

City and County of San Francisco

Department of Public Health
Division of Mental Health,
Substance Abuse and Forensic Services
Community Substance Abuse Services

June 8, 1990

Dr. James Dilley
Aids Health Project
Box 0884
CED 506
San Francisco, California 94143-0883

Dear Dr. Dilley:

Community Substance Abuse Services has preliminarily allocated for the renewal of your program services a net contract award of \$183,641 for the period of July 1, 1990 through June 30, 1991. All funds are dependent on availability of revenue to CSAS and may be adjusted accordingly before the final contract award. This amount reflects a 4% increase in your base FY 89-90 contract amount. Because your program is grant funded, the 4% is subject to final negotiations with the original funding source.

Enclosed with this letter is the renewal application request and instructions. Please return your renewal to CSAS ASAP. Please note new Budget forms and instructions included this year. A sample project design has been attached for help you develop your narrative.

This letter is a preliminary letter. You will receive a formal award notice in the near future.

CSAS looks forward to working with you and your staff in 90/91.

Sincerely,

Wayne Clark, PhD.,
Director

cc: Yvonne Frazier, CSAS Program Analyst
James Loyce, Assistant Director
Wally Caguyong, Fiscal Staff

will send
signed copy
on Mon file ASAP
cc: Renee Joann, Imelda

DRAFT

Bud. Ins. - 7

3. Non-Residential - Cost/Client - Hour
 - a. Individual Counseling - One Hour of counseling for one person equals one client hour; partial hours accumulated and reported as full hour.
 - b. Family Counseling - One hour group session equals one client hour per participant.
 - c. Group Counseling - Individuals participation in one hour of a group session equals one client hour; eight persons in a one hour session equals eight client hours.
 - d. Home Counseling - Same as a.
 - e. Rehabilitation Counseling - Same as a.
 - f. Social-Environment Services - One person visit to a service component of the program

ASAP
Renewal
Forms
for 1990-91

THE MANAGEMENT PLAN
(New Proposals Only)

DOCUMENT DATE

A large, empty rectangular box with a black border, occupying the majority of the page. It is intended for the content of the 'THE MANAGEMENT PLAN'.

TIMETABLE FOR IMPLEMENTATION
(New Proposals Only)

DOCUMENT DATE

<u>INITIAL DATE</u>	<u>ACTIVITY</u>	<u>COMPLETION DATE</u>

PROJECTED CASH FLOW FORECAST

DOCUMENT DATE _____

	Month 1	Month 2	Month 3	Quarter 2	Quarter 3	Quarter 4
REVENUES:						
(A) Revenue beginning balance from previous month						
(B) Revenue received during the month						
(C) TOTAL CASH (LOSS) = A + B						
EXPENSES:						
Personnel						
Operating Expenses						
Equipment						
Remodeling						
Contracts						
Others						
Government Services						
One-Time Costs						
(D) GROSS COST						
(E) NET CASH AVAILABLE Over(Under) = C - D						

CSAS 53 (Rev 1/90)

BUDGET FOR SERVICES

DOCUMENT DATE _____

BREAKDOWN OF COSTS AND REVENUES BY ELEMENT OF SERVICE

	Current Period	Projected Period	Current Period	Projected Period	Current Period	Projected Period	Current Period	Projected Period
ELEMENT OF SERVICE							TOTALS	
TOTAL GROSS COST								
REVENUES (Non-CSAS) (E - G)								
FEES & INSURANCE								
OTHER								
TOTAL REVENUES								
NET COST (CSAS)								
PROJECTED SERVICE UNITS								
GROSS COST PER UNIT								

Notes:

BUDGET FOR SERVICES

DOCUMENT DATE _____

DETAIL - CURRENT PERIOD DISTRIBUTION OF SALARIES AMONG ALL PROVIDER CONTRACTS

Name	Total Annualized Salary Rate	This CSAS Contract			Non-CSAS cost center (names & amounts)				
		No	%	Salary					
Position Title	Dates of Service	Mos	Time	Total	Amount	Amount	Amount	Amount	Amount
	=			+	+	+	+	+	
Salaries Total	=			+	+	+	+	+	
Fringe Rate _____ %	=			+	+	+	+	+	
Salaries and Fringes									

SAMPLE

Summary of Requested Services

Proposals are being requested by the Division of Mental Health, Substance Abuse and Forensic Services for the development and implementation of 24-hour residential treatment services for mentally ill clients who have been released from the San Francisco County jail system. The estimated dollar value of this service will be \$93,000.

I. Statement of Need

All jail inmates have a constitutional right to health care, including psychiatric treatment. In 1989, the daily population in the San Francisco City and County jail system averaged over 1,800 persons. It has become clear that certain individuals currently held in the jail system, such as the mentally ill, the homeless and the substance abuser, would spend less time in jail if they receive community based health and social services.

A recent study by Forensic Services indicated that a 25% random sample of county jail inmates were also being seen by the mental health system. Another finding of the study showed that 58% of the sampled inmates had used illegal drugs in the month preceding arrest and that 19% were in substance abuse treatment.

In May 1988, the Federal Court (per Stone vs CCSF, 1982) ordered that the Department of Public Health prepare a long term plan to address the necessary health issues of the incarcerated mentally ill. The long term plan includes working with city and county government and CBO's to place individuals in the appropriate service system instead of using jail housing as an answer for inmate needs.

Effective mental health treatment in the jail setting combines a variety of treatment modalities within the jail, and also provides links to community based mental health,

substance abuse and social service agencies. Some inmates with mental health and substance abuse problems may be more appropriately served in community treatment programs. Inmates could be transferred prior to sentencing, as an alternative sentence, or after discharge from jail to provide indicated treatment and reduce the possibility of recidivism.

The Division of Forensic Services recognizes that community based treatment and services are not currently available and the Division is pursuing the development of a jail aftercare system which includes residential and day treatment components. The residential and day treatment component will address the variety of mental health, substance abuse and social service needs of this group. The individuals referred for residential treatment may also have ties to the criminal justice system. Therefore, working with the probation department, the courts and representatives from other county jail agencies will need to be addressed by the residential program.

II. Goal Statement

The goals of the Forensic Residential Treatment Project are as follows:

- a) To provide 24-hour residential treatment services (including day treatment) to mentally ill adults referred from the San Francisco County jail system, by Jail Psychiatric Services.
- b) To reduce over-crowding in County Jail #1
- c) To provide alternatives to incarceration
- d) To implement Forensic Services long term mental health plan by providing community based treatment alternatives to mentally ill adults in jail.

III. Target Population

The target population for this project includes mentally ill adults 18 years and older who may be indigent or homeless, who may also have a history of substance abuse, and who

have been selected for mental health treatment as an alternative to incarceration. All participants will be referred by Jail Aftercare Services. Case management will be provided by Jail Psychiatric Services or Citywide Case Management. Final authority for all referrals rests with Jail Aftercare Services.

IV. Units of Services

For the purpose of this program a unit of service is defined as a twenty-four (24) hour residential treatment day.

V. Budget

The twelve (12) month budget for this program should not exceed \$93,000 and should serve ten (10) clients daily and 30-40 clients annually. Residential services may be within the existing DMSF funded residential continuum.

VI. Methodology

The provider will address the following special programatic concerns:

- a) Develop system for immediate bed availability to program upon referral
- b) Develop a plan for day treatment services within residential programs
- c) Day treatment services will include the following services:
 - 1) individual therapy
 - 2) group therapy
 - 3) provision of medication
 - 4) crisis intervention
 - 5) referral for hospitalization (if needed)
 - 6) substance abuse treatment
 - 7) vocational rehabilitation services

- 8) access to entitlements
 - 9) referral for health care
 - 10) socialization
- d) Develop a plan for reporting treatment violations and other pertinent information to the probation department
- e) Submit monthly provider reports to DMSF and Jail Aftercare containing the following information:
- 1) client name
 - 2) date of birth
 - 3) admission date
 - 4) legal status
 - 5) date of discharge
 - 6) discharge source
 - 7) number of patient days utilized
 - 8) other information as required

COMMUNITY SUBSTANCE ABUSE SERVICES - PROPOSAL SUMMARY
DIVISION OF ALCOHOL AND DRUG PROGRAMS

1. NAME/ADDRESS OF PARENT ORGANIZATION:

2. NAME/ADDRESS OF SERVICE PROVIDER

Dir:	Tel:	Dir:	Tel:
Bd Chair:	Tel:	Bd Chair:	Tel:

3. SERVICES TO BE PROVIDED (check where appropriate)

ADMINISTRATION CONTRACT

_____ Administration

CELL: Prevention/Information:

_____ School & Gen Public

CELL: Identification/Information:

_____ Information & Referral
 _____ Resource Development
 _____ Occupational & Employee Prog
 _____ Information/Education
 _____ Identification/Transportation
 _____ Diversion/Court Referral
 _____ Drop-In Services
 _____ HIV/AIDS Services

NON-RESIDENTIAL SERVICES:

_____ Individual Counseling
 _____ Family Counseling
 _____ Group Counseling
 _____ Home Counseling Visits
 _____ Rehabilitation Activities
 _____ Drinking Driver Prog (SB 38)
 _____ Environmental Services
 _____ Methadone Services
 _____ Non-Residential Detoxification
 _____ First Offender

RESIDENTIAL SERVICES:

_____ Detoxification Services
 _____ Residential Services
 _____ Recovery Home

4. STAFF REQUESTED (by FTE's): _____ Administrative; _____ Program; Advance Degrees/State
 Licensed; _____ Program: Non-Advanced degrees/counseling; _____ Other; _____
 Total Staff FTE _____

5. _____ NEW PROPOSAL; _____ RENEWAL PROPOSAL (Date of original contract: _____)
 _____ MODIFICATION; _____ INTERNAL BUDGET REVISION

6. DOCUMENT DATE _____

7. CONTRACT PERIOD FROM: _____ THROUGH: _____

8. TOTAL NET REQUEST \$ _____

BUDGET FOR SERVICES BY MODALITY

SERVICE					TOTAL
GROSS COST					
REVENUE-NON CSAS					
NET COST-CSAS AWARD					
Projected Service Units					
Gross Cost Per Unit					
# of Unduplicated Clients					

BUDGET FOR SERVICES SUMMARY/RECAPITULATION

DOCUMENT DATE _____

NAME OF FACILITY: _____

NAME OF ORGANIZATION: _____

NEW / CONTINUING: _____

FOR FISCAL PERIOD: _____

THROUGH _____

OF MONTHS : _____

TYPE OF SERVICE: _____

EXPENDITURE SUMMARYCURRENT
BUDGET *
(MONTHS)PROJECTED
BUDGET **
(MONTHS)

A. PERSONAL SERVICES
B. OPERATING EXPENSES
C. EQUIPMENT DEPRECIATION
D. REMODELLING
(COUNTY OPERATED ONLY)

TOTAL EXPENDITURES

\$ _____

\$ _____

REVENUE SUMMARY

NON-CSAS

E. CLIENT FEES
F. INSURANCE
G. OTHER (Specify)

NON-CSAS SUBTOTAL

\$ _____

\$ _____

CSAS

H. CONTRACT AWARD
I. OTHER CSAS (Specify)

CSAS SUBTOTAL

\$ _____

\$ _____

TOTAL REVENUES

\$ _____

\$ _____

Bookkeeper/Accountant: _____

Tel No: _____

Auditor: _____

Tel No: _____

* Current Budget is the latest budget approved and on file with CSAS.

**Projected Budget refers to the "NEW" Budget presented for approval.

DOCUMENT DATE

JOB TITLE

CURRENT NUMBER POSITIONS	CURR F.T.E.
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
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93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

CURRENT SALARIES

PROJ
OF
POS

PROJ
F.T.E.

PROJECTED SALARIES

INCREASE
(DECREASE)

(1) TOTAL SALARIES		\$		\$	\$	

EMPLOYEE FRINGE BENEFITS

CURRENT

PROJECTED

INCREASE
(DECREASE)

Social Security

Rate _____ %

Unemployment Insurance

Rate _____ %

Health Insurance

Average Cost per Employee \$ _____

Workmen's Compensation

Retirement

Other(Specify)

(2) TOTAL FRINGE BENEFITS

(3) CONSULTANT FEES

(A) TOTAL PERSONAL SERVICES (1 + 2 + 3)

DOCUMENT DATE

CSAS 47 (Rev 1/90)

BUDGET FOR SERVICES
DETAIL - EQUIPMENT, REMODELING AND CONTRACTS

DOCUMENT DATE _____

EQUIPMENT

No.	Item/Description	New/ Used	Unit Cost	Total Cost	Life/ Years	Current Year Of Depr'n Life	Current Year Depr'n	Projected Year Depr'n
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$

(C) TOTAL EQUIPMENT (DEPRECIATED) COSTS:

\$ _____ \$ _____

REMODELING: (County Operated Facilities Only)

Description:

(D) TOTAL REMODELING COSTS

\$ _____ \$ _____

BUDGET JUSTIFICATIONS / FOOTNOTES

DOCUMENT DATE

OBJECTIVE ANALYSIS

DOCUMENT DATE

- 1) First state your GOALS (refer to format instructions).
- 2) State your Output Objectives.
- 3) State your Outcome Objectives.

City and County of San Francisco

Department of Public Health
Division of Mental Health,
Substance Abuse and Forensic Services
Community Substance Abuse Services

FACSIMILE TRANSMISSION

TO NAME : Dille MD
COMPANY : AHP
CITY/STATE : _____
FAX NUMBER : _____

FROM NAME : Fragum
DATE : _____
TIME : _____

FACSIMILE NO. : (415) 255-3529NUMBER OF PAGES INCLUDING COVER : 26

We are transmitting to you from a Ricoh Fax 15

IF TRANSMISSION IS NOT COMPLETED, PLEASE CALL (415) 255-3500

PLEASE PRINT CLEARLY

I can't get a signature until mon.
But you can start work with this
Original Budget sheets in mail

Bud. Ins. - 1

CSAS - ALCOHOL AND DRUG PROGRAMS BUDGET SECTION INSTRUCTIONS

I. GENERAL

- A. Submit only the forms provided and specifically requested information.
- B. Prepare worksheets in the following order:
 - 1. CSAS-46, 55, 47, 48, 49.
 - 2. CSAS-45
 - 3. CSAS-50, 51, 52, 53, 54.
- C. Double check figures for consistency in narrative and correct calculations.
- D. Each page must have document date, all pages must have same document date.
- E. Round all figures to the nearest dollar.
- F. NEW PROPOSALS - Complete only the "projected year" columns.
- G. WHEN COMPLETED, BUDGET FORMS SHOULD BE REASSEMBLED IN NUMERICAL ORDER, i. e., 46,47, 48, etc. FOR PROPOSAL SUBMISSION.

II. WORKSHEETS

- A. PERSONNEL SERVICES (CSAS-46) - Use more than one CSAS-46 form if necessary. Show totals only on last CSAS-46 form used.
 - 1. Job Title Column
 - a. Itemize all current positions and any requested new position.
 - b. List all separate positions according to class titles.
 - 2. Current Number of Positions Column
 - a. Enumerate total number of funded positions by class.
 - 3. FTE Column
 - a. Indicate total full time equivalents for all funded positions.
 - 4. Current Total Salaries Column
 - a. Show total currently budgeted salaries for all itemized positions.
 - 5. Project Number of Positions Column
 - a. List total number of requested positions according to class title.

Bud. Ins. - 2

6. Projected FTE Column
 - a. Indicate total full time equivalents of each class.
7. Projected Total Salaries Column
 - a. Show total salaries of projected positions by class.
8. Increase (Decrease) Column
 - a. Show total increase or decrease between current and projected salaries.
9. Employee Fringe Benefits
 - a. Include rate or cost as indicated for all Fringe Benefits.
10. Consultant Fees
 - a. Show total program consultant fees. Include any staff for which Fringe Benefits are not paid.
 - b. Show detail of all fees on CSAS-49 Budget Justification.

B. Operating Cost Page (CSAS-47) - Use more than one CSAS-47 form if necessary. Show totals only on last CSAS-47 form used.

1. Administrative Overhead
 - a. May not constitute more than 15% of total net contract.
 - b. All expenses must be justified on CSAS-49.
2. Membership or subscriptions must be for the agency, not individual employees.
3. Staff Travel
 - a. Includes local work-related mileage.
 - b. Includes all local meetings.
4. Staff Education/Training
 - a. Includes reimbursement for registration, etc.
 - b. Written approval needed from Program Director, for out-of-County travel costs of less than \$500.
 - c. Out of State travel, or requiring travel funds more than \$500, must have written approval from the Director, CSAS.
5. Other
 - a. May charge loan expenses taken out to cover operation expenses or to meet payroll; shown as "Cost of Loan Administration."

C. Equipment, Remodeling and Contract (CSAS-48)

1. Equipment
 - a. Non-expendable property with a useful life in excess of three years.

Bud. Ins. - 3

- b. Property that costs more than \$400.
 - c. Must be depreciated.
 - d. Must be budgeted by item.
 - e. City/County of San Francisco retains ownership of any equipment purchase.
- 2. Remodeling
 - a. Expenditures are not allowed.
 - 3. Contract
 - a. Includes sub-contracts for direct services only.
- D. Budget Justification (CSAS-49)
- 1. Provide justification statements for all expenses shown on CSAS-46, 47, and 48.
 - 2. All statements must be in mathematical or outline format. Example:
Rent - 12 mos x \$3,200/mo = \$38,400 yr.
 - 3. Reference all statements to the original page.
 - 4. Show breakdown of administrative overhead.
 - 5. Show breakdown of all Consultants Fees.
- E. Summary/Recapitulation (CSAS-45)
- 1. Type of Service
 - a. List all service modalities included in your proposal.
 - 2. Personal Services
 - a. Transfer total amounts from current and projected total on CSAS-46 Personal Services.
 - 3. Operating Expenses
 - a. Transfer total amounts as above from CSAS-47 Operating Costs.
 - 4. Equipment
 - a. Transfer total amounts as above from CSAS-48 Equipment Section.
 - 5. Contracts
 - a. Transfer total amounts as above from CSAS-48 Contracts Section.
 - 6. F - J, should correspond with agency plans for revenue generation.

Bud. Ins. - 4

7. Definitions
 - a. Bookkeeper - In-house person who sorts and classifies bills.
 - b. Accountant - Person responsible for preparing Cost Reports, financial statements and closing books.
 - c. Auditor - Independent outside Certified Public accountant or Public Accountant who audits accounting record, preferably from a local accountant firm.

F. Breakdown by Service Element (CSAS-54) - Use more than one CSAS-54 form if necessary. Show totals only on last CSAS-54 form used.

1. Elements of Service
 - a. Enter current year elements of service ONLY IF PROPOSAL IS FOR CONTINUATION
 - 1] in their respective columns.
 - 2] under gross cost
 - 3] under revenues
 - 4] under net cost
 - 5] under funding source
 - b. Enter above information, except funding source, for projected contract year.
2. Revenues
 - a. Client Fees
 - 1] Includes all monies collected from clients.
 - 2] Fees collected must pay for services
 - 3] Fee revenue generated in excess of budgeted amount may be carried over into the following fiscal year. Roll over client fees must be shown under "Other Revenues."
 - b. Insurance
 - 1] State Disability and Department of Social Service rent vouchers.
 - 2] Any other third party payments.
 - c. Contracts & Grants
 - 1] Show only if this is a significant amount utilized in this specific program.
 - 2] This contract should not be listed

- d. Other
 - 1] In-Kind Units
 - 2] Authorized rollover units
 - 3. Fee System
 - a. Attach statement describing policy on fee collection.
 - b. Fee system must be described by service modality.
 - c. Cash collection procedures must be described by service modality.
 - 4. Definition of units of Service, See section "Definition of Service" in proposal guidelines.
- G. Objective Analysis (CSAS-50)
- 1. All goals, output objectives, outcome objectives must be itemized.
 - 2. Definitions
 - a. Goal - a broad statement of intent, not quantified.
 - b. Objective - quantified statement of progress that is specific, measurable, and time limited.
 - 1] Output - quantified statement of what and when.
 - 2] Outcome - quantified statement of results and for whom.
- H. Projected Cash Flow Forecast (CSAS-53)
- 1. Revenue
 - a. Footnote sources of revenues for months 1,2, & 3.
 - b. "Advances" will be received the end of the third month.
 - c. Enter all other sources of revenue as projected.
 - 2. Gross Cost - The sum of all expenses, including paybacks of loans.
 - 3. Net cash available = Total cash available less (-) gross cost.
- I. Management Plan (CSAS-51) NEW PROPOSALS ONLY
- 1. List pertinent work experience of the management team.
 - 2. List existing financial resources.
 - 3. Attach copies of two most recent independent audits.
 - 4. Describe any existing or past problem areas with reference to fiscal responsibility.

Bud. Ins. - 6

J. Timetable for Implementation (CSAS-52) NEW PROPOSALS ONLY

1. Describe the following for major process objectives:
 - a. Initial start-up date
 - b. Activity description
 - c. Completion date

K. Detail - Current Period Distribution of Salaries Among all Provider Contracts (CSAS-55)

1. Complete on all salaried employees.
2. List name and position.
3. Breakout funding support for positions in appropriate columns.

III FISCAL OBLIGATIONS

- A. Financial records must be maintained according to accepted accounting principles.
- B. An independent audit must take place for the contracted fiscal year.
- C. Quarterly Expenditure Statement (unaudited) are due the 27th of October, January and April.
- D. An annual Cost Report is due at the close of the fiscal year.
- E. Two types of changes may be made to contract budget amounts:
 1. Contract Modification - by approval of the Health Commission and the Board of Supervisors, a change in the net contract amount.
 2. Internal Budget Revision - By approval of CSAS, a change in the gross program revenues and budget but not in the net contract.
 3. All changes must be discussed in advance with the Program Liaison.
- F. Cost Guidelines for service units are as follows:
 1. CEII - Cost/Contract
 - a. Prevention/Education in Cost/Hour
 - b. Identification/Information in Cost/Contact
 2. Residential
 - a. Detox - Cost/Person Day
 - b. Res. Treat. Cost/Person Day
 - c. Rec. Home Cost/Person Day

Bud. Ins. - 7

3. Non-Residential - Cost/Client - Hour
 - a. Individual Counseling - One Hour of counseling for one person equals one client hour; partial hours accumulated and reported as full hour.
 - b. Family Counseling - One hour group session equals one client hour per participant.
 - c. Group Counseling - Individuals participation in one hour of a group session equals one client hour; eight persons in a one hour session equals eight client hours.
 - d. Home Counseling - Same as a.
 - e. Rehabilitation Counseling - Same as a.
 - f. Social-Environment Services - One person visit to a service component of the program

THE MANAGEMENT PLAN
(New Proposals Only)

DOCUMENT DATE

PROJECTED CASH FLOW FORECAST

DOCUMENT DATE _____

	Month 1	Month 2	Month 3	Quarter 2	Quarter 3	Quarter 4
REVENUES:						
(A) Revenue beginning balance from previous month						
(B) Revenue received during the month						
(C) TOTAL CASH (LOSS) = A + B						
EXPENSES:						
Personnel						
Operating Expenses						
Equipment						
Remodeling						
Contracts						
Others						
Government Services						
One-Time Costs						
(D) GROSS COST						
(E) NET CASH AVAILABLE Over(Under) = C - D						

CSAS 53 (Rev 1/90)

BUDGET FOR SERVICES

DOCUMENT DATE _____

BREAKDOWN OF COSTS AND REVENUES BY ELEMENT OF SERVICE

	Current Period	Projected Period	Current Period	Projected Period	Current Period	Projected Period	Current Period	Projected Period
ELEMENT OF SERVICE							TOTALS	
TOTAL GROSS COST								
REVENUES (Non-CSAS) (E - G)								
FEEES & INSURANCE								
OTHER								
TOTAL REVENUES								
NET COST (CSAS)								
PROJECTED SERVICE UNITS								
GROSS COST PER UNIT								

Notes:

BUDGET FOR SERVICES

DOCUMENT DATE _____

DETAIL - CURRENT PERIOD DISTRIBUTION OF SALARIES AMONG ALL PROVIDER CONTRACTS

Name	Total Annualized Salary Rate	This CSAS Contract			Non-CSAS cost center (names & amounts)				
Position Title	Dates of Service	No Mos	% Time	Salary Total	Amount	Amount	Amount	Amount	Amount
	=			+	+	+	+	+	
Salaries Total	=			+	+	+	+	+	
Fringe Rate _____ %	=			+	+	+	+	+	
Salaries and Fringes									

COMMUNITY SUBSTANCE ABUSE SERVICES
QUARTERLY UNAUDITED EXPENDITURE STATEMENT

DOCUMENT DATE _____

MODALITY ////////	Q U A R T E R							Quarter	Total	COMMENTS:
		Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	
Gross Exp.										
Units								////////	////////	
Cost/Unit								////////	////////	

MODALITY ////////	T O T A L							Quarter	Total	COMMENTS:
		Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	
Gross Exp.										
Units								////////	////////	
Cost/Unit								////////	////////	

QUARTERLY UNAUDITED REVENUE STATEMENT

MODALITY ////////	Q U A R T E R							Quarter	Total	COMMENTS:
		Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	
Gross Rev.										
All Other										
CSAS										

MODALITY ////////	T O T A L							Quarter	Total	COMMENTS:
		Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	
Gross Rev.										
All Other										
CSAS										

Contract Name: _____

Director's Signature/Date _____

SAMPLE

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In May 1988, the Federal Court (per Stone vs CCSF, 1982) ordered that the Department of Public Health prepare a long term plan to address the necessary health issues of the incarcerated mentally ill. The long term plan includes working with city and county government and CBO's to place individuals in the appropriate service system instead of using jail housing as an answer for inmate needs.

Effective mental health treatment in the jail setting combines a variety of treatment modalities within the jail, and also provides links to community based mental health,

substance abuse and social service agencies. Some inmates with mental health and substance abuse problems may be more appropriately served in community treatment programs. Inmates could be transferred prior to sentencing, as an alternative sentence, or after discharge from jail to provide indicated treatment and reduce the possibility of recidivism.

The Division of Forensic Services recognizes that community based treatment and services are not currently available and the Division is pursuing the development of a jail aftercare system which includes residential and day treatment components. The residential and day treatment component will address the variety of mental health, substance abuse and social service needs of this group. The individuals referred for residential treatment may also have ties to the criminal justice system. Therefore, working with the probation department, the courts and representatives from other county jail agencies will need to be addressed by the residential program.

II. Goal Statement

The goals of the Forensic Residential Treatment Project are as follows:

- a) To provide 24-hour residential treatment services (including day treatment) to mentally ill adults referred from the San Francisco County jail system, by Jail Psychiatric Services.
- b) To reduce over-crowding in County Jail #1
- c) To provide alternatives to incarceration
- d) To implement Forensic Services long term mental health plan by providing community based treatment alternatives to mentally ill adults in jail.

III. Target Population

The target population for this project includes mentally ill adults 18 years and older who may be indigent or homeless, who may also have a history of substance abuse, and who

have been selected for mental health treatment as an alternative to incarceration. All participants will be referred by Jail Aftercare Services. Case management will be provided by Jail Psychiatric Services or Citywide Case Management. Final authority for all referrals rests with Jail Aftercare Services.

IV. Units of Services

For the purpose of this program a unit of service is defined as a twenty-four (24) hour residential treatment day.

V. Budget

The twelve (12) month budget for this program should not exceed \$93,000 and should serve ten (10) clients daily and 30-40 clients annually. Residential services may be within the existing DMSF funded residential continuum.

VI. Methodology

The provider will address the following special programatic concerns:

- a) Develop system for immediate bed availability to program upon referral
- b) Develop a plan for day treatment services within residential programs
- c) Day treatment services will include the following services:
 - 1) individual therapy
 - 2) group therapy
 - 3) provision of medication
 - 4) crisis intervention
 - 5) referral for hospitalization (if needed)
 - 6) substance abuse treatment
 - 7) vocational rehabilitation services

- 8) access to entitlements
 - 9) referral for health care
 - 10) socialization
- d) Develop a plan for reporting treatment violations and other pertinent information to the probation department
- e) Submit monthly provider reports to DMSF and Jail Aftercare containing the following information:
- 1) client name
 - 2) date of birth
 - 3) admission date
 - 4) legal status
 - 5) date of discharge
 - 6) discharge source
 - 7) number of patient days utilized
 - 8) other information as required

COMMUNITY SUBSTANCE ABUSE SERVICES - PROPOSAL SUMMARY
DIVISION OF ALCOHOL AND DRUG PROGRAMS

1. NAME/ADDRESS OF PARENT ORGANIZATION:

2. NAME/ADDRESS OF SERVICE PROVIDER

Dir:	Tel:	Dir:	Tel:
Bd Chair:	Tel:	Bd Chair:	Tel:

3. SERVICES TO BE PROVIDED (check where appropriate)

ADMINISTRATION CONTRACT

_____ Administration

CELL: Prevention/Information:

_____ School & Gen Public

CELL: Identification/Information:

_____ Information & Referral
 _____ Resource Development
 _____ Occupational & Employee Prog
 _____ Information/Education
 _____ Identification/Transportation
 _____ Diversion/Court Referral
 _____ Drop-In Services
 _____ HIV/AIDS Services

NON-RESIDENTIAL SERVICES:

_____ Individual Counseling
 _____ Family Counseling
 _____ Group Counseling
 _____ Home Counseling Visits
 _____ Rehabilitation Activities
 _____ Drinking Driver Prog (SB 38)
 _____ Environmental Services
 _____ Methadone Services
 _____ Non-Residential Detoxification
 _____ First Offender

RESIDENTIAL SERVICES:

_____ Detoxification Services
 _____ Residential Services
 _____ Recovery Home

4. STAFF REQUESTED (by FTE's): _____ Administrative; _____ Program; Advance Degrees/State
 Licensed; _____ Program: Non-Advanced degrees/counseling; _____ Other; _____
 Total Staff FTE _____

5. _____ NEW PROPOSAL; _____ RENEWAL PROPOSAL (Date of original contract: _____)
 _____ MODIFICATION; _____ INTERNAL BUDGET REVISION

6. DOCUMENT DATE _____

7. CONTRACT PERIOD FROM: _____ THROUGH: _____

8. TOTAL NET REQUEST \$ _____

BUDGET FOR SERVICES BY MODALITY

SERVICE					TOTAL
GROSS COST					
REVENUE-NON CSAS					
NET COST-CSAS AWARD					
Projected Service Units					
Gross Cost Per Unit					
# of Unduplicated Clients					

BUDGET FOR SERVICES
SUMMARY/RECAPITULATION

DOCUMENT DATE _____

NAME OF FACILITY: _____

NAME OF ORGANIZATION: _____

NEW / CONTINUING: _____

FOR FISCAL PERIOD: _____

THROUGH _____

OF MONTHS : _____

TYPE OF SERVICE: _____

EXPENDITURE SUMMARYCURRENT
BUDGET *
(MONTHS)PROJECTED
BUDGET **
(MONTHS)

A. PERSONAL SERVICES
 B. OPERATING EXPENSES
 C. EQUIPMENT DEPRECIATION
 D. REMODELLING
 (COUNTY OPERATED ONLY)

TOTAL EXPENDITURES

\$ _____

\$ _____

REVENUE SUMMARY

NON-CSAS

E. CLIENT FEES

F. INSURANCE

G. OTHER (Specify)

NON-CSAS SUBTOTAL

\$ _____

\$ _____

CSAS

H. CONTRACT AWARD

I. OTHER CSAS (Specify)

CSAS SUBTOTAL

\$ _____

\$ _____

TOTAL REVENUES

\$ _____

\$ _____

Bookkeeper/Accountant: _____

Tel No: _____

Auditor: _____

Tel No: _____

* Current Budget is the latest budget approved and on file with CSAS.

**Projected Budget refers to the "NEW" Budget presented for approval.

DOCUMENT DATE

EMPLOYEE FRINGE BENEFITS	CURRENT	PROJECTED	INCREASE (DECREASE)
Social Security			
Rate _____ %			
Unemployment Insurance			
Rate _____ %			
Health Insurance			
Average Cost per Employee \$ _____			
Workmen's Compensation			
Retirement			
Other(Specify)			
(2) TOTAL FRINGE BENEFITS	\$ _____	\$ _____	\$ _____
(3) CONSULTANT FEES	_____	_____	_____
(A) TOTAL PERSONAL SERVICES (1 + 2 + 3)	\$ _____	\$ _____	\$ _____

BUDGET FOR SERVICES
DETAIL - EQUIPMENT, REMODELING AND CONTRACTS

DOCUMENT DATE _____

EQUIPMENT

No.	Item/Description	New/ Used	Unit Cost	Total Cost	Life/ Years	Current Year Of Depr'n Life	Current Year Depr'n	Projected Year Depr'n
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$
			\$	\$			\$	\$

(C) TOTAL EQUIPMENT (DEPRECIATED) COSTS:

\$ _____ \$ _____

REMODELING: (County Operated Facilities Only)

Description:

(D) TOTAL REMODELING COSTS

\$ _____ \$ _____

BUDGET JUSTIFICATIONS / FOOTNOTES

DOCUMENT DATE

OBJECTIVE ANALYSIS

DOCUMENT DATE

- 1) First state your GOALS (refer to format instructions).
- 2) State your Output Objectives.
- 3) State your Outcome Objectives.

**UCSF AIDS HEALTH PROJECT
AIDS AND SUBSTANCE ABUSE PROGRAM (ASAP)
ADMINISTRATIVE POLICIES AND PROCEDURES**

Direct Services Component

1. INITIAL CLIENT CONTACT

- 1.1 Referring professional/client calls centralized phone number for appointment for consultation/Intake. Initial information regarding program is given.
- 1.2 Referring professional/client is given appointment time/place/name of staff for evaluation, assessment and referral.
- 1.3 Client is referred to other resources if they are not appropriate or do not desire services offered by ASAP.

2. CONSULTATION/INTAKE

- 2.1 Client is assessed regarding his/her current situation, problem areas, medical/mental status, medical/psychiatric history, and current and past use of substances.
- 2.2 Clinical decisions are made and discussed with client.
- 2.3 Assessment recommendations/referral:
 - a. If client accepts recommendation for treatment, staff member contacts appropriate treatment program and obtains current treatment slot availability.
 - b. Client is requested to sign a disclosure authorization.

- c. If intake is a pre-entry evaluation for outside agency (e.g. Shanti Residence, Peter Claver, Walden House) consent for information disclosure must be signed before any disclosure. If client elects to not offer consent no disclosure occurs.
- 2.4 Crisis counseling. If client presents to health consultation in crisis, crisis oriented counseling/referral will supersede above procedures (see "Psychiatric Referral Procedures"). Additional crisis sessions can be conducted when necessary in order to provide a safe effective transition to appropriate referral.

3. ADMISSION CRITERIA

- 3.1 Eligibility for services is determined by patient/client's exposure to HIV infection. Patients of SFGH considered at high risk for HIV infection will also be offered services.
- 3.2 Exclusion of Services
 - a. Clients/patients will not be denied service.
- 3.3 Fee Agreement
 - a. There are no fees.

4. DISPOSITION

- 4.1 Impression and treatment plan are documented in client file.
- 4.2 If client can be immediately placed in a treatment program, clinician assists client in securing treatment slot (e.g. coordinating hospital discharge).
- 4.3 If appropriate treatment slots are unavailable ASAP staff will attempt to place patient/client in a clean/sober setting pending treatment availability.

- 4.4 If patient/client declines ASAP services at this interview, patient/client is advised to access ASAP services at a future time.
- 4.5 Disposition meeting is held on the second and fourth week of the month to discuss specific clinical issues and clients with special needs.

5. PROBLEM RESOLUTION/GRIEVANCE PROCEDURE

- 5.1 Problems relating to admission procedures are dealt with primarily by staff member who has initial contact.
- 5.2. If problem cannot be resolved in this way, the Coordinator of the Hospital Services will be consulted.
- 5.3 If problem cannot be resolved in this way, the Director of AHP will be consulted.

6. CLIENT CONFIDENTIALITY

- 6.1 All staff and volunteers will understand and adhere to rules regarding confidentiality as outlined by the Welfare and Institution Code and Title 9, California Administrative Code. All AIDS Health Project staff and volunteers will read and sign the Oath of Confidentiality.
- 6.2 Any intake clinician with questions about what data should be recorded, and in what manner, should speak with the Hospital Services Program Coordinator to clarify clinical issues and language choices.

7. QUALITY ASSURANCE

7.1 Continuity of Care

- a. During Disposition Meeting, specific problems related to clients are discussed, specific problems related to the delivery system are discussed and policy changes are made.
- b. Periodic case record review is conducted to assure accurate documentation and to determine appropriateness of treatment plan.

7.2 Staff Supervision

- a. The Coordinator of Hospital Services directly supervises staff members of the ASAP program regarding problems relating to providing services to this population.
- b. The Director of The AIDS Health Project is available for clinical supervision when specific clinical problems arise in Intake or group sessions.

8. PROTOCOL FOR SUBMISSION OF CLIENT FORMS

8.1 CONFIDENTIAL CLIENT INFORMATION SHEET

Description:

Substance abuse assessment and demographic information.

Explaining form to client:

Information is confidential. Anything client prefers not to answer may be left blank. Further questions regarding info sheet may be asked during intake.

Procedure:

- a. Completed form to ASAP locked files.

- b. Second part, without name, entered into computer records for demographic purposes.
- c. ASAP retains files for seven years after last contact with client. They will be destroyed after that time.

Education and Training Component

1. INITIAL CLIENT CONTACT (Agency/Professional)

- 1.1 Client calls ASAP for consultation with staff member.
- 1.2 Basic information regarding program is given. Client is redirected to more appropriate provider if applicable (e.g. general AIDS information, S.F. AIDS Foundation).
- 1.3 Client is given appointment time/plan for consultation.

2. CONSULTATION

- 2.1 Client (agency/professional) is interviewed to establish areas of concern and a training plan is created.
- 2.2 Logistical arrangements are agreed upon.
- 2.3 Training participants will complete an evaluation at the conclusion of the training.

3. PROBLEM RESOLUTION/GRIEVANCE PROCEDURE

- 3.1 Problems related to training are dealt with primarily by staff member who has initial contact.
- 3.2 If problem cannot be resolved in this way, the Coordinator of Hospital Services will be consulted.

- 3.3 If problem cannot be resolved in this way, the Director of AHP will be consulted.

4. CLIENT CONFIDENTIALITY

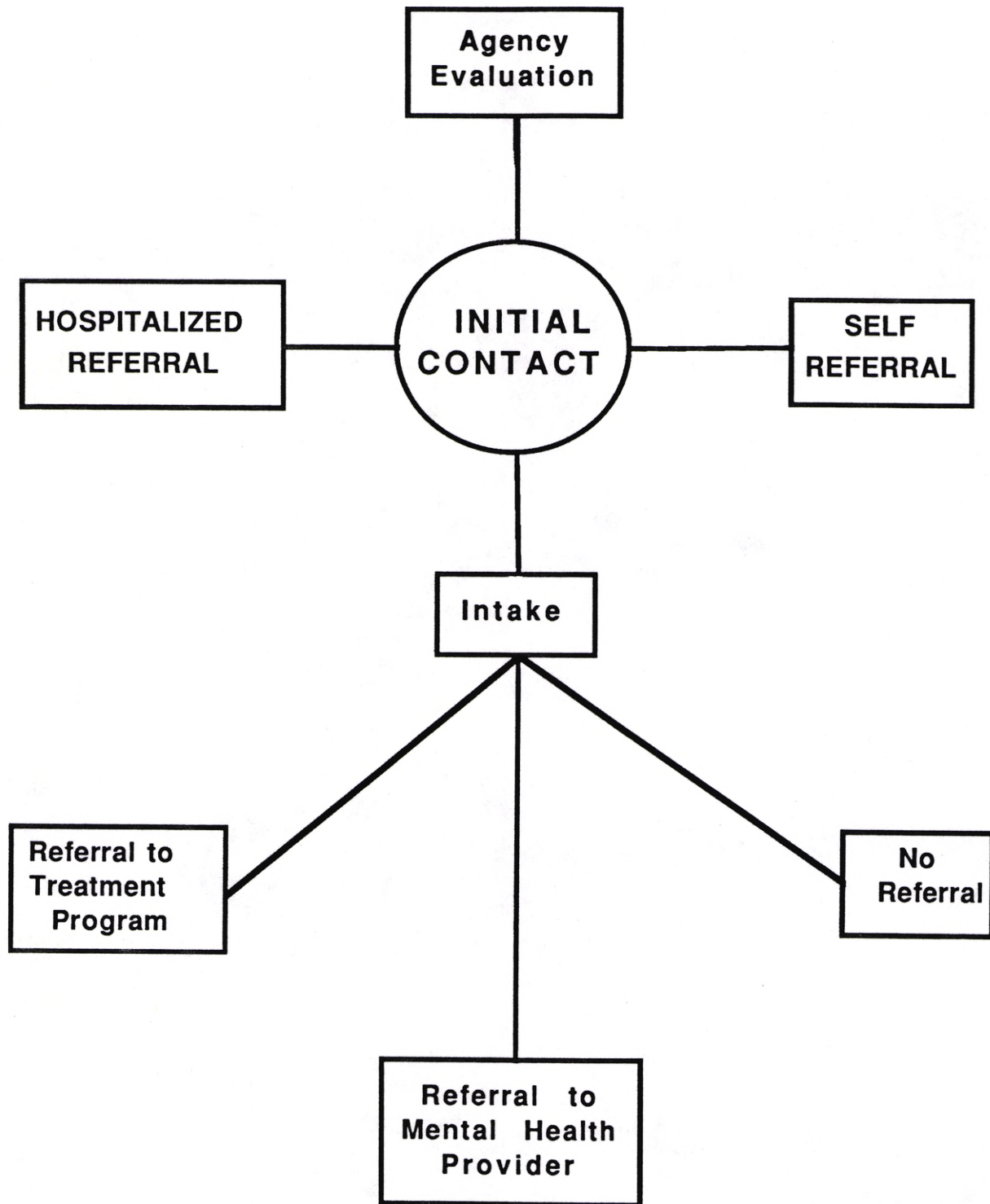
- 4.1 All staff and volunteers will understand and adhere to rules regarding confidentiality as outlined by the Welfare and Institution Code and Title 9, California Administrative Code. All AIDS Health Project staff and volunteers will read and sign the Oath of Confidentiality.
- 4.2 All notes, records, training outlines and evaluations will be considered confidential. These files will be kept locked.

5. QUALITY ASSURANCE

5.1 Staff Supervision

- a. The Coordinator of Hospital Services directly supervises staff members of the ASAP program regarding problems relating to providing services to this population.
- b. The Director of The AIDS Health Project is available for clinical supervision when specific clinical problems arise in Intake or group sessions.

**AIDS & Substance Abuse Program
Client Flow Chart
Direct Services**



**AIDS & Substance Abuse Program
Client Flow Chart
Education and Training**

