Insurance	7,152	7,152				
Staff Training	73	73				
Staff Travel (Local & Out of Town)	17	17				
Rental of Equipment	722	722				
CONSULTANT/SUBCONTRACTOR	-					
	-					
	-					
	-					
	-					
OTHER						
Client Costs	519	519				
Transportation & Vehicles	58	58				
General Operating	1,438	1,438				
	-					
	-					
TOTAL OPERATING EXPENSE	21,973	21,973	-	-	-	-

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 38AK  
 Program Name: Walden House, Inc. - Adult OP MH Svcs & Medication Support  
 Fiscal Year: 2010-11

APPENDIX #: B-23  
 Document Date: 10/08/10

<b>Salaries and Benefits</b>	<b>FTE</b>	<b>Salaries</b>
V.P. of Mental Health Services - Annual Salary = \$124,760	0.242	30,192
Dir. of QA & Compliance - Annual Salary = \$72,000	0.052	3,744
Mental Health Manager - Annual Salary = \$64,614	0.101	6,526
Therapist - Annual Salary = \$45,325	1.123	50,900
Mental Health MC Admin. Coordinator - Annual Salary = \$46,383	0.715	33,164
Social Services Support - Annual Salary = \$40,585	0.207	8,401
Psychiatrist - Annual Salary = \$57,301	0.385	22,061
Maintenance/Operations - Annual Salary = \$37,087	0.023	853
<b>Total Salaries</b>	<b>2.848</b>	<b>155,841</b>
State Unemployment Insurance - 5.46%		8,509
FICA - 7.37%		11,485
Workers' Compensation - 2.69%		4,192
Health Benefits - 12.28%		19,138
Retirement - 3.2%		4,987
<b>Total Benefits</b>		<b>48,311</b>
<b>Total Salaries and Benefits</b>		<b>204,152</b>
<b>Operating Expenses</b>		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and Individual & Group Therapy rooms		7,287
\$0.78 per Unit of Service		
Utilities:		
Water, gas, electricity and waste disposal		3,504
\$0.37 per Unit of Service		
Building Maintenance:		
Maintenance & repair of Building		954
\$0.10 per Unit of Service		
<b>Total Occupancy:</b>		<b>11,745</b>
Materials and Supplies:		
Office Supplies:		
Office supplies for program staff		249
\$87.43 per FTE of 2.848		
Client Costs		
Office & activity supplies, transportation of clients		519
\$0.05 per Unit of Service		
Program/Medical Supplies:		
<b>Total Materials and Supplies:</b>		<b>768</b>

# **CBHS BUDGET JUSTIFICATION**

Provider Number: 38AK

APPENDIX #: B-23

Program Name: Walden House, Inc. - Adult OP MH Svcs & Medication Support

Document Date: 10/08/10

Fiscal Year: 2010-11

General Operating:	
Insurance:	
.023% of Agency Total of \$307,988	7,152
Staff Training:	
Costs to train staff in best practices	73
\$25.63 per FTE of 2.848	
Rental of Equipment:	
Copier Rental	722
\$.007 per Unit of Service	
Transportation & Vehicles	
Gas, Vehicles maintenance and registration fees	58
\$.0006 per Unit of Service	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	1,438
\$.015 per Unit of Service	
Total General Operating:	9,444
Staff Travel (Local & Out of Town):	
Local staff travel	17
\$5.969 per FTE of 2.848	
	17
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
<b>Total Operating Expenses</b>	<b>21,973</b>
<b>Capital Expenditures</b>	<b>-</b>
<b>Total Direct Costs</b>	<b>226,125</b>
<b>Indirect Costs</b>	<b>27,135</b>
<b>CONTRACT TOTAL</b>	<b>253,260</b>

# DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR: FY 10-11		APPENDIX #: B-24				
LEGAL ENTITY NAME: Walden House Inc.		PROVIDER #: NA				
PROVIDER NAME: Walden House Inc. Of San Francisco						
REPORTING UNIT NAME:	Project Homeless Connect	Project Homeless Connect	Project Homeless Connect			
REPORTING UNIT:	NA	NA	NA			
MODE OF SVCS / SERVICE FUNCTION CODE						
SERVICE DESCRIPTION	Fiscal Intermediary	Fiscal Intermediary	Fiscal Intermediary	#N/A	#N/A	TOTAL
<b>CBHS FUNDING TERM:</b>	2010-2011	2010-2011	2010-2011			
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	112,281	40,560	216,185			369,026
OPERATING EXPENSE	9,477		18,246			27,723
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	121,758	40,560	234,431	0	0	396,749
INDIRECT COST AMOUNT	14,611	4,867	28,132			47,610
<b>TOTAL FUNDING USES:</b>	<b>136,369</b>	<b>45,427</b>	<b>262,563</b>	<b>0</b>	<b>0</b>	<b>444,358</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES - click below						
Refugee FFP (at 100%)						
STATE REVENUES - click below						
GRANTS - click below	CFDA #:					
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
MHSA		45,427				45,427
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						
COUNTY GENERAL FUND			262,563			262,563
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>45,427</b>	<b>262,563</b>			<b>307,990</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
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	136,368					136,368
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>136,368</b>					<b>136,368</b>
<b>TOTAL DPH REVENUES</b>	<b>136,368</b>	<b>45,427</b>	<b>262,563</b>			<b>444,358</b>
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>136,368</b>	<b>45,427</b>	<b>262,563</b>			<b>444,358</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>	NA	NA	NA			
UNITS OF TIME <sup>2</sup>	NA	NA	NA			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	CR	CR	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR	CR	CR	0.00	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	N/A	N/A	N/A			

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units 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): \_\_\_\_\_  
 Program Name: Project Homeless Connect \_\_\_\_\_

APPENDIX #: B-24  
 Document Date: 09/08/10

POSITION TITLE	TOTAL		GENERAL FUND - Substance Abuse		MHSA		GENERAL FUND - Mental Health		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:		Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
PHC Manager	1.00	\$ 80,000.00	0.34	27,347			0.66	52,653				
PHC Volunteer Coordinator	1.00	\$ 57,846.00	0.34	19,774			0.66	38,072				
PHC Office Assistant	1.00	\$ 41,600.00	0.34	14,220			0.66	27,380				
Program Manager	0.80	\$ 41,600.00	0.27	14,220			0.53	27,380				
Peer Manager	0.38	\$ 9,360.00	0.13	3,200			0.25	6,160				
Program Manager	0.50	\$ 26,000.00	0.17	8,888			0.33	17,112				
Program Manager (Garden MHSA transfer)	0.75	\$ 31,895.00			0.75	31,895						
TOTALS	5.430	\$ 288,301.00	1.600	87,649	0.750	31,895	3.080	168,757	0.000	0	0.00	\$0
EMPLOYEE FRINGE BENEFITS	28%	\$ 80,724.28	28%	24,633	27%	\$8,665	28%	47,427	#DIV/0!		#DIV/0!	
TOTAL SALARIES & BENEFITS		\$369,025		\$112,281		\$40,560		\$216,185		\$0		\$0



DPH 4: Operating Expenses Detail

APPENDIX #: B-24  
Document Date: 09/08/10

Provider Number (same as line 7 on DPH 1):

Program Name: Project Homeless Connect

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 Costs (stipends)

Transportation & Vehicles

Food and Food Preparation

General Operating

TOTAL	GENERAL FUND Substance Abuse	GENERAL FUND Mental Health	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:2010-11	Term:2010-11	Term:2010-11	Term: _____	Term: _____	Term: _____
\$ -					
\$ -					
\$ -					
\$ -					
750	256	494			
2,000	684	1,316			
\$ -					
\$ -					
15,000	5,128	9,872			
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
300	103	197			
\$ -					
\$ -					
9,673	3,307	6,367			
\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$27,723</b>	<b>\$9,477</b>	<b>\$18,246</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

Program Name: Project Homeless Connect

Date: 9/8/10

Fiscal Year: 20-10-2011

Salaries and Benefits	Salaries	FTE
PHC Manager - Annual Salary = \$ 80,0000	\$80,000	1.000
PHC Volunteer Coordinator - Annual Salary = \$ 57,846	\$57,846	1.000
PHC Office Assistant - Annual Salary = \$ 41,600	\$41,600	1.000
Program Manager - Annual Salary = \$ 52,000	\$41,600	.800
Peer Manager - Annual Salary = \$ 24,632	\$9,360	.380
Program Manager - Annual Salary = \$ 52,000	\$26,000	.500
Program Manager (Garden MHSA transfer) = \$ 42,527	\$31,895	.750
TOTAL SALARIES	\$288,301	

State Unemployment Insurance - 5.46%	\$15,741	
FICA - 7.37%	\$21,248	
Workers' Compensation - 2.69%	\$7,755	
Health Benefits - 9.28%	\$26,754	
Retirement - 3.2%	\$9,226	
TOTAL BENEFITS	\$80,724	

TOTAL SALARIES & BENEFITS \$369,025

### Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Utilities:

Building Maintenance:

Total Occupancy: \$0

### Materials and Supplies:

Office Supplies:

Client Costs

Client stipends \$300

# CBHS BUDGET JUSTIFICATION

Provider Number: n/a  
 Program Name: **Walden House, Inc. - Project Homeless Connect**  
 Fiscal Year: 2010-11

APPENDIX #: B-24  
 Document Date: 10/08/10

Insurance:	
.002% of Agency total of \$307,988	750
Staff Training:	
Costs to train staff in best practices	2,000
\$.402 per FTE of 4.980	
Other General Operating	9,673
Urine analysis, Licensing, memberships, job advertising, graduation events, and miscellaneous expenses	
Total General Operating:	12,423
Staff Travel (Local & Out of Town):	
Consultants/Subcontractors:	
Various Program Consultants	15,000
Total Consultants/Subcontractors:	15,000
TOTAL OPERATING COSTS:	27,723
Total Operating Expenses	27,723
Capital Expenditures	
Total Direct Costs	396,749
Indirect Costs	47,609
CONTRACT TOTAL	444,358



**Appendix C  
Insurance Waiver**

**RESERVED**

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**[Use as appropriate and only if an insurance waiver has been signed and granted by the Risk Manager.]**



## **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.

**Use a version of this section if you want to have the right to approve in advance any materials developed or distributed under the Agreement:**

### **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".

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#### 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.R.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**



Appendix F  
PAGE A

INVOICE NUMBER: M01 JL 0

Cf.Blanket No.: BPHM TBD

Cl. PO No.: POHM TED

Fund Source: General Fund

Invoice Period : July 2010

Final Invoice:	<input type="checkbox"/>	(Check if Yes)
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ACE Control Number:  

Unpublished Counts For A03 Use Only

DELIVERABLES												
Program Name/Reptg. Unit Modality/Mode # - Svc Func (per row)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-23 Adult OP MH Svcs & Medication Support RU# 36AK3												
15/ 10 - 58 WH Adult Outpatient MH Svcs	85,972				\$ 2.61	\$ -	0.000		0.00%		85,972.000	\$ 224,386.92
Outpatient Mental Health Services - Other					\$ 2.61	\$ -	0.000	#DIV/0!			0.000	-
15/ 60 - 69 WH Adult Medication Support	5,096				\$ 4.82	\$ -	0.000		0.00%		5,096.000	24,562.72
15/ 01 - 09 WH Adult Outpatient Case Mgt Brokerage	2,186				\$ 1.97	\$ -	0.000		0.00%		2,186.000	4,308.42
TOTAL	93,254		0.000				0.000		0.00%		93,254.000	\$ 253,256.06

NOTES:

Signature: \_\_\_\_\_

Date:

Title: \_\_\_\_\_

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

EXHIBIT C-1  
PAGE A

INVOICE NUMBER: M02 JL 0

Contract No.: BPHM/TBD

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63

Invoice Period : July 2010

Final Invoice:	(Check if Yes)
----------------	----------------

ACE Control Number:  

\*Unduplicated Counts for AIDS Use Only.

**\$ 82,402.40**

NOTES:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DPH Authorization for Payment**

Date \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER:

Contractor : Walden House Inc.

Ct. Blanket No.: BPHM

Address: 520 Townsend Street, San Francisco, CA 94103

Ct. PO No.: POHM  User Cd

Tel No.: (415) 554-1100

Fund Source:

Fax No.: (415) 554-1499

Invoice Period:

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-24 Project Homeless Connect												
Fiscal Intermediary							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 168,757.00	\$ -	\$ -	0.00%	\$ 168,757.00
Fringe Benefits	\$ 47,427.00	\$ -	\$ -	0.00%	\$ 47,427.00
<b>Total Personnel Expenses</b>	<b>\$ 216,184.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 216,184.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 1,810.00	\$ -	\$ -	0.00%	\$ 1,810.00
Staff Travel/Training	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 9,872.00	\$ -	\$ -	0.00%	\$ 9,872.00
Other: Client Costs (Stipends)	\$ 197.00	\$ -	\$ -	0.00%	\$ 197.00
General Operating	\$ 6,367.00	\$ -	\$ -	0.00%	\$ 6,367.00
<b>Total Operating Expenses</b>	<b>\$ 18,246.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 18,246.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 234,430.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 234,430.00</b>
Indirect Expenses	\$ 28,132.00	\$ -	\$ -	0.00%	\$ 28,132.00
<b>TOTAL EXPENSES</b>	<b>\$ 262,562.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 262,562.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

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

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

Contractor : Walden House Inc.

Address: 520 Townsend Street, San Francisco, CA 94103

Tel No.: (415) 554-1100

Fax No.: (415) 554-1499

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M07 JL 0

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-12 On Call/ Crisis Intervention												
15/ 70 - 79 Crisis Intervention-OP	1						0%		1		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 11,431.00	\$ -	\$ -	0.00%	\$ 11,431.00
Fringe Benefits	\$ 3,544.00	\$ -	\$ -	0.00%	\$ 3,544.00
<b>Total Personnel Expenses</b>	<b>\$ 14,975.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 14,975.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 14,975.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 14,975.00</b>
<b>Indirect Expenses</b>	<b>\$ 1,797.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,797.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 16,772.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 16,772.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

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 11-02

CMHS/CSAS/CHS 11/2/2010 INVOICE

EXHIBIT C-1  
PAGE A

INVOICE NUMBER: M08 JL 0

Ct.Blanekl No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: State CDCR ISMIP

Invoice Period : July 2010

Final Invoice:		(Check if Yes)
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ACE Control Number: 

Address: 520 Townsend Street, San Francisco, CA 94103

Tel No.: (415) 554-1100

Fax No.: (415) 554-1499

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

\*Unduplicated Counts for AIDS Use Only

\$ 70,995 13

428,707.07

**\$ 499,702.20**

**NOTES:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

DPH Authorization for Payment

Authorized Signatory

Date \_\_\_\_\_





Appendix F  
PAGE A

INVOICE NUMBER: M10 JL 0

Ct.Blanket No.: BPHM/TBD

CL PO No.: POHM TBD

Fund Source: State CDCR ISMIP

Invoice Period : July 2010

Final Invoice:	<input type="checkbox"/>	(Check if Yes)
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ACE Control Number: 

<sup>a</sup>Unduplicated Counts for AIDS Use Only

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.

**Title:** \_\_\_\_\_

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER: S05 JL 0

Contractor : Walden House Inc.

Ct. Blanket No.: BPHM TBD

Address: 520 Townsend Street, San Francisco, CA 94103

User Cd

Tel No.: (415) 554-1100

Ct. PO No.: POHM TBD

Fax Bi.: (415) 554-1499

Funding Source: GF-HIV Set Aside

Contract Term: 07/01/2010 - 06/30/2011

Invoice Period: July 2010

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-22 HIV Set Aside Coordinator												
ASO							#DIV/0!				#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 70,000.00	\$ -	\$ -	0.00%	\$ 70,000.00
Fringe Benefits	\$ 21,700.00	\$ -	\$ -	0.00%	\$ 21,700.00
<b>Total Personnel Expenses</b>	<b>\$ 91,700.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 91,700.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 250.00	\$ -	\$ -	0.00%	\$ 250.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 3,000.00	\$ -	\$ -	0.00%	\$ 3,000.00
Other: General Operating	\$ 5,299.00	\$ -	\$ -	0.00%	\$ 5,299.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 8,549.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 8,549.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 100,249.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 100,249.00</b>
Indirect Expenses	\$ 12,030.00	\$ -	\$ -	0.00%	\$ 12,030.00
<b>TOTAL EXPENSES</b>	<b>\$ 112,279.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 112,279.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

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 11-02

CMHS/CSAS/CHS 11/2/2010 INVOICE

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER: S06 JL 0

Contractor : Walden House Inc.

Ct. Blanket No.: BPHM TBD

Address: 520 Townsend Street, San Francisco. CA 94103

Ct. PO No.: POHM TBD

Tel No.: (415) 554-1100

Funding Source: General Fund

Fax Bi.: (415) 554-1499

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-24 Project Homeless Connect												
Fiscal Intermediary					-	-	#DIV/0!	#DIV/0!	-	-	#DIV/0!	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 87,649.00	\$ -	\$ -	0.00%	\$ 87,649.00
Fringe Benefits	\$ 24,633.00	\$ -	\$ -	0.00%	\$ 24,633.00
<b>Total Personnel Expenses</b>	<b>\$ 112,282.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 112,282.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 940.00	\$ -	\$ -	0.00%	\$ 940.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 5,128.00	\$ -	\$ -	0.00%	\$ 5,128.00
Other: Stipend	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 3,307.00	\$ -	\$ -	0.00%	\$ 3,307.00
Client Costs	\$ 103.00	\$ -	\$ -	0.00%	\$ 103.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 9,478.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 9,478.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 121,760.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 121,760.00</b>
Indirect Expenses	\$ 14,611.00	\$ -	\$ -	0.00%	\$ 14,611.00
<b>TOTAL EXPENSES</b>	<b>\$ 136,371.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 136,371.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

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 11-02

CMHS/CSAS/CHS 11/2/2010 INVOICE

Appendix F  
PAGE A

INVOICE NUMBER: S07 JL 0

Ct. Blanket No.: BPHM TBD

User Cd

Funding Source: General Fund

Invoice Period: July 2010

Final Invoice:	(Check if Yes)
----------------	----------------

Ace Control Number: [REDACTED]

Unduplicated Counts for AIDS Use Only.

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.

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Title:

**DPH Authorization for Payment**

Authorized Signatory

Date \_\_\_\_\_

CMHS/CSAS/CHS 11/2/2010 INVOICE

Appendix F  
PAGE A

INVOICE NUMBER : S10 JL 0

Ct Blanket: BPHM TBD

CIPD No.: POHM TBD

Fund Source: GF - HIV Health Services Patch

Invoice Period : July 2010

Final Invoice:		(Check if Yes)
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ACE Control Number:

\*Unpublished Course for NPS Use Only

\$ 213,259.20

348,751.00

207.865.92

**\$ 769,876.12**

NOTES:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

DPH Authorization for Payment

                      
Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

Contractor : Walden House Inc.

Address: 520 Townsend Street, San Francisco, CA 94103

Tel No.: (415) 554-1100

Fax No.: (415) 554-1499

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S11 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: Second Chance Act - HCSA02-10

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-18 Second Chances Supportive Housing RU# 88077												
05/60 - 64 Residential Other	3,650	10					0%	0%	3,650	10	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 1,629.00	\$ -	\$ -	0.00%	\$ 1,629.00
Fringe Benefits	\$ 506.00	\$ -	\$ -	0.00%	\$ 506.00
<b>Total Personnel Expenses</b>	<b>\$ 2,135.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 2,135.00</b>
Operating Expenses:					
Occupancy	\$ 19,635.00	\$ -	\$ -	0.00%	\$ 19,635.00
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 2,100.00	\$ -	\$ -	0.00%	\$ 2,100.00
Staff Travel	\$ 1,247.00	\$ -	\$ -	0.00%	\$ 1,247.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Costs	\$ 165.00	\$ -	\$ -	0.00%	\$ 165.00
Client Transportation	\$ 19.00	\$ -	\$ -	0.00%	\$ 19.00
General Operating	\$ 12.00	\$ -	\$ -	0.00%	\$ 12.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 23,178.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 23,178.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 25,313.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 25,313.00</b>
Indirect Expenses	\$ 3,037.00	\$ -	\$ -	0.00%	\$ 3,037.00
<b>TOTAL EXPENSES</b>	<b>\$ 28,350.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 28,350.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

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

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

Contractor : Walden House Inc.

Address: 520 Townsend Street, San Francisco, CA 94103

Tel No.: (415) 554-1100

Fax No.: (415) 554-1499

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S12 JL 0

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: Second Chance Act - HCSA02-10

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-19 Second Chances-Case Management RU# 87071												
Anc-68 Ancillary Svcs Cast Mgt	1,500	25			-	-	0%	0%	1,500	25	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 116,065.00	\$ -	\$ -	0.00%	\$ 116,065.00
Fringe Benefits	\$ 35,980.00	\$ -	\$ -	0.00%	\$ 35,980.00
<b>Total Personnel Expenses</b>	<b>\$ 152,045.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 152,045.00</b>
Operating Expenses:					
Occupancy	\$ 7,900.00	\$ -	\$ -	0.00%	\$ 7,900.00
Materials and Supplies	\$ 150.00	\$ -	\$ -	0.00%	\$ 150.00
General Operating	\$ 2,000.00	\$ -	\$ -	0.00%	\$ 2,000.00
Staff Travel	\$ 8,000.00	\$ -	\$ -	0.00%	\$ 8,000.00
Consultant/Subcontractor	\$ 153,760.00	\$ -	\$ -	0.00%	\$ 153,760.00
Other: Client Costs	\$ 2,000.00	\$ -	\$ -	0.00%	\$ 2,000.00
Transportation & Vehicles	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
General Operating	\$ 3,231.00	\$ -	\$ -	0.00%	\$ 3,231.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 178,041.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 178,041.00</b>
Capital Expenditures	\$ 18,000.00	\$ -	\$ -	0.00%	\$ 18,000.00
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 348,086.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 348,086.00</b>
Indirect Expenses	\$ 41,770.00	\$ -	\$ -	0.00%	\$ 41,770.00
<b>TOTAL EXPENSES</b>	<b>\$ 389,856.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 389,856.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

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 11-02

CMHS/CSAS/CHS 11/2/2010 INVOICE



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control Number

Contractor: Walden House Inc.  
Address: 520 Townsend Street, San Francisco, CA 94103  
Tel No.: (415) 554-1100  
Fax No.: (415) 554-1499  
Contract Term: 07/01/2010 - 06/30/2011  
PHP Division: Community Behavioral Health Services

INVOICE NUMBER: 801 JL 0  
Cl. Blanket No.: BPHM TBD  
Cl. PO No.: POHM TBD User Cd  
Fund Source: General Fund  
Invoice Period: July 2010  
Final Invoice: (Check if Yes)  
ACE 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
-----------------------------------	------------------------------	-----------------------------------	-------------------------------	------------------------	------------------------------------

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit	Modality/Mode # - Svc Func (see cont)	UDC	CLIENTS	UDC	CLIENTS			UDC	CLIENTS	UDC	CLIENTS	UDC	CLIENTS
B-1 Adult Residential (Buena Vista, Hayes & Haight Res) RU# 38062 & 38572													
05/65 - 79 Adult Residential		32,232				\$ 88.57	\$ -	0.000		0.00%		32,232.000	
B-3 WHITS Residential RU# 38532													
Res-51 SA-Res Recov Long Term (over 30 days) (Res Cdw Diagnosed)		1,643				\$ 187.47	\$ -	0.000		0.00%		1,643.000	
B-4 Drug Court Residential													
Drug Court Residential-GF						\$ 102.11	\$ -	0.000		#DIV/0!		0.000	
B-6 SFGH Adult Residential RU# 38062, 38342 & 38572													
05/65 - 79 Adult Residential		3,265				\$ 127.60	\$ -	0.000		0.00%		3,265.000	
B-6 Transgender Residential RU# 38062, 38342 & 38572													
05/65 - 79 Adult Residential		2,628				\$ 130.25	\$ -	0.000		0.00%		2,628.000	
B-10 Representative Payee Case Mgmt (RPI Program) RU# 88369													
Anc-68 Ancillary Svcs Case Mgmt		945				\$ 81.08	\$ -	0.000		0.00%		945.000	
B-2 BateMits Residential RU# TBA & 880077													
05/60 - 64 Residential Other		6,898				\$ 43.24	\$ -	0.000		0.00%		6,898.000	
B-9 OASIS (WH OP OASIS/ Central City RU# 87351													
Nonres-33 Nonresidential ODF Cdp		5,588				\$ 78.00	\$ -	0.000		0.00%		5,588.000	
Nonres-34 Nonresidential ODF Indv		2,579				\$ 78.03	\$ -	0.000		0.00%		2,579.000	
SecPrev-19 Sec Prev Outreach		457				\$ 77.61	\$ -	0.000		0.00%		457.000	
B-11 Early Intervention -HIV Set Aside													
SA Residential Treatment - Tx						\$ 50.48	\$ -	0.000		#DIV/0!		0.000	
B-13 BASN Residential RU# 38062, 38343 & 38572													
05/65 - 79 Adult Residential		4,599				\$ 94.05	\$ -	0.000		0.00%		4,599.000	
B-7 Lodestar Residential RU# 38062													
05/65 - 79 Adult Residential		1,807				\$ 86.42	\$ -	0.000		0.00%		1,807.000	
B-8 Women's Hope Residential RU# TBA													
05/60 - 64 Residential Other		3,011				\$ 157.80	\$ -	0.000		0.00%		3,011.000	
B-20 Connections Program													
Nonres-34 Nonresidential ODF Indv		1,500				\$ 133.08	\$ -	0.000		0.00%		1,500.000	
<b>TOTAL</b>		<b>67,173</b>						<b>0.000</b>		<b>0.00%</b>		<b>67,173.000</b>	

2,790,324.24  
308,013.21  
-  
418,166.00  
342,257.00  
77,187.80  
298,269.52  
435,942.00  
201,239.37  
35,559.17  
-  
432,535.95  
156,160.94  
475,135.80  
169,590.00  
6,174,420.80

SUBTOTAL AMOUNT DUE \$  
Less: Initial Payment Recovery (see DPH Use) Other Adjustments  
NET REIMBURSEMENT \$

NOTES

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Title \_\_\_\_\_

Send to: 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

Contractor : Walden House Inc.

Address: 520 Townsend Street, San Francisco, CA 94103

Tel No.: (415) 554-1100

Fax No.: (415) 554-1499

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S13 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:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-8 Women's Hope Residential												
Start Up					-	-	#DIV/0!	#DIV/0!	-	-	#DIV/0!	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 43,765.00	\$ -	\$ -	0.00%	\$ 43,765.00
Fringe Benefits	\$ 13,567.00	\$ -	\$ -	0.00%	\$ 13,567.00
<b>Total Personnel Expenses</b>	<b>\$ 57,332.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 57,332.00</b>
Operating Expenses:					
Occupancy	\$ 5,955.00	\$ -	\$ -	0.00%	\$ 5,955.00
Materials and Supplies	\$ 234.00	\$ -	\$ -	0.00%	\$ 234.00
General Operating	\$ 7,023.00	\$ -	\$ -	0.00%	\$ 7,023.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Related Costs	\$ 875.00	\$ -	\$ -	0.00%	\$ 875.00
Food	\$ 3,025.00	\$ -	\$ -	0.00%	\$ 3,025.00
Household	\$ 230.00	\$ -	\$ -	0.00%	\$ 230.00
Fees	\$ 675.00	\$ -	\$ -	0.00%	\$ 675.00
Communications	\$ 354.00	\$ -	\$ -	0.00%	\$ 354.00
<b>Total Operating Expenses</b>	<b>\$ 18,371.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 18,371.00</b>
Capital Expenditures	\$ 65,707.00	\$ -	\$ -	0.00%	\$ 65,707.00
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 141,410.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 141,410.00</b>
Indirect Expenses	\$ 16,970.00	\$ -	\$ -	0.00%	\$ 16,970.00
<b>TOTAL EXPENSES</b>	<b>\$ 158,380.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 158,380.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

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 Rev 11-03

CMHS/CAS/CHS 11/3/2010 INVOICE

Appendix F  
PAGE A

ACE Control Number: [REDACTED]



## **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/appellate 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](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](mailto: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.

In addition to the above process, contractors have an additional forum available only for 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](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](mailto: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

### 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 non-treatment providers or (2) from a substance abuse program.**

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.





## **Appendix I**

### **SUBSTANCE ABUSE PROGRAMS**

**such as**

**Drug Medi-Cal,**

**Federal Substance Abuse Prevention And Treatment (SAPT) Block Grant,**

**Primary Prevention or**

**State Funded Services**

**(e.g., Bay Area Services Network/BASN)**

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

(Note: For the purposes of this Appendix, "DMC" shall mean Drug Medi-Cal.)

Document 2A:	<i>Sobky v. Smoley</i> , February 1, 1995
Document 2B:	Provider Waiting List Record
Document 2C:	California Code of Regulations, Title 22
Document 2D:	Perinatal Services Monthly Report
Document 2E:	Drug Medi-Cal Certification Standards for Substance Abuse Clinics

CONTRACTOR and/or any other providers of DMC funded services be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations.

CONTRACTOR'S subcontracts shall require that providers comply with the following regulations and guidelines:

- (a) Title 21 CFR Part 1300, et seq., Title 42, CFR, Part 8;
- (b) Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Document 2E);
- (c) Title 22, Sections 51341.1, 51490.1, and 51516.1, (Document 2C);
- (d) Alcohol and/or Other Drug Program Certification Standards (Document 1P); and
- (e) Title 9, Sections 10000, et seq.

In the event of conflicts, the provisions of Title 22 shall control.

**FOR CONTRACTS WITH DRUG MEDICAL, FEDERAL SAPT OR STATE FUNDS:**

*Subcontractor Documentation*

Any agreement with a subcontractor that is not licensed or certified by State shall require the subcontractor to submit organizational documents to State within 30 days of its execution of an initial subcontract or within 90 days of the renewal or continuation of an existing subcontract. Organizational documents shall include the subcontractor's Articles of Incorporation or Partnership Agreements (as applicable), and business licenses, fictitious name permits, and such other information and documentation as may be requested by the State.

**Records**

CONTRACTOR shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. CONTRACTOR will make these records available to State, upon request, to evaluate the quality and quantity of SERVICES, accessibility and appropriateness of SERVICES, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allowability, and allocability of costs incurred by CONTRACTOR.

1. Contracts with audit firms shall have a clause to permit access by State to the working papers of the external independent auditor, and copies of the working papers shall be made for State at its request.
2. CONTRACTOR shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.
3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.
4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
5. CONTRACTOR'S subcontracts shall require that all subcontractors comply with the requirements of this Section A.
6. Should a subcontractor discontinue its contractual agreement with CONTRACTOR, or cease to conduct business in its entirety, CONTRACTOR shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.

2. Title 45, CFR, Part 96, Subpart L, as amended by PL 106-310, the Children's Health Act of 2000, contains the minimal provisions that are to be adhered to by CONTRACTOR in the expenditure of the Substance Abuse Prevention and Treatment Block Grant funds. 45 CFR 96, Subpart L, is incorporated by reference.

3. Documents 1C and 1D incorporated by this reference, contain additional requirements that shall be adhered to by those CONTRACTORS that receive the types of funds specified by each document and referenced in Appendix A1. These Appendixs and documents are:

- (a) Document 1C, Driving Under the Influence Program Requirements; and
- (b) Document 1D, Bay Area Services Network (BASN) Services to California Department of Corrections (CDC) -- Parolee Services Network Projects
- (c) Document 1G, incorporated by this reference, "Perinatal Services Network Guidelines," contains the requirements for perinatal programs

Document 1T, incorporated by this reference, "Prevention Activities Data System (PADS) Forms," collects information required in the SDFSC Act and SAPT Block Grants. Reports are required from primary prevention providers on a yearly basis.

If CONTRACTOR cannot physically maintain the fiscal and program records of the subcontractor, then arrangements shall be made with State to take possession and maintain all records.

7. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, CONTRACTOR shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of State funds.

Control Requirements

1. Performance is subject to all applicable federal and State laws, regulations, and standards. In accepting the State drug and alcohol combined program allocation pursuant to HSC, Sections 11757(a) and (b), CONTRACTOR shall (i) establish, and shall require subcontractors to establish, written accounting procedures consistent with the following requirements, and (ii) be held accountable for audit exceptions taken by State against CONTRACTOR and its subcontractors for any failure to comply with these requirements:
  - (a) HSC, Division 10.5;
  - (b) Title 9, California Code of Regulations, Division 4;
  - (c) Government Code, Article 1.7, Federal Block Grants, Chapter 2, Part 2, Division 4, Title 2, commencing at Section 16366.1;
  - (d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;
  - (e) Title 42, United States Code (USC), Section 300x-5;
  - (f) Block Grant [Public Law 102-321 (Title 42, USC, commencing at §101)];
  - (g) Single Audit Act of 1984 (Public Law 98-502) and the Single Audit Act Amendments of 1996 (Public Law 104-156) and corresponding OMB Circular A-133 (Revised June 24, 1997);
  - (h) Title 45 Code of Federal Regulations (CFR), Part 96, Subparts B, C, and L, Substance Abuse Prevention and Treatment Block Grant;
  - (i) Title 21, CFR, Part 291 (Food and Drug Administration Requirements for Narcotic Treatment Programs);
  - (j) Title 21, CFR, Part 1300, et. seq. (Drug Enforcement Administration Requirements for Food and Drugs); and
  - (k) State Administrative Manual, Chapter 7200

CONTRACTOR shall be familiar with the above laws and regulations and shall assure that its subcontractors are also familiar with such laws.

## Appendix J

### 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.



AMENDED IN COMMITTEE

7/23/14

FILE NO. 140745

RESOLUTION NO. 302-14

1 [Contract Amendment - HealthRIGHT360 - Outpatient and Residential Mental Health and  
2 Substance Abuse Treatment Services - Not to Exceed \$64,562,403]

3 **Resolution approving an amendment to the contract between the Department of Public**  
4 **Health and HealthRIGHT360 to provide outpatient and residential mental health and**  
5 **substance abuse treatment services to the residents of San Francisco, increasing the**  
6 **total contract amount of \$42,477,760 by \$22,084,643 for a total contract amount of**  
7 **\$64,562,403 for a five and one-half year term of July 1, 2010, through December 31,**  
8 **2015.**

9 WHEREAS, The Department of Public Health selected HealthRIGHT360 to provide  
10 outpatient and residential mental health and substance abuse treatment services to the  
11 residents of San Francisco through a Request for Proposals process; and

12 WHEREAS, The contracts awarded under this process were approved by the Board  
13 through Resolution No. 563-10; and

14 WHEREAS, The Department of Public Health wishes to enable the continuation of  
15 services under this contract and to amend the contract in an amount exceeding \$500,000,  
16 requiring the approval of the Board of Supervisors under City Charter Section 9.118; and,


17 WHEREAS, A copy of this contract amendment is on file with the Clerk of the Board of  
18 Supervisors in File No. 140745, which is hereby declared to be a part of this resolution as if  
19 set forth fully herein; now, therefore, be it

20 **RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health**  
21 **and the Purchaser, on behalf of the City and County of San Francisco, to amend the contract**  
22 **between the Department of Public Health and HealthRIGHT 360 to increase the total contract**  
23 **amount not to exceed \$64,562,403, through December 31, 2015.**  
24  
25





1 RECOMMENDED:

2   
3 \_\_\_\_\_

4 Barbara A. Garcia, MPA

5 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: 140745

Date Passed: July 29, 2014

Resolution approving an amendment to the contract between the Department of Public Health and HealthRIGHT360 to provide outpatient and residential mental health and substance abuse treatment services to the residents of San Francisco, increasing the total contract amount of \$42,477,760 by \$22,084,643 for a total contract amount of \$64,562,403 for a five and one-half year term of July 1, 2010, through December 31, 2015.

July 23, 2014 Budget and Finance Sub-Committee - AMENDED

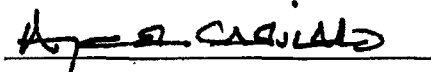
July 23, 2014 Budget and Finance Sub-Committee - RECOMMENDED AS AMENDED

July 29, 2014 Board of Supervisors - ADOPTED

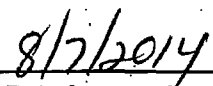
Ayes: 11 - Avalos, Breed, Campos, Chiu, Cohen, Farrell, Kim, Mar, Tang, Wiener and Yee

File No. 140745

I hereby certify that the foregoing  
Resolution was ADOPTED on 7/29/2014 by  
the Board of Supervisors of the City and  
County of San Francisco.

  
Angela Calvillo  
Clerk of the Board

  
Mayor

  
Date Approved

1 Hyde Street Community Service, \$17,162,210;

2 Instituto Familiar de la Raza, \$14,219,161;

3 Progress Foundation, \$92,018,333;

4 Richmond Area Multi-Services, \$34,773,853;

5 San Francisco Study Center, \$11,016,593;

6 Seneca Center, \$63,495,327;

7 ✓ Walden House, \$54,256,546;

8 Westside Community Mental Health Center, \$43,683,160;

9 Regents of the University of California, \$74,904,591; and

10 WHEREAS, The Department of Public Health estimates that the annual payment of  
11 some contracts may be increased over the original contract amount, as additional funds  
12 become available between July 2010 and the end of the contract term; now, be it

13 RESOLVED, That the Board of Supervisors hereby retroactively approves these  
14 contracts for the period of July 1, 2010, through December 31, 2015; and, be it

15 FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director  
16 of the Department of Public Health and the Purchaser, on behalf of the City and County of  
17 San Francisco, to execute agreements with these contractors, as appropriate; and, be it


18 FURTHER RESOLVED, That the Board of Supervisors requires the Department of  
19 Public Health to submit a report each June with increases over the original contract amount,  
20 as additional funds become available during the term of contracts.

21  
22 RECOMMENDED:

23 

24 Mitchell Katz, M.D.  
25 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

# **HealthRight 360 (Regular)**

**\$91,125,506**

**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: HealthRIGHT360	
<p><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></p> <p><i>Chair: Hon. Harlan Grossman, Vice Chair: Elaine Howard, Secretary: Emalyn Lapus</i>  <i>Members: John A. Baer, Hon. Eilen Chaltin, Tom Hofstedt, Kathryn W. Holmes, John A. Kahler, Jamie Kasvikis, Deborah Koski, Ann Ma, Anjani Mandavia, Melyssa Mendoza, Victor, Ortiz, Cindy Perry, Peter Sullivan, Patricia Walsh, Kan Wong and Jeanne Woodford</i></p> <p><i>Chief Executive Officer: Vitka Eisen, Chief Financial officer: David Crawford, Chief Operating Officer, Warren Lyons</i></p>	
Contractor address: 1735 Mission Street, San Francisco, CA 49103	
Date that contract was approved:	Amount of contract: Not to exceed \$91,525,506
Describe the nature of the contract that was approved:  Fiscal Intermediary – Check Writing services to approximately 30,000 clients of the Community Behavioral Health Systems in community – based residential care facilities for people with mental illness, for children's mental health wraparound services.	
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

<b>Filer Information</b> <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 94102	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

