City and County of San Francisco

Office of Contract Administration

Purchasing Division

First Amendment

THIS AMENDMENT (this "Amendment") is made as of **March 20, 2022** in San Francisco, California, by and between **Seneca Family of Agencies – dba Seneca Center** ("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; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through Request for Proposals ("RFP"), RFP 33-2016 issued on 11/2/16, RFQ 17-2016 issued on 7/20/16, RFP 1-2017 issued on 3/7/17 and RFQ 13-2017 issued on 9/28/17, and this modification is consistent therewith; and

WHEREAS, approval for the original Agreement was obtained from the Civil Service Commission under PSC number 46987-16/17 on August 3, 2020 in the amount of $233,200,000 for the period of 7/1/2017-6/30/2027 and on 44670-16/17 on May 20, 2019 in the amount of $38,400,000 for the period of 7/1/2017-6/30/2026 and 48427-17/18 on July 15, 2019 in the amount of $292,051,200 for the period of 1/1/2018-12/31/2027; and.

WHEREAS, approval for this contract was obtained when the Board of Supervisors approved Resolution number 331-18 on October 12, 2018 and Amendment-1 on ________.

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2018, (Contract ID# 1000009939) between Contractor and City as amended by this First amendment.

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

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

2.1 **Definitions.** *The following is hereby added to the Agreement as a Definition in Article 1:*

1.10 “Confidential Information” means confidential City information including, but not limited to, personally-identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

2.2 **Term.** *Section 2.1 Term of the Agreement currently reads as follows:*

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on June 30, 2022, unless earlier terminated as otherwise provided herein.

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

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on December 31, 2027, unless earlier terminated as otherwise provided herein.

2.3 **Payment**. *Section 3.3.1 Payment of the Agreement currently reads as follows:*

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediately preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Forty Million Five Hundred Twenty Nine Thousand Four Hundred Forty Four Dollars ($40,529,444).** The breakdown of charges associated with this Agreement appears in Appendix B, “Calculation of Charge ns,” attached hereto and incorporated by reference as though fully set forth herein. 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:

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been

satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Fifty-Seven Million One Hundred Fourteen Thousand Four Hundred Eighty-Six Dollars ($57,114,486).** The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

2.4 Audit and Inspection of Records. *The following is hereby added and incorporated into Article 3 of the Agreement:*

3.4 **Audit and Inspection of Records.**

3.4.1 Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. 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 fewer than five years, unless required for a longer duration due to Federal, State, or local requirements of which the City will notify contractor in writing, 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 as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

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 $750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

3.4.2 If Contractor expends less than $750,000 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.

3.4.3 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, 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.

3.4.4 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.

2.5 Contract Amendments; Budgeting Revisions. *The following is hereby added and incorporated into Article 3 of the Agreement:*

3.7 Contract Amendments; Budgeting Revisions.

3.7.1 **Formal Contract Amendment.** Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.7.2 **City Revisions to Program Budgets.** The City shall have authority, without the execution of a Formal Amendment, to purchase additional Services and/or make changes to the work in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the Compensation or the Term by use of a written City Program Budget Revision.

3.7.3 **City Program Scope Reduction.** Given the local emergency, the pandemic, and the City's resulting budgetary position, and in order to preserve the Agreement and enable Contractor to continue to perform work albeit potentially on a reduced basis, the City shall have authority during the Term of the Agreement, without the execution of a Formal Amendment, to reduce scope, temporarily suspend the Agreement work, and/or convert the Term to month-to-month (Program Scope Reduction), by use of a written Revision to Program Budgets, executed by the Director of Health, or his or her designee, and Contractor. Contractor understands and agrees that the City's right to effect a Program Scope Reduction is intended to serve a public purpose and to protect the public fisc and is not intended to cause harm to or penalize Contractor. Contractor provides City with a full and final release of all claims arising from a Program Scope Reduction. Contractor further agrees that it will not sue the City for damages arising directly or indirectly from a City Program Scope Reduction.

2.6 Personnel. *The following is hereby added and incorporated into Article 4 of the Agreement:*

4.2 **Personnel**

4.2.1 **Qualified Personnel**. Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at

City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.2.2 **Contractor Vaccination Policy**.

(a) Contractor acknowledges that it has read the requirements of the 38th Supplement to Mayoral Proclamation Declaring the Existence of a Local Emergency ("Emergency Declaration"), dated February 25, 2020, and the Contractor Vaccination Policy for City Contractors issued by the City Administrator ("Contractor Vaccination Policy"), as those documents may be amended from time to time. A copy of the Contractor Vaccination Policy can be found at: https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors.

(b) A Contract subject to the Emergency Declaration is an agreement between the City and any other entity or individual and any subcontract under such agreement, where Covered Employees of the Contractor or Subcontractor work in-person with City employees in connection with the work or services performed under the agreement at a City owned, leased, or controlled facility. Such agreements include, but are not limited to, professional services contracts, general services contracts, public works contracts, and grants. Contract includes such agreements currently in place or entered into during the term of the Emergency Declaration. Contract does not include an agreement with a state or federal governmental entity or agreements that do not involve the City paying or receiving funds.

(c) In accordance with the Contractor Vaccination Policy, Contractor agrees that:

(i) Where applicable, Contractor shall ensure it complies with the requirements of the Contractor Vaccination Policy pertaining to Covered Employees, as they are defined under the Emergency Declaration and the Contractor Vaccination Policy, and insure such Covered Employees are either fully vaccinated for COVID-19 or obtain from Contractor an exemption based on medical or religious grounds; and

(ii) If Contractor grants Covered Employees an exemption based on medical or religious grounds, Contractor will promptly notify City by completing and submitting the Covered Employees Granted Exemptions Form ("Exemptions Form"), which can be found a*t* https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors (navigate to "Exemptions" to download the form).

(d) The City reserves the right to impose a more stringent COVID-19 vaccination policy for the San Francisco Department of Public Health, acting in its sole discretion.

2.7 **Assignment.** *The following is hereby added to Article 4 of the Agreement, replacing the previous Section 4.5 in its entirety:*

4.5 **Assignment.** The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture, a joint venture partner, (collectively referred to as an "Assignment") unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City's approval of any such Assignment is subject to the Contractor demonstrating to City's reasonable

satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

2.8 **Insurance.** *The following is hereby added to Article 5 of the Agreement, replacing the previous Section 5.1 in its entirety:*

5.1 **Insurance.**

5.1.1 **Required Coverages**. Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. 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:

(a) Commercial General Liability Insurance with limits not less than $1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations. Policy must include Abuse and Molestation coverage.

(b) 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.

(c) Workers' Compensation Insurance, in statutory amounts, with Employers' Liability Limits not less than $1,000,000 each accident, injury, or illness.

(d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than $1,000,000 for each claim with respect to negligent acts, errors or omissions in connection with the Services.

(e) Blanket Fidelity Bond or Crime Policy with limits of in the amount of any Initial Payment included under this Agreement covering employee theft of money written with a per loss limit.

(f) Reserved (Technology Errors and Omissions Liability Insurance)

(g) Cyber and Privacy Insurance with limits of not less than $1,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

(h) Reserved. (Pollution Liability Insurance).

5.1.2 **Additional Insured Endorsements**

(a) The Commercial General Liability policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(b) The Commercial Automobile Liability Insurance policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(c) The Commercial Automobile Liability Insurance policy must be endorsed to include (i) Auto Pollution Additional Insured Endorsement naming as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees; and (ii) Form MCS-90 for Motor Carrier Policies of Insurance for Public Liability under Sections 29 and 30 of the Motor Carrier Act of 1980.

5.1.3 **Waiver of Subrogation Endorsements**

(a) 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.

5.1.4 **Primary Insurance Endorsements**

(a) The Commercial General Liability policy shall provide 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 the insurance applies separately to each insured against whom claim is made or suit is brought.

(b) The Commercial Automobile Liability Insurance policy shall provide 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 the insurance applies separately to each insured against whom claim is made or suit is brought.

(c) Reserved. (Pollution Liability Insurance Primary Insurance Endorsement).

5.1.5 **Other Insurance Requirements**

(a) Thirty (30) days' advance written notice shall be provided to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: luciana.garcia@sfdph.org.

(b) 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 Agreement term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

(c) 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.

(d) 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.

(e) 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.

(f) 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.

2.9 **Indemnification.** *The following is hereby added to Article 5 of the Agreement, replacing the previous Section 5.2.1 in its entirety:*

5.2.1 Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises 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, 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. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. 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.

2.10 **Withholding.** *The following is hereby added to Article 7 of the Agreement:*

7.3 **Withholding.** Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this

Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

2.11 Consideration of Salary History. *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.4 in its entirety:*

10.4 Consideration of Salary History. Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at https://sfgov.org/olse/consideration-salary-history. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

2.12 Limitations on Contributions. *The following is hereby added to Article 10 of the Agreement, replacing the previous 10.11 in its entirety:*

10.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges its obligations under section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of 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, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. 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 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract and has provided the names of the persons required to be informed to the City department with whom it is contracting.

2.13 Distribution of Beverages and Water. *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.17 in its entirety:*

10.17 Distribution of Beverages and Water.

10.17.1 **Sugar-Sweetened Beverage Prohibition.** Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.17.2 **Packaged Water Prohibition.** Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

2.14 Notification of Legal Requests. *The following is hereby added to Article 11 of the Agreement:*

11.14 Notification of Legal Requests. Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

2.15 Exclusion Lists and Employee Verification. *The following is hereby added to Article 12 of the Agreement:*

12.5 Exclusion Lists and Employee Verification

Upon hire and monthly thereafter, Contractor will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists must be retained for seven years.

2.16 Management of City Data and Confidential Information, *The following is hereby added and incorporated into Article 13 of the Agreement:*

13.4 Management of City Data and Confidential Information

13.4.1 **Use of City Data and Confidential Information.** Contractor agrees to hold City's Data received from, or collected on behalf of, the City, in strictest confidence.

Contractor shall not use or disclose City's Data except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Data outside the United States is subject to prior written authorization by the City. Access to City's Data must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.4.2 **Disposition of Confidential Information**. Upon request of City or termination or expiration of this Agreement, and pursuant to any document retention period required by this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all data given to or collected by Contractor on City's behalf, which includes all original media. Once Contractor has received written confirmation from City that City's Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractors environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

2.17 **Protected Health Information.** *The following is hereby added to Article 13 of the Agreement, replacing the previous 13.4 in its entirety:*

13.6 **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.

The Appendices listed below are Amended as follows:

2.18 Appendices A, A-1 through A-12 dated 12/1/2021 (i.e., December 1, 2021) are hereby added for FY 2021-22.

2.19 Appendices B, B-1 through B-12 dated 12/1/2021 (i.e., December 1, 2021) are hereby added for FY 2021-22.

2.20 Appendix D- Data Access and Sharing Terms is hereby added for this Amendment.

2.21 Delete Appendix E-HIPAA Business Associate Agreement with Original Agreement and replace in its entirety with Appendix E-HIPAA Business Associate Agreement dated 4/12/18 to Agreement as amended.

2.22 Appendix F: Invoices Templates corresponding with this FY 2021-22 Second Amendment are hereby added for Fiscal Year 2021-22.

2.23 Delete Appendix J- Substance Use Disorder Services with Original Agreement and replace in its entirety with Appendix J- Substance Use Disorder Services 10/12/21 to Agreement as amended.

The Appendices listed below are Amended as follows:

2.17 Appendices A, A-1 through A-7, A-9 through A-12 dated 3/20/2022 (i.e., March 20, 2022) are hereby added for FY 2021-22.

2.18 Appendices B, B-1 through B-7, B-9 through B-12 dated 3/20/2022 (i.e., March 20, 2022) are hereby added for FY 2021-22.

2.19 Appendix D- Data Access and Sharing Terms is hereby added for this Amendment.

2.20 Delete Appendix E-HIPAA Business Associate Agreement with Original Agreement and replace in its entirety with Appendix E-HIPAA Business Associate Agreement dated 4/12/18 to Agreement as amended.

2.21 Appendix F: Invoices Templates corresponding with this FY 2021-22 Second Amendment are hereby added for Fiscal Year 2021-22.

2.22 Delete Appendix J- Substance Use Disorder Services with Original Agreement and replace in its entirety with Appendix J- Substance Use Disorder Services 10/12/21 to Agreement as amended.

Article 3 Effective Date

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

Article 4 Legal Effect

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

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

CITY

Recommended by:

____

Grant Colfax, MD Date

Director of Health

Department of Public Health

Approved as to Form:

David Chiu

City Attorney

By: _________________________________

Henry Lifton Date

Deputy City Attorney

Approved:

____

Sailaja Kurella Date

Director, Office of Contract Administration, and Purchaser

CONTRACTOR

Seneca Family of Agencies – dba Seneca Center

____

Leticia Galyean Date

Executive Director

2275 Arlington Drive

San Leandro, CA 94578

Supplier ID: 0000011264

Appendix A
Scope of Services – DPH Behavioral Health Services

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1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Mojica, Richelle-Lynn, 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. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS 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 Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement.

Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

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

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

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

V. Compliance with Grant Award Notices:

Contractor recognizes that funding for this Agreement may be provided to the City through federal, State or private grant funds. 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

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

Appendix A-1 Therapeutic Behavioral Services (TBS)
Appendix A -2 Intensive Therapeutic Foster Care (ITFC)
Appendix A-3 Short Term Connections-Intensive Support Services
Appendix A-4 Long Term Connections – Wraparound Services
Appendix A-5 School Based Services
Appendix A-6 Youth Transitional Services (YTS)
Appendix A-7 Allm Higher
Appendix A-8 Reserved
Appendix A-9 San Francisco Connections Dialectical Behavioral Therapy Program (DBT)
Appendix A-10 Reserved (Previous – SOAR)
Appendix A-11 Compass
Appendix A-12 Transitional Aged Youth Full Service Partnership (TAYFSP)

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City 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.

1. **Identifiers:**
   Therapeutic Behavioral Services (TBS)
   2513 24th Street
   San Francisco, CA 94110
   Telephone: (415) 642-5968, Fax: (415) 695-1263
   http://www.senecafoa.org/

   Contractor Address, City, State, ZIP:
   Seneca Family of Agencies
   8945 Golf Links Road
   Oakland, CA 94605

   Executive Director/Program Director: Amy Kirsztajn
   Telephone: (415) 672-9383
   Email Address: amy_kirsztajn@senecacenter.org

   Program Code(s): 38KT5

2. **Nature of Document:**

   ☐ Original ☒ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. **Goal Statement:**
   TBS services are provided to clients in need of behavioral health treatment to prevent placement disruption or to increase the likelihood of a successful transition to a lower level of care.

4. **Priority Population:**
   Children and adolescents are referred by SF CBHS and SF Child Crisis. Youth must be Medi-Cal eligible and meet class and eligibility requirements for TBS.

5. **Modality(s)/Intervention(s):**
   A. *Modality of Service/intervention*
      Refer to CRDC.

   B. *Definition of Billable Services*
      - <u>Therapeutic Behavioral Services:</u> Therapeutic Behavioral Services (TBS) is a short term, intensive, one-to-one behavioral intervention available to certain mental health system clients who are EPSDT Medi-Cal eligible, and whose behaviors or symptoms are placing them at risk of placement in a higher level of care or preventing them from stepping down from level 12 or higher group home care.

6. Methodology:

A. *Outreach, recruitment, promotion, and advertisement*
Referrals are provided to Seneca Family of Agencies (SFA) by the DPH TBS Coordinator and by Child Crisis.

B. *Admission, enrollment and/or intake criteria and process where applicable*
All criteria is pre-established by referring party and referring stakeholder prior to us receiving referral.

C. *Service delivery model*
Treatment services are designed to stabilize placements or increase the likelihood of a successful transition to a lower level of care. Services will supplement those mental health services already in place, and be provided in the most appropriate setting. Services will be individualized and designed to meet the unique needs of each child referred for services. Services will be provided in community 7 days a week as needed. This service does not conduct a CANS/TPOC on Avatar as it utilizes referring parties.

D. Discharge Planning and exit criteria and process
Discharge planning is discussed in team meetings including referring party, stakeholders and family members. Discharge occurs when all TBS tx goals have been met and/or team feels confident in treatment progress. Lower level services such as individual/family therapy referrals may be provided upon discharge.

E. *Program Staffing*
Team is made up of a supervisor and masters level clinicians. All staff are funded by DPH/EPSDT funding

F. Vouchers
Not applicable.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Children, Youth and Families Performance Objectives FY21-22.

8. Continuous Quality Improvement:

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. *Achievement of Contract Performance Objectives*

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. *Documentation Quality, including internal audits*
Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. *Cultural competency of staff and services*
All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. *Client satisfaction*
Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families

are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. *Measurement, analysis, and use of CANS or ANSA data*
For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language:
Not Applicable.

1. **Identifiers:**
   Intensive Therapeutic Foster Care
   2513 24th Street
   San Francisco, CA 94110
   Telephone: (415) 642-5968, Fax: (415) 695-1263
   http://www.senecafoa.org/

   Contractor Address, City, State, ZIP:
   Seneca Family of Agencies
   8945 Golf Links Road
   Oakland, CA 94605

   Executive Director/Program Director: Amy Kirsztajn
   Telephone: (415) 672-9383
   Email Address: amy_kirsztajn@senecacenter.org

   Program Code(s): 38CQ6

2. **Nature of Document:**

   ☐ Original ☒ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. **Goal Statement:**
   The goal of this program is to provide foster home placements for San Francisco youth who are at risk of placement in a residential treatment program, or those needing to step down from a residential program. Foster Care services will be designed to work with a relative family so that within 6-9 months a child may be able to step down from foster care into a relative or kinship family home.

4. **Priority Population:**
   Children and adolescents through age 18 referred by S. F. Mental Health, S.F. Human Services Agency (HSA) or S.F. Probation who are likely to benefit from an intensive foster care placement, with relative family placement the planned outcome. Referred clients that meet Connections criteria will receive ITFC services delivered through Connections staff, and those clients that do not meet Connections criteria will be served through the Seneca ITFC foster care program. The goal for both target populations will be to return children to their kin families within 6-9 months.

5. **Modality(s)/Intervention(s):**
   A. *Modality of Service/intervention*
      Refer to CRDC.

B. *Definition of Billable Services*

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

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

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

- Medication Support Services: "Medication Support Services" mean those services that include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of beneficiary.

6. Methodology:

A. *Outreach, recruitment, promotion, and advertisement*
Leaders participate in quarterly meetings with SF County and other FFA to present Seneca's services. Leaders are also present at the weekly MAST meetings where these services are mentioned.

B. *Admission, enrollment and/or intake criteria and process where applicable*
Seneca accepts referrals from the placing agency. All referrals are received by a member of Seneca's staff either by telephone, email, text or in person contact with a member of Seneca's staff regarding a particular child. All referrals are reviewed by Seneca's treatment team prior to initial acceptance. The resource family who will parent the child is part of the screening process. Determination of whether or not a child is appropriate for placement will occur providing the treatment team has adequate information to make a

determination. In a matching situation there will be a conference between the referring agency worker, Seneca's worker and the prospective resource family prior to placement to discuss the child's needs and treatment goals. The treatment goals, expected length of placement, educational and social special needs, and expectations regarding the child's involvement with his family shall be recorded in a written form and signed by both placing agency and the Seneca worker.

C. *Service delivery model*

- All Seneca staff are trained in Unconditional Care, the clinical practice model developed by Seneca during the last three decades. As a clinical treatment model, Unconditional Care weaves together relational, behavioral and ecological approaches to assessment and intervention, using all three "streams" to inform and infuse all interactions with children and families from the moment of referral to discharge. The relational stream draws upon Attachment Theory to define each youth and family member's internal working model of relationships and how those relationships influence their behaviors and attachments. The behavioral stream uses Learning Theory to analyze how a youth or young adult's behaviors are learned and sustained by reinforcements and motivators in his/her environment. Finally, the ecological stream draws upon Systems Theory to analyze environmental stressors and strengths and determine the durability of the natural support system of the youth/young adult and family. Consideration of these three life dimensions guide staff in planning and implementing services in a way that is trauma-informed and responsive to the needs of each youth/young adult and their family connections.
- Conduct intake assessment session(s) with youth and family to introduce services, gain informed consent, and gather assessment information.
- Complete a full CANS assessment, identifying the strengths and needs of the youth and family.
- Coordinate service provision with County agency staff, probation, courts, community providers and stakeholders, families, and schools.
- Services are administered within the community, office setting, and the home setting
- Hours of operation are typically 9a – 5p for admin staff, 10a – 6p for direct care staff, and 24 hours for the emergency support line

D. *Discharge Planning and exit criteria and process*

Discharge occurs from our program in one of two ways, planned or unplanned. From the time of intake, the Seneca social worker engages the Child and Family Team (CFT) to develop clearly defined permanency goals for the child or NMD, including assigned action steps for members of the CFT. The Seneca treatment team communicates regularly with the child's county social worker and the (CFT) regarding progress of the plan toward the permanency goals, including recommendations for extension in length of the placement period. A planned transition from resource family care might also be more of a transition at the time of adoptive placement or other change of placement status, which might not involve physical removal from the home or Seneca program. Part of the planned discharge or transition program is continued counseling and services to the child to support the transition plan. Unplanned discharges may

occur when 1) the resource family has an emergency which requires removal of the child, 2) the child's behavior necessitates removal at the resource family's request; 3) a child requests to be removed; 4) the birth parent unexpectedly removes the child from care (voluntary placement only); 5) a child is removed due to abuse, neglect or imminent danger; 6) the child or NMD is removed by an authorized representative or law enforcement 7) and/or other circumstances.

E. *Program staffing*
- Social workers will have a Master's degree from an accredited state approved graduate school in social work or an approved related field and have completed all required course and field-work, and a minimum of one year's experience working with seriously disturbed children or children with serious behavioral problems.
- All in-home support counselors shall have a bachelor's degree in a social science related field and have at least six month's experience in working with emotionally disturbed children. Counselors will be recruited from the community at large and will receive 40 hours of training and 20 hours of in-service training within the first 12 months of service.
- Psychiatrists will be board certified and will provide psychiatric and medication evaluations and ongoing consultation

F. *Vouchers*
Not Applicable.

7. Objectives and Measurements:
All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Children, Youth and Families Performance Objectives FY21-22.

8. Continuous Quality Improvement:
Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. *Achievement of Contract Performance Objectives*
Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by

QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. *Documentation Quality, including internal audits*
Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. *Cultural competency of staff and services*
All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. *Client satisfaction*
Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. *Measurement, analysis, and use of CANS or ANSA data*
For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment

planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. **Required Language:**
   Not Applicable.

1. **Identifiers:**
   Short Term Connections-Intensive Support/Mobile Response Services
   2513 24th Street
   San Francisco, CA 94110
   Telephone: (415) 642-5968, Fax: (415) 695-1263
   http://www.senecafoa.org/

   Contractor Address, City, State, ZIP:
   Seneca Family of Agencies
   8945 Golf Links Road
   Oakland, CA 94605

   Executive Director/Program Director: Amy Kirsztajn
   Telephone: (415) 672-9383
   Email Address: amy_kirsztajn@senecacenter.org

   Program Code(s): 38CQ3

2. **Nature of Document:**

   ☐ Original ☒ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. **Goal Statement:**
   The goal of this program is to provide short-term stabilization for San Francisco Court Dependents and dependents of the juvenile court who are assessed to be at risk of losing a high-level placement, or who are without placement and are at risk of psychiatric hospitalization, or in need of intensive 1:1 staffing to enable them to remain in the community. Seneca will work collaboratively with child crisis, the identified caregiver, FCS (Family and Children Services) representative and JPD(Juvenile Probation) officer to serve these clients for up to 30 days with the option of extending to up to 60 days.

4. **Priority Population:**
   Children and adolescents through age 18 referred by S.F.FCS (Family and Children Services), children through age 17 who are dependents of the juvenile court or who are receiving foster care services from Juvenile Probation who are at risk of losing a high-level placement or who are without placement and are at risk of psychiatric hospitalization or in need of intensive 1:1 staffing to enable them to remain in the community. A youth may be referred for assessment for Intensive Support Services by group homes, foster homes, caregivers, social workers, probation officers and child crisis.

5. **Modality(s)/Intervention(s):**
   A. *Modality of Service/intervention*
      Refer to CRDC.

B. *Definition of Billable Services*

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

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

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

- Medication Support Services: "Medication Support Services" mean those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of beneficiary.

- Rehabilitation: Rehabilitation means a service that may include any or all of the following:
  - Assistance in restoring or maintaining an individual's or group of individuals' functional skills, daily living skills, social skills, grooming and personal hygiene skills, meal preparation skills, medication compliance, and support resources.
  - Counseling of the individual and/or family
  - Training in leisure activities needed to achieve the individual's goals/desired results/personal milestones
  - Medication education

6. Methodology:

A. *Outreach, recruitment, promotion, and advertisement*
No outreach or promotion is done for this program. Referrals come from Child Crisis, CBHS and FCS Protective Social Workers. Eligibility is contingent on full-scope medical.

B. *Admission, enrollment and/or intake criteria and process where applicable*
Admission Criteria includes medical eligibility and referral from Child Crisis or FCS Protective Services Worker.

C. *Service delivery model*
Upon receipt of the referral, stabilization counselor contacts referring party to ensure that understanding of need/treatment is correct. Stabilization Counselor then initiates contact with family/youth and plans for initial and subsequent supports focusing on area where need is most evident whether it be in the home, at school etc. Duration of treatment is 30 days with the option of extending to up to 60 days. During this time, stabilization counselor is helping to stabilize existing placement, decrease problematic behaviors and strengthen adult supervision. Treatment times/duration are flexible and can be up to multiple times per week if necessary.

D. *Discharge Planning and exit criteria and process*
Planning for discharge is something that happens from the beginning of treatment as this is always considered a short term, stabilizing treatment. The stabilization counselor is assessing from the get-go what longer term treatment may be the best option and is helping make the linkage with enough time so that there is no gap in services.

E. *Program staffing*
The ISS/Mobile Response Team is made up of bachelor's level stabilization counselors and master's level supervisors. Each youth's team has a primary counselor assigned to them at intake but may also be seen by multiple counselors if needed dependent on availability of staffing.

F. *Vouchers*
Not applicable.

7. Objectives and Measurements:
All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Children, Youth and Families Performance Objectives FY21-22.

8. Continuous Quality Improvement:
Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. *Achievement of Contract Performance Objectives*
Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with

SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. *Documentation Quality, including internal audits*
Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. *Cultural competency of staff and services*
All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. *Client satisfaction*
Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff

members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. *Measurement, analysis, and use of CANS or ANSA data*
For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language:
Not Applicable.

1. Identifiers:
Long Term Connections – Wraparound Services
2513 24th Street
San Francisco, CA 94110
Telephone: (415) 642-5968, Fax: (415) 695-1263
http://www.senecafoa.org/

Contractor Address, City, State, ZIP:
Seneca Family of Agencies
8945 Golf Links Road
Oakland, CA 94605

Executive Director/Program Director: Amy Kirsztajn
Telephone: (415) 672-9383
Email Address: amy_kirsztajn@senecacenter.org

Program Code(s): 38QC4

2. Nature of Document:

☐ Original ☒ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. Goal Statement:
The goal of this program is to provide comprehensive mental and behavioral health treatment in the community in order to preserve a youth's placement in the community, help with their step-down into the community and/or prevent them from transitioning to a group home setting. This treatment includes bringing together and building the youth's family and natural support network and translating the skills needed in order to help the youth maintain stability after treatment terminates.

4. Priority Population:
Children and adolescents through age 21 referred by S. F. Mental Health, S.F. Family and Children's Services (FCS) or S.F. Probation who are in or at risk of placement in a CTF or RCL 10-14 group home.

5. Modality(s)/Intervention(s):

A. Modality of Service/intervention
Refer to CRDC.

B. Definition of Billable Services
Medi-Cal services delivered to Medi-Cal eligible clients that include case management, individual and group Rehab, individual and family therapy, crisis intervention, plan development, assessment and evaluation – as defined in Title IX.

Non Medi-Cal Client Support Services will be billed to the MHSA flexible funds. These services may include, but are not limited to, respite, emergency shelter needs, and/or 1:1 services.

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

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

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

- Medication Support Services: "Medication Support Services" mean those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of beneficiary.

- Mode 60/78: Other Non Medi-Cal Client Support Expenditures: The cost of salaries, benefits and related general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs. Additional support work in collaboration with Beats, Rhymes and Life, Inc. to provide Therapeutic Activity Groups.

6. Methodology:

A. *Outreach, recruitment, promotion, and advertisement*

Referrals are brought by Human Services Agency social workers or Juvenile Probation Department probation officers to a weekly county meeting called Multi-Agency Services Team (MAST).

B. *Admission, enrollment and/or intake criteria and process where applicable*

Criteria for wraparound includes: an imminent risk of losing placement in the community or the child/youth is stepping down from a higher level of care back to their community. Significant mental illness and functional impairments are also considered as part of the criteria. Intakes are conducted with the parent/caregiver and child/ youth. A risk screening is completed at intake and a safety plan is developed with the family.

C. *Service delivery model*

Wraparound is an 18 month program. It is a 24 hour 7 day a week service. The team is comprised of a master level clinician whose role it is to provide family systems work, facilitate family team meetings and liaise with the referring party and a bachelor's level counselor who meets with the youth and completes case management tasks. There is a monthly Child and Family Team meeting where decisions are made, goals are discussed, and progress is assessed. Wraparound is a community-based service and most often services are delivered at the family home, school, or community in general.

Wraparound uses attachment work, relationship building, behavior modification techniques, DBT informed interventions, Motivational Interviewing, Narrative Therapy informed interventions, and other modalities as needed to provide behavioral health/mental health services to help the client and family meet their treatment plan goals. Wraparound itself now has evidence to show that it is an effective intervention.

Seneca provides individual and family therapy and psychiatry. These are in addition to other community programs/providers that may be needed. After business hours the families have access to a crisis line called rapid response. Rapid response has two components. The first is someone who answers the calls and then provides over the phone support and tries to de-escalate the situation. The second component is in person support from on-call staff members.

CANS data is used to help determine progress in treatment, identify new or emerging action items or functional strengths. Over time we expect to see the numbers go down over time this can indicate that the child/youth is developing coping skills and a natural support system is being accessed.

D. *Discharge Planning and exit criteria and process*

The Child and Family Team meeting is used as the main venue to discuss progress on goals, develop action steps to meet the goals, and assess effectiveness of treatment. This meeting process along with the CANS, biopsychosocial assessment, and working with the client and family provide the information used to determine when step down to a lower level of care is recommended. In Wraparound the family team plans for closing from the beginning. This means that the team learns the client and family's vision for their lives/future and then works backwards from there to develop a plan of care with action steps and short -term benchmarks to help the family achieve this vision. These goals are aligned with the client's treatment plan of care and mental health stability is a top priority in treatment. This is one criteria for exiting services is has the child/youth met their mental health goals.

Wraparound is designed to build up natural supports to ensure sustainability once the client has graduated. This is another determining factor in the decision to step the client to a lower level—are there natural supports who can support the child/youth and take care of them. This is in addition to legal and physical permanency.

Once it's been determined that the child/youth is ready to graduate appropriate referrals are made to help support the child/youth and family after the intense Wraparound service is closed. These referrals include individual and/or family therapy, Independent Living Skills program, education support, job skills training, etc. The Wraparound team works to make sure that there is an appropriate amount of time to collaborate with any new provider to ensure that the new provider and child/youth and their family are comfortable with the new service provider. The nature of Wraparound is that child/youth sometimes leave the program before their goals are met. The Wraparound team works to make sure that if an unplanned exit occurs that there are supports and plans in place.

E. *Program staffing*

The core Wraparound team is comprised of a clinician (Care Coordinator or Wraparound Clinician) and a support counselor or case manager depending on the age and needs of the consumer. Wraparound interventions are tailored to meet the needs of the specific child/youth and their family, because of this we have developed three specialized Wraparound teams. We have a team that only works with youth on probation, a team that mainly works with transitional aged youth (16-21), and bilingual Spanish speaking team (they work with any age). We then have two teams that work mainly with children and you under the age of 16.

There are at least two sessions a week between the Care Coordinator and Support Counselor with the family. The Seneca team is also in regular contact with other natural supports and providers. The Care Coordinator and Support Counselor provide intensive home-based services and case management/collateral services. The Care Coordinator holds the clinical picture for the team. The Care Coordinator does the collaborative CANS assessment and treatment plan. For the probation team and the transition aged youth team there is a case manager and a clinician. The case manager is a bachelor level position. Their main job duty is to provide case management, set up Child and Family Team meetings, monitor progress on action steps, and interface with other providers. The case manager also provides intensive home-based services as well. The clinician provides therapy and therapeutic services to the youth and their family. They also do some case management as needed and hold the clinical picture for the team. They do the collaborative CANS assessment and treatment plan.

The Child and Family Team meetings are often run by a facilitator from Seneca. This provides a safer and more contained space for the meetings. As needed there is a Connection Specialist who is assigned to family teams where there is strong need for support with family fining and connection building. The Connection Specialist is able to spend the time to connect and bring in natural supports to promote sustainability and strong attachments.

Clients can receive psychiatry services. The psychiatrist provides medication management and psychoeducation regarding medication to the client and their family

F. *Vouchers*
Not Applicable.

7. Objectives and Measurements:
All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Children, Youth and Families Performance Objectives FY21-22.

8. Continuous Quality Improvement:
Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. *Achievement of Contract Performance Objectives*
Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. *Documentation Quality, including internal audits*
Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation.

A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. *Cultural competency of staff and services*
All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. *Client satisfaction*
Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. *Measurement, analysis, and use of CANS or ANSA data*
For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language:
Not Applicable.

1. **Identifiers:**
   School Based Services
   2275 Arlington Dr
   San Leandro, CA 94578
   Telephone: (510) 481-1222, Fax: (510) 317-1427
   http://www.senecafoa.org/

   Contractor Address, City, State, ZIP:
   Seneca Family of Agencies,
   8945 Golf Links Road
   Oakland, CA 94605

   Executive Director/Program Director: Amy Kirsztajn
   Telephone: (415) 672-9383
   Email Address: amy_kirsztajn@senecacenter.org

   Program Code(s): 8980OP

   All contract and business correspondence will be mailed to the above **Business Address** in San Leandro. Payment for services will also be mailed to this address.

2. **Nature of Document:**

   ☐ Original ☒ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. **Goal Statement:**
   The goal of site-based School Based Services is to help clients achieve a level of success that may enable them to mainstream to a lower level, less restrictive educational program.

   The goal of School Based Services located at public school district and charter partner sites is to help build inclusive school environments capable of increasing the achievement of all students, particularly students facing academic, behavioral, and/or social-emotional challenges that place them at risk of referral for more restrictive education settings.

4. **Priority Population:**
   In each of these programs, Seneca Family of Agencies is committed to serving those seriously emotionally disturbed children who have not succeeded in less restrictive learning or residential environments, or who attend public schools and are at-risk of being referred to more restrictive placements because of their behavioral and mental health challenges. Children are accepted unconditionally into our programs, and are not discharged for exhibiting the behaviors for which they were referred.

Regarding the mental health treatment needs of these children, the most common diagnoses include post-traumatic stress, conduct disorder, attention deficit, oppositional defiant, depressive disorders, and pervasive developmental disorders. Many have great difficulty in modulating and controlling their behavior. They can quickly escalate to a highly aggressive, often self-destructive state with very little environmental stress. Typically, the children attending Seneca's programs need substantial support to practice the life and social skills needed to function in a home, school, or community setting. These children exhibit behaviors that are destructive to self, others, or property and therefore require a highly structured, individualized course of treatment closely monitored by educational and mental health staff.

5. Modality(s)/Intervention(s):

A. Modality of Service/intervention

Refer to CRDC.

B. Definition of Billable Services

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

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

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

- Medication Support Services: "Medication Support Services" mean those services that include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of beneficiary.

6. Methodology:

Seneca's School Based Services support students referred by San Francisco County's Community Behavioral Health Section as defined by the California State Department of Mental Health.

The site-based School Based Program offers a structured, therapeutic milieu designed to treat each student's individual needs to promote the opportunity for that child to benefit from the educational program while building self-esteem and developing socio-emotional maturation. Staff members are apprised of the treatment goals during regular staff meetings, and are prepared to assist the student enhance self-esteem, develop successful strategies for coping, increase socialization skills and reach the therapeutic goals established in the child's treatment plan. Services are delivered through a series of group and individualized activities by licensed clinicians, behavioral support staff or other appropriate mental health professionals. The School based program operates 218 days per year, in alignment with the school year calendar.

For services provided on at our public school partnership sites, students are referred by teachers or identified through universal screeners as experiencing behavioral and/or social emotional challenges that interfere with their learning and place them at risk of placement at a more restrictive education setting. These services will be provided to students who meet the appropriate medical necessity criteria and in accordance with a treatment plan, by a licensed clinician, behavioral support staff or other appropriate mental health professional. These providers collaborate with general education staff to create individualized plans that support students' treatment goals and ensure that students are able to build the social and behavioral skills necessary to succeed in an inclusive education setting. Students are discharged from service when they have made sufficient progress on their treatment goals to successfully engage in the educational environment without this support. Services can be delivered through a combination of push-in classroom support and group and individualized activities. Services are primarily provided in alignment with the school calendar, with additional services provided during school breaks for families wishing to receive support during those times.

Intake, admission, initial evaluation or psychiatric evaluation, psycho-educational assessments, and medication support and monitoring are provided as required, or deemed necessary by staff psychiatrists.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Children, Youth and Families Performance Objectives FY21-22.

8. Continuous Quality Improvement:

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. *Achievement of Contract Performance Objectives*
Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. *Documentation Quality, including internal audits*
Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. *Cultural competency of staff and services*
All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. *Client satisfaction*

Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. *Measurement, analysis, and use of CANS or ANSA data*
For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language:
Not Applicable.

1. **Identifiers:**
   Youth Transitional Services (YTS)
   2513 24th Street
   San Francisco, CA 94110
   Telephone: (415) 970-3800, Fax: (415) 970-3855
   http://www.senecafoa.org/

   Contractor Address, City, State, ZIP:
   Seneca Family of Agencies
   8945 Golf Links Road
   Oakland, CA 94605

   Executive Director/Program Director: Amy Kirsztajn
   Telephone: (415) 672-9383
   Email Address: amy_kirsztajn@senecacenter.org

   Program Code(s): 38CQMST

2. **Nature of Document:**

   ☐ Original ☒ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. **Goal Statement:**
   The goal of this new program is to work with the Family and Youth, to reduce the likelihood that youth may re-offend and avoid any future placement out of home. This will be achieved by providing Youth Transitional Services to Youth involved with the Juvenile Justice System.

4. **Priority Population:**
   Adolescents ages 16.5-21 involved with the Juvenile Justice System.

5. **Modality(s)/Intervention(s):**
   A. *Modality of Service/intervention*
   Refer to CRDC.

   B. *Definition of Billable Services*
   Medi-Cal services delivered to Medi-Cal eligible clients that include case management, individual and group Rehab, individual and family therapy, crisis intervention, plan development, assessment and evaluation – as defined in Title IX.

   Non Medi-Cal Client Support Services will be billed to the MHSA flexible funds. These services may include, but are not limited to, respite, emergency shelter needs, and/or 1:1 services.

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

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

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

- Medication Support Services: "Medication Support Services" mean those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of beneficiary.

- Mode 60/78: Other Non Medi-Cal Client Support Expenditures: The cost of salaries, benefits and related general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs.

6. Methodology:

A. *Outreach, recruitment, promotion, and advertisement*
YTS referrals may come from any one of the following sources ***AND*** must be approved though the SF Probation Department:
    - Probation officers
    - Intensive Case Review (ICR) meeting
    - Judge
    - Public Defender
    - Special Programs for Youth (SPY)
    - Re-entry Coordinator

B. *Admission, enrollment and/or intake criteria and process where applicable*
ELIGIBILITY CRITERIA:

- 16.5 + years old
- 602 (formal probation) or 654 (informal probation) status in San Francisco County*
- Transitioning from out-of-home placements back to their community, into transitional housing programs, or transitioning to adulthood.
- Medi-cal eligibility.
- Referrals are made by case carrying probation officer if criteria is met

C. *Service delivery model*
YTS is a 6-12 month intensive community-based program that serves youth and families involved with the juvenile justice system designed to make positive changes in various social systems as the youth transitions towards adulthood. YTS is designed for youth who are at risk of moving to a higher level of care or are stepping down from out-of-home placement. Clients are referred by their assigned probation officers who are key players on the clients' treatment teams.

D. *Discharge Planning and exit criteria and process*
Clients and families participate collaboratively in discharge planning when identified goals have been reached and needs can be met in an ongoing and sustainable fashion, either through natural means or a lower level of care.

E. *Program Staffing*
The YTS program staffing structure consists of a licensed Program Supervisor and one master's level YTS Clinician. The Program Supervisor provides, creation of protocols, and management of referrals and services. The Program Supervisor also coordinates closely with San Francisco Juvenile Probation Department. The YTS Clinician provides a range of services including case management, coaching, skill-building, and connection to community-based services that target independent living. The YTS Clinician receives weekly, individual, and group clinical supervision, co-facilitated by the Program Supervisor and Clinical Supervisor as they are the ones responsible for completing the mental health assessment and treatment plan for each client. Hours of operation are flexible in order to meet the needs of the clients and families, within a 40 hour work week for the full time clinician.

F. *Vouchers*
Not applicable.

7. Objectives and Measurements:
All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Children, Youth and Families Performance Objectives FY21-22.

8. Continuous Quality Improvement:
Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program

improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. *Achievement of Contract Performance Objectives*
Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. *Documentation Quality, including internal audits*
Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. *Cultural competency of staff and services*
All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. *Client satisfaction*
Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. *Measurement, analysis, and use of CANS or ANSA data*
For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language:
Not Applicable.

1. **Identifiers:**
   AIIM Higher
   2513 24th Street
   San Francisco, CA 94110
   Telephone: (415) 970-3800, Fax: (415) 970-3855
   http://www.senecafoa.org/

   Contractor Address, City, State, ZIP:
   Seneca Family of Agencies
   8945 Golf Links Road
   Oakland, CA 94605

   Executive Director/Program Director: Amy Kirsztajn
   Telephone: (415) 672-9383
   Email Address: amy_kirsztajn@senecacenter.org

   Program Code(s): 38CQAH

2. **Nature of Document:**

   ☐ Original ☒ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. **Goal Statement:**
   AIIM Higher is a partnership between the San Francisco Department of Public Health, Juvenile Justice Center, and Seneca. The goal of the program is to provide data-driven assessment, planning, and linkage services to connect probation-involved youth with mental health needs to community-based services with the long-term goals of reducing recidivism and increasing psychosocial functioning.

4. **Priority Population:**
   AIIM Higher's target population is San Francisco probation-involved youth through age 18 who have been detained at Juvenile Hall and who present with moderate to severe mental health needs.

   Services are delivered at the Juvenile Justice Center and in the community (client's homes, schools, and community centers). Service delivery areas include all zip codes in San Francisco, although a high concentration of service delivery occurs at the Juvenile Justice Center (94127), Bayview and Hunter's Point (94124), and Mission Districts (94110, 94107).

5. **Modality(s)/Intervention(s):**
   All target numbers cited in this description are an estimate and may be lower due to the declining census in Juvenile Hall.

   Screening and Assessment

- Attend the daily Juvenile Justice Center intake review meeting and participate in the screening of all youth who have been detained within the past 24-72 hours (using the brief CAT assessment measure) in order to identify youth with moderate to severe mental health needs.
- Provide informal services (brief screening and consultation) for at least 250 youth and families.
- Conduct at least 150 comprehensive psychosocial assessments for youth with moderate to severe mental health needs (using the CANS assessment measure) in order to identify strengths and needs and ensure that the planning and service linkage process is informed by the values and goals of each youth and family.

Mental Health Consultation

- Provide 1000 hours of consultation services on-site at the Juvenile Justice Center for youth, families, probation officers, judges, attorneys, and other stakeholders and providers working with probation-involved youth (regardless of enrollment in AIIM Higher) in order to provide information regarding AIIM Higher's services, mental health issues, and community resources.
- Provide direct consultation and outreach services to at least 200 youth and families in order to "leverage the crisis" of incarceration by enhancing their capacity and motivation for treatment, and increasing awareness and access to services in their own communities.
- Provide 1000 hours of consultation and outreach to community-based, behavioral health service providers in order to collaborate around effective engagement strategies and individualized treatment approaches for youth referred through AIIM Higher.

Individual Therapeutic Services

- Clinicians will provide face-to-face assessment and brief early intervention services to at least 150 youth and families with moderate to severe mental health needs. On average youth and families will receive 1-3 sessions (typically 1 hour each). At least 300 hours of these services will be provided.
- Clinicians will provide short-term clinical case management, treatment planning, and collateral services for at least 150 youth and families in order to link them successfully to more sustainable and longer-term community-based providers matched to their individualized strengths and needs. At least 1000 hours of these services will be provided.

6. Methodology:

A. *Outreach, recruitment, promotion, and advertisement*
AIIM Higher clinicians are based on-site at the Juvenile Justice Center which enables the program to develop and sustain relationships with key stakeholders, such as the Probation Department and Juvenile Courts. Program staff attend daily intake review meetings at the Juvenile Justice Center to identify possible AIIM Higher referrals and offer daily drop-in office hours to provide consultations regarding potential referrals, promotion of the program, and general information regarding mental health issues and community resources.

B. *Admission, enrollment and/or intake criteria and process where applicable*
AIIM Higher accepts referrals for probation-involved youth under the age of 18 who have been detained at Juvenile Hall and who screen in with moderate to severe mental health needs. Clients

are referred either directly from the Juvenile Courts or Probation Department, as well as identified through a collaborative daily intake review meeting at the Juvenile Justice Center.

C. *Service delivery model*

Upon receipt of referral, AIIM Higher will provide the following services:

- Contact the referral source, probation officer, and family within 24 hours of referral.
- Conduct intake assessment session(s) with youth and family to introduce services, gain informed consent, and gather assessment information.
- Complete a full CANS assessment, identifying the strengths and needs of the youth and family.
- Facilitate the linkage planning process (individualized, client-centered, strengths-based, and needs driven) and make referrals to community-based behavioral health providers based on identified level of service need.
- Provide brief, short-term therapeutic services in order to address immediate safety concerns, plan for discharge from Juvenile Hall, engage youth and families in the treatment process, and overcome any barriers to successful connections with community providers.
- Coordinate service provision with County agency staff, probation, courts, community providers and stakeholders, families, and schools.
- Follow-up with youth and families and community-based providers to assess appropriateness and effectiveness of referred services and revise linkage plans as necessary.
- Facilitate extensive community resource development to identify and build relationships with community-based behavioral health providers.
- Meet regularly with County staff to ensure the partnership necessary for the success of the program.

D. *Discharge Planning and exit criteria and process*

Clients are successfully discharged from the program when they have been linked to community-based services that match their identified level of need and when there is a demonstrated connection to these services, as evidenced by participation in at least three appointments/sessions with providers. AIIM Higher will consult with the youth, family and probation officer before closing in order to ensure that this is a collaborative decision.

E. *Program staffing*

AIIM Higher staff includes: 2 full-time (40 hours/week) Master's level Linkage Clinicians and a licensed Clinical Supervisor, employed by Seneca Center, and a full-time (40 hours/week) Master's-level Intake Coordinator/Linkage Clinician employed by the Department of Public Health. All clinicians are registered with the California Board of Behavioral Sciences and certified in the administration of the CANS assessment tool.

F. *Vouchers*

Not applicable.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Children, Youth and Families Performance Objectives FY21-22.

8. Continuous Quality Improvement:

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. *Achievement of Contract Performance Objectives*
Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. *Documentation Quality, including internal audits*
Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. *Cultural competency of staff and services*
All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's

training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. *Client satisfaction*
Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. *Measurement, analysis, and use of CANS or ANSA data*
For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language:
Not Applicable.

1. **Identifiers:**
San Francisco Connections Dialectical Behavioral Therapy Program
45 Farallones Street
San Francisco, CA 94112
Telephone: (415) 642-5968, Fax: (415) 695-1263
http://www.senecafoa.org/

Contractor Address, City, State, ZIP:
Seneca Family of Agencies
8945 Golf Links Road
Oakland, CA 94605

Executive Director/Program Director: Amy Kirsztajn
Telephone: (415) 672-9383
Email Address: amy_kirsztajn@senecacenter.org

Program Code(s): 38KTDT

2. **Nature of Document:**

☐ Original ☒ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. **Goal Statement:**
Seneca's San Francisco Connections Dialectical Behavioral Therapy (DBT) Program and Outpatient Clinic seeks to provide comprehensive DBT or other applicable therapeutic models to youth ages 3-21 who hold full-scope Medi-Cal and either reside in or are part of the San Francisco Dependency System. Services will include individual therapy, family therapy, multi-family group skills training, and accessibility to after-hours phone coaching if applicable. This treatment will seek to improve clients' overall well-being, particularly through reducing engagement in behaviors such as self-harm; suicide attempts, ideation, or urges; psychiatric hospitalizations; eating disorders; and Borderline-type functioning. Clients and families will learn interpersonal effectiveness, distress tolerance, emotional regulation, and mindfulness skills in order to manage symptoms and increase well-being and quality of life.

4. **Priority Population:**
Seneca's San Francisco Connections Dialectical Behavioral Therapy (DBT) Program and Outpatient Clinic may provide treatment for youth ages 3-21 with full-scope Medi-Cal who meet diagnostic requirements for the program. Youth may be referred by Child Crisis, SFUSD, Child Welfare Workers or their Juvenile Probation Officers. Criteria for youth in the DBT program includes: Youth who are currently engaging in high risk behavior such as self-harm, suicide ideation, urges, or attempts, or other behaviors that put them at risk of harm. They must also demonstrate 3 of 9 traits as outlined in

the DSM-V diagnosis for Borderline Personality Disorder. Youth and parents must be willing to commit to at least 6 months of service in order to receive the full treatment model.

5. Modality(s)/Intervention(s):

A. Modality of Service/intervention
Refer to CRDC.

B. Definition of Billable Services

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

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

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

- Medication Support Services: "Medication Support Services" mean those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of beneficiary.

- Rehabilitation: Rehabilitation means a service that may include any or all of the following:
  - Assistance in restoring or maintaining an individual's or group of individuals' functional skills, daily living skills, social skills, grooming and personal hygiene skills, meal preparation skills, medication compliance, and support resources.
  - Counseling of the individual and/or family
  - Training in leisure activities needed to achieve the individual's goals/desired results/personal milestones
  - Medication education

6. Methodology:

A. *Outreach, recruitment, promotion, and advertisement*
The DBT team meets with outside providers to provide information about the program and the referral process. This includes SF county partners and other community-based organizations. The DBT team also offers consultation to cases that may benefit from DBT treatment and support them in the referral process as needed.

B. *Admission, enrollment and/or intake criteria and process where applicable*
   a. Client must be between 13-19 years old.
   b. Client must have full scope Medi-Cal.
   c. Client and family committed to participating in minimum of 6 months of treatment.
   d. Client has a caregiver or significant adult that can participate in the program with them (multi-family DBT skills group once a week and family therapy as needed).
   e. All therapy services must be transferred to DBT clinic with the exception of psychiatry services.
   f. Client engages in high risk behaviors (self-harm, chronic suicidal ideation, history of suicide attempt, history of psychiatric hospitalizations).
   g. Client meets 3 out of 9 symptoms for Borderline Personality Disorder.

C. *Service delivery model*
   a. Treatment modality is comprehensive DBT-A. This includes:
      i. Individual therapy once per week for one hour
      ii. Family therapy at least once per six weeks for one hour
      iii. Multi-family DBT skills group once per week for 24 weeks for 2 hours
      iv. Skills phone coaching available to clients from 8am Monday morning to 10pm Friday night (24 hour support during the work week)
      v. Skills phone coaching for parents from 8am-10pm Monday through Friday
      vi. Therapist consultation team once per week for 2 hours
   b. Treatment is clinic-based and takes place at Seneca's office at 45 Farallones St in San Francisco.
   c. Case management and collateral services are provided as needed .
   d. "Stage I" of treatment lasts about 6-8 months that includes the weekly skills group.
   e. Clients can participate in "Stage II" to continue generalizing skills after their graduation from skills group.
   f. The comprehensive program is offered in English and Spanish.

D. *Discharge Planning and exit criteria and process*
   a. Clients can graduate from the DBT program once they have graduated from the 24 week skills group AND they have shown reduction in life-threatening behaviors. This is a team decision. It is not recommended that a client graduate from the program until they have gone at least 2 months without acute behaviors (ie suicidal ideation or behaviors, self-harm).
   b. Clients may continue to participate in individual and family therapy following their graduation from skills training. Clients are discharged when goals are met.

c. Clients may be asked to repeat the skills group (Stage I) if they continue to have life-threatening behaviors.

E. *Program Staffing*
This program includes a program supervisor, two full time staff, and a staff member from DPH that supports with running the weekly skills group and attends weekly consultation meetings. The program supervisor and two full time staff provide individual therapy, family therapy, skills training, and phone coaching. A clinical director also supports the team with clinical supervision in weekly consultation meetings and in individual supervision.

F. *Vouchers*
Not applicable.

7. Objectives and Measurements:
All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Children, Youth and Families Performance Objectives FY21-22.

8. Continuous Quality Improvement:
Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. *Achievement of Contract Performance Objectives*
Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. *Documentation Quality, including internal audits*
Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. *Cultural competency of staff and services*
All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. *Client satisfaction*
Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. *Measurement, analysis, and use of CANS or ANSA data*
For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language:

Not Applicable.

1. **Identifiers:**
   Seneca COMPASS
   365 Kuck Lane
   Petaluma, CA 94952
   Telephone: (707) 795-6954, Fax: (707) 796-8469
   http://www.senecafoa.org/

   Contractor Address, City, State, ZIP:
   Seneca Family of Agencies
   8945 Golf Links Road
   Oakland, CA 94605

   Executive Director/Program Director: Amy Kirsztajn
   Telephone: (415) 672-9383
   Email Address: amy_kirsztajn@senecacenter.org

   Program Code(s): 38K7CO

2. **Nature of Document:**

   ☐ Original ☒ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. **Goal Statement:**
   In order to support placing agencies to better fulfill our collective commitment to ensuring that every child has the ability to grow up in a family setting with the support they need to grow and thrive, Seneca Family of Agencies has developed a comprehensive model for children and youth with acute mental health needs, which bridges traditionally fragmented service systems by weaving together mental health, child welfare, juvenile justice and education services. The goal of the COMPrehensive Assessment and Stabilization Services (COMPASS) program is to provide highly individualized, client- and family-driven treatment intended to support the behavioral, emotional, and placement stability of the child, meet the child's immediate needs for safety and wellbeing, build the child's network of support, and plan for a sustainable transition to lower levels of care. The COMPASS model builds on a simple truth: Young people are most successful when they are cared for in nurturing homes and family-based environments. Accordingly, the COMPASS model utilizes several unique components to support the success of youth with complex needs in a home-like setting.

4. **Priority Population:**
   Services will provide a safe refuge for young people through age 17 who are dependents of the juvenile court or who are receiving foster care services from JPD who present with acute behaviors, are at risk of hospitalization, or are experiencing a placement disruption. The Seneca COMPASS Program in Petaluma accepts referrals from San Francisco Family and Children Services (FCS).

5. Modality(s)/Intervention(s):

A. Modality of Service/intervention
Refer to CRDC.

B. Definition of Billable Services

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

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

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

- Medication Support Services: "Medication Support Services" mean those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of beneficiary.

- Rehabilitation: Rehabilitation means a service that may include any or all of the following:
  - Assistance in restoring or maintaining an individual's or group of individuals' functional skills, daily living skills, social skills, grooming and personal hygiene skills, meal preparation skills, medication compliance, and support resources.
  - Counseling of the individual and/or family
  - Training in leisure activities needed to achieve the individual's goals/desired results/personal milestones
  - Medication education

6. Methodology:

A. Outreach, recruitment, promotion, and advertisement

No outreach or recruitment is necessary for this program as all referrals (pending the below eligibility) are enrolled in this program. There is a strict "no eject/no reject" policy for this program.

B. *Admission, enrollment and/or intake criteria and process where applicable*
All youth are referred through FCS(Family and Children's Services) and must be either receiving voluntary services or must be wards of the juvenile court. Youth must be under the age of 17.

C. *Service delivery model*
The COMPASS model includes an intensive array of services in family homes, the combined impact of which serves as an alternative setting to hospitalization and out-of-state residential placement. These highly individualized placements provide the stability of family-based care on a short-term basis to support effective crisis stabilization and linkage to a rich array of community-based supports such as Wraparound, mobile response, and outpatient mental health services. COMPASS is designed to allow youth to receive a high or low tier of support, allowing the service intensity to malleably adapt to the individualized needs of each youth, without the need for physical change in placement or relational disruption These homes benefit from the support of Seneca staff at all hours of the day, to be accessed as needed.

D. *Discharge Planning and exit criteria and process*
Discharge planning happens upon entrance into the program as it is important to think of this program as short term in nature and as a stepping stone out to a lower level of care or family like setting. The youth is assigned a wraparound team that is able to follow him/her back into the community upon discharge and will also be continuously working on linkages and referrals to lower level community programs/treatment as well as helping to build and strengthen the youth's natural support network.

E. *Program staffing*
The COMPASS program includes a comprehensive team of highly skilled and trained administrative, clinical, and mental health professional staff who partner closely in coordinating individualized treatment for each youth living at COMPASS using the Seneca Wraparound model. The COMPASS staff team has the capacity to provide a full continuum of service in support of youth and families 24 hours a day, 7 days and week, and 365 days a year. They meet regularly with one another to collaborate around service provision, communicate any changes that have occurred, adjust interventions and celebrate progress. In addition, the staff team engages in team-building activities, reflective practices, trainings, and other professional development opportunities together, thus strengthening the morale and effectiveness of the team. The COMPASS staff treatment team includes the following roles: Support Counselors, Clinicians, Permanency Specialist, Credentialed Teacher, Peer Mentor, Psychiatrist and Nurse.

F. *Vouchers*
Not applicable.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Children, Youth and Families Performance Objectives FY21-22.

8. Continuous Quality Improvement:

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

A. *Achievement of Contract Performance Objectives*

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. *Documentation Quality, including internal audits*

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

C. *Cultural competency of staff and services*

All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's

training department to ensure relevance to ensuring the cultural competency of staff. Reports on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

D. *Client satisfaction*
Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

E. *Measurement, analysis, and use of CANS or ANSA data*
For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language:
Not Applicable.

1. **Identifiers:**
   TAY Full Service Partnership
   2513 24th Street
   San Francisco, CA 94110
   Telephone: (415) 642-5968, Fax: (415) 695-1263
   http://www.senecafoa.org/

   Contractor Address, City, State, ZIP:
   Seneca Family of Agencies
   8945 Golf Links Road
   Oakland, CA 94605

   Executive Director/Program Director: Amy Kirsztajn
   Telephone: (415) 672-9383
   Email Address: amy_kirsztajn@senecacenter.org

   Program Code(s): 38CQFSP

2. **Nature of Document:**

   ☐ Original ☒ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. **Goal Statement:**
   The goal of the Seneca Transitional Aged Youth Full Service Partnership (TAY FSP) is to provide mental health, psychiatric, case management, and team building support/services to young adults living in San Francisco County. The goal is to deliver these services through individual rehabilitation, psychiatry services, intensive case management, therapy, and connecting clients to natural supports. These services will be provided in collaboration with other community and county partners to ensure that the clients receive the best resources and services possible.

4. **Priority Population:**
   The young adults will be referred from various clinics, hospitals, and other sources. They will be screened through the TAY FSP referral process currently held by SF County. The criteria for being approved for services are at least one of the following: 3 crisis/PES visits within the last 60 days, 2 acute psychiatric hospitalizations in the last 12 months, discharged from an IMD or Laguna Honda in the last 3 months, Client has a serious mental health diagnosis, has never been known to Behavioral Health Services (BHS) or is inactive in BHS. Other factors include complex stressors (such as homelessness, substance abuse, in foster care, client is part of an underserved population, and other stressors.

5. **Modality(s)/Intervention(s):**
   A. Modality of Service/intervention

Refer to CRDC.

B. *Definition of Billable Services*

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

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

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

- Individual Rehabilitation: "Rehabilitation" means a recovery or resiliency focused service activity identified to address a mental health need in the client plan. This service activity provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the beneficiary. Rehabilitation also includes support resources, and/or medication education. Rehabilitation may be provided to a beneficiary or a group of beneficiaries.

- Therapy: "Therapy" means a service activity that is a therapeutic intervention that focuses primarily on symptom reduction and restoration of functioning as a means to improve coping and adaptation and reduce functional impairments. Therapeutic intervention includes the application of cognitive, affective, verbal or nonverbal, strategies based on the principles of development, wellness, adjustment to impairment, recovery and resiliency to assist a beneficiary in acquiring greater personal, interpersonal and community functioning or to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective. These interventions and techniques are specifically implemented in the context of a professional clinical relationship. Therapy may be delivered to a beneficiary or group of beneficiaries and may include family therapy directed at improving the beneficiary's functioning and at which the beneficiary is present.

6. Methodology:

A. *Outreach, recruitment, promotion, and advertisement*
Referrals are managed by SF DPH- TAY and can be made from many different sources, such as County clinics or other service providers.

B. *Admission, enrollment and/or intake criteria and process where applicable*
There are multiple criteria for referral such as a DSM 5 diagnosis, co-occurring impairment, two or more inpatient hospitalizations in the last 12 months, along with either recent crisis episodes or hospitalizations or criminal justice involvement. The enrollment process consists of the FSP clinician meeting with the young adult, completing a risk screening, safety planning, and talking to important natural supports along with the referring party.

C. *Service delivery model*
The services consist of case management and individual and or family therapy. There is access to 24/7 crisis support line. There are at least 2 sessions each week with the clients. The duration of service is on average 12-18 months. Therapy comprises different modalities to meet the clients where they are in treatment. These interventions include behavioral modification, attachment work, Motivational Interviewing, Narrative Therapy, DBT informed interventions, and family systems work. Clients also have access to psychiatry services. The team works with the client to identify natural supports who can be part of helping the client in a sustainable way. The client is linked to additional appropriate services, such as vocational services

D. *Discharge Planning and exit criteria and process*
Discharge planning is based on the needs of the client at discharge. The clinician and case manager in collaboration with the client and the client's team determine what services would benefit them when they step down to a lower level of care or if they need more intensive treatment. One goal could be to step down to out-patient services. The team works to link clients with vocational and educational services. The team works to have a smooth transition to the step- down provider including a few meetings to pass along information and help support relationship building. An aftercare plan is developed with the client and team so that next steps are clear and thoughtful.

E. *Program staffing*
The TAY FSP Therapist provides the clinical guidance to the team. They hold individual and/or family therapy. They talk to the client's team and helps provide psychoeducation to them. The Case Manager works collaboratively with the client to meet their case management needs. The Case Manger works with the Client's natural and collaborative supports to coordinate care. The psychiatrist meets with the client to determine what if any medication is necessary and provide psychoeducation to the client and team.

F. *Vouchers*
Not Applicable.

7. Objectives and Measurements:
All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY21-22.

8. Continuous Quality Improvement:

Seneca Family of Agencies (SFA) has a robust continuous quality improvement (CQI) program that serves to ensure compliance with local, state and federal requirements. Additionally, CQI activities are used to monitor and improve the quality of services provided by SFA. SFA's Quality Assurance (QA) department works closely with agency/program leaders to identify areas of program improvement through clinical discussion, electronic health record reports and/or review of incident reports.

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Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff.

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B. *Documentation Quality, including internal audits*

Program leaders work with the QA department to ensure compliance with all documentation standards. The QA department facilitates monthly Utilization Review meetings in each program that includes a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A UR checklist was developed to ensure that all items required by the county are present in the chart. If charts are found to be in need of improvement, they return to UR meetings monthly until the corrections are made. All charts in a program are reviewed between 30-60 days of entry into the program and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation. A final review occurs within 30 days after discharge to ensure that all final documentation is completed as required.

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All staff members working in our programs are required to obtain cultural competency training annually. These trainings can reflect a number of topics and are carefully monitored by SFA's training department to ensure relevance to ensuring the cultural competency of staff. Reports

on staff attendance are monitored through Seneca's learning management software by program leadership and reported during compliance audit visits annually.

Additionally, due to the size of the SFA San Francisco contract, program managers participate in county cultural competence training and write an annual cultural competence report. This report documents staff cultural make-up, recruitment efforts to ensure diversity and language capacities available to clients and families.

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Client and caregiver satisfaction surveys are distributed annually at the direction of SFDPH. Distribution of surveys is managed by QA staff to ensure that all eligible clients and families are provided with the opportunity to provide feedback to the programs and county. Staff members are available to provide assistance to any clients or caregivers who request help completing their surveys. Once all surveys are returned, they are provided en masse to staff at SFDPH to ensure a 100% completion rate.

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For situations where formal assessments are required for Seneca charts but are not completed by private practitioners, a CANS Initial Assessment is conducted to inform the treatment planning process. CANS Assessments are updated every six or twelve months to track client progress over time. Depending on County reporting requirements, CANS data are analyzed by Seneca's Department of Performance Improvement to show change in CANS items at a program level.

9. Required Language:
Not Applicable.

Appendix B

Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 3.3, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

CRDC B1 – B12
Appendix B-1 Therapeutic Behavioral Services (TBS)
Appendix B-2 Intensive Therapeutic Foster Care (ITFC)
Appendix B-3 Short Term Connections-Intensive Support Services
Appendix B-4 Long Term Connections – Wraparound Services
Appendix B-5 School Based Services
Appendix B-6 Youth Transitional Services (YTS)
Appendix B-7 Allm Higher
Appendix B-8 Reserved
Appendix B-9 San Francisco Connections Dialectical Behavioral Therapy Program (DBT)
Appendix B-10 Reserved (Previous – SOAR)
Appendix B-11 Compass
Appendix B-12 Transitional Aged Youth Full Service Partnership (TAYFSP)

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Fifty-Seven Million One Hundred Fourteen Thousand Four Hundred Eighty-Six Dollars ($57,114,486)** for the period July 1, 2018 through December 31, 2027.

CONTRACTOR understands that, of this maximum dollar obligation, $**3,574,916** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and an 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, 2018 through June 30, 2019	$9,255,290
July 1, 2019 through June 30, 2020	$11,229,488
July 1, 2020 through June 30, 2021	$11,952,958
July 1, 2020 through June 30, 2021 (CODB DV)	$288,221
July 1, 2021 through June 30, 2022	$12,794,164
July 1, 2022 through June 30, 2023	$5,200,734
July 1, 2023 through June 30, 2024	$3,106,517
July 1, 2024 through June 30, 2025	$2,482,730
July 1, 2025 through June 30, 2026	$2,482,730
July 1, 2026 through June 30, 2027	$2,482,730
July 1, 2027 through December 31, 2027	$1,241,365
Sub.Total - July 1, 2018 through December 31, 2027	$62,516,927
Contingency	$3,574,916
Less: 18-19 Fund Encumber by CID#7595	($2,009,684)
Less: 18/19, 19/20 Un-spend balance	($6,967,673)
Total - July 1, 2018 through December 31, 2027	$57,114,486

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.

3. Services of Attorneys

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.

4. State or Federal Medi-Cal Revenues

A. 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.

B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

5. Reports and Services

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.

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number 00115 — Appendix B, Page 1
Legal Entity Name/Contractor Name Seneca Family of Agencies — Fiscal Year 2021-2022
Contract ID Number 1000009939 — Funding Notification Date 09/08/21

Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-9	B-11	B-12	
Provider Number	38KT	38CQ	38CQ	38CQ	38CQ	38CQ	38CQ	38KT	38K7	38CQ	
Program Name	TBS SF	Intensive Therapeutic Foster Care	Short Term Connections (ISS)	Long Term Connections Wrap Around	School Based Services	Youth Transitional Services	AIIM Higher (Incarcer Youth Specialty)	Outpatient and DBT	Compass	TAY Full Service Partnership	
Program Code	38KT5	38CQ6	38CQ3	38CQ4	8980OP	38CQMST	38CQAH	38KTDT	38K7CO	38CQFSP	
Funding Term	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	
FUNDING USES											**TOTAL**
Salaries	$ 7,017	$ 475,625	$ 915,542	$ 3,428,990	$ 327,016	$ 141,859	$ 455,406	$ 1,165,167	$ 588,621	$ 387,211	**$ 7,892,454**
Employee Benefits	$ 1,755	$ 118,904	$ 228,884	$ 857,247	$ 81,754	$ 35,468	$ 113,849	$ 291,291	$ 147,158	$ 96,805	**$ 1,973,115**
Subtotal Salaries & Employee Benefits	**$ 8,772**	**$ 594,529**	**$ 1,144,426**	**$ 4,286,237**	**$ 408,770**	**$ 177,327**	**$ 569,255**	**$ 1,456,458**	**$ 735,779**	**$ 484,016**	**$ 9,865,569**
Operating Expenses	$ -	$ 124,000	$ 112,868	$ 536,116	$ 29,023	$ 15,562	$ 25,194	$ 118,043	$ 349,340	$ 47,229	**$ 1,357,375**
Capital Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**
Subtotal Direct Expenses	**$ 8,772**	**$ 718,529**	**$ 1,257,294**	**$ 4,822,353**	**$ 437,793**	**$ 192,889**	**$ 594,449**	**$ 1,574,501**	**$ 1,085,119**	**$ 531,245**	**$ 11,222,942**
Indirect Expenses	1,228.00	100,596.06	176,021.46	675,132.92	61,291.92	27,004.88	83,223.30	220,431.00	151,917.78	74,373.60	**$ 1,571,222**
Indirect %	**14.0%**	**14.0%**	**14.0%**	**14.0%**	**14.0%**	**14.0%**	**14.0%**	**14.0%**	**14.0%**	**14.0%**	**14.0%**
TOTAL FUNDING USES	**$ 10,000**	**$ 819,125**	**$ 1,433,315**	**$ 5,497,486**	**$ 499,085**	**$ 219,894**	**$ 677,672**	**$ 1,794,932**	**$ 1,237,036**	**$ 605,619**	**$ 12,794,164**
									Employee Benefits Rate		**25.0%**
BHS MENTAL HEALTH FUNDING SOURCES											
MH CYF Fed SDMC FFP (50%)	5,000	335,494	435,059	2,180,025	207,695	22,576	99,862	642,759	578,288	-	**4,506,758**
MH Adult Fed SDMC FFP (50%)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 148,002	148,002
MH CYF State 2011 PSR-EPSDT	$ 5,000	$ 297,683	$ 142,494	$ 1,663,091	$ 177,563	$ 20,320	$ 97,374	$ 603,424	$ 50,000	$ -	3,056,949
MH WO HSA GF Match	$ -	$ 37,811	$ 10,140	$ 132,087	$ 30,132	$ -	$ -	$ 39,335	$ -	$ -	249,505
MH WO HSA HUB	$ -	$ -	$ 219,925	$ 251,787	$ -	$ -	$ -	$ -	$ 528,288	$ -	1,000,000
MH MHSA (CYF)	$ -	$ -	$ -	369,226	-	-	342,810	$ -	$ -	$ -	712,036
MH WO DCYF SFUSD MH CRISIS			$ 400,000								400,000
MH MHSA (TAY)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 446,248	446,248
MH CYF County GF WO CODB	$ -	$ 2,633	$ 706	$ 8,738	$ 2,099	$ -	$ 7,600	$ 2,740	$ -	$ -	24,516
MH CYF County General Fund	$ -	**$ 107,268**	**$ 158,086**	**$ 635,183**	**$ 54,172**	**$ 174,770**	$ 16,841	**$ 422,832**	**$ 22,677**	$ -	1,591,829
MH CYF County General Fund	$ -	$ 38,236	$ 66,905	$ 257,349	$ 22,741	$ 2,228	$ 10,862	$ 83,842	$ 57,783	$ -	539,946
MH Adult County General Fund										$ 11,369	11,369
MH WO DCYF Wellness Centers							$ 102,323				102,323
MCO General Fund					$ 4,683			$ -		$ -	4,683
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	**$ 10,000**	**$ 819,125**	**$ 1,433,315**	**$ 5,497,486**	**$ 499,085**	**$ 219,894**	**$ 677,672**	**$ 1,794,932**	**$ 1,237,036**	**$ 605,619**	**12,794,164**
BHS SUD FUNDING SOURCES	-	0	0	(0)	(0)	(0)	0	-	(0)	(0)	(0)
SUD WO - DCYF Wellness Centers	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**-**
TOTAL BHS SUD FUNDING SOURCES	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	-
TOTAL DPH FUNDING SOURCES	**$ 10,000**	**$ 819,125**	**$ 1,433,315**	**$ 5,497,486**	**$ 499,085**	**$ 219,894**	**$ 677,672**	**$ 1,794,932**	**$ 1,237,036**	**$ 605,619**	**12,794,164**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	**$ 10,000**	**$ 819,125**	**$ 1,433,315**	**$ 5,497,486**	**$ 499,085**	**$ 219,894**	**$ 677,672**	**$ 1,794,932**	**$ 1,237,036**	**$ 605,619**	**12,794,164**
Prepared By	Janet Briggs								(415) 595-2925		

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number	00115
Provider Name	Seneca Family of Agencies
Provider Number	38KT
Contract ID Number	10000009939
Appendix Number	B-1
Page Number	1 of 3
Fiscal Year	2021-2022
Funding Notification Date	09/08/21

	Program Name	TBS SF					
	Program Code	38KT5					
	Mode/SFC (MH) or Modality (SUD)	15/58					
	Service Description	OP-TBS					
	Funding Term (mm/dd/yy-mm/dd/yy):	07/01/20-6/30/21					
FUNDING USES							**TOTAL**
	Salaries & Employee Benefits	8,772					8,772
	Operating Expenses	-					-
	Capital Expenses	-					-
	Subtotal Direct Expenses	**8,772**	**-**	**-**	**-**	**-**	8,772
	Indirect Expenses	1,228	-	-	-	-	1,228
	TOTAL FUNDING USES	**10,000**	**-**	**-**	**-**	**-**	**10,000**
BHS MENTAL HEALTH FUNDING SOURCE	**Dept-Auth-Proj-Activity**						
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	5,000					5,000
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	5,000					5,000
MH WO HSA GF Match	251962-10002-10001803-0006	-					-
MH CYF County General Fund	251962-10000-10001670-0001	-					-
MH CYF County General Fund	251962-10000-10001670-0001	-					-
	TOTAL BHS MENTAL HEALTH FUNDING SOURCES	**10,000**	**-**	**-**	**-**	**-**	**10,000**
	TOTAL DPH FUNDING SOURCES	**10,000**	**-**	**-**	**-**	**-**	**10,000**
	TOTAL FUNDING SOURCES (DPH AND NON-DPH)	**10,000**	**-**	**-**	**-**	**-**	**10,000**
BHS UNITS OF SERVICE AND UNIT COST							
	Number of Beds Purchased						
	SUD Only - Number of Outpatient Group Counseling Sessions						
	SUD Only - Licensed Capacity for Narcotic Treatment Programs						
	Payment Method	Fee-For-Service (FFS)					
	DPH Units of Service	2,876					
	Unit Type	Staff Minute	0	0	0	0	
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	$ 3.48	$ -	$ -	$ -	$ -	
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	$ 3.48	$ -	$ -	$ -	$ -	
	Published Rate (Medi-Cal Providers Only)						**Total UDC**
	Unduplicated Clients (UDC)	45					

Form Revised 3/20/2022

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name: TBS SF
Program Code: 38KT5

Appendix Number: B-1

Fiscal Year: 2021-2022
Funding Notification Date: 09/08/21

	TOTAL		251962-10000-10001670-0001											
Funding Term	07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21									
Position Title	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**
Director	0.03	$ 7,017.00	0.06	$ 7,017.00										
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
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	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
Totals:	0.03	$ 7,017.00	0.06	$ 7,017.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	25%	$ 1,755.00	25%	$ 1,755.00	25%	$ -	25%	$ -	25%	$ -	25%	$ -	25%	$ -
TOTAL SALARIES & BENEFITS		**$ 8,772.00**		**$ 8,772.00**		**$ -**		**$ -**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name	TBS SF
Program Code	38KT5

Appendix Number	B-1
Page Number	3 of 3
Fiscal Year	2021-2022
Funding Notification Date	09/08/21

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001					
Funding Term	07/01/20-6/30/21	07/01/20-6/30/21					
Rent	$ -	$ -					
Utilities (telephone, electricity, water, gas)	$ -	$ -					
Building Repair/Maintenance	$ -	$ -					
Occupancy Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ -	$ -					
Photocopying	$ -						
Program Supplies	$ -						
Computer Hardware/Software	$ -						
Materials & Supplies Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ -	$ -					
Insurance	$ -						
Professional License	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ -	$ -					
General Operating Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ -	$ -					
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Consultant/Subcontractor :	$ -	$ -					
	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number	00115	Appendix Number	B-2
Provider Name	Seneca Family of Agencies	Page Number	1 of 3
Provider Number	38CQ	Fiscal Year	2021-2022
Contract ID Number	10000009939	Funding Notification Date	09/08/21

Program Name		Intensive Therapeutic Foster Care	Intensive Therapeutic Foster Care	Intensive Therapeutic Foster Care	Intensive Therapeutic Foster Care	Intensive Therapeutic Foster Care	Intensive Therapeutic Foster Care	
Program Code		38CQ6	38CQ6	38CQ6	38CQ6	38CQ6	38CQ6	
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/70-79	15/60-69	15/07	15/57	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	OP-Medication Support	OP-Intensive Care Coordination (ICC)	OP-Intensive Home-based Services (IHBS)	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	
FUNDING USES								**TOTAL**
Salaries & Employee Benefits		53,508	465,219	4,459	11,891	29,726	29,726	594,529
Operating Expenses		11,160	97,030	930	2,480	6,200	6,200	124,000
Capital Expenses		-	-	-	-	-	-	-
Subtotal Direct Expenses		**64,668**	**562,249**	**5,389**	**14,371**	**35,926**	**35,926**	718,529
Indirect Expenses		9,053	78,716	754	2,013	5,030	5,030	100,596
TOTAL FUNDING USES		**73,721**	**640,965**	**6,143**	**16,383**	**40,956**	**40,956**	**819,125**
BHS MENTAL HEALTH FUNDING SOURCE	**Dept-Auth-Proj-Activity**							
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	30,194	262,524	2,516	6,710	16,775	16,775	335,494
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	-	-	-	-	-	-	-
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	26,791	232,937	2,233	5,954	14,884	14,884	297,683
MH WO HSA GF Match	251962-10002-10001803-0006	3,403	29,587	284	756	1,891	1,891	37,811
MH WO HSA Parent Training Initiative	251962-10002-10001803-0009	-	-	-	-	-	-	-
MH MHSA (CYF)	251984-17156-10031199-0017	-	-	-	-	-	-	-
MH MHSA (TAY)	251984-17156-10031199-0021	-	-	-	-	-	-	-
MH CYF County Local Match	251962-10000-10001670-0001	-	-	-	-	-	-	-
MH CYF County GF WO CODB	251962-10000-10001670-0001	237	2,060	20	53	132	132	2,633
MH CYF County General Fund	251962-10000-10001670-0001	9,654	83,937	805	2,145	5,363	5,363	107,268
MH CYF County General Fund	251962-10000-10001670-0001	3,441	29,920	287	765	1,912	1,912	38,236
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**73,721**	**640,965**	**6,143**	**16,383**	**40,956**	**40,956**	**819,125**
TOTAL DPH FUNDING SOURCES		**73,721**	**640,965**	**6,143**	**16,383**	**40,956**	**40,956**	**819,125**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**73,721**	**640,965**	**6,143**	**16,383**	**40,956**	**40,956**	**819,125**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased								
SUD Only - Number of Outpatient Group Counseling Sessions								
SUD Only - Licensed Capacity for Narcotic Treatment Programs								
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		25,867	176,089	1,148	2,395	14,370	11,251	
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 2.85	$ 3.64	$ 5.35	$ 6.84	$ 2.85	$ 3.64	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 2.85	$ 3.64	$ 5.35	$ 6.84	$ 2.85	$ 3.64	
Published Rate (Medi-Cal Providers Only)		$ 4.54	$ 6.36	$ 8.74	$ 11.69	$ 4.54	$ 6.36	**Total UDC**
Unduplicated Clients (UDC)		25	25	25	25	25	25	25

Form Revised 3/20/2022

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name nsive Therapeutic Foster Care
Program Code 38CQ6

Appendix Number B-2
Page Number 2 of 3
Fiscal Year 2021-2022
Funding Notification Date 09/08/21

	TOTAL		251962-10000-10001670-0001		251962-10002-10001803-0006									
Funding Term	07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21									
Position Title	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**
Regional Executive Director	0.13	$ 19,669.00	0.13	19,669										
Directors	0.25	$ 30,159.00	0.25	30,159										
Clincial Supervior	0.44	$ 43,848.00	0.44	43,848	-	-								
Nurses	0.25	$ 26,225.00	0.25	26,225										
Therapist/clincians	1.49	$ 112,636.00	1.14	86,102	0.35	26,534								
Support Counselor	2.00	$ 109,096.00	2.00	109,096										
Recuritor and rention specialist	0.50	$ 27,274.00	0.50	27,274										
Senior Admin	0.13	$ 7,500.00	0.13	7,500										
Health information specialist	0.50	$ 27,274.00	0.50	27,274										
Crisis - Supplemental Allowance	1.00	$ 66,399.00	1.00	66,399										
Maintenance	0.10	$ 5,545.00	0.10	5,545										
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
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	0.00	$ -												
Totals:	6.78	$ 475,625.00	6.43	$ 449,090.97	0.35	$ 26,534.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	25%	$ 118,904.00	25%	$ 112,271.00	25%	$ 6,633.00	25%	$ -	25%	$ -	25%	$ -	25%	$ -
TOTAL SALARIES & BENEFITS		**$ 594,529.00**		**$ 561,362.00**		**$ 33,167.00**		**$ -**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Intensive Therapeutic Foster Care
Program Code: 38CQ6

Appendix Number: B-2
Page Number: 3 of 3
Fiscal Year: 2021-2022
Funding Notification Date: 09/08/21

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001					
Funding Term	07/01/20-6/30/21	07/01/20-6/30/21					
Rent	$ -	$ -					
Utilities (telephone, electricity, water, gas)	$ 20,000.00	$ 20,000.00					
Building Repair/Maintenance	$ -	$ -					
Occupancy Total:	**$ 20,000.00**	**$ 20,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies/ advertising	$ 25,000.00	$ 25,000.00					
Photocopying	$ -	$ -					
Program Supplies	$ 5,000.00	$ 5,000.00					
Computer Hardware/Software	$ 8,000.00	$ 8,000.00					
Materials & Supplies Total:	**$ 38,000.00**	**$ 38,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 6,000.00	$ 6,000.00					
Insurance	$ -	$ -					
Professional License	$ -	$ -					
Permits	$ -	$ -					
Equipment Lease & Maintenance	$ 24,000.00	$ 24,000.00					
General Operating Total:	**$ 30,000.00**	**$ 30,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ 36,000.00	$ 36,000.00					
Out-of-Town Travel	$ -	$ -					
Field Expenses	$ -	$ -					
Staff Travel Total:	**$ 36,000.00**	**$ 36,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -	$ -					
	$ -	$ -					
Consultant/Subcontractor Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 124,000.00**	**$ 124,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number	00115	Appendix Number	B-3
Provider Name	Seneca Family of Agencies	Page Number	1 of 3
Provider Number	38CQ	Fiscal Year	2021-2022
Contract ID Number	10000009939	Funding Notification Date	09/08/21

Program Name		Short Term Connections (ISS)	Short Term Connections (ISS)	Short Term Connections (ISS)	Short Term Connections (ISS)	Short Term Connections (ISS)	Short Term Connections (ISS)	Seneca ISS/HUB	
Program Code		38CQ3	38CQ3	38CQ3	38CQ3	38CQ3	38CQ3	38CQ3	
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/70-79	15/60-69	15/07	15/57	60/78	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	OP-Medication Support	OP-Intensive Care Coordination (ICC)	OP-Intensive Home-based Services (IHBS)	Other Non Medical Support	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	
FUNDING USES									**TOTAL**
Salaries & Employee Benefits		102,998	895,513	8,583	22,889	57,221	57,221	-	1,144,426
Operating Expenses		10,158	88,319	847	2,257	5,643	5,643		112,868
Capital Expenses		-	-	-	-	-	-		-
Subtotal Direct Expenses		**113,156**	**983,833**	**9,430**	**25,146**	**62,865**	**62,865**	**-**	1,257,294
Indirect Expenses		15,842	137,737	1,320	3,520	8,801	8,801	-	176,021
TOTAL FUNDING USES		**128,998**	**1,121,569**	**10,750**	**28,666**	**71,666**	**71,666**	**-**	**1,433,315**
BHS MENTAL HEALTH FUNDING SOURCE	**Dept-Auth-Proj-Activity**								
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	39,155	340,434	3,263	8,701	21,753	21,753		435,059
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001								-
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	12,824	111,502	1,069	2,850	7,125	7,125		142,494
MH WO HSA GF Match	251962-10002-10001803-0006	913	7,935	76	203	507	507		10,140
MH WO HSA HUB	251962-10002-10001803-0016	19,793	172,091	1,649	4,399	10,996	10,996	-	219,925
MH WO DCYF SFUSD MH CRISIS	251962-10002-10001799-0011	36,000	313,000	3,000	8,000	20,000	20,000		400,000
MH MHSA (TAY)	251984-17156-10031199-0021								-
MH CYF County GF WO CODB	251962-10000-10001670-0001	64	552	5	14	35	35		706
MH CYF County General Fund	251962-10000-10001670-0001	14,228	123,702	1,186	3,162	7,904	7,904		158,086
MH CYF County General Fund	251962-10000-10001670-0001	6,021	52,353	502	1,338	3,345	3,345		66,905
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**128,998**	**1,121,569**	**10,750**	**28,666**	**71,666**	**71,666**	**-**	**1,433,315**
TOTAL DPH FUNDING SOURCES		**128,998**	**1,121,569**	**10,750**	**28,666**	**71,666**	**71,666**	**-**	**1,433,315**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**128,998**	**1,121,569**	**10,750**	**28,666**	**71,666**	**71,666**	**-**	**1,433,315**
BHS UNITS OF SERVICE AND UNIT COST									
Number of Beds Purchased									
SUD Only - Number of Outpatient Group Counseling Sessions									
SUD Only - Licensed Capacity for Narcotic Treatment Programs									
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	
DPH Units of Service		45,263	308,123	2,009	4,191	25,145	19,688		
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 2.85	$ 3.64	$ 5.35	$ 6.84	$ 2.85	$ 3.64		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 2.85	$ 3.64	$ 5.35	$ 6.84	$ 2.85	$ 3.64		
Published Rate (Medi-Cal Providers Only)		$ 4.54	$ 6.36	$ 8.74	$ 11.69	$ 4.54	$ 6.36		**Total UDC**
Unduplicated Clients (UDC)		60	60	60	60	60	60		60

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name: Short Term Connections (ISS)
Program Code: 38CQ3

Appendix Number: B-3

Fiscal Year: 2021-2022
Funding Notification Date: 09/08/21

	TOTAL		251962-10000-10001670-0001		251962-10002-10001803-0016		251962-10002-10001803-0006 (GF Match)		251962-10002-10001799-0011 (New $400K)					
Funding Term	07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21							
Position Title	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**
Regional Executive Director	0.10	$ 15,735	0.08	$ 12,588	0.02	$ 3,147								
Director	0.50	$ 59,980	0.24	$ 28,737	0.20	$ 24,127	0.06	$ 7,115.10	0.00	$ -				
Clinical Director	0.15	$ 18,095	0.15	$ 18,095	0.00	$ -	0.00	$ -	0.00	$ -				
Nurse	0.25	$ 32,781	0.25	$ 32,781	0.00	$ -	0.00	$ -	0.00	$ -				
Clinical Supervisor	0.13	$ 12,457	0.13	$ 12,457	0.00	$ -	0.00	$ -	0.00	$ -				
Program Supervisor	1.00	$ 95,459	0.25	$ 23,865	0.50	$ 47,730	0.00	$ -	0.25	$ 23,865				
Unconditional Education Coach	0.00	$ -	-	$ -	0.00	$ -	0.00	$ -	0.00	$ -				
Clinician	1.00	$ 75,528	0.50	$ 37,764	0.25	$ 18,882	0.00	$ -	0.25	$ 18,882				
Neutral Facilitator/Connections Specialist	0.00	$ -	0.00	$ -		$ -	0.00	$ -	0.00	$ -				
Support Counselor	8.00	$ 439,010	2.55	$ 140,609	1.15	$ 60,446	0.00	$ -	4.30	$ 237,954				
Administrator On Call	0.50	$ 52,450	0.50	$ 52,450			0.00	$ -	0.00	$ -				
Senior Administrative Assistant	0.10	$ 6,000	0.10	$ 6,000			0.00	$ -	0.00	$ -				
Program Assistant	0.50	$ 27,274	0.50	$ 27,274			0.00	$ -	0.00	$ -				
Health Information Specialist	1.00	$ 54,548	1.00	$ 54,548			0.00	$ -	0.00	$ -				
Maintenance/Transportation	0.30	$ 15,735	0.30	$ 15,735										
Crisis Response/Supplemental Allowance	0.20	$ 10,490	0.20	$ 10,490										
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
Totals:	13.73	$ 915,542	6.75	$ 473,394	2.12	$ 154,332	0.06	$ 7,115.10	4.80	$ 280,701	0.00	$ -	0.00	$ -
Employee Benefits:	25%	$ 228,884	25%	$ 118,343	25%	$ 38,585	25%	$ 1,780.00	25%	$ 70,176	25%	$ -	25%	$ -
TOTAL SALARIES & BENEFITS		**$ 1,144,426**		**$ 591,737**		**$ 192,917**		**$ 8,895.00**		**$ 350,877**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Short Term Connections (ISS)
Program Code: 38CQ3

Appendix Number: B-3
Page Number: 3 of 3
Fiscal Year: 2021-2022
Funding Notification Date: 09/08/21

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001					
Funding Term	07/01/20-6/30/21	07/01/20-6/30/21					
Rent	$ 16,800.00	$ 16,800.00					
Utilities (telephone, electricity, water, gas)	$ 15,368.00	$ 15,368.00					
Building Repair/Maintenance	$ 5,000.00	$ 5,000.00					
Occupancy Total:	**$ 37,168.00**	**$ 37,168.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 5,058.00	$ 5,058.00					
Photocopying	$ -	$ -					
Program Supplies	$ 17,000.00	$ 17,000.00					
Computer Hardware/Software	$ -	$ -					
Materials & Supplies Total:	**$ 22,058.00**	**$ 22,058.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 10,858.00	$ 10,858.00					
Insurance	$ -	$ -					
Professional License	$ -	$ -					
Permits	$ -	$ -					
Equipment Lease & Maintenance	$ 12,169.00	$ 12,169.00					
General Operating Total:	**$ 23,027.00**	**$ 23,027.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ 24,000.00	$ 24,000.00					
Out-of-Town Travel	$ -	$ -					
Field Expenses	$ -	$ -					
Staff Travel Total:	**$ 24,000.00**	**$ 24,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -	$ -					
	$ -	$ -					
Consultant/Subcontractor Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Expendable equipment -Computer, printers,	$ 6,615.00	$ 6,615.00					
chairs, items under $500							
	$ -	$ -					
Other Total:	**$ 6,615.00**	**$ 6,615.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 112,868.00**	**$ 112,868.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number	00115	Appendix Number	B-4
Provider Name	Seneca Family of Agencies	Page Number	1 of 3
Provider Number	38CQ	Fiscal Year	2021-2022
Contract ID Number	10000009939	Funding Notification Date	09/08/21

Program Name		Long Term Connections Wrap Around	Long Term Connections Wrap Around	Long Term Connections Wrap Around	Long Term Connections Wrap Around	Long Term Connections Wrap Around	Long Term Connections Wrap Around		Long Term Connections Wrap Around	
Program Code		38CQ4	38CQ4	38CQ4	38CQ4	38CQ4	38CQ4		38CQ4	
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/70-79	15/60-69	15/07	15/57		60/78	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	OP-Medication Support	OP-Intensive Care Coordination (ICC)	OP-Intensive Home-based Services (IHBS)		SS-Other Non-MediCal Client Support Exp	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21		07/01/20-6/30/21	
FUNDING USES										**TOTAL**
Salaries & Employee Benefits		356,612	3,100,542	29,718	79,247	198,118	198,118		323,883	4,286,237
Operating Expenses		48,250	419,511	4,021	10,722	26,806	26,806	-	-	536,116
Capital Expenses		-	-	-	-	-	-			-
Subtotal Direct Expenses		**404,862**	**3,520,053**	**33,739**	**89,969**	**224,924**	**224,924**	**-**	**323,883**	4,822,353
Indirect Expenses		56,681	492,810	4,723	12,596	31,490	31,490	-	45,343	675,133
TOTAL FUNDING USES		**461,543**	**4,012,863**	**38,462**	**102,565**	**256,413**	**256,413**	**-**	**369,226**	**5,497,486**
BHS MENTAL HEALTH FUNDING SOURCE	**Dept-Auth-Proj-Activity**									
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	196,202	1,705,870	16,350	43,601	109,001	109,001			2,180,025
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	149,678	1,301,369	12,473	33,262	83,155	83,155			1,663,091
MH WO HSA GF Match	251962-10002-10001803-0006	11,888	103,358	991	2,642	6,604	6,604			132,087
MH WO HSA HUB	251962-10002-10001803-0016	22,661	197,023	1,888	5,036	12,589	12,589	-		251,787
MH MHSA (CYF)	251984-17156-10031199-0056								369,226	369,226
MH MHSA (TAY)	251984-17156-10031199-0021									-
MH CYF County GF WO CODB	251962-10000-10001670-0001	786	6,837	66	175	437	437			8,738
MH CYF County General Fund	251962-10000-10001670-0001	57,166	497,031	4,764	12,704	31,759	31,759			635,183
MH CYF County General Fund	251962-10000-10001670-0001	23,161	201,376	1,930	5,147	12,867	12,867			257,349
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**461,543**	**4,012,863**	**38,462**	**102,565**	**256,413**	**256,413**	**-**	**369,226**	**5,497,486**
TOTAL DPH FUNDING SOURCES		**461,543**	**4,012,863**	**38,462**	**102,565**	**256,413**	**256,413**	**-**	**369,226**	**5,497,486**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**461,543**	**4,012,863**	**38,462**	**102,565**	**256,413**	**256,413**	**-**	**369,226**	**5,497,486**
BHS UNITS OF SERVICE AND UNIT COST										
Number of Beds Purchased										
SUD Only - Number of Outpatient Group Counseling Sessions										
SUD Only - Licensed Capacity for Narcotic Treatment Programs										
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		Cost Reimbursement (CR)	
DPH Units of Service		161,722	1,101,643	7,189	15,005	89,799	70,433		1	
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute		Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 2.85	$ 3.64	$ 5.35	$ 6.84	$ 2.86	$ 3.64		$ 369,226	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 2.85	$ 3.64	$ 5.35	$ 6.84	$ 2.86	$ 3.64		$ 369,226	
Published Rate (Medi-Cal Providers Only)		$ 4.54	$ 6.36	$ 8.74	$ 11.69	$ 4.54	$ 6.36			**Total UDC**
Unduplicated Clients (UDC)		75	75	75	75	75	75		1	75

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Term Connections Wrap Around
Program Code 38CQ4

Appendix Number B-4
Page Number 2 of 3
Fiscal Year 2021-2022
Funding Notification Date 09/08/21

	TOTAL		251962-10000-10001670-0001		251962-10002-10001803-0016		251984-17156-10031199-0056		251962-10002-100001803-0006					
Funding Term	07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21					
Position Title	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**
Regional Executive Director	0.50	$ 78,675	0.50	$ 78,675		$ -		$ -		$ -				
Director	0.50	$ 60,318	0.50	$ 60,318		$ -		$ -		$ -				
Clinical Director	0.17	$ 20,508	0.17	$ 20,508		$ -		$ -		$ -				
Nurse	0.30	$ 39,338	0.30	$ 39,338		$ -		$ -		$ -				
Clinical Supervisor	3.25	$ 323,879	3.25	$ 323,879		$ -		$ -		$ -				
Program Supervisor	2.00	$ 190,918	2.00	$ 190,918		$ -		$ -		$ -				
Unconditional Education Coach	0.00	$ -	0.00	$ -		$ -		$ -		$ -				
Clinician	23.00	$ 1,478,669	17.20	$ 1,301,977	2.30	$ 176,692	3.50	$ -		$ -				
Neutral Facilitator/Connections Specialist	1.00	$ 61,106	1.00	$ 61,106		$ -		$ -		$ -				
Support Counselor	12.00	$ 648,058	5.45	$ 296,260		$ -	4.80	$ 259,106	1.75	$ 92,692				
Family Partner/Peer Mentor	0.00	$ -	0.00	$ -		$ -		$ -		$ -				
RF Recruiter & Retention Specialist	0.00	$ -	0.00	$ -		$ -		$ -		$ -				
SPED Teacher	0.00	$ -	0.00	$ -		$ -		$ -		$ -				
Administrator On Call	0.70	$ 73,430	0.70	$ 73,430		$ -		$ -		$ -				
Senior Administrative Assistant	0.40	$ 24,001	0.40	$ 24,001		$ -		$ -		$ -				
Program Assistant	0.50	$ 27,274	0.50	$ 27,274		$ -		$ -		$ -				
Health Information Specialist	2.00	$ 109,096	2.00	$ 109,096		$ -		$ -		$ -				
Program Analyst	0.75	$ 78,675	0.75	$ 78,675		$ -		$ -		$ -				
Director of Training	0.00	$ -	0.00	$ -		$ -		$ -		$ -				
Training Manager	0.00	$ -	0.00	$ -		$ -		$ -		$ -				
Maintenance/Transportation	1.00	$ 52,450	1.00	$ 52,450		$ -		$ -		$ -				
Crisis Response/Supplemental Allowance	3.10	$ 162,595	3.10	$ 162,595		$ -		$ -		$ -				
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
Totals:	51.17	$ 3,428,990	38.82	$ 2,900,500	2.30	$ 176,692	8.30	$ 259,106	1.75	$ 92,692	0.00	$ -	0.00	$ -
Employee Benefits:	25%	$ 857,248	25%	$ 725,125	25%	$ 44,173	25%	$ 64,777	25%	$ 23,173	25%	$ -	25%	$ -
TOTAL SALARIES & BENEFITS		**$ 4,286,238.00**		**$ 3,625,625.00**		**$ 220,865.00**		**$ 323,883.00**		**$ 115,865.00**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Term Connections Wrap Around
Program Code: 38CQ4

Appendix Number: B-4
Page Number: 3 of 3
Fiscal Year: 2021-2022
Funding Notification Date: 09/08/21

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001					
Funding Term	07/01/20-6/30/21	07/01/20-6/30/21					
Rent	$ 60,000.00	$ 60,000.00					
Utilities (telephone, electricity, water, gas)	$ 55,000.00	$ 55,000.00					
Building Repair/Maintenance	$ 36,000.00	$ 36,000.00					
Occupancy Total:	**$ 151,000.00**	**$ 151,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 22,000.00	$ 22,000.00					
Photocopying	$ -						
Program Supplies	$ 58,000.00	$ 58,000.00					
Computer Hardware/Software	$ 25,000.00	$ 25,000.00					
Materials & Supplies Total:	**$ 105,000.00**	**$ 105,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 20,000.00	$ 20,000.00					
Insurance	$ -	$ -					
Professional License	$ -	$ -					
Permits	$ -	$ -					
Equipment Lease & Maintenance	$ 7,255.00	$ 7,255.00					
General Operating Total:	**$ 27,255.00**	**$ 27,255.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ 141,861.00	$ 141,861.00					
Out-of-Town Travel	$ -	$ -					
Field Expenses	$ -	$ -					
Staff Travel Total:	**$ 141,861.00**	**$ 141,861.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Note Approver, contract rate $70 x 857 hours =$60,000 - Nancy Fey. Weekly hours at $70x 17.15 hours	$ 36,000.00	$ 36,000.00					
Emery Fu - Psychiatry Contract rate $215 x 348.83 hours = $75000. 348.83hours is 6.9 hours a week for 50 weeks)	$ 75,000.00	$ 75,000.00					
Consultant/Subcontractor Total:	**$ 111,000.00**	**$ 111,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 536,116.00**	**$ 536,116.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number	00115
Provider Name	Seneca Family of Agencies
Provider Number	38CQ
Contract ID Number	1000009939
Appendix Number	B-5
Page Number	1 of 3
Fiscal Year	2021-2022
Funding Notification Date	09/08/21

Program Name		School Based Services	School Based Services	School Based Services	School Based Services	School Based Services	
Program Code		8980OP	8980OP	8980OP	8980OP	8980OP	
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/07	15/57	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Intensive Care Coordination (ICC)	OP-Intensive Home-based Services (IHBS)	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	
FUNDING USES							**TOTAL**
Salaries & Employee Benefits		36,789	327,016	4,088	20,439	20,439	408,770
Operating Expenses		2,612	23,218	290	1,451	1,451	29,023
Capital Expenses		-	-	-	-	-	-
Subtotal Direct Expenses		**39,401**	**350,234**	**4,378**	**21,890**	**21,890**	437,793
Indirect Expenses		5,516	49,033	613	3,064	3,065	61,292
TOTAL FUNDING USES		**44,918**	**399,268**	**4,991**	**24,954**	**24,954**	**499,085**
BHS MENTAL HEALTH FUNDING SOURCE	**Dept-Auth-Proj-Activity**						
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	18,693	166,156	2,077	10,385	10,385	207,695
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	15,981	142,050	1,776	8,878	8,878	177,563
MH WO HSA GF Match	251962-10002-10001803-0006	2,712	24,106	301	1,507	1,507	30,132
MH WO HSA Parent Training Initiative	251962-10002-10001803-0009	-	-	-	-	-	-
MH MHSA (CYF)	251984-17156-10031199-0017	-	-	-	-	-	-
MH MHSA (TAY)	251984-17156-10031199-0021	-	-	-	-	-	-
MH CYF County GF WO CODB	251962-10000-10001670-0001	189	1,679	21	105	105	2,099
MH CYF County General Fund	251962-10000-10001670-0001	4,875	43,338	542	2,709	2,709	54,172
MH CYF County General Fund	251962-10000-10001670-0001	2,047	18,193	227	1,137	1,137	22,741
MCO General Fund	251962-10000-10001670-0001	421	3,746	47	234	234	4,683
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**44,918**	**399,268**	**4,991**	**24,954**	**24,954**	**499,085**
TOTAL DPH FUNDING SOURCES		**44,918**	**399,268**	**4,991**	**24,954**	**24,954**	**499,085**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**44,918**	**399,268**	**4,991**	**24,954**	**24,954**	**499,085**
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		15,587	108,545	723	8,659	6,784	
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 2.88	$ 3.68	$ 6.90	$ 2.88	$ 3.68	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 2.88	$ 3.68	$ 6.90	$ 2.88	$ 3.68	
Published Rate (Medi-Cal Providers Only)		$ 4.54	$ 6.36	$ 11.69	$ 4.54	$ 6.36	**Total UDC**
Unduplicated Clients (UDC)		20	20	20	20	20	20

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name: School Based Services
Program Code: 8980OP

Appendix Number: B-5
Page Number: 2 of 3
Fiscal Year: 2021-2022
Funding Notification Date: 09/08/21

	TOTAL		251962-10000-10001670-0001		251962-10002-10001803-0006		MCO							
Funding Term	07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21									
Position Title	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**
Regional Executive Director	0.02	$ 3,147.00	0.02	$ 3,147.00										
Director	0.05	$ 6,032.00	0.05	$ 6,032.00										
Clinical Supervisor	0.35	$ 34,879.00	0.35	$ 34,879.00										
Unconditional Education Coach	0.50	$ 41,960.00	0.50	$ 41,960.00										
Clinician	1.50	$ 112,234.00	1.15	$ 87,804.00	0.30	$ 21,145.40	0.05	$ 3,285.00						
Support Counselor	2.00	$ 107,801.00	2.00	$ 107,801.00										
Senior Administrative Assistant	0.02	$ 1,200.00	0.02	$ 1,200.00										
Program Assistant	0.02	$ 1,091.00	0.02	$ 1,091.00										
Health Information Specialist	0.15	$ 8,182.00	0.15	$ 8,182.00										
Crisis Response/Supplemental Allowance	0.20	$ 10,490.00	0.20	$ 10,490.00										
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
Totals:	4.81	$ 327,016.00	4.46	$ 302,586.00	0.30	$ 21,145.40	0.05	$ 3,285.00	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	25%	$ 81,754.00	25%	$ 75,647.00	25%	$ 5,286.00	25%	$ 821.00	25%	$ -	25%	$ -	25%	$ -
TOTAL SALARIES & BENEFITS		**$ 408,770.00**		**$ 378,233.00**		**$ 26,431.00**		**$ 4,106.00**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name School Based Services
Program Code 8980OP

Appendix Number B-5

Fiscal Year 2021-2022
Funding Notification Date 09/08/21

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001					
Funding Term	07/01/20-6/30/21	07/01/20-6/30/21					
Rent	$ -	$ -					
Utilities (telephone, electricity, water, gas)	$ 3,750.00	$ 3,750.00					
Building Repair/Maintenance	$ 856.00	$ 856.00					
Occupancy Total:	**$ 4,606.00**	**$ 4,606.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 8,200.00	$ 8,200.00					
Photocopying	$ -	$ -					
Program Supplies	$ 4,200.00	$ 4,200.00					
Computer Hardware/Software	$ -	$ -					
Materials & Supplies Total:	**$ 12,400.00**	**$ 12,400.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 4,410.00	$ 4,410.00					
Insurance	$ -	$ -					
Professional License	$ -	$ -					
Permits	$ -	$ -					
Equipment Lease & Maintenance	$ 2,500.00	$ 2,500.00					
General Operating Total:	**$ 6,910.00**	**$ 6,910.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ 5,107.00	$ 5,107.00					
Out-of-Town Travel	$ -	$ -					
Field Expenses	$ -	$ -					
Staff Travel Total:	**$ 5,107.00**	**$ 5,107.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -	$ -					
	$ -	$ -					
Consultant/Subcontractor Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 29,023.00**	**$ 29,023.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number	00115	Appendix Number	B-6
Provider Name	Seneca Family of Agencies	Page Number	1 of 3
Provider Number	38CQ	Fiscal Year	2021-2022
Contract ID Number	10000009939	Funding Notification Date	09/08/21

Program Name		Youth Transitional Services	Youth Transitional Services	Youth Transitional Services	Youth Transitional Services	Youth Transitional Services	Youth Transitional Services	Youth Transitional Services	
Program Code		38CQMST	38CQMST	38CQMST	38CQMST	38CQMST	38CQMST	38CQMST	
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/70-79	15/60-69	15/07	15/57	60/78	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	OP-Medication Support	OP-Intensive Care Coordination (ICC)	OP-Intensive Home-based Services (IHBS)	SS-Other Non-MediCal Client Support Exp	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	
FUNDING USES									**TOTAL**
Salaries & Employee Benefits		2,423	21,270	269	269	1,346	1,346	150,403	177,327
Operating Expenses		1,401	12,294	156	156	778	778	-	15,562
Capital Expenses		-	-	-	-	-	-	-	-
Subtotal Direct Expenses		**3,824**	**33,564**	**425**	**425**	**2,124**	**2,124**	**150,403**	192,889
Indirect Expenses		535	4,699	59	60	298	296	21,057	27,005
TOTAL FUNDING USES		**4,359**	**38,263**	**484**	**485**	**2,422**	**2,421**	**171,460**	**219,894**
BHS MENTAL HEALTH FUNDING SOURCE	**Dept-Auth-Proj-Activity**								
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	2,032.00	17,835.00	226.00	226.00	1,129.00	1,128.00	-	22,576
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	1,829	16,053	203	203	1,016	1,016	-	20,320
MH CYF County Local Match	251962-10000-10001670-0001	-	-	-	-	-	-	-	-
MH CYF County General Fund	251962-10000-10001670-0001	298	2,615	33	33	166	166	171,460	174,770
MH CYF County General Fund	251962-10000-10001670-0001	201	1,760	22	22	111	111		2,228
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**4,359**	**38,263**	**485**	**485**	**2,422**	**2,421**	**171,460**	**219,894**
TOTAL DPH FUNDING SOURCES		**4,359**	**38,263**	**485**	**485**	**2,422**	**2,421**	**171,460**	**219,894**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**4,359**	**38,263**	**485**	**485**	**2,422**	**2,421**	**171,460**	**219,894**
BHS UNITS OF SERVICE AND UNIT COST									
Number of Beds Purchased									
SUD Only - Number of Outpatient Group Counseling Sessions									
SUD Only - Licensed Capacity for Narcotic Treatment Programs									
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	
DPH Units of Service		1,527	10,506	91	71	848	665	1	
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 2.85	$ 3.64	$ 5.33	$ 6.83	$ 2.86	$ 3.64	$ 171,460.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 2.85	$ 3.64	$ 5.33	$ 6.83	$ 2.86	$ 3.64	$ 171,460.00	
Published Rate (Medi-Cal Providers Only)		$ 4.54	$ 6.36	$ 8.74	$ 11.69	$ 4.54	$ 6.36		**Total UDC**
Unduplicated Clients (UDC)		15	15	15	15	15	15		15

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name: Youth Transitional Services
Program Code: 38CQMST

Appendix Number: B-6

Fiscal Year: 2021-2022
Funding Notification Date: 09/08/21

	TOTAL		251962-10000-10001670-0001		MH CYF County General Fund 251962-10000-10001670-0001									
Funding Term	07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21									
Position Title	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**
Director	0.02	$ 3,635.00	0.00	$ -	0.02	$ 3,634.70								
Program Manager	0.07	$ 4,773.00	0.02	$ -	0.05	$ 4,772.95								
Clinicians	1.65	$ 125,269.00	0.15	$ 13,355.20	1.50	$ 111,914.00								
Health Information Specialist	0.10	$ 5,455.00	0.10	$ 5,454.80	0.00	$ -								
Maintance	0.03	$ 1,636.00	0.03	$ 1,636.44	0.00	$ -								
Crisis response - Supplental	0.02	$ 1,091.00	0.02	$ 1,090.96										
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
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	0.00	$ -												
Totals:	1.89	$ 141,859.00	0.32	$ 21,537.40	1.57	$ 120,321.65	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	25%	$ 35,468.00	25%	$ 5,387.00	25%	$ 30,081.00	25%	$ -	25%	$ -	25%	$ -	25%	$ -
TOTAL SALARIES & BENEFITS		**$ 177,327.00**		**$ 26,924.00**		**$ 150,403.00**		**$ -**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name	Youth Transitional Services	Appendix Number	B-6
Program Code	38CQMST	Page Number	3 of 3
		Fiscal Year	2021-2022
		Funding Notification Date	09/08/21

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001					
Funding Term	07/01/20-6/30/21	07/01/20-6/30/21					
Rent	$ 4,320.00	$ 4,320.00					
Utilities (telephone, electricity, water, gas)	$ 2,600.00	$ 2,600.00					
Building Repair/Maintenance	$ 3,500.00	$ 3,500.00					
Occupancy Total:	**$ 10,420.00**	**$ 10,420.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 300.00	$ 300.00					
Photocopying	$ -	$ -					
Program Supplies	$ 1,000.00	$ 1,000.00					
Computer Hardware/Software	$ 1,000.00	$ 1,000.00					
Materials & Supplies Total:	**$ 2,300.00**	**$ 2,300.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 600.00	$ 600.00					
Insurance	$ -	$ -					
Professional License	$ -	$ -					
Permits	$ -	$ -					
Equipment Lease & Maintenance	$ -	$ -					
General Operating Total:	**$ 600.00**	**$ 600.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ 2,242.00	$ 2,242.00					
Out-of-Town Travel	$ -	$ -					
Field Expenses	$ -	$ -					
Staff Travel Total:	**$ 2,242.00**	**$ 2,242.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
0	$ -						
	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 15,562.00**	**$ 15,562.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number	00115	Appendix Number	B-7
Provider Name	Seneca Family of Agencies	Page Number	1 of 3
Provider Number	38CQ	Fiscal Year	2021-2022
Contract ID Number	10000009939	Funding Notification Date	09/08/21

Program Name		AIIM Higher (Incarcer Youth Specialty)	AIIM Higher (Incarcer Youth Specialty)	AIIM Higher (Incarcer Youth Specialty)	AIIM Higher (Incarcer Youth Specialty)		
Program Code		38CQAH	38CQAH	38CQAH	38CQAH		
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	60/78	60/78		
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp		
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21		
FUNDING USES							**TOTAL**
Salaries & Employee Benefits		25,030	153,758	300,710	89,757		569,255
Operating Expenses		3,527	21,667	-	-		25,194
Capital Expenses		-	-	-	-		-
Subtotal Direct Expenses		**28,557**	**175,425**	**300,710**	**89,757**	**-**	594,449
Indirect Expenses		3,998	24,559	42,100	12,566	-	83,223
TOTAL FUNDING USES		**32,555**	**199,984**	**342,810**	**102,323**	**-**	**677,672**
BHS MENTAL HEALTH FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	13,981	85,881	-	-		99,862
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001						-
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	13,632	83,742	-	-		97,374
MH WO HSA GF Match	251962-10002-10001803-0006						-
MH WO HSA Parent Training Initiative	251962-10002-10001803-0009						-
MH MHSA (CYF)	251984-17156-10031199-0056	-	-	342,810	-		342,810
MH MHSA (TAY)	251984-17156-10031199-0021	-	-				-
MH CYF County GF WO CODB	251962-10000-10001670-0001	1,064	6,536				7,600
MH CYF County General Fund	251962-10000-10001670-0001	2,358	14,483	-	-		16,841
MH CYF County General Fund	251962-10000-10001670-0001	1,521	9,341	-	-		10,862
MH WO DCYF Wellness Centers	240646-100002-1001973-0001	-	-		102,323		102,323
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**32,555**	**199,984**	**342,810**	**102,323**	**-**	**677,672**
BHS SUD FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
SUD WO - DCYF Wellness Centers	240646-10002-10001973-0001	-	-	-	-		-
TOTAL BHS SUD FUNDING SOURCES		**-**	**-**	**-**	**-**	**-**	**-**
TOTAL DPH FUNDING SOURCES		**32,555**	**199,984**	**342,810**	**102,323**	**-**	**677,672**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**32,555**	**199,984**	**342,810**	**102,323**	**-**	**677,672**
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service		11,409	54,940	1	1		
Unit Type		Staff Minute	Staff Minute	Staff Hour	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 2.85	$ 3.64	$ 342,810.00	$ 102,323.00	$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 2.85	$ 3.64	$ 342,810.00	$ 102,323.00	$ -	
Published Rate (Medi-Cal Providers Only)		$ 4.54	$ 6.36	N/A	N/A		**Total UDC**
Unduplicated Clients (UDC)		98	98	98	98		98

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Higher (Incarcer Youth Specialty)
Program Code 38CQAH

Appendix Number B-7

Fiscal Year 2021-2022
Funding Notification Date 09/08/21

Track

	TOTAL		251962-10000-10001670-0001		251984-17156-10031199-0056		240646-10002-10001973-0001							
Funding Term	07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21	
Position Title	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**
Regional Executive director	0.10	$ 15,735.00	0.00	$ -	0.10	$ 15,735.00		$ -						
Director	0.05	$ 6,032.00	0.05	$ 6,032.00	0.00	$ -		$ -						
Program Supervisor	0.40	$ 37,544.00	0.35	$ 33,411.00	0.05	$ 4,133.00		$ -						
Program Manager	0.55	$ 50,754.00	0.15	$ 13,794.00	0.40	$ 36,960.00	0.00	$ -						
Clincian	4.00	$ 301,703.00	0.90	$ 67,975.00	2.15	$ 161,922.00	0.95	$ 71,806.00						
Health Information Specialist	0.40	$ 21,819.00	0.00	$ -	0.40	$ 21,819.00		$ -						
Maintenance	0.10	$ 5,455.00	0.10	$ 5,455.00	0.00	$ -		$ -						
Crisis Response	0.30	$ 16,364.00	0.30	$ 16,364.00	0.00	$ -		$ -						
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
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Totals:	5.90	$ 455,406.00	1.85	$ 143,031.00	3.10	$ 240,569.00	0.95	$ 71,806.00	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	25%	$ 113,849.00	25%	$ 35,757.00	25%	$ 60,141.00	25%	$ 17,951.00	25%	$ -	25%	$ -	25%	$ -
TOTAL SALARIES & BENEFITS		**$ 569,255.00**		**$ 178,788.00**		**$ 300,710.00**		**$ 89,757.00**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name Higher (Incarcer Youth Specialty)
Program Code 38CQAH

Appendix Number B-7

Fiscal Year 2021-2022
Funding Notification Date 09/08/21

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001					
Funding Term	07/01/20-6/30/21	07/01/20-6/30/21					
Rent	$ -	$ -					
Utilities (telephone, electricity, water, gas)	$ 2,000.00	$ 2,000.00					
Building Repair/Maintenance	$ 1,000.00	$ 1,000.00					
Occupancy Total:	**$ 3,000.00**	**$ 3,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 5,694.00	$ 5,694.00					
Photocopying	$ -	$ -					
Program Supplies	$ -	$ -					
Computer Hardware/Software	$ -	$ -					
Materials & Supplies Total:	**$ 5,694.00**	**$ 5,694.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 3,500.00	$ 3,500.00					
Insurance	$ -	$ -					
Professional License	$ -	$ -					
Permits	$ -	$ -					
Equipment Lease & Maintenance	$ 2,500.00	$ 2,500.00					
General Operating Total:	**$ 6,000.00**	**$ 6,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ 10,500.00	$ 10,500.00					
Out-of-Town Travel	$ -	$ -					
Field Expenses	$ -	$ -					
Staff Travel Total:	**$ 10,500.00**	**$ 10,500.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -	$ -					
	$ -	$ -					
Consultant/Subcontractor Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 25,194.00**	**$ 25,194.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number	00115	Appendix Number	B-9
Provider Name	Seneca Family of Agencies	Page Number	1 of 3
Provider Number	38KT	Fiscal Year	2021-2022
Contract ID Number	10000009939	Funding Notification Date	09/08/21

Program Name		Outpatient and DBT	Outpatient and DBT	Outpatient and DBT	Outpatient and DBT	Outpatient and DBT	Outpatient and DBT	
Program Code		38KTDT	38KTDT	38KTDT	38KTDT	38KTDT	38KTDT	
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/70-79	15/60-69	15/07	15/57	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	OP-Medication Support	OP-Intensive Care Coordination (ICC)	OP-Intensive Home-based Services (IHBS)	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	
FUNDING USES								**TOTAL**
Salaries & Employee Benefits		131,081	1,150,601	14,565	14,565	72,823	72,823	1,456,458
Operating Expenses		10,624	93,254	1,180	1,180	5,902	5,902	118,043
Capital Expenses		-	-	-	-	-	-	-
Subtotal Direct Expenses		**141,705**	**1,243,855**	**15,745**	**15,745**	**78,725**	**78,725**	1,574,500
Indirect Expenses		19,838	174,142	2,204	2,205	11,022	11,022	220,433
TOTAL FUNDING USES		**161,543**	**1,417,997**	**17,949**	**17,949**	**89,747**	**89,747**	**1,794,932**
BHS MENTAL HEALTH FUNDING SOURC	**Dept-Auth-Proj-Activity**							
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	57,848.00	507,780.00	6,428.00	6,428.00	32,138.00	32,137.00	642,759.00
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	54,308.00	476,705.00	6,034.00	6,034.00	30,171.00	30,172.00	603,424.00
MH WO HSA GF Match	251962-10002-10001803-0006	3,540.00	31,075.00	393.00	393.00	1,967.00	1,967.00	39,335.00
MH WO HSA Parent Training Initiative	251962-10002-10001803-0009	-	-	-	-	-	-	-
MH MHSA (CYF)	251984-17156-10031199-0017	-	-	-	-	-	-	-
MH MHSA (TAY)	251984-17156-10031199-0021	-	-	-	-	-	-	-
MH CYF County GF WO CODB	251962-10000-10001670-0001	246.60	2,164.60	27.40	27.40	137.00	137.00	2,740.00
MH CYF County General Fund	251962-10000-10001670-0001	38,055.00	334,036.00	4,228.00	4,229.00	21,142.00	21,142.00	422,832.00
MH CYF County General Fund	251962-10000-10001670-0001	7,546.00	66,236.00	838.00	838.00	4,192.00	4,192.00	83,842.00
MCO General Fund	251962-10000-10001670-0001	-	-	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**161,544**	**1,417,997**	**17,948**	**17,949**	**89,747**	**89,747**	**1,794,932**
TOTAL DPH FUNDING SOURCES		**161,544**	**1,417,997**	**17,948**	**17,949**	**89,747**	**89,747**	**1,794,932**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**161,544**	**1,417,997**	**17,948**	**17,949**	**89,747**	**89,747**	**1,794,932**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased								
SUD Only - Number of Outpatient Group Counseling Sessions								
SUD Only - Licensed Capacity for Narcotic Treatment Programs								
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		56,583	389,560	3,355	2,624	31,490	24,656	
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 2.85	$ 3.64	$ 5.35	$ 6.84	$ 2.85	$ 3.64	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 2.85	$ 3.64	$ 5.35	$ 6.84	$ 2.85	$ 3.64	
Published Rate (Medi-Cal Providers Only)		$ 4.54	$ 6.36	$ 8.74	$ 11.69	$ 4.54	$ 6.36	**Total UDC**
Unduplicated Clients (UDC)		60	60	60	60	60	60	60

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name: Outpatient and DBT
Program Code: 38KTDT

Appendix Number: B-9
Page Number: 2 of 3
Fiscal Year: 2021-2022
Funding Notification Date: 09/08/21

	TOTAL		251962-10000-10001670-0001		251962-10000-10001670-0001									
Funding Term	07/01/20-6/30/21		07/01/20-6/30/21											
Position Title	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**
Regional Executive Director	0.12	18,882	0.120	18,882										
Director	0.25	30,159	0.250	30,159										
Clinical Director	0.35	42,222	0.350	42,222										
Nurse	-	-	-	-										
Clinical Supervisor	0.40	39,862	0.400	39,862		$ -								
Program Supervisor	0.75	71,594	0.750	71,594										
Unconditional Education Coach	-	-	-	-										
Clinician	9.25	696,610	8.850	669,006	0.40	$ 27,604.00								
Neutral Facilitator/Connections Specialist	-	-		-										
Support Counselor	2.25	122,733	2.250	122,733										
Family Partner/Peer Mentor	-	-		-										
RF Recruiter & Retention Specialist	-	-		-										
SPED Teacher	-	-		-										
Administrator On Call	-	-		-										
Senior Administrative Assistant	0.10	6,000	0.100	6,000										
Program Assistant	0.40	21,819	0.400	21,819										
Health Information Specialist	1.20	65,458	1.200	65,458										
Program Analyst	0.20	20,980	0.200	20,980										
Director of Training	-	-		-										
Training Manager	-	-		-										
Maintenance/Transportation	0.25	13,113	0.250	13,113										
Crisis Response/Supplemental Allowance	0.30	15,735	0.300	15,735										
	-	-												
	-	-												
	-	-												
	-	-												
	-	-												
	-	-												
	-	-												
	-	-												
	-	-												
Totals:	15.82	1,165,167	15.42	1,137,563	0.40	$ 27,604.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	0.25	291,291	0.25	284,391	25%	$ 6,900.00	25%	$ -	25%	$ -	25%	$ -	25%	$ -
TOTAL SALARIES & BENEFITS		**1,456,458**		**1,421,954**		**$ 34,504.00**		**$ -**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name	Outpatient and DBT
Program Code	38KTDT

Appendix Number	B-9
Page Number	3 of 3
Fiscal Year	2021-2022
Funding Notification Date	09/08/21

Expense Categories & Line Items	**TOTAL**	**251962-10000-10001670-0001**					
Funding Term	07/01/20-6/30/21	07/01/20-6/30/21					
Rent	$ 30,000.00	$ 30,000.00					
Utilities (telephone, electricity, water, gas)	$ 16,240.00	$ 16,240.00					
Building Repair/Maintenance	$ 6,500.00	$ 6,500.00					
Occupancy Total:	**$ 52,740.00**	**$ 52,740.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 9,775.00	$ 9,775.00					
Photocopying	$ -	$ -					
Program Supplies	$ 13,000.00	$ 13,000.00					
Computer Hardware/Software	$ 7,153.00	$ 7,153.00					
Materials & Supplies Total:	**$ 29,928.00**	**$ 29,928.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 13,875.00	$ 13,875.00					
Insurance	$ -	$ -					
Professional License	$ -	$ -					
Permits	$ -	$ -					
Equipment Lease & Maintenance	$ 1,500.00	$ 1,500.00					
General Operating Total:	**$ 15,375.00**	**$ 15,375.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ 5,000.00	$ 5,000.00					
Out-of-Town Travel	$ -	$ -					
Field Expenses	$ -	$ -					
Staff Travel Total:	**$ 5,000.00**	**$ 5,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Psychiatry for .9 hours a week at $215/hr ($215x.9 x52) Emery Fu	$ 10,000.00	$ 10,000.00					
Note approvers Jindal -Jordon $35hr for 8 hours a week for 52 weeks)	$ 5,000.00	$ 5,000.00					
Consultant/Subcontractor Total:	**$ 15,000.00**	**$ 15,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 118,043.00**	**$ 118,043.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number	00115	Appendix Number	B-11
Provider Name	Seneca Family of Agencies	Page Number	1 of 3
Provider Number	38K7	Fiscal Year	2021-2022
Contract ID Number	10000009939	Funding Notification Date	09/08/21

Program Name		Compass	Compass	Compass	Compass	Compass	Compass	Compass	
Program Code		38K7CO	38K7CO	38K7CO	38K7CO	38K7CO	38K7CO	38K7TF	
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/70-79	15/60-69	15/07	15/57	05/95-98	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	OP-Medication Support	OP-Intensive Care Coordination (ICC)	OP-Intensive Home-based Services (IHBS)	24-Hr Therapeutic Foster Care (TFC)	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	
FUNDING USES									**TOTAL**
Salaries & Employee Benefits		66,220	575,747	5,518	14,716	36,789	36,789	-	735,779
Operating Expenses		14,722	128,001	1,227	3,272	8,179	8,179	185,760	349,340
Capital Expenses		-	-	-	-	-	-		-
Subtotal Direct Expenses		**80,942**	**703,748**	**6,745**	**17,987**	**44,968**	**44,968**	**185,760**	1,085,119
Indirect Expenses		11,332	98,526	944	2,519	6,296	6,296	26,006	151,918
TOTAL FUNDING USES		**92,274**	**802,274**	**7,690**	**20,506**	**51,262**	**51,264**	**211,766**	**1,237,036**
BHS MENTAL HEALTH FUNDING SOURCE	**Dept-Auth-Proj-Activity**								
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	43,145	375,127	3,596	9,587	23,969	23,970	98,894	578,288
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	-	-	-	-	-	-		-
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	3,730	32,429	311	829	2,072	2,072	8,557	50,000
MH WO HSA GF Match	251962-10002-10001803-0006	-	-	-	-	-	-		-
MH WO HSA HUB	251962-10002-10001803-0016	39,411	342,654	3,284	8,759	21,895	21,895	90,390	528,288
MH MHSA (CYF)	251984-17156-10031199-0017	-	-	-	-	-	-		-
MH MHSA (TAY)	251984-17156-10031199-0021	-	-	-	-	-	-		-
MH CYF County Local Match	251962-10000-10001670-0001	-	-	-	-	-	-		-
MH CYF County General Fund	251962-10000-10001670-0001	788	6,848	66	175	438	438	13,925	22,677
MH CYF County General Fund	251962-10000-10001670-0001	5,200	45,215	433	1,156	2,889	2,889	-	57,783
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**92,274**	**802,274**	**7,690**	**20,505**	**51,262**	**51,264**	**211,766**	**1,237,036**
TOTAL DPH FUNDING SOURCES		**92,274**	**802,274**	**7,690**	**20,505**	**51,262**	**51,264**	**211,766**	**1,237,036**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**92,274**	**802,274**	**7,690**	**20,505**	**51,262**	**51,264**	**211,766**	**1,237,036**
BHS UNITS OF SERVICE AND UNIT COST									
Number of Beds Purchased									
SUD Only - Number of Outpatient Group Counseling Sessions									
SUD Only - Licensed Capacity for Narcotic Treatment Programs									
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	
DPH Units of Service		32,345	220,570	1,438	3,000	18,000	14,094	547	
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff hour or day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 2.85	$ 3.64	$ 5.35	$ 6.84	$ 2.85	$ 3.64	$ 387.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 2.85	$ 3.64	$ 5.35	$ 6.84	$ 2.85	$ 3.64	$ 387.00	
Published Rate (Medi-Cal Providers Only)		$ 4.54	$ 6.36	$ 8.74	$ 11.69	$ 4.54	$ 6.36	$ 387.00	**Total UDC**
Unduplicated Clients (UDC)		4	4	4	4	4	4	4	4

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Compass
Program Code 38K7CO

Appendix Number B-11
Page Number 2 of 3
Fiscal Year 2021-2022
Funding Notification Date 09/08/21

	TOTAL		251962-10000-10001670-0001		HSA W/O-10001803-0016		251962-10000-10001670-0001							
Funding Term	07/01/20-6/30/21		07/01/20-6/30/21											
Position Title	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**
Regional Executive Director	**0.05**	$ 7,868.00	0.05	$ 7,868.00		$ -		$ -						
Director	**0.50**	$ 59,318.00	0.30	$ 35,191.00	0.20	$ 24,127.00		$ -						
Nurse	0.50	$ 52,500.00	0.50	$ 52,500.00		$ -		$ -						
Clinical Supervisor	0.50	$ 49,827.00	0.15	$ 14,948.00	0.35	$ 34,879.00		$ -						
Program Supervisor	1.00	$ 78,000.00	0.50	$ 39,000.00	0.50	$ 39,000.00		$ -						
Clinician	1.00	$ 75,528.00	0.00	$ -	1.00	$ 75,528.00		$ -						
Neutral Facilitator/Connections Specialist	0.25	$ 15,277.00	0.25	$ 15,277.00		$ -		$ -						
Support Counselor	3.50	$ 192,902.00	0.50	$ 25,982.00	3.00	$ 166,920.00		$ -						
Family Partner/Peer Mentor	0.25	$ 13,637.00	0.25	$ 13,637.00		$ -		$ -						
Senior Administrative Assistant	0.10	$ 6,000.00	0.05	$ 3,000.00	0.05	$ 3,000.00		$ -						
Health Information Specialist	0.50	$ 27,274.00	0.00	$ -	0.50	$ 27,274.00		$ -						
Maintenance/Transportation	0.10	$ 5,245.00	0.10	$ 5,245.00		$ -		$ -						
Crisis Response/Supplemental Allowance	0.10	$ 5,245.00	0.10	$ 5,245.00		$ -		$ -						
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
Totals:	8.35	$ 588,621.00	2.75	$ 217,893.00	5.60	$ 370,728.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	25%	$ 147,158.00	25%	$ 54,477.00	25%	$ 92,681.00	25%	$ -	25%	$ -	25%	$ -	25%	$ -
TOTAL SALARIES & BENEFITS		**$ 735,779.00**		**$ 272,370.00**		**$ 463,409.00**		**$ -**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Compass
Program Code: 38K7CO

Appendix Number: B-11
Page Number: 3 of 3
Fiscal Year: 2021-2022
Funding Notification Date: 09/08/21

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001					
Funding Term	07/01/20-6/30/21	07/01/20-6/30/21					
Rent	$ 48,000.00	$ 48,000.00					
Utilities (telephone, electricity, water, gas)	$ 30,000.00	$ 30,000.00	$ -				
Building Repair/Maintenance	$ 30,000.00	$ 30,000.00					
Occupancy Total:	**$ 108,000.00**	**$ 108,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 10,000.00	$ 10,000.00	$ -	$ -			
Photocopying	$ -	$ -					
Program Supplies	$ 10,000.00	$ 10,000.00	$ -	$ -			
Computer Hardware/Software	$ -	$ -					
Materials & Supplies Total:	**$ 20,000.00**	**$ 20,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 9,320.00	$ 9,320.00	$ -	$ -			
Insurance	$ -	$ -					
Professional License	$ -	$ -					
Staff Recruitment	$ 2,400.00	$ 2,400.00					
Equipment Lease & Maintenance	$ -	$ -					
General Operating Total:	**$ 11,720.00**	**$ 11,720.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ 11,060.00	$ 11,060.00	$ -	$ -			
Out-of-Town Travel	$ -	$ -					
Field Expenses	$ -	$ -					
Staff Travel Total:	**$ 11,060.00**	**$ 11,060.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -	$ -					
Psychiatry consultation various dates on as needed basis $215/hr for 23.25 hours hours a week ($215x23.25) Emery Fu	$ 5,000.00	$ 5,000.00					
Note approvers Jindal -Jordon $35hr for 7.14 hours a month for 12 months)	$ 3,000.00	$ 3,000.00					
Consultant/Subcontractor Total:	**$ 8,000.00**	**$ 8,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -	$ -					
Treatment Supplies	$ 4,800.00	$ 4,800.00					
Resource parent payment TFC	$ 185,760.00	$ 185,760.00		$ -			
Other Total:	**$ 190,560.00**	**$ 190,560.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 349,340.00**	**$ 349,340.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number	00115	Appendix Number	B-12
Provider Name	Seneca Family of Agencies	Page Number	1 of 3
Provider Number	38CQ	Fiscal Year	2021-2022
Contract ID Number	10000009939	Funding Notification Date	09/08/21

Program Name		TAY Full Service Partnership	TAY Full Service Partnership	TAY Full Service Partnership	TAY Full Service Partnership	TAY Full Service Partnership		
Program Code		38CQFSP	38CQFSP	38CQFSP	38CQFSP	38CQFSP		
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/70-79	15/60-69	60/78		
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	OP-Medication Support	SS-Other Non-MediCal Client Support Exp		
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21	07/01/20-6/30/21		
FUNDING USES								**TOTAL**
Salaries & Employee Benefits		31,136	155,678	13,344	22,239	261,619		484,016
Operating Expenses		6,612	33,060	2,834	4,723			47,229
Capital Expenses		-	-	-	-	-		-
Subtotal Direct Expenses		**37,748**	**188,738**	**16,178**	**26,962**	**261,619**	**-**	531,245
Indirect Expenses		5,285	26,422	2,265	3,775	36,627	-	74,374
TOTAL FUNDING USES		**43,033**	**215,160**	**18,442**	**30,737**	**298,246**	**-**	**605,619**
BHS MENTAL HEALTH FUNDING SOURC	**Dept-Auth-Proj-Activity**	14.0%	14.0%	14.0%	14.0%	14.0%		14.0%
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	20,720	103,601	8,880	14,800	-		148,001.8
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001							-
MH WO HSA GF Match	251962-10002-10001803-0006							-
MH WO HSA Parent Training Initiative	251962-10002-10001803-0009							-
MH MHSA (CYF)	251984-17156-10031199-0017							-
MH MHSA (TAY)	251984-17156-10031199-0057	20,721	103,601	8,880	14,800	298,246		446,248.0
MH CYF County Local Match	251962-10000-10001670-0001							-
MH CYF County General Fund	251962-10000-10001670-0001							-
MH CYF County General Fund	251962-10000-10001670-0001							-
MH Adult County General Fund	251984-10000-10001792-0001	1,592	7,958.0	682	1,137			11,369.0
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**43,033**	**215,160**	**18,442**	**30,737**	**298,246**	**-**	**605,619**
TOTAL DPH FUNDING SOURCES		**43,033**	**215,160**	**18,442**	**30,737**	**298,246**	**-**	**605,619**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**43,033**	**215,160**	**18,442**	**30,737**	**298,246**	**-**	**605,619**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased								
SUD Only - Number of Outpatient Group Counseling Sessions								
SUD Only - Licensed Capacity for Narcotic Treatment Programs								
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)		
DPH Units of Service		15,072	67,554	3,447	4,494	1		
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 2.86	$ 3.19	$ 5.35	$ 6.84	$ 298,246.00	$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 2.86	$ 3.19	$ 5.35	$ 6.84	$ 298,246.00	$ -	
Published Rate (Medi-Cal Providers Only)		$ 4.54	$ 6.36	$ 4.63	$ 11.69	N/A		**Total UDC**
Unduplicated Clients (UDC)		98	98	98	98	98		98

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name AY Full Service Partnership
Program Code 38CQFSP

Appendix Number B-12

Fiscal Year 2021-2022
Funding Notification Date 09/08/21

	TOTAL		251984-10000-10001792-0001		251984-17156-10031199-0057 (Mode60)		251984-17156-10031199-0057 (Mode15)							
Funding Term	07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21		07/01/20-6/30/21							
Position Title	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**
Regional Executive Director	0.02	$ 3,147.00	-	$ -	-	$ -	0.020	3,147						
Program Director	0.05	$ 6,032.00	-	$ -	-	$ -	0.050	6,032						
Clinical Program Supervisor	0.20	$ 19,931.00	-	$ -	-	$ -	0.200	19,931						
Clinician	3.00	$ 225,656.00	0.60	$ 43,636.00	2.400	$ 182,020.00	0.000	-						
Nurse	0.02	$ 2,623.00	-	$ -	-	$ -	0.020	2,623						
Counselors	1.00	$ 55,008.00	0.50	$ 27,734.00	0.500	$ 27,274.00	0.000	-						
Family Partner/Peer Mentor	0.75	$ 39,567.00	0.05	$ 2,687.00	-	$ -	0.700	36,880						
Health Information Specialist	0.20	$ 10,910.00	-	$ -	-	$ -	0.200	10,910						
Admin on Call	0.05	$ 5,245.00	-	$ -	-	$ -	0.050	5,245						
Program Assistant	0.05	$ 2,727.00	-	$ -	-	$ -	0.050	2,727						
Maintenance	0.10	$ 5,455.00		$ -			0.10	5,455						
Crisis Response	0.20	$ 10,910.00		$ -			0.20	10,910						
	0.00	$ -												
	0.00	$ -												
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Totals:	5.64	$ 387,211.00	1.15	$ 74,057.00	2.90	$ 209,294.00	1.59	$ 103,860.00	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	25%	$ 96,805.00	25%	$ 18,513.00	25%	$ 52,325.00	25%	$ 25,967.00	25%	$ -	25%	$ -	25%	$ -
TOTAL SALARIES & BENEFITS		**$ 484,016.00**		**$ 92,570.00**		**$ 261,619.00**		**$ 129,827.00**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name TAY Full Service Partnership
Program Code 38CQFSP

Appendix Number B-12
Page Number 3 of 3
Fiscal Year 2021-2022
Funding Notification Date 09/08/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001					
Funding Term	07/01/20-6/30/21	07/01/20-6/30/21					
Rent	$ 7,300.00	$ 7,300.00					
Utilities (telephone, electricity, water, gas)	$ 4,770.00	$ 4,770.00					
Building Repair/Maintenance	$ 3,000.00	$ 3,000.00					
Occupancy Total:	**$ 15,070.00**	**$ 15,070.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 500.00	$ 500.00					
Photocopying	$ -	$ -					
Program Supplies	$ 2,160.00	$ 2,160.00					
Computer Hardware/Software	$ 1,039.00	$ 1,039.00					
Materials & Supplies Total:	**$ 3,699.00**	**$ 3,699.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 1,100.00	$ 1,100.00					
Insurance	$ -	$ -					
Professional License	$ -	$ -					
Permits	$ -	$ -					
Equipment Lease & Maintenance	$ -	$ -					
General Operating Total:	**$ 1,100.00**	**$ 1,100.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ 5,000.00	$ 5,000.00					
Out-of-Town Travel	$ -	$ -					
Field Expenses	$ -	$ -					
Staff Travel Total:	**$ 5,000.00**	**$ 5,000.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Psychiatry for 2 hours a week at $215/hr ($215x2x52) Emery Fu	$ 22,360.00	22,360.00					
Consultant/Subcontractor Total:	**$ 22,360.00**	**$ 22,360.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 47,229.00**	**$ 47,229.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Seneca Family of Agencies

Contract ID Number 1000009939

Fiscal Year 2021-2022

Funding Notification Date 9/8/21

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Executive Team	0.140	194,890
Director of Training	0.140	18,358
Director of Diversity Initative	0.140	18,357
Operations Director	0.140	14,500
Director of Training	0.140	22,100
Clerical Personnel	0.140	117,400
Quality Assurance Personnel	0.140	132,175
Accounting Personnel	0.140	230,300
Facilities Personnel	0.140	17,600
Human Resources Personnel	0.140	91,200
IT Personnel	0.140	191,289
Subtotal:	1.540	1,048,169
Employee Benefits:	25.0%	262,042
Total Salaries and Employee Benefits:		1,310,211

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Advertising and Recruitment	3,900
Account Fees for Chase Bank (does not include interest, overdraft, penalties, cc fees)	6,700
Conferences and Training	14,686
Contract Services	38,000
Equipment Leases	2,300
Insurance	68,150
Occupancy	9,300
Printing	3,100
Repairs and Maintenance	40,899
Subscriptions and Dues for Children service organizations and California Department of Social Services	1,800
Supplies	9,176
Telephone	28,000
Transportation	15,000
Utilities	20,000
Total Operating Costs	261,011

Total Indirect Costs	1,571,222

APPENDIX D

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

1.4 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

1.5 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

1.6 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

1.7 **Training Requirements.**

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

1.8 **Agency Data User Confidentiality Agreement.**

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

1.9 **Corrective Action.**

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

1.10 **User ID and Password.**

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

1.11 **Notification of Compromised Password.**

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

1.12 **Multi Factor Authentication.**

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

1.13 **Qualified Personnel.**

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

1.14 **Workstation/Laptop encryption.**

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

1.15 **Server Security.**

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

1.16 **Removable media devices.**

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

1.17 **Antivirus software.**

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

1.18 **Patch Management.**

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

1.19 **System Timeout.**

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

1.20 **Warning Banners.**

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

1.21 **Transmission encryption.**

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

1.22 **No Faxing/Mailing.**

City Data may not be faxed or mailed.

1.23 **Intrusion Detection.**

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

of the City.

1.24 **Security of PHI.**

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

1.25 **Data Security and City Data**

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

1.26 **Data Privacy and Information Security Program.**

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

1.27 **Disaster Recovery.**

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

1.28 **Supervision of Data.**

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

1.29 **As Is Access.**

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

1.31 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

1.32 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

1.33 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

1.34 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) provide cyber and technology errors and omissions insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

(a) Read information displayed or transmitted by the System accurately and completely;

(b) Ensure that Agency Data Users are trained on the use of the System;

(c) Be responsible for decisions made based on the use of the System;

(d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;

(e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;

(f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;

(g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

The Parties agree that as between them, all rights, including all intellectual property rights in and to the City Data and any derivative works of the City Data shall remain the exclusive property of the City.

3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and

ii. any action pertaining to a breach required by applicable federal and state laws.

3.2.1 **Investigation of Breach and Security Incidents**: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and

ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and

iii. a description of where the City Data is believed to have been improperly used or disclosed; and

iv. a description of the probable and proximate causes of the breach or security incident; and

v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 **Written Report**: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 **Notification to Individuals**: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or

ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 **Sample Notification to Individuals**: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or

ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

3.3 Media Communications

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

Attachment 1 to Appendix D
System Specific Requirements

I. For Access to SFDPH Epic through Care Link the following terms shall apply:

A. SFDPH Care Link Requirements:

1. Connectivity.

a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

a) Agency will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH Care Link:

3. Epic-Provided Terms and Conditions

a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.

b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Application For Access and Compliance with Epic Terms and Conditions.

a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: https://userweb.epic.com/Forms/AccessApplication. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

a. Access to the BHS Electronic Heath Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf

b. Each user is unique and agrees not to share accounts or passwords.

c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf

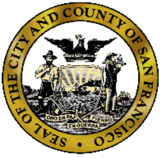
d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.

e. Applicants must complete myAvatar Training.

f. Level of access is based on "Need to Know", job duties and responsibilities.

Appendix E

HIPAA Business Associate Agreement



San Francisco Department of Public Health

Business Associate Agreement

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

RECITALS

A. CE, by and through the San Francisco Department of Public Health ("SFDPH"), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information ("PHI") (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement 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").

D. 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 BAA.

E. 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 BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, 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 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, but other than in the capacity of a member of the workforce of such covered entity or arrangement, 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 BAA, 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 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 and 164.501. For the purposes of this BAA, 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.

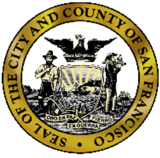
n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

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. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.



c. Permitted Uses. BA may use, access, and/or 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 Agreement and BAA, 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 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].

d. 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 Agreement and BAA, 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 BAA 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 (n) of this BAA, 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 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)].

e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, 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 Protected Information 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 Agreement.

f. 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 Agreement or this BAA, 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).

g. 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.f. 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.

h. 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 seven (7) 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 [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.

i. 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.

j. 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)].

k. 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.

l. 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.

m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

n. 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 BAA; 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, 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)]

o. 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 BAA, 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 BAA 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 BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, 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 Agreement and this BAA 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 BAA 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.

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 or 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 BAA, 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 Agreement or this BAA 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 BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA 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 access, 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 from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 6-7-2017
Attachment 2 – SFDPH Data Security Attestation, version 6-7-2017

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

Contractor Name:		Contractor City Vendor ID	

PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

I. All Contractors.

	DOES YOUR ORGANIZATION…	**Yes**	**No***
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?		
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents? If yes: Name & Title: ______ Phone #: ______ Email: ______		
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]		
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]		
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain , transmit, or access SFDPH's health information?		
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so **AND** that health information is **only transferred or created on encrypted devices approved by SFDPH Information Security staff**?		

II. Contractors who serve patients/clients and have access to SFDPH PHI, must also complete this section.

	If Applicable: DOES YOUR ORGANIZATION…	**Yes**	**No***
G	Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?		
H	Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.)		
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?		
J	Document each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations?		
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?		

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date	

IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	

Contractor Name:		Contractor City Vendor ID	

DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

	DOES YOUR ORGANIZATION…	Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]		
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?		
	Date of last Data Security Risk Assessment/Audit:		
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:		
C	Have a formal Data Security Awareness Program?		
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?		
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?		
	If yes: Name & Title: / Phone # / Email:		
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]		
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]		
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain , transmit, or access SFDPH's health information?		
I	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?		

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date	

III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	

Appendix F

(Invoice)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR

FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F
PAGE A

Contract ID#: 1000009939

BHS

Contract: Seneca Center

Address: 2275 Arlington Drive, San Leandro, CA 94578

Tel No.: (510) 481-1222

Contract Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

INVOICE NUMBER:	M01JL21
Template Version	RPB 1
	User Cd
Ct. PO No.: POHM	SFGOV-0000549454
Fund Source:	GF,SDMC Reg FFP, EPSDT,Realignment
Invoice Period :	July 2021
Final Invoice:	(Check if Yes)

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 Clients for Exhibit:

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted UOS	Total Contracted CLIENTS	Delivered THIS PERIOD UOS	Delivered THIS PERIOD CLIENTS	Unit Rate	AMOUNT DUE	Delivered to Date UOS	Delivered to Date CLIENTS	% of TOTAL UOS	% of TOTAL CLIENTS	Remaining Deliverables UOS	Remaining Deliverables CLIENTS
B-1 TBS SF PC# - 38KT5												
15/ 58 OP - TBS	2,876				$ 3.48	$ -			0.00%		2,876.000	
B-2 Intensive Therapeutic Foster Care PC# - 38CQ6												
15/ 01-09 OP - Case Mgt Brokerage	25,867				$ 2.85	$ -	0.000		0.00%		25,867.000	
15/ 10-57, 59 OP - MH Svcs	176,089				$ 3.64	$ -	0.000		0.00%		176,089.000	
15/ 70-79 OP - Crisis Intervention-OP	1,148				$ 5.35	$ -	0.000		0.00%		1,148.000	
15/ 60-69 OP - Medication Support	2,395				$ 6.84	$ -	0.000		0.00%		2,395.000	
15/ 07 OP - Intensive Care Coordination (ICC)	14,370				$ 2.85	$ -	0.000		0.00%		14,370.000	
15/ 57 OP - Intensive Home Based Services (IHBS)	11,251				$ 3.64	$ -	0.000		0.00%		11,251.000	
B-3 Short Term Connections (ISS) PC# - 38CQ3												
15/ 01-09 OP - Case Mgt Brokerage	45,263				$ 2.85	$ -	0.000		0.00%		45,263.000	
15/ 10-57, 59 OP - MH Svcs	308,123				$ 3.64	$ -	0.000		0.00%		308,123.000	
15/ 70-79 OP - Crisis Intervention-OP	2,009				$ 5.35	$ -	0.000		0.00%		2,009.000	
15/ 60-69 OP - Medication Support	4,191				$ 6.84	$ -	0.000		0.00%		4,191.000	
15/ 07 OP - Intensive Care Coordination (ICC)	25,145				$ 2.85	$ -	0.000		0.00%		25,145.000	
15/ 57 OP - Intensive Home Based Services (IHBS)	19,688				$ 3.64	$ -	0.000		0.00%		19,688.000	
B-4 Long Term Connections-Wrap Around PC# - 38CQ4												
15/ 01-09 OP - Case Mgt Brokerage	161,722				$ 2.85	$ -	0.000		0.00%		161,722.000	
15/ 10-57, 59 OP - MH Svcs	1,101,643				$ 3.64	$ -	0.000		0.00%		1,101,643.000	
15/ 70-79 OP - Crisis Intervention-OP	7,189				$ 5.35	$ -	0.000		0.00%		7,189.000	
15/ 60-69 OP - Medication Support	15,005				$ 6.84	$ -	0.000		0.00%		15,005.000	
15/ 07 OP - Intensive Care Coordination (ICC)	89,799				$ 2.86	$ -	0.000		0.00%		89,799.000	
15/ 57 OP - Intensive Home Based Services (IHBS)	70,433				$ 3.64	$ -	0.000		0.00%		70,433.000	
B-6 Youth Transitional Services (YTS) PC# - 38CQMST												
15/ 01-09 OP - Case Mgt Brokerage	1,527				$ 2.85	$ -	0.000		0.00%		1,527.000	
15/ 10-57, 59 OP - MH Svcs	10,506				$ 3.64	$ -	0.000		0.00%		10,506.000	
15/ 70-79 OP - Crisis Intervention-OP	91				$ 5.33	$ -	0.000		0.00%		91.000	
15/ 60-69 OP - Medication Support	71				$ 6.83	$ -	0.000		0.00%		71.000	
15/ 07 OP - Intensive Care Coordinator (ICC)	848				$ 2.86	$ -	0.000		0.00%		848.000	
15/ 57 OP - Intensive Home Based Services (IHBS)	665				$ 3.64	$ -	0.000		0.00%		665.000	
B-5 School Based Services PC# - 8980OP												
15/ 01-09 OP - Case Mgt Brokerage	15,587				$ 2.88	$ -	0.000		0.00%		15,587.000	
15/ 10-57, 59 OP - MH Svcs	108,545				$ 3.68	$ -	0.000		0.00%		108,545.000	
15/ 60 - 69 OP - Medication Support	723				$ 6.90	$ -	0.000		0.00%		723.000	
15/ 07 OP - Intensive Care Coordinator (ICC)	8,659				$ 2.88	$ -	0.000		0.00%		8,659.000	
15/ 57 OP - Intensive Home Based Seervices (IHBS0	6,784				$ 3.68	$ -	0.000		0.00%		6,784.000	
B-7 AIIM Higher (Incarcer Youth Specialty) PC # - 38CQAH						$ -						
15/ 01 - 09 OP - Case Mgt Brokerage	11,409				$ 2.85	$ -	0.000		0.00%		11,409.000	
15/ 10 - 57 OP - Mental Health Services	54,940				$ 3.64	$ -	0.000		0.00%		54,940.000	
B-11 Compass PC# -38K7CO												
15/ 01-09 OP- Case Mgt Brokerage	32,345				$ 2.85	$ -	0.000		0.00%		32,345.000	
15/ 10-57, 59 OP - MH Svcs	220,570				$ 3.64	$ -	0.000		0.00%		220,570.000	
15/ 70-79 OP - Crisis Intervention-OP	1,438				$ 5.35	$ -	0.000		0.00%		1,438.000	
15/ 60-69 OP - Medication Support	3,000				$ 6.84	$ -	0.000		0.00%		3,000.000	
15 - 07 OP - Intensive Care Coordination (ICC)	18,000				$ 2.85	$ -	0.000		0.00%		18,000.000	
15/ 57 OP - Intensive Home Base Services (IHBS)	14,094				$ 3.64	$ -	0.000		0.00%		14,094.000	
							0.000					
TOTAL	2,594,008		0.00				0.00		0.00%		2,594,008.00	

		Expenses To Date	% of Budget	Remaining Budget
Budget Amount	**$ 9,196,028.00**	**$ -**	**0.00%**	**$ 9,196,028.00**

SUBTOTAL AMOUNT DUE	$ -
Less: Initial Payment Recovery	
(For DPH Use) Other Adjustments	
NET REIMBURSEMENT	**$ -**

NOTES:
MH WO HSA GF Match - 251962-10002-10001803-0006 - $232,628
MH WO HSA HUB - 251962-10002-10001803-0016 - $678,839
MH Cnty General Fund - 251962-10000-10001670-0001- $5,398,632
MH WO DCYF SFUSD MH CRISIS- 251962-10002-10001799-0011 - $300,000

Jul
Prepared: 2/4/2022

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F
PAGE A

Contract ID#: 1000009939

BHS

INVOICE NUMBER:	M03JL21
Template Version	RPB 1
Ct. PO No.: POHM	SFGOV-0000549454 (User Cd)
Fund Source:	MH Fed/ State/ WO HSA GF Match
Invoice Period :	July 2021
Final Invoice:	(Check if Yes)

Contractor: Seneca Center

Address: 2275 Arlington Drive, San Leandro, CA 94578

Tel No.: (510) 481-1222
Fax No.: (510) 481-1222

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: 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
Unduplicated Clients for Exhibit:					

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted UOS	Total Contracted CLIENTS	Delivered THIS PERIOD UOS	Delivered THIS PERIOD CLIENTS	Unit Rate	AMOUNT DUE	Delivered to Date UOS	Delivered to Date CLIENTS	% of TOTAL UOS	% of TOTAL CLIENTS	Remaining Deliverables UOS	Remaining Deliverables CLIENTS
B-9 Outpatient and DBT PC# - 38KTDT												
15/ 01-09 OP - Case Mgt Brokerage	56,583				$ 2.85	$ -	0.00		0.00%		56,583.00	
15/ 10-57 OP - MH Svcs	389,560				$ 3.64	$ -	0.00		0.00%		389,560.00	
15/ 70-79 OP - Crisis Intervention	3,355				$ 5.35	$ -	0.00		0.00%		3,355.00	
15/ 60-69 OP - Medication Support	2,624				$ 6.84	$ -	0.00		0.00%		2,624.00	
15/ 07 OP - Intensive Care Coordination (ICC)	31,490				$ 2.85	$ -	0.00		0.00%		31,490.00	
15/ 57 OP - Intensive Home Based Services (IHBS)	24,656				$ 3.64	$ -	0.00		0.00%		24,656.00	
TOTAL	508,268		0.00				0.00		0.00%		508,268.00	

	Budget Amount		Expenses To Date	% of Budget	Remaining Budget
	Budget Amount	**$ 1,794,932.00**	**$ -**	**0.00%**	**$ 1,794,932.00**

SUBTOTAL AMOUNT DUE	$ -
Less: Initial Payment Recovery	
(For DPH Use) **Other Adjustments**	
NET REIMBURSEMENT	**$ -**

NOTES:
MH CYF GF 251962-10000-10001670-0001 - $1,752,857
MH CYF GF WO CODB 251962-10000-10001670-0001 - $2,740
MH WO HSA GF Match 251962-10002-10001803-0006 - $39,335

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:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email at:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

______________________ Authorized Signatory

______________________ Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contract ID#
1000009939

INVOICE NUMBER: M06JL21

Contract: Seneca Center

Template Version: RPB 1

User Cd

Address: 2275 Arlington Drive, San Leandro, CA 94578

Ct. PO No.: POHM SFGOV-0000549454

Tel No.: (510) 481-1222
Fax No.: (510)481-1222

Fund Source: MH CYF County General Fund

Invoice Period: July 2021

Funding Term: 07/01/2021 - 06/30/2022

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

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 Youth Transitional Services PC# - 38CQMST - 251962-10000-10001670-0001												
60/ 78 SS-Other Non-Medical Client Support Exp	1	-			-	-	0%	#DIV/0!	1	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	$ 120,322.00	$ -	$ -	0.00%	$ 120,322.00
Fringe Benefits	$ 30,081.00	$ -	$ -	0.00%	$ 30,081.00
Total Personnel Expenses	$ 150,403.00	$ -	$ -	0.00%	$ 150,403.00
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%	$ -
Total Operating Expenses	$ -	$ -	$ -	0.00%	$ -
Capital Expenditures	$ -	$ -	$ -	0.00%	$ -
TOTAL DIRECT EXPENSES	$ 150,403.00	$ -	$ -	0.00%	$ 150,403.00
Indirect Expenses	$ 21,057.00		$ -	0.00%	$ 21,057.00
TOTAL EXPENSES	$ 171,460.00	$ -	$ -	0.00%	$ 171,460.00

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
REIMBURSEMENT	**$ -**	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: ____________________ Date: ____________________

Printed Name: ____________________

Title: ____________________ Phone: ____________________

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco CA 94103

Or email to:
cbhsinvoices@sfdph.org

Jul

DPH Authorization for Payment

Authorized Signatory

Prepared: 2/4/2022

Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix B
PAGE B

Contract ID#
1000009939

Invoice Number
M06JL21
User Cd
CT PO No.

Contract: Seneca Center

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Director	0.02	$ 3,635.00	$ -	$ -	0.00%	$ 3,635.00
Program Manager	0.05	$ 4,773.00	$ -	$ -	0.00%	$ 4,773.00
Clinicians	1.50	$ 111,914.00	$ -	$ -	0.00%	$ 111,914.00
TOTAL SALARIES	1.57	$ 120,322.00	$ -	$ -	0.00%	$ 120,322.00

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.

Signature: ______________________ Date: ______________________

Printed Name: ______________________

Title: ______________________ Phone: ______________________

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

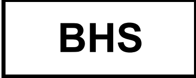
Contract ID#: 1000009939

INVOICE NUMBER:	M08JL21
Template Version	RPB 1
	User Cd
Ct. PO No.: POHM	SFGOV-0000549454
Fund Source:	MH MHSA (CYF)
Invoice Period:	July 2021
Final Invoice:	(Check if Yes)

Contract: Seneca Center

Address: 2275 Arlington Drive, San Leandro, CA 94578

Tel No.: (510) 481-1222
Fax No.: (510)481-1222



Funding Term: 07/01/2021- 06/30/2022

PHP Division: Behavioral Health Services

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-7 AIIM Higher (Incarcer Youth Specialy) PC# - 38CQAH 251984-17156-10031199-0056												
60/ 78 SS - Other Non-Medical Client Support Exp	1	98			-	-	0%	0%	1	98	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	$ 240,569.00		$ -	0.00%	$ 240,569.00
Fringe Benefits	$ 60,141.00		$ -	0.00%	$ 60,141.00
Total Personnel Expenses	$ 300,710.00	$ -	$ -	0.00%	$ 300,710.00
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%	$ -
Total Operating Expenses	$ -	$ -	$ -	0.00%	$ -
Capital Expenditures	$ -	$ -	$ -	0.00%	$ -
TOTAL DIRECT EXPENSES	$ 300,710.00	$ -	$ -	0.00%	$ 300,710.00
Indirect Expenses	$ 42,100.00		$ -	0.00%	$ 42,100.00
TOTAL EXPENSES	$ 342,810.00	$ -	$ -	0.00%	$ 342,810.00

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
REIMBURSEMENT	**$ -**	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: ____________________ Date: ____________________

Printed Name: ____________________

Title: ____________________ Phone: ____________________

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory Date

Jul

Prepared: 2/4/2022

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix B
PAGE B

Contract ID#
1000009939

Invoice Number
M08JL21

User Cd

CT PO No.

Contract: Seneca Center

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Regional Executive Director	0.10	$ 15,735.00	$ -	$ -	0.00%	$ 15,735.00
Program Supervisor	0.05	$ 4,133.00	$ -	$ -	0.00%	$ 4,133.00
program Manager	0.40	$ 36,960.00	$ -	$ -	0.00%	$ 36,960.00
Clincian	2.15	$ 161,922.00	$ -	$ -	0.00%	$ 161,922.00
Health Information Specialist	0.40	$ 21,819.00	$ -	$ -	0.00%	$ 21,819.00
TOTAL SALARIES	3.10	$ 240,569.00	$ -	$ -	0.00%	$ 240,569.00

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.

Signature: ______________________ Date: ______________________

Printed Name: ______________________

Title: ______________________ Phone: ______________________

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contract ID#
1000009939

INVOICE NUMBER: M14JL21

Contract: **Seneca Center**

Template Version: RPB 1

User Cd

Address: 2275 Arlington Drive, San Leandro, CA 94578

Ct. PO No.: POHM SFGOV-0000549454

Tel No.: (510) 481-1222
Fax No.: (510)481-1222

Fund Source: MH MHSA (CYF)

Invoice Period: July 2021

Funding Term: 07/01/2021 - 06/30/2022

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

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-4 LT Connections-Wrap Around PC# - 38CQ4 - 251984-17156-10031199-0056												
60/ 78 SS-Other Other Non-Medical Client Support Exp	1	1			-	-	0%	0%	#DIV/0!	1	-	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	$ 259,106.00	$ -	$ -	0.00%	$ 259,106.00
Fringe Benefits	$ 64,777.00	$ -	$ -	0.00%	$ 64,777.00
Total Personnel Expenses	$ 323,883.00	$ -	$ -	0.00%	$ 323,883.00
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%	$ -
Total Operating Expenses	$ -	$ -	$ -	0.00%	$ -
Capital Expenditures	$ -	$ -	$ -	0.00%	$ -
TOTAL DIRECT EXPENSES	$ 323,883.00	$ -	$ -	0.00%	$ 323,883.00
Indirect Expenses	$ 45,343.00	$ -	$ -	0.00%	$ 45,343.00
TOTAL EXPENSES	$ 369,226.00	$ -	$ -	0.00%	$ 369,226.00

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
REIMBURSEMENT	**$ -**	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: ______________________ Date: ______________________

Printed Name: ______________________

Title: ______________________ Phone: ______________________

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory Date

Jul

Prepared: 2/4/2022

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix B
PAGE B

Contract ID#
1000009939

Invoice Number
M14JL21

User Cd

CT PO No.

Contract: Seneca Center

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Support Counselor	4.80	$ 259,106.00	$ -	$ -	0.00%	$ 259,106.00
TOTAL SALARIES	4.80	$ 259,106.00	$ -	$ -	0.00%	$ 259,106.00

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.

Signature: ______________________ Date: ______________________

Printed Name: ______________________

Title: ______________________ Phone: ______________________

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contract ID#
1000009939

Contract: Seneca Center

Address: 2275 Arlington Drive, San Leandro, CA 94578

Tel No.: (510) 481-1222
Fax No.: (510)481-1222

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

INVOICE NUMBER: M15JL21
Template Version: RPB 1
User Cd
Ct. PO No.: POHM SFGOV-0000549454
Fund Source: MH CYF Fed/ Cnty GF/WO HSA HUB
Invoice Period: July 2021
Final Invoice: (Check if Yes)

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-11 Compass - 38K7TF												
05/ 95-98: 24-Hr Therapeutic Foster Care (TFC)	547	4			-	-	0%	0%	547	4	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	$ -	$ -	$ -	0.00%	$ -
Fringe Benefits	$ -	$ -	$ -	0.00%	$ -
Total Personnel Expenses	$ -	$ -	$ -	0.00%	$ -
Operating Expenses					
Occupancy	$ -	$ -	$ -	0.00%	$ -
Materials and Supplies	$ -	$ -	$ -	0.00%	$ -
General Operating	$ -	$ -	$ -	0.00%	$ -
Staff Travel	$ -	$ -	$ -	0.00%	$ -
Consultant/Subcontractor	$ -	$ -	$ -	0.00%	$ -
Other: Resource parent payment TFC	$ 185,760.00	$ -	$ -	0.00%	$ 185,760.00
Total Operating Expenses	$ 185,760.00	$ -	$ -	0.00%	$ 185,760.00
Capital Expenditures	$ -	$ -	$ -	0.00%	$ -
TOTAL DIRECT EXPENSES	$ 185,760.00	$ -	$ -	0.00%	$ 185,760.00
Indirect Expenses	$ 26,006.00	$ -	$ -	0.00%	$ 26,006.00
TOTAL EXPENSES	$ 211,766.00	$ -	$ -	0.00%	$ 211,766.00

Less: Initial Payment Recovery	$ -	NOTES:
Other Adjustments (DPH use only)	$ -	MH WO HSA HUB 251962-10002-10001803-0016 - $90,390
	$ -	MH CYF Fed/State/Cnty GF - 251962-10000-10001670-0001- $121,376
REIMBURSEMENT	**$ -**	

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: ____________________

Printed Name: ____________________

Title: ____________________ Phone: ____________________

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory Date

Jul

Prepared: 2/4/2022

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F
PAGE A

Contract ID#: 1000009939

INVOICE NUMBER: M17JL21

Contractor: Seneca Center

Template Version: RPB 1

User Cd

Address: 2275 Arlington Drive, San Leandro, CA 94578

Ct. PO No.: POHM SFGOV- 0000549454

BHS

Tel No.: (510) 481-1222

Fund Source: MH Adult Fed/Cnty GF/ MHSA (TAY)

Invoice Period : July 2021

Funding Term: 07/01/2021 - 06/30/2022

Final Invoice: (Check if Yes)

PHP Division: 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
Unduplicated Clients for Exhibit:					

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted UOS	Total Contracted CLIENTS	Delivered THIS PERIOD UOS	Delivered THIS PERIOD CLIENTS	Unit Rate	AMOUNT DUE	Delivered to Date UOS	Delivered to Date CLIENTS	% of TOTAL UOS	% of TOTAL CLIENTS	Remaining Deliverables UOS	Remaining Deliverables CLIENTS
B-12 TAY Full Services Partnership PC# - 38CQFSP												
15/ 01-09 OP - Case Mgt Brokerage	15,072				$ 2.86	$ -	0.00		0.00%		15,072.00	
15/ 10-57 OP - MH Svcs	67,554				$ 3.19	$ -	0.00		0.00%		67,554.00	
15/ 70-79 OP - Crisis Intervention	3,447				$ 5.35	$ -	0.00		0.00%		3,447.00	
15/ 60-69 OP - Medication Support	4,494				$ 6.84	$ -	0.00		0.00%		4,494.00	
TOTAL	90,567		0.00				0.00		0.00%		90,567.00	

	Expenses To Date	% of Budget	Remaining Budget
Budget Amount $ 307,373.00	$ -	0.00%	$ 307,373.00

SUBTOTAL AMOUNT DUE	$ -
Less: Initial Payment Recovery	
(For DPH Use) **Other Adjustments**	
NET REIMBURSEMENT	$ -

NOTES:
MH Adult FFP - 251984-10000-10001792-0001 - $159,371
MH MHSA(TAY) - 251984-17156-10031199-0043 - $148,002

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:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory | Date

Jul

Prepared: 2/4/2022

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

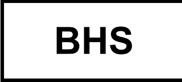
Appendix F
PAGE A

Contract ID#
1000009939

Contract: Seneca Center

Address: 2275 Arlington Drive, San Leandro, CA 94578

Tel No.: (510) 481-1222
Fax No.: (510)481-1222



INVOICE NUMBER: M18JL21
Template Version: RPB 1
User Cd
Ct. PO No.: POHM SFGOV-0000549454
Fund Source: MH MHSA (TAY)
Invoice Period: July 2021
Final Invoice: (Check if Yes)

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

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 TAY Full Service Partnership PC# - 38CQFSP - 251984-17156-10031199-0057												
60/ 78 SS- Other Non-Medical Client	1	98			-	-	0%	0%	#DIV/0!	98	-	100%
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	$ 209,294.00	$ -	$ -	0.00%	$ 209,294.00
Fringe Benefits	$ 52,325.00	$ -	$ -	0.00%	$ 52,325.00
Total Personnel Expenses	$ 261,619.00	$ -	$ -	0.00%	$ 261,619.00
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%	$ -
Total Operating Expenses	$ -	$ -	$ -	0.00%	$ -
Capital Expenditures	$ -	$ -	$ -	0.00%	$ -
TOTAL DIRECT EXPENSES	$ 261,619.00	$ -	$ -	0.00%	$ 261,619.00
Indirect Expenses	$ 36,627.00	$ -	$ -	0.00%	$ 36,627.00
TOTAL EXPENSES	$ 298,246.00	$ -	$ -	0.00%	$ 298,246.00

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
REIMBURSEMENT	**$ -**	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: ______________________ Date: ______________________

Printed Name: ______________________

Title: ______________________ Phone: ______________________

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

Jul

DPH Authorization for Payment

______________________ ______________________
Authorized Signatory Date

Prepared: 2/4/2022

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix B
PAGE B

Contract ID#
1000009939

Invoice Number
M18JL21

CT PO No.

Contract: Seneca Center

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Clinician	2.40	$ 182,020.00	$ -	$ -	0.00%	$ 182,020.00
Counselors	0.50	$ 27,274.00	$ -	$ -	0.00%	$ 27,274.00
TOTAL SALARIES	2.90	$ 209,294.00	$ -	$ -	0.00%	$ 209,294.00

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.

Signature: ______________________ Date: ______________________

Printed Name: ______________________

Title: ______________________ Phone: ______________________

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contract ID#
1000009939

Contract: Seneca Center

Address: 2275 Arlington Drive, San Leandro, CA 94578

Tel No.: (510) 481-1222
Fax No.:

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

INVOICE NUMBER:	S01JL21
Template Version	RPB 1
	User Cd
Ct. PO No.: POHM	SFGOV-0000549454
Fund Source:	SUD WO - DCYF Wellness Center
Invoice Period:	July 2021
Final Invoice:	(Check if Yes)

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-7 AIIM Higher (Incarcer Youth Specialty) PC# - 38CQAH 240646-10002-10001973-0001												
60 / 78 Other Non-MediCal Client Support Exp	1	98			-		0%		1		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	$ 71,806.00	$ -	$ -	0.00%	$ 71,806.00
Fringe Benefits	$ 17,951.00	$ -	$ -	0.00%	$ 17,951.00
Total Personnel Expenses	$ 89,757.00	$ -	$ -	0.00%	$ 89,757.00
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%	$ -
Total Operating Expenses	$ -	$ -	$ -	0.00%	$ -
Capital Expenditures	$ -	$ -	$ -	0.00%	$ -
TOTAL DIRECT EXPENSES	$ 89,757.00	$ -	$ -	0.00%	$ 89,757.00
Indirect Expenses	$ 12,566.00	$ -	$ -	0.00%	$ 12,566.00
TOTAL EXPENSES	$ 102,323.00	$ -	$ -	0.00%	$ 102,323.00

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
REIMBURSEMENT	**$ -**	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: ____________________ Date: ____________________

Printed Name: ____________________

Title: ____________________ Phone: ____________________

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory Date

Jul

Prepared: 2/4/2022

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE B

Contract ID#: 1000009939

Invoice Number: S01JL21

CT PO No.: | User Cd:

Contract: Seneca Center

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Clinicians	0.95	$ 71,806.00		$ -	0.00%	$ 71,806.00
TOTAL SALARIES	0.95	$ 71,806.00	$ -	$ -	0.00%	$ 71,806.00

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.

Signature: ______________________ Date: ______________________

Printed Name: ______________________

Title: ______________________ Phone: ______________________

Appendix J

SUBSTANCE USE DISORDER SERVICES
such as
Drug Medi-Cal,
Federal Substance Abuse Block Grant (SABG),
Organized Delivery System (DMC-ODS)
Primary Prevention or
State Funded Services

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

Drug Medi-Cal (DMC) services for substance use treatment in the Contractor's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code (hereinafter referred to as HSC), Sections 14021.51 – 14021.53, and 14124.20 – 14124.25 of the Welfare and Institutions Code (hereinafter referred to as W&IC), and Title 22 of the California Code of Regulations (hereinafter referred to as Title 22), Sections 51341.1, 51490.1, and 51516.1, and Part 438 of the Code of Federal Regulations, hereinafter referred to as 42 CFR 438.

The City and County of San Francisco and the provider enter into this Intergovernmental Agreement by authority of Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Block Grants (SABG) for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse. SABG recipients must adhere to Substance Abuse and Mental Health Administration's (SAMHSA) National Outcome Measures (NOMs).

The objective is to make substance use treatment services available to Medi-Cal and other non-DMC beneficiaries through utilization of federal and state funds available pursuant to Title XIX and Title XXI of the Social Security Act and the SABG for reimbursable covered services rendered by certified DMC providers.

DOCUMENTS INCORPORATED BY REFERENCE

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Block Grant Requirements
https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations
https://www.law.cornell.edu/cfr/text/42/part-54

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix – County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Services Network Guidelines 2016

Document 1H(a): Service Code Descriptions

Document 1J(a): Non-Drug Medi-Cal Audit Appeals Process

Document 1J(b): DMC Audit Appeals Process

Document 1K: Drug and Alcohol Treatment Access Report (DATAR)
http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx

Document 1P: Alcohol and/or Other Drug Program Certification Standards (March 15, 2004)
http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx

Document 1T: CalOMS Prevention Data Quality Standards

Document 1V: Youth Treatment Guidelines
http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

Document 2A: Sobky v. Smoley, Judgment, Signed February 1, 1995

Document 2C: Title 22, California Code of Regulations
http://ccr.oal.ca.gov

Document 2E: Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Updated July 1, 2004)
http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf

Document 2F: Standards for Drug Treatment Programs (October 21, 1981)
http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf

Document 2G Drug Medi-Cal Billing Manual
http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf

Document 2K: Multiple Billing Override Certification (MC 6700)

Document 2L(a): Good Cause Certification (6065A)

Document 2L(b): Good Cause Certification (6065B)

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 2P(a): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Non-Perinatal (form and instructions)

Document 2P(b): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Perinatal (form and instructions)

Document 2P(c): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Non-Perinatal (form and instructions)

Document 2P(d): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Perinatal (form and instructions)

Document 2P(e): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Non-Perinatal (form and instructions)

Document 2P(f): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Perinatal (form and instructions)

Document 2P(g): Drug Medi-Cal Cost Report Forms – Residential – Perinatal (form andinstructions)

Document 2P(h): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Non-Perinatal (form and instructions)

Document 2P(i): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program –County – Perinatal (form and instructions)

Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs
http://www.calregs.com

Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors
http://www.calregs.com

Document 3J: CalOMS Treatment Data Collection Guide
http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Document 3O: Quarterly Federal Financial Management Report (QFFMR) 2014-15
http://www.dhcs.ca.gov/provgovpart/Pages/SUD_Forms.aspx

Document 3S CalOMS Treatment Data Compliance Standards

Document 3V Culturally and Linguistically Appropriate Services (CLAS) National Standards
http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15

Document 4D : Drug Medi-Cal Certification for Federal Reimbursement (DHCS100224A)

Document 5A : Confidentiality Agreement

Drug Medi-Cal organized Delivery System

Program Specifications

Provider Specifications

The following requirements shall apply to the provider, and the provider staff:

Professional staff shall be licensed, registered, certified, or recognized under California scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioners of the Healing Arts (LPHA) include:

i. Physician

ii. Nurse Practitioners

iii. Physician Assistants

iv. Registered Nurses

v. Registered Pharmacists

vi. Licensed Clinical Psychologists

vii. Licensed Clinical Social Worker

viii. Licensed Professional Clinical Counselor

ix. Licensed Marriage and Family Therapists

x. Licensed Eligible Practitioners working under the supervision of Licensed Clinicians

Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.

Professional staff (LPHAs) shall receive a minimum of five hours of continuing education related to addiction medicine each year.

Registered and certified SUD counselors shall adhere to all requirements in CCR Title 9, §13000 et seq.

Services for Adolescents and Youth

Assessment and services for adolescents will follow the American Society of Addiction Medicine (ASAM) adolescent treatment criteria.

Beneficiaries under the age of 21 are eligible to receive Medicaid services pursuant to the EPSDT mandate. Under the EPSDT mandate, beneficiaries under the age of 21 are eligible to receive all appropriate and medically necessary services needed to correct or ameliorate health conditions that are coverable under section 1905(a) Medicaid authority. Nothing in the DMC-ODS overrides any EPSDT requirements. Counties are responsible for the provision of medically necessary DMC-ODS services pursuant to the EPSDT mandate. Beneficiaries under age 21 are eligible for DMC-ODS services without a diagnosis from the DSM for Substance-Related and Addictive Disorders.

Level of Care

The ASAM Criteria assessment shall be used for all beneficiaries to determine placement into the appropriate level of care.

For beneficiaries under 21, the ASAM Criteria assessment shall be completed within 60 days of the client's first visit with an LPHA or
registered/certified counselor. If a client withdraws from treatment prior completing the ASAM Criteria assessment and later returns, the time period starts over. A full ASAM Criteria assessment shall not be required to begin receiving DMC-ODS services. The ASAM Criteria Assessment does not need to be repeated unless the client's condition changes. ASAM Criteria Assessment is required before a county DMC-ODS plan authorizes a residential treatment level of care.

Organized Delivery System (ODS) Timely Coverage

Non-Discrimination - Member Discrimination Prohibition

Contractor shall accept individuals eligible for enrollment in the order in which they apply without restriction in accordance with this Agreement. Contractor shall take affirmative action to ensure that beneficiaries are provided covered services and will not discriminate against individuals eligible to enroll under the laws of the United States and the State of California. Contractor shall not unlawfully discriminate against any person pursuant to:

a. Title VI of the Civil Rights Act of 1964.

b. Title IX of the Education Amendments of 1972 (regarding education and programs and activities).

c. The Age Discrimination Act of 1975.

d. The Rehabilitation Act of 1973.

e. The Americans with Disabilities Act.

DMC-ODS services shall be available as a Medi-Cal benefit for individuals who meet the medical necessity criteria and reside in this opt-in County. Determination of who may receive the DMCODS benefits shall be performed in accordance with DMC-ODS Special Terms and Conditions (STC) 132(d), Article II.E.4 of this Agreement, and as follows:

Providers shall verify the Medicaid eligibility determination of an individual. When the provider conducts the initial eligibility verification, that verification shall be reviewed and approved by BHS prior to payment for services. If the individual is eligible to receive services from tribal health programs operating under the Indian Self-Determination and Education Assistance Act of 1975 (ISDEAA), then the determination shall be conducted as set forth in the Tribal Delivery System - Attachment BB to the STCs.

All beneficiaries shall meet the following medical necessity criteria:

Have at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders; OR

Have had at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance Related Disorders, prior to being incarcerated or during incarceration, as determined by substance use history.

If the assessment determines a different level of care, the provider shall refer the beneficiary to the appropriate level of care.

Adolescents are eligible to receive Medicaid services pursuant to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Under the EPSDT mandate, beneficiaries under the age 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) Medicaid authority. Nothing in the DMC-ODS overrides any EPSDT requirements.

In addition to Article III.B.2.ii, the initial medical necessity determination, for an individual to receive a DMC-ODS benefit, shall be performed by a Medical Director or an LPHA. If a beneficiary's assessment and intake information are completed by a counselor through a face-to-face review or telehealth, the Medical Director or LPHA shall evaluate each beneficiary's assessment and intake information with the counselor to establish whether that beneficiary meets medical necessity criteria. The ASAM Criteria shall be applied to determine placement into the level of assessed services.

For an individual to receive ongoing DMC-ODS services, the Medical Director or LPHA shall reevaluate that individual's medical necessity qualification at least every six months through the reauthorization process and document their determination that those services are still clinically appropriate for that individual. For an individual to receive ongoing Opioid Treatment Program/Narcotic Treatment Program (OTP/NTP) services, the Medical Director or LPHA shall reevaluate that individual's medical necessity qualification within two years from admission and annually thereafter through the reauthorization process and determine that those services are still clinically appropriate for that individual.

Covered Services

In addition to the coverage and authorization of services requirements set forth in this Agreement, the Contractor shall:

Identify, define, and specify the amount, duration, and scope of each medically necessary service that the Contractor is required to offer.

Require that the medically necessary services identified be furnished in an amount, duration, and scope that is no less than the amount, duration, and scope for the same services furnished to beneficiaries under fee-for-service Medicaid, as set forth in 42 CFR 440.230.

Specify the extent to which the Contractor is responsible for covering medically necessary services related to the following:

a. The prevention, diagnosis, and treatment of health impairments.

b. The ability to achieve age-appropriate growth and development.

c. The ability to attain, maintain, or regain functional capacity.

The Contractor shall deliver the DMC-ODS Covered Services within a continuum of care as defined in the ASAM criteria.

General Provisions

Standard Contract Requirements (42 CFR §438.3).

Inspection and audit of records and access to facilities.

DHCS, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of the Contractor, or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities are conducted. The right to audit under this section exists for 10 years from the final date of the Agreement period or from the date of completion of any audit, whichever is later.

DMC Certification and Enrollment

1. DHCS certifies eligible providers to participate in the DMC program.
2. Providers of services are required to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. Contract providers must comply with the following regulations and guidelines:

i. Title 21, CFR Part 1300, et seq., Title 42, CFR, Part 8

ii. Title 22, Section 51490.1(a)

iii. Exhibit A, Attachment I, Article III.PP – Requirements for Services

iv. Title 9, Division 4, Chapter 4, Subchapter 1, Sections 10000, et seq

v. Title 22, Division 3, Chapter 3, sections 51000 et. Seq

3. In the event of conflicts, the provisions of Title 22 shall control if they are more stringent.
4. BHS shall notify Provider Enrollment Division (PED) of an addition or change of information in a providers pending DMC certification application within 35 days of receiving notification from the provider.
5. Contractors are responsible for ensuring that any reduction of covered services or relocations are not implemented until the approval is issued by DHCS. Contracts must notify BHS with an intent to reduce covered services or relocate. BHS has 35 days of receiving notification of a provider's intent to reduce covered services or relocate to submit, or require the provider to submit, a DMC certification application to PED. The DMC certification application shall be submitted to PED 60 days prior to the desired effective date of the reduction of covered services or relocation.
6. BHS ensures that a new DMC certification application is submitted to PED reflecting changes of ownership or address.

7. BHS shall notify DHCS PED by e-mail at DHCSDMCRecert@dhcs.ca.gov within two business days of learning that a subcontractor's license, registration, certification, or approval to operate an SUD program or provide a covered service is revoked, suspended, modified, or not renewed by entities other than DHCS.
    a. A provider's certification to participate in the DMC program shall automatically terminate in the event that the provider, or its owners, officers or directors are convicted of Medi-Cal fraud, abuse, or malfeasance. For purposes of this section, a conviction shall include a plea of guilty or nolo contendere.

Continued Certification

1. All DMC certified providers shall be subject to continuing certification requirements at least once every five years. DHCS may allow the Contractor to continue delivering covered services to beneficiaries at a site subject to on-site review by DHCS as part of the recertification process prior to the date of the on-site review, provided the site is operational, the certification remains valid, and has all required fire clearances.

2. DHCS shall conduct unannounced certification and recertification on-site visits at clinics pursuant to WIC 14043.7.

Laboratory Testing Requirements

1. 42 CFR Part 493 sets forth the conditions that all laboratories shall meet to be certified to perform testing on human specimens under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). Except as specified in paragraph (2) of this section, a laboratory will be cited as out of compliance with section 353 of the Public Health Service Act unless it:

i. Has a current, unrevoked or unsuspended certificate of waiver, registration certificate, certificate of compliance, certificate for PPM procedures, or certificate of accreditation issued by HHS applicable to the category of examinations or procedures performed by the laboratory; or ii. Is CLIA-exempt.

2. These rules do not apply to components or functions of:

i. Any facility or component of a facility that only performs testing for forensic purposes;

ii. Research laboratories that test human specimens but do not report patient specific results for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of individual patients; or

iii. Laboratories certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), in which drug testing is performed which meets SAMHSA guidelines and regulations. However, all other testing conducted by a SAMHSA-certified laboratory is subject to this rule.

3. Laboratories under the jurisdiction of an agency of the Federal Government are subject to the rules of 42 CFR 493, except that the Secretary may modify the application of such requirements as appropriate.

iV. Timely Access: (42 CFR 438.206(c) (1) (i)

(1) The Provider must comply with Contractor's standards for timely access to care and services, taking into account the urgency of the need for services:
   (a) Provider must complete Timely Access Log for all initial requests of services.
   (b) Provider must offer outpatient services within 10 business days of request date (if outpatient provider).
   (c) Provider must offer Opioid Treatment Services (OTP) services within 3 business days of request date (if OTP provider).
   (d) Provider must offer regular hours of operation.
(2) The Contractor will establish mechanisms to ensure compliance by provider and monitor regularly.
(3) If the Provider fails to comply, the Contractor will take corrective action.

Early Intervention (ASAM Level 0.5)

1. Contractor shall identify beneficiaries at risk of developing a substance use disorder or those with an existing substance use disorder and offer those beneficiaries: screening for adults and youth, brief treatment as medically necessary, and, when indicated, a referral to treatment with a formal linkage.

Outpatient Services (ASAM Level 1.0)

1. Outpatient services consist of up to nine hours per week of medically necessary services for adults and less than six hours per week of services for adolescents. Group size is limited to no less than two (2) and no more than twelve (12) beneficiaries.

2. Outpatient services includes: assessment, treatment planning, individual counseling, group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination.

3. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Intensive Outpatient Services (ASAM Level 2.1)

1. Intensive outpatient services involves structured programming provided to beneficiaries as medically necessary for a minimum of nine hours and a maximum of 19 hours per week for adult perinatal and non-perinatal beneficiaries. Adolescents are provided a minimum of six and a maximum of 19 hours per week. Group size is limited to no less than two (2) and no more than twelve (12) beneficiaries.

i. The contractor-operated and subcontracted DMC-ODS providers may provide more than 19 hours per week to adults when determined by a Medical Director or an LPHA to be medical necessary, and in accordance with the individualized treatment plan.

ii. The contractor-operated and subcontracted DMC-ODS providers may extend a beneficiary's length of treatment when determined by a Medical Director or an LPHA to be medically necessary, and in accordance with the individualized treatment plan.

2. Intensive outpatient services includes: assessment, treatment planning, individual counseling, group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination. 3. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Residential Treatment Services

1. Residential services are provided in DHCS or DSS licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering care consistent with ASAM treatment criteria.

2. Residential services can be provided in facilities with no bed capacity limit.

3. The length of residential services range from 1 to 90 days with a 90-day maximum for adults and 30-day maximum for adolescents per 365-day period, unless medical necessity warrants a one-time extension of up to 30 days per 365-day period.

i. The average length of stay for residential services is 30 days.

ii. Perinatal beneficiaries shall receive a length of stay for the duration of their pregnancy, plus 60 days postpartum.

iii. EPSDT adolescent beneficiaries shall receive a longer length of stay, if found to be medically necessary.

Case Management

1. Case management services are defined as a service that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.

2. The Contractor shall ensure that case management services focus on coordination of SUD care, integration around primary care especially for beneficiaries with a chronic substance use disorder, and interaction with the criminal justice system, if needed.

4. Case management services may be provided by an LPHA or a registered or certified counselor.

5. The Contractor shall coordinate a system of case management services with physical and/or mental health in order to ensure appropriate level of care.

6. Case management services may be provided face-to-face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community.

Physician Consultation Services

1. Physician Consultation Services include DMC physicians’ consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists. Physician consultation services are designed to assist DMC physicians by allowing them to seek expert advice when developing treatment plans for specific DMC-ODS beneficiaries. Physician consultation services may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.

2. Contractor may contract with one or more physicians or pharmacists in order to provide consultation services.

Recovery Services

1. Recovery services may be delivered concurrently with other DMC-ODS services and levels of care as clinically appropriate. Beneficiaries without a remission diagnosis may also receive recovery services and do not need to be abstinent from drugs for any specified period of time. The service components of recovery services are:

a. Individual and/or group outpatient counseling services;

b. Recovery Monitoring: Recovery coaching and monitoring delivered in-person, by synchronous telehealth, or by telephone/audio-only;

c. Relapse Prevention: Relapse prevention, including attendance in alumni groups and recovery focused events/activities;

d. Education and Job Skills: Linkages to life skill services and supports, employment services, job training, and education services;

e. Family Support: Linkages to childcare, parent education, child development support services, family/marriage education;

f. Support Groups: Linkages to self-help and support services, spiritual and faith based support;

g. Ancillary Services: Linkages to housing assistance, transportation, case management, and other individual services coordination.

2. Beneficiaries may receive recovery services based on a self-assessment or provider assessment of relapse risk. Beneficiaries receiving MAT, including Narcotic (Opioid) Treatment Program services, may receive recovery services. Beneficiaries may receive recovery services immediately after incarceration regardless of whether or not they received SUD treatment during incarceration. Recovery services may be provided in-person, by synchronous telehealth, or by telephone/audio-only. Recovery services may be provided in the home or the community.

3. Recovery services shall be utilized when the beneficiary is triggered, when the beneficiary has relapsed, or simply as a preventative measure to prevent relapse. As part of the assessment and treatment needs of Dimension 6, Recovery Environment of the ASAM Criteria and during the transfer/transition planning process, the Contractor shall provide beneficiaries with recovery services.

4. Additionally, the Contractor shall:

   i. Provide recovery services to beneficiaries as medically necessary.

   ii. Provide beneficiaries with access to recovery services after completing their course of treatment.

Withdrawal Management

1. If providing Withdrawal Management, the Contractor shall ensure that all beneficiaries receiving both residential services and WM services are monitored during the detoxification process.

2. The Contractor shall provide medically necessary habilitative and rehabilitative services in accordance with an individualized treatment plan prescribed by a licensed physician or licensed prescriber.

Voluntary Termination of DMC-ODS Services

1. The Contractor may terminate this Agreement at any time, for any reason, by giving 60 days written notice to DHCS. The Contractor shall be paid for DMC-ODS services provided to beneficiaries up to the date of termination. Upon termination, the Contractor shall immediately begin providing DMC services to beneficiaries in accordance with the State Plan.

Nullification of DMC-ODS Services

1. The parties agree that failure to comply with W&I section 14124.24, the Special Terms and Conditions, and this Agreement, shall be deemed a breach that results in the termination of this Agreement for cause. In the event of a breach, DMC-ODS services shall terminate. The Contractor shall immediately begin providing DMC services to the beneficiaries in accordance with the State Plan.

Hatch Act

Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

No Unlawful Use or Unlawful Use Messages Regarding Drugs

Contractor agrees that information produced through these funds, and which pertains to drug and alcohol related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Agreement, Contractor agrees that it shall enforce these requirements.

Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

Health Insurance Portability and Accountability Act (HIPAA) of 1996

If any of the work performed under this Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA.

Trading Partner Requirements

Contractor hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a)).

No Additions. Contractor hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))

No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications. (45 CFR Part 162.915 (c))

No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard’s implementation specification. (45 CFR Part 162.915 (d))

Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in CCR Title 9, Division 4, Chapter 8. (Document 3H).

Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Agreement shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

Trafficking Victims Protection Act of 2000

Contractor and its subcontractors that provide services covered by this Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702.

For full text of the award term, go to: http://uscode.house.gov/view.xhtml?req=granuleid:USCprelim-title22-section7104d&num=0&edition=prelim

Youth Treatment Guidelines

Contractor shall follow the guidelines in Document 1V, incorporated by this reference, “Youth Treatment Guidelines,” in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Agreement is required for new guidelines to be incorporated into this Agreement.

Nondiscrimination in Employment and Services

By signing this Agreement, Contractor certifies that under the laws of the United States and the State of California, incorporated into this Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

Federal Law Requirements:

i. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.

ii. Title IX of the Education Amendments of 1972 (regarding education and programs and activities), if applicable.

iii. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.

iv. Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.

v. Age Discrimination in Employment Act (29 CFR Part 1625).

vi. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.

vii. Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.

viii. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.

ix. Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.

x. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than $10,000 funded by federal financial assistance.

xi. Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.

xii. The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.

xiii. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

State Law Requirements:

i. Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).

ii. Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.

iii. Title 9, Division 4, Chapter 8, commencing with Section 10800.

iv. No state or Federal funds shall be used by the Contractor for sectarian worship, instruction, and/or proselytization. No state funds shall be used by the Contractor to provide direct, immediate, or substantial support to any religious activity.

v. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Agreement or terminate all, or any type, of funding provided hereunder.

Investigations and Confidentiality of Administrative Actions

If a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to WIC 14043.36(a). Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved. DHCS may also issue a Payment Suspension to a provider pursuant to WIC 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a Payment Suspension is in effect.

Beneficiary Problem Resolution Process

Contractors should follow the BHS problem resolution processes which include:

i. A grievance process I

i. An appeal process

iii. An expedited appeal process.

Contract

Provider contracts shall:

Fulfill the requirements of 42 CFR Part 438 that are appropriate to the service or activity delegated under the subcontract.

Ensure that the Contractor evaluates the prospective subcontractor's ability to perform the activities to be delegated.

Require a written agreement that specifies the activities and report responsibilities delegated to the providers, and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.

Ensure monitoring of the providers performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

Ensures BHS identifies deficiencies or areas for improvement, the providers take corrective actions and BHS shall ensure that the provider implements these corrective actions.

Provider contracts shall include the following provider requirements in all subcontracts with providers:

i. Culturally Competent Services: Providers are responsible to provide culturally competent services. Providers shall ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services shall be available for beneficiaries, as needed.

ii. Medication Assisted Treatment: Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.

iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. The Contractor will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews. The required EBPs include:

a. Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.

b. Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

c. Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

d. Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

e. Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to beneficiaries' lives, to instill self- awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

Contractor Monitoring

BHS shall conduct, at least annually, a utilization review of DMC providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the service provider. Reports of the annual review shall be provided to DHCS' Performance & Integrity Branch.

State Monitoring - Postservice Postpayment and Postservice Prepayment Utilization Reviews

DHCS shall conduct Postservice Postpayment and Postservice Prepayment (PSPP) Utilization Reviews of the contracted DMC providers to determine whether the DMC services were provided in accordance with Article III.PP of this exhibit. DHCS shall issue the PSPP report to BHS with a copy to the DMC provider. BHS shall be responsible for their providers and Contractor-operated programs to ensure any deficiencies are remediated pursuant to Article III.DD.2. BHS shall attest the deficiencies have been remediated and are complete, pursuant to Article III.EE.5 of this Agreement.

The Department shall recover payments made if subsequent investigation uncovers evidence that the claim(s) should not have been paid, DMC-ODS services have been improperly utilized, and requirements of Article III.PP were not met.

All deficiencies identified by PSPP reports, whether or not a recovery of funds results, shall be corrected and BHS shall submit a Contractor-approved CAP. The CAP shall be submitted to the DHCS Analyst that conducted the review, within 60 days of the date of the PSPP report. a. The CAP shall:

Be documented on the DHCS CAP template.

Provide a specific description of how the deficiency shall be corrected.

Identify the title of the individual(s) responsible for:

1. Correcting the deficiency; 2. Ensuring on-going compliance; 3. Provide a specific description of how the provider will ensure on-going compliance; 4. Specify the target date of implementation of the corrective action.

DHCS shall provide written approval of the CAP to BHS with a copy to the provider. If DHCS does not approve the CAP, DHCS shall provide guidance on the deficient areas and request an updated CAP from BHS with a copy to the provider. BHS shall submit an updated CAP to the DHCS Analyst that conducted the review, within 30 days of notification.

If a CAP is not submitted, or, the provider does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds from BHS until the entity that provided the services is in compliance with this Exhibit A, Attachment I. DHCS shall inform BHS when funds shall be withheld.

Reporting Requirements

California Outcomes Measurement System (CalOMS) for Treatment (CalOMS-Tx)

Contractor shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (Document 3J) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS-Tx data collection and reporting requirements.

Providers shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and “provider no activity” report records in an electronic format approved by DHCS.

Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS identified in (Document 3S) for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.

Drug and Alcohol Treatment Access Report (DATAR)

Treatment providers must submit a monthly DATAR report in an electronic copy format as provided by DHCS.

Training

BHS ensures providers receive training on the DMC-ODS requirements, at least annually.

BHS requires providers to be trained in the ASAM Criteria prior to providing services. At minimum, providers and staff conducting assessments are required to complete the two e-Training modules entitled “ASAM Multidimensional Assessment” and “From Assessment to Service Planning and Level of Care”. A third module entitled, “Introduction to The ASAM Criteria” is recommended for all county and provider staff participating in the Waiver. With assistance from the state, counties will facilitate ASAM provider trainings.

Record Retention

Providers shall refer to the BHS policy on record retention on record for the mandate to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to WIC 14124.1 and 42 CFR 438.3(h) and 438.3(u).

Subcontract Termination

BHS shall notify the Department of the termination of any subcontract with a certified provider, and the basis for termination of the subcontract, within two business days. BHS shall submit the notification by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov.

Control Requirements

Providers shall establish written policies and procedures consistent with the requirements listed in 2(c).

Be held accountable for audit exceptions taken by DHCS against BHS and its subcontractors for any failure to comply with these requirements:

i. HSC, Division 10.5, commencing with Section 11760

ii. Title 9, Division 4, Chapter 8, commencing with Section 13000

iii. Government Code Section 16367.8

iv. Title 42, CFR, Sections 8.1 through 8.6

v. Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances

vi. State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

Providers shall be familiar with the above laws, regulations, and guidelines

The provisions of this Exhibit A, Attachment I are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Agreement.

Performance Requirements

Contractor shall provide services based on funding set forth in Exhibit B, Attachment I, and under the terms of this Agreement.

Contractor shall provide services to all eligible persons in accordance with federal and state statutes and regulations.

Contractor shall ensure that in planning for the provision of services, the following barriers to services are considered and addressed:

a. Lack of educational materials or other resources for the provision of services.

b. Geographic isolation and transportation needs of persons seeking services or remoteness of services.

c. Institutional, cultural, and/or ethnicity barriers.

d. Language differences.

e. Lack of service advocates.

f. Failure to survey or otherwise identify the barriers to service accessibility.

g. Needs of persons with a disability.

Requirements for Services Confidentiality

All SUD treatment services shall be provided in a confidential setting in compliance with 42 CFR, Part 2 requirements.

Perinatal Services.

i. Perinatal services shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills.

ii. Perinatal services shall include:

a. Mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792).

b. Service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment).

c. Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant.

d. Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).

iii. Medical documentation that substantiates the beneficiary's pregnancy and the last day of pregnancy shall be maintained in the beneficiary record.

iv. Contractor shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines. The Perinatal Practice Guidelines are attached to this Agreement as Document 1G, incorporated by reference. The Contractor shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. The incorporation of any new Perinatal Practice Guidelines into this Agreement shall not require a formal amendment.

Naltrexone Treatment Services

For each beneficiary, all of the following shall apply:

a. The provider shall confirm and document that the beneficiary meets all of the following conditions: i. Has a documented history of opiate addiction. ii. Is at least 18 years of age.

iii. Has been opiate free for a period of time to be determined by a physician based on the physician's clinical judgment. The provider shall administer a body specimen test to confirm the opiate free status of the beneficiary.

iv. Is not pregnant and is discharged from the treatment if she becomes pregnant. b. The physician shall certify the beneficiary's fitness for treatment based upon the beneficiary's physical examination, medical history, and laboratory results. c. The physician shall advise the beneficiary of the overdose risk should the beneficiary return to opiate use while taking Naltrexone and the ineffectiveness of opiate pain relievers while on Naltrexone.

Substance Use Disorder Medical Director

i. The SUD Medical Director's responsibilities shall, at a minimum, include all of the following:

a. Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.

b. Ensure that physicians do not delegate their duties to non-physician personnel.

c. Develop and implement written medical policies and standards for the provider.

d. Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.

e. Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.

f. Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, and determine the medical necessity of treatment for beneficiaries.

g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.

ii. The SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

Provider Personnel

i. Personnel files shall be maintained on all employees, contracted positions, volunteers, and interns, and shall contain the following:

a. Application for employment and/or resume

b. Signed employment confirmation statement/duty statement

c. Job description

d. Performance evaluations

e. Health records/status as required by the provider, AOD Certification or CCR Title 9

f. Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries)

g. Training documentation relative to substance use disorders and treatment

h. Current registration, certification, intern status, or licensure

i. Proof of continuing education required by licensing or certifying agency and program

j. Provider’s Code of Conduct.

ii. Job descriptions shall be developed, revised as needed, and approved by the provider’s governing body.

The job descriptions shall include:

a. Position title and classification

b. Duties and responsibilities

c. Lines of supervision

d. Education, training, work experience, and other qualifications for the position

iii. Written provider code of conduct for employees and volunteers/interns shall be established which addresses at least the following: a. Use of drugs and/or alcohol

b. Prohibition of social/business relationship with beneficiaries or their family members for personal gain

c. Prohibition of sexual contact with beneficiaries

d. Conflict of interest

e. Providing services beyond scope

f. Discrimination against beneficiaries or staff g. Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff

h. Protection of beneficiary confidentiality

i. Cooperate with complaint investigations

iv. If a provider utilizes the services of volunteers and/or interns, written procedures shall be implemented which address:

a. Recruitment

b. Screening and Selection

c. Training and orientation

d. Duties and assignments

e. Scope of practice

f. Supervision

g. Evaluation

h. Protection of beneficiary confidentiality

v. Written roles and responsibilities and a code of conduct for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.

Beneficiary Admission

i. Each provider shall include in its policies, procedures, and practice, written admission and readmission criteria for determining beneficiary's eligibility and the medical necessity for treatment. These criteria shall include, at a minimum:

a. DSM diagnosis

b. Use of alcohol/drugs of abuse

c. Physical health status

d. Documentation of social and psychological problems.

ii. If a potential beneficiary does not meet the admission criteria, the beneficiary shall be referred to an appropriate service provider.

iii. If a beneficiary is admitted to treatment, the beneficiary shall sign a consent to treatment form.

iv. The Medical Director or LPHA shall document the basis for the diagnosis in the beneficiary record.

v. All referrals made by the provider staff shall be documented in the beneficiary record. vi. Copies of the following documents shall be provided to the beneficiary upon admission:

a. Beneficiary rights, share of cost if applicable, notification of DMC funding accepted as payment in full, and consent to treatment.

vii. Copies of the following shall be provided to the beneficiary or posted in a prominent place accessible to all beneficiaries:

a. A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay.

b. Complaint process and grievance procedures.

c. Appeal process for involuntary discharge.

d. Program rules and expectations.

viii. Where drug screening by urinalysis is deemed medically appropriate the program shall:

a. Establish written procedures, which protect against the falsification and/or contamination of any urine sample.

b. Document urinalysis results in the beneficiary's file.

Assessment

i. The provider shall ensure a counselor or LPHA completes a personal, medical, and substance use history for each beneficiary upon admission to treatment.

a. Assessment for all beneficiaries shall include at a minimum:

i. Drug/Alcohol use history

ii. Medical history iii. Family history

iv. Psychiatric/psychological history

v. Social/recreational history

vi. Financial status/history vii. Educational history

viii. Employment history

ix. Criminal history, legal status, and

x. Previous SUD treatment history

b. The Medical Director or LPHA shall review each beneficiary's personal, medical, and substance use history if completed by a counselor within 30 calendar days of each beneficiary's admission to treatment date.

Beneficiary Record

i. In addition to the requirements of 22 CCR § 51476(a), the provider shall:

a. Establish, maintain, and update as necessary, an individual beneficiary record for each beneficiary admitted to treatment and receiving services.

b. Each beneficiary's individual beneficiary record shall include documentation of personal information.

c. Documentation of personal information shall include all of the following: i. Information specifying the beneficiary's identifier (i.e., name, number). ii. Date of beneficiary's birth, the beneficiary's sex, race and/or ethnic background, beneficiary's address and telephone number, and beneficiary's next of kin or emergency contact.

ii. Documentation of treatment episode information shall include documentation of all activities, services, sessions, and assessments, including, but not limited to all of the following:

a. Intake and admission data including, a physical examination, if applicable.

b. Treatment plans.

c. Progress notes.

d. Continuing services justifications.

e. Laboratory test orders and results.

f. Referrals.

g. Discharge plan.

h. Discharge summary.

i. Contractor authorizations for Residential Services.

j. Any other information relating to the treatment services rendered to the beneficiary.

Diagnosis Requirements

i. The Medical Director or LPHA shall evaluate each beneficiary's assessment and intake information if completed by a counselor through a face-to-face review or telehealth with the counselor to establish a beneficiary meets the medical necessity criteria in Article III.B.2.ii.

a. The Medical Director or LPHA shall document separately from the treatment plan the basis for the diagnosis in the beneficiary's record within 30 calendar days of each beneficiary's admission to treatment date.

i. The basis for the diagnosis shall be a narrative summary based on DSM-5 criteria, demonstrating the Medical Director or LPHA evaluated each beneficiary's assessment and intake information, including their personal, medical, and substance use history.

ii. The Medical Director or LPHA shall type or legibly print their name, and sign and date the diagnosis narrative documentation. The signature shall be adjacent to the typed or legibly printed name.

Physical Examination Requirements

i. If a beneficiary had a physical examination within the twelve-month period prior to the beneficiary's admission to treatment date, the physician or registered nurse practitioner or physician's assistant (physician extenders) shall review documentation of the beneficiary's most recent physical examination within 30 calendar days of the beneficiary's admission to treatment date.

a. If a provider is unable to obtain documentation of a beneficiary's most recent physical examination, the provider shall describe the efforts made to obtain this documentation in the beneficiary's individual patient record.

ii. As an alternative to complying with paragraph (i) above or in addition to complying with paragraph (i) above, the physician or physician extender may perform a physical examination of the beneficiary within 30 calendar days of the beneficiary's admission to treatment date.

Iii. If the physician or a physician extender, has not reviewed the documentation of the beneficiary's physical examination as provided for in paragraph (i), or the provider does not perform a physical examination of the beneficiary as provided for in paragraph (ii), then the LPHA or counselor shall include in the beneficiary's initial and updated treatment plans the goal of obtaining a physical examination, until this goal has been met and the physician has reviewed the physical examination results. The physician shall type or legibly print their name, sign, and date documentation to support they have reviewed the physical examination results. The signature shall be adjacent to the typed or legibly printed name.

Treatment Plan

i. For each beneficiary admitted to treatment services, the LPHA or counselor shall prepare an individualized written initial treatment plan, based upon the information obtained in the intake and assessment process.

a. The LPHA or counselor shall attempt to engage the beneficiary to meaningfully participate in the preparation of the initial treatment plan and updated treatment plans.

i. The initial treatment plan and updated treatment plans shall include all of the following:

1. A statement of problems identified through the ASAM, other assessment tool(s) or intake documentation.

2. Goals to be reached which address each problem.

3. Action steps that will be taken by the provider and/or beneficiary to accomplish identified goals. 4. Target dates for the accomplishment of action steps and goals.

5. A description of the services, including the type of counseling, to be provided and the frequency thereof.

6. The assignment of a primary therapist or counselor.

7. The beneficiary's diagnosis as documented by the Medical Director or LPHA.

8. If a beneficiary has not had a physical examination within the 12-month period prior to the beneficiary's admission to treatment date, a goal that the beneficiary have a physical examination.

9. If documentation of a beneficiary's physical examination, which was performed during the prior 12 months, indicates a beneficiary has a significant medical illness, a goal that the beneficiary obtain appropriate treatment for the illness. b. The provider shall ensure that the initial treatment plan meets all of the following requirements:

i. The LPHA or counselor shall complete, type or legibly print their name, and sign and date the initial treatment plan within 30 calendar days of the admission to treatment date. The signature shall be adjacent to the typed or legibly printed name.

ii. The beneficiary shall review, approve, type, or legibly print their name, sign and date the initial treatment plan, indicating whether the beneficiary participated in preparation of the plan, within 30 calendar days of the admission to treatment date.

1. If the beneficiary refuses to sign the treatment plan, the provider shall document the reason for refusal and the provider's strategy to engage the beneficiary to participate in treatment. iii. If a counselor completes the initial treatment plan, the Medical Director or LPHA shall review the initial treatment plan to determine whether services are medically necessary (as defined in Article IV) and appropriate for the beneficiary.

1. If the Medical Director or LPHA determines the services in the initial treatment plan are medically necessary, the Medical Director or LPHA shall type or legibly print their name, and sign and date the treatment plan within 15 calendar days of signature by the counselor. The signature shall be adjacent to the typed or legibly printed name.

ii. The provider shall ensure that the treatment plan is reviewed and updated as described below:

a. The LPHA or counselor shall complete, type, or legibly print their name, sign and date the updated treatment plan no later than 90 calendar days after signing the initial treatment plan, and no later than every 90 calendar days thereafter, or when there is a change in treatment modality or significant event,

whichever comes first. The signature shall be adjacent to the typed or legibly printed name. The updated treatment plan shall be updated to reflect the current treatment needs of the beneficiary.

b. The beneficiary shall review, approve, type, or legibly print their name and, sign and date the updated treatment plan, indicating whether the beneficiary participated in preparation of the plan, within 30 calendar days of signature by the LPHA or counselor. i. If the beneficiary refuses to sign the updated treatment plan, the provider shall document the reason for refusal and the provider's strategy to engage the beneficiary to participate in treatment.

c. If a counselor completes the updated treatment plan, the Medical Director or LPHA shall review each updated treatment plan to determine whether continuing services are medically necessary (as defined in Article IV) and appropriate for the beneficiary.

I. If the Medical Director or LPHA determines the services in the updated treatment plan are medically necessary, they shall type or legibly print their name and, sign and date the updated treatment plan, within 15 calendar days of signature by the counselor. The signature shall be adjacent to the typed or legibly printed name.

Sign-in Sheet

i. Establish and maintain a sign-in sheet for every group counseling session, which shall include all of the following:

a. The LPHA(s) and/or counselor(s) conducting the counseling session shall type or legibly print their name(s), sign, and date the sign-in sheet on the same day of the session. The signature(s) must be adjacent to the typed or legibly printed name(s). By signing the sign-in sheet, the LPHA(s) and/or counselor(s) attest that the sign-in sheet is accurate and complete.

b. The date of the counseling session.

c. The topic of the counseling session.

d. The start and end time of the counseling session.

e. A typed or legibly printed list of the participants' names and the signature of each participant that attended the counseling session. The participants shall sign the sign-in sheet at the start of or during the counseling session.

Progress Notes

Progress notes shall be legible and completed as follows: a. For outpatient services, Naltrexone treatment services, and recovery services, each individual and group session, the LPHA or counselor who conducted the counseling session or provided the service shall record a progress note for each beneficiary who participated in the counseling session or treatment service. i. The LPHA or counselor shall type or legibly print their name, and sign and date the progress note within seven calendar days of the counseling session. The signature shall be adjacent to the typed or legibly printed name.

ii. Progress notes are individual narrative summaries and shall include all of the following:

1. The topic of the session or purpose of the service.

2. A description of the beneficiary's progress on the treatment plan problems, goals, action steps, objectives, and/or referrals.

3. Information on the beneficiary's attendance, including the date, start and end times of each individual and group counseling session or treatment service.

4. Identify if services were provided inperson, by telephone, or by telehealth.

5. If services were provided in the community, identify the location and how the provider ensured confidentiality.

b. For intensive outpatient services and residential treatment services, the LPHA or counselor shall record, at a minimum, one progress note, per calendar week, for each beneficiary participating in structured activities including counseling sessions or other treatment services.

i. The LPHA or counselor shall type or legibly print their name, and sign and date progress notes within the following calendar week. The signature shall be adjacent to the typed or legibly printed name. I

i. Progress notes are individual narrative summaries and shall include all of the following:

1. A description of the beneficiary's progress on the treatment plan, problems, goals, action steps, objectives, and/or referrals.

2. A record of the beneficiary's attendance at each counseling session including the date, start and end times and topic of the counseling session.

3. Identify if services were provided in-person, by telephone, or by telehealth.

4. If services were provided in the community, identify the location and how the provider ensured confidentiality.

c. For each beneficiary provided case management services, the LPHA or counselor who provided the treatment service shall record a progress note. i. The LPHA or counselor shall type or legibly print their name, and sign and date the progress note within seven calendar days of the case management service. The signature shall be adjacent to the typed or legibly printed name. ii. Progress notes shall include all of the following:

1. Beneficiary’s name.

2. The purpose of the service.

3. A description of how the service relates to the beneficiary's treatment plan problems, goals, action steps, objectives, and/or referrals.

4. Date, start and end times of each service.

5. Identify if services were provided in-person, by telephone, or by telehealth.

6. If services were provided in the community, identify the location and how the provider ensured confidentiality.

d. For physician consultation services, additional medication assisted treatment, and withdrawal management, the Medical Director or LPHA working within their scope of practice who provided the treatment service shall record a progress note and keep in the beneficiary’s file.

i. The Medical Director or LPHA shall type or legibly print their name, and sign and date the progress note within seven calendar days of the service. The signature shall be adjacent to the typed or legibly printed name. ii. Progress notes shall include all of the following:

1. Beneficiary’s name.

2. The purpose of the service.

3. Date, start and end times of each service. 4. Identify if services were provided face-to-face, by telephone or by telehealth.

Continuing Services

i. Continuing services shall be justified as shown below: a. For outpatient services, intensive outpatient services, Naltrexone treatment, and case management:

i. For each beneficiary, no sooner than five months and no later than six months after the beneficiary's admission to treatment date or the date of completion of the most recent justification for continuing services, the LPHA or counselor shall review the beneficiary's progress and eligibility to continue to receive treatment services, and recommend whether the beneficiary should or should not continue to receive treatment services at the same level of care.

ii. For each beneficiary, no sooner than five months and no later than six months after the beneficiary's admission to treatment date or the date of completion of the most recent justification for continuing services, the Medical Director or LPHA shall determine medical necessity for continued services for the beneficiary. The determination of medical necessity shall be documented by the Medical Director or LPHA in the beneficiary's individual patient record and shall include documentation that all of the following have been considered:

1. The beneficiary's personal, medical and substance use history.

2. Documentation of the beneficiary's most recent physical examination.

3. The beneficiary's progress notes and treatment plan goals.

4. The LPHA’s or counselor's recommendation pursuant to Paragraph (i) above.

5. The beneficiary's prognosis.

i. The Medical Director or LPHA shall type or legibly print their name, and sign and date the continuing services information when completed. The signature shall be adjacent to the typed or legibly printed name.

iii. If the Medical Director or LPHA determines that continuing treatment services for the beneficiary is not medically necessary, the provider shall discharge the beneficiary from the current LOC and transfer to the appropriate services. b. Residential services length of stay shall be in accordance with Article III.H of this Agreement.

Discharge

i. Discharge of a beneficiary from treatment may occur on a voluntary or involuntary basis. For outpatient services, intensive outpatient services and residential services, in addition to the requirements of this subsection, an involuntary discharge is subject to the requirements set forth in Article II.G.2. of this Agreement. ii. An LPHA or counselor shall complete a discharge plan for each beneficiary, except for a beneficiary with whom the provider loses contact. a. The discharge plan shall include, but not be limited to, all of the following:

i. A description of each of the beneficiary's relapse triggers.

ii. A plan to assist the beneficiary to avoid relapse when confronted with each trigger.

iii. A support plan.

b. The discharge plan shall be prepared within 30 calendar days prior to the scheduled date of the last face-to-face treatment with the beneficiary.

i. If a beneficiary is transferred to a higher or lower level of care based on ASAM criteria within the same DMC certified program, they are not required to be discharged unless there has been more than a 30-calendar day lapse in treatment services.

c. During the LPHA's or counselor's last face-to-face treatment with the beneficiary, the LPHA or counselor and the beneficiary shall type or legibly print their names, sign and date the discharge plan. The signatures shall be adjacent to the typed or legibly printed name. A copy of the discharge plan shall be provided to the beneficiary and documented in the beneficiary record.

iii. The LPHA or counselor shall complete a discharge summary, for any beneficiary with whom the provider lost contact, in accordance with all of the following requirements: a. The LPHA or counselor shall complete the discharge summary within 30 calendar days of the date of the last face-to-face treatment contact with the beneficiary.

b. The discharge summary shall include all of the following:

i. The duration of the beneficiary's treatment as determined by the dates of admission to and discharge from treatment.
ii. The reason for discharge.
iii. A narrative summary of the treatment episode.
iv. The beneficiary's prognosis.

Reimbursement of Documentation

BHS allows for the inclusion of the time spent documenting when billing for a unit of service delivered, providers are required to include the following information in their progress notes:

a. The date the progress note was completed.

b. The start and end time of the documentation of the progress note.

ii. Documentation activities shall be billed as a part of the covered service unit.

Substance Abuse Block Grant

Under the Substance Abuse Block Grant provider provisions, the contractor agrees with the following requirements:

Federal Award Subrecipient

1. The Substance Abuse Prevention and Treatment Block Grant (SABG) is a federal award within the meaning of Title 45, Code of Federal Regulations (CFR), Part 75. This Contract is a subaward of the federal award to DHCS, then to the San Francisco Department of Public Health.

2. Contractor is a subrecipient and subject to all applicable administrative requirements, cost principles, and audit requirements that govern federal monies associated with the SABG set forth in the Uniform Guidance 2 CFR Part 200, as codified by the U.S. Department of Health and Human Services (HHS) at 45 CFR Part 75. 3.

STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (GC 12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions: a) Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations. b) Establish a Drug-Free Awareness Program to inform employees about: 1. the dangers of drug abuse in the workplace; 2. the person's or organization's policy of maintaining a drug-free workplace; 3. any available counseling, rehabilitation and employee assistance programs; and, 4. penalties that may be imposed upon employees for drug abuse violations. c) Provide that every employee who works on the proposed Agreement will: 1. receive a copy of the company's drug-free policy statement; and, 2. agree to abide by the terms of the company's statement as a condition of employment on the Agreement. Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: (1) the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court which orders Contractor to comply with an order of the National Labor Relations Board. (PCC 10296) (Not applicable to public entities.)

CONTRACTS FOR LEGAL SERVICES $50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003. Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm’s offices in the State, with the number of

hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State. Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

SWEATFREE CODE OF CONDUCT: a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website and Public Contract Code Section 6108. b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a). DOMESTIC PARTNERS: For contracts of $100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

GENDER IDENTITY: For contracts of $100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA: a) When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled. b) "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax. c) Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

Section 1 – Control Requirements

Contractors shall establish, written policies and procedures consistent with the control requirements set forth below; (ii) BHS will monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the BHS and its subcontractors for any failure to comply with these requirements:

a) HSC, Division 10.5, Part 2 commencing with Section 11760.

b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000.

c) Government Code, Title 2, Division 4, Part 2, Chapter 2, Article 1.7.

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 State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-64 through 66.

f) Title 2, CFR 200 -The Uniform Administration Requirements, Cost Principles and Audit Requirements for Federal Awards.

g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137.

h) Title 42, CFR, Sections 8.1 through 8.6.

i) Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

j) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances.

k) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures).

contractors should be familiar with the above laws, regulations, and guidelines.

3. Contractors shall comply with the Minimum Quality Drug Treatment Standards for SABG for all Substance Use Disorder (SUD) treatment programs either partially or fully funded by SABG. The Minimum Quality Drug Treatment Standards for SABG are attached to this Contract as Document, incorporated by reference. The incorporation of any new Minimum Quality Drug Treatment Standards into this Contract shall not require a formal amendment.

Section 2 – General Provisions

A. Restrictions on Salaries Contractor agrees that no part of any federal funds provided under this Contract shall be used to pay the salary and wages of an individual at a rate in excess of Level I of the Executive Schedule. Salary and wages schedules may be found at https://grants.nih.gov/grants/policy/salcap_summary.htm. SABG funds used to pay a salary in excess of the rate of basic pay for Level I of the Executive Schedule shall be subject to disallowance. The amount disallowed shall be determined by subtracting the individual's actual salary from the Level I rate of basic

pay and multiplying the result by the percentage of the individual's salary that was paid with SABG funds (Reference: Terms and Conditions of the SABG award).

B. Primary Prevention

1. The SABG regulation defines "Primary Prevention Programs" as those programs "directed at individuals who have not been determined to require treatment for substance abuse" (45 CFR 96.121), and "a comprehensive prevention program which includes a broad array of prevention strategies directed at individuals not identified to be in need of better treatment" (45 CFR 96.125). Primary prevention includes strategies, programs, and initiatives which reduce both direct and indirect adverse personal, social, health, and economic consequences resulting from problematic Alcohol and Other Drug (AOD) availability, manufacture, distribution, promotion, sales, and use. The desired result of primary prevention is to promote safe and healthy behaviors and environments for individuals, families, and communities. The Contractor shall expend not less than its allocated amount of the SABG Primary Prevention Set-Aside funds on primary prevention as described in the SABG requirements (45 CFR 96.124).

C. Friday Night Live

Contractors receiving SABG Friday Night Live (FNL) funding must:

1. Engage in programming that meets the FNL Youth Development Standards of Practice, Operating Principles and Core Components outlined at http://fridaynightlive.org/about-us/cfnlp-overview/

2. Use the prevention data collection and reporting service for all FNL reporting including profiles and chapter activity.

3. Follow the FNL Data Entry Instructions for the PPSDS as provided by DHCS.

4. Meet the Member in Good Standing (MIGS) requirements, as determined by DHCS in conjunction with the California Friday Night Live Collaborative and the California Friday Night Live Partnership. Contractors that do not meet the MIGS requirements shall obtain technical assistance and training services from the California Friday Night Live Partnership and develop a technical assistance plan detailing how the Contractor intends to ensure satisfaction of the MIGS requirements for the next review.

D. Perinatal Practice Guidelines

Contractor shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines. The Perinatal Practice Guidelines FY 2018-19 are attached to this Contract, incorporated by reference. The Contractor shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. The incorporation of any new Perinatal Practice Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Practice Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

E. Funds identified in this Contract shall be used exclusively for county alcohol and drug abuse services to the extent activities meet the requirements for receipt of federal block grant funds for prevention and treatment of substance abuse described in subchapter XVII of Chapter 6A of Title 42, the USC.

F. Room and Board for Transitional Housing, Recovery Residences, and Drug Medi-Cal Organized Delivery System (DMC-ODS) Residential Treatment.

1. BHS uses SABG discretionary funds, or SABG perinatal funds (for perinatal beneficiaries only), to cover the cost of room and board of residents in short term (up to 24 months) transitional housing and recovery residences. SABG discretionary funds, or SABG perinatal funds (for perinatal beneficiaries only), are used to cover the cost of room and board of residents in DMC-ODS residential treatment facilities.

Section 3 - Performance Provisions

A. Monitoring
a) Whether the quantity of work or services being performed conforms to Exhibit B.
b) BHS monitors that the contractor is abiding by all the terms and requirements of this Contract.
c) Whether the Contractor is abiding by the terms of the Perinatal Practice Guidelines.

B. Performance Requirements

1. Contractors shall provide services to all eligible persons in accordance with federal and state statutes and regulations. Contractor shall assure that in planning for the provision of services, the following barriers to services are considered and addressed:

a) Lack of educational materials or other resources for the provision of services.

b) Geographic isolation and transportation needs of persons seeking services or remoteness of services.

c) Institutional, cultural, and/or ethnicity barriers.

d) Language differences.

e) Lack of service advocates.

f) Failure to survey or otherwise identify the barriers to service accessibility.

g) Needs of persons with a disability.

2. Contractor shall comply with any additional requirements of the documents that have been incorporated herein by reference.

Part II – General

A. Additional Contract Restrictions This Contract is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Contract in any manner.

B. Hatch Act Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

C. No Unlawful Use or Unlawful Use Messages Regarding Drugs Contractor agrees that information produced through these funds, and which pertains to drugs and alcohol-related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol-related program shall include any message on the

responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999- 11999.3). By signing this Contract, Contractor agrees that it will enforce, and will require its subcontractors to enforce, these requirements.

D. Noncompliance with Reporting Requirements Contractor agrees that DHCS has the right to withhold payments until Contractor has submitted any required data and reports to DHCS, as identified in Exhibit A, Attachment I, Part III - Reporting Requirements, or as identified in Document 1F(a), Reporting Requirements Matrix for Counties.

E. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances None of the funds made available through this Contract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

F. Debarment and Suspension Contractor shall not subcontract with or employ any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), “Debarment and Suspension.” SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The Contractor shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001. If a Contractor subcontracts or employs an excluded party DHCS has the right to withhold payments, disallow costs, or issue a CAP, as appropriate, pursuant to HSC Code 11817.8(h).

G. Restriction on Distribution of Sterile Needles No SABG funds made available through this Contract shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

H. Health Insurance Portability and Accountability Act (HIPAA) of 1996 All work performed under this Contract is subject to HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit F, DHCS and County shall cooperate to assure mutual agreement as to those transactions between them, to which this provision applies. Refer to Exhibit F for additional information.

1. Trading Partner Requirements

a) No Changes. Contractor hereby agrees that for the personal health information (Information), it will not change any definition, data condition or use of a data element or segment as proscribed in the Federal Health and Human Services (HHS) Transaction Standard Regulation (45 CFR 162.915 (a)).

b) No Additions. Contractor hereby agrees that for the Information, it will not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation (45 CFR 162.915 (b)).

c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it will not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications (45 CFR 162.915 (c)).

d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it will not change the meaning or intent of any of the HHS Transaction Standard’s implementation specification (45 CFR 162.915 (d)).

2. Concurrence for Test Modifications to HHS Transaction Standards Contractor agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Contractor agrees that it will participate in such test modifications.

3. Adequate Testing Contractor is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Contractor has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4. Deficiencies Contractor agrees to correct transactions, errors, or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. When County is a clearinghouse, Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5. Code Set Retention Both parties understand and agree to keep open code sets being processed or used in this Contract for at least the current billing period or any appeal period, whichever is longer.

6. Data Transmission Log Both parties shall establish and maintain a Data Transmission Log which shall record any and all Data Transmissions taking place between the Parties during the term of this Contract. Each party will take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

I. Nondiscrimination and Institutional Safeguards for Religious Providers Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

J. Counselor Certification Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be registered or certified as defined in Title 9, CCR, Division 4, Chapter 8, (Document 3H).

K. Cultural and Linguistic Proficiency To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Contract shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V).

L. Intravenous Drug Use (IVDU) Treatment Contractor shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo AOD treatment (42 USC 300x-23 (45 CFR 96.126(e)).

M. Tuberculosis Treatment Contractor shall ensure the following related to Tuberculosis (TB):

1. Routinely make available TB services to each individual receiving treatment for AOD use and/or abuse.

2. Reduce barriers to patients' accepting TB treatment.

3. Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

N. Trafficking Victims Protection Act of 2000 Contractor and its subcontractors that provide services covered by this Contract shall comply with the Trafficking Victims Protection Act of 2000 (22 United States Code (USC) 7104(g)) as amended by section 1702 of Pub. L. 112-239.

O. Tribal Communities and Organizations Contractor shall regularly assess (e.g. review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS-Tx) to determine whether the population is being reached, survey Tribal representatives for insight in potential barriers), the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the County geographic area, and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/NA communities within the County.

P. Participation of County Behavioral Health Director's Association of California. The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director's Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services. The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

Q. Youth Treatment Guidelines Contractor must comply with the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No formal amendment of this contract is required for new guidelines to be incorporated into this Contract.

R. Perinatal Practice Guidelines Contractor must comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines. The Perinatal Practice Guidelines are attached to this contract as Document 1G, incorporated by reference. The Contractor must comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. The incorporation of any new Perinatal Practice Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Practice Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

S. Byrd Anti-Lobbying Amendment (31 USC 1352) Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an

employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

T. Nondiscrimination in Employment and Services By signing this Contract, Contractor certifies that under the laws of the United States and the State of California, incorporated into this Contract by reference and made a part hereof as if set forth in full, Contractor will not unlawfully discriminate against any person.

U. Federal Law Requirements:

1. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally-funded programs.

2. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.

3. Age Discrimination Act of 1975 (45 CFR Part 90), as amended 42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.

4. Age Discrimination in Employment Act (29 CFR Part 1625).

5. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.

6. Title II of the Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.

7. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.

8. Section 504 of the Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.

9. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than $10,000 funded by federal financial assistance.

10.Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.

11.The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.

12.Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

V. State Law Requirements:

1. Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (2 CCR 7285.0 et seq.).

2. Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.

3. Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 13000.

4. No state or federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.

5. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for DHCS to withhold payments under this Contract or terminate all, or any type, of funding provided hereunder.

W. Additional Contract Restrictions

1. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

X. Information Access for Individuals with Limited English Proficiency

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

2. Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

iV. Timely Access: (42 CFR 438.206(c) (1) (i)

(4) The Provider must comply with Contractor's standards for timely access to care and services, taking into account the urgency of the need for services:
    (e) Provider must complete Timely Access Log for all initial requests of services.
    (f) Provider must offer outpatient services within 10 business days of request date (if outpatient provider).
    (g) Provider must offer Opioid Treatment Services (OTP) services within 3 business days of request date (if OTP provider).
    (h) Provider must offer regular hours of operation.
(5) The Contractor will establish mechanisms to ensure compliance by provider and monitor regularly.
(6) If the Provider fails to comply, the Contractor will take corrective action.

DOCUMENTS INCORPORATED BY REFERENCE

All SABG documents incorporated by reference into this contract may not be physically attached to the contract, but can be found at DHCS' website: https://www.dhcs.ca.gov/provgovpart/Pages/SAPT-Block-Grant-Contracts.aspx

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Prevention and Treatment Block Grant Requirements https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005- title45-vol1-part96

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations https://www.law.cornell.edu/cfr/text/42/part-54

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix - County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Practice Guidelines FY 2018-19 https://www.dhcs.ca.gov/individuals/Documents/Perinatal_Practice_G uidelines_FY1819.pdf

Document 1K: Drug and Alcohol Treatment Access Report (DATAR) User Manual http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx

Document 1P: Alcohol and/or Other Drug Program Certification Standards (May 1, 2017) http://www.dhcs.ca.gov/Documents/DHCS_AOD_Certification_Standa rds.pdf

Document 1V: Youth Treatment Guidelines http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Gui delines.pdf

Document 2F(b): Minimum Quality Drug Treatment Standards for SABG

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 3G: California Code of Regulations, Title 9 - Rehabilitation and Developmental Services, Division 4 - Department of Alcohol and Drug Programs, Chapter 4 - Narcotic Treatment Programs https://govt.westlaw.com/calregs/Search/Index

Document 3H: California Code of Regulations, Title 9 - Rehabilitation and Developmental Services, Division 4 - Department of Alcohol and Drug Programs, Chapter 8 - Certification of Alcohol and Other Drug Counselors https://govt.westlaw.com/calregs/Search/Index

Document 3J: CalOMS Treatment Data Collection Guide http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collec tion_Guide_JAN%202014.pdf

Document 3S: CalOMS Treatment Data Compliance Standards http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_data_cmplia nce%20standards%202014.pdf

Document 3T: Non-Drug Medi-Cal and Drug Medi-Cal DHCS Local Assistance Funding Matrix
Document 3T(a): SAPT Authorized and Restricted Expenditures Information (April 2017)

Document 3V : Culturally and Linguistically Appropriate Services (CLAS) National Standards
https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

Document 5A : Confidentiality Agreement