

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

**First Amendment**

THIS AMENDMENT (this “Amendment”) is made as of **May 1, 2022** in San Francisco, California, by and between **Felton Institute** (“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”), **RFP1-2017** issued on 3/24/17, **RFP 8-2017** issued on 8/23/17, **RFP 11-2017** issued on 6/12/17 and **RFQ 15-2017** issued on 7/31/17 and this modification is consistent therewith; and as per Administrative Code Section 21.42 through Sole Source granted on April 29, 2021;

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 **40587-17/18** on July 15, 2019 in the amount of \$292,051,200 for the period of 7/1/2017-12/31/2027 and **48427-17/18** on July 15, 2019 in the amount of \$42,800,000 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 346-18 on October 26, 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 June 30, 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 **Thirty-Six Million Five Hundred Thirty-Three Thousand One Hundred Sixty-Four Dollars (\$36,533,164)**. 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. 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 **Seventy-Seven Million Six Hundred Five Thousand Two Hundred Thirty-Two Dollars (\$77,605,232)**. 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** **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.

**2.5 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 at <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.

**2.6** **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.

**2.7** **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 \$5,000,000 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](mailto: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.

**2.8 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.

**2.9 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.

**2.10**                                **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.

**2.11**                                **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.

**2.12**                                **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.

**2.13 Ownership of City Data and Protected Health Information.** *The following are hereby added to Article 13 of the Agreement, replacing the previous 13.4 in its entirety:*

**13.5 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 is the exclusive property of the City.

**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:***

**2.14** Appendices A, A-1 through A-10 dated 5/1/2022 (i.e., May 1, 2022) are hereby added for FY 2021-22.

**2.15** Appendices B, B-1 through B-10 dated 5/1/2022 (i.e., May 1, 2022) are hereby added for FY 2021-22.

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

**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**


**CONTRACTOR**

Recommended by:

**Felton Institute**

\_\_\_\_\_  
Grant Colfax, MD  
Director of Health  
Department of Public Health

Date

 04/05/2022

Marvin Davis  
Chief Financial Officer  
1500 Franklin Street  
San Francisco, CA 94109

Date

Supplier ID: 0000020256

Approved as to Form:  
David Chiu  
City Attorney

By: \_\_\_\_\_  
Henry Lifton  
Deputy City Attorney

Date

Approved:

\_\_\_\_\_  
Sailaja Kurella  
Director, Office of Contract Administration, and  
Purchaser

Date

## Appendix A Scope of Services – DPH Behavioral Health Services

### 1. Terms

- |   |   |
|---|---|
| A. Contract Administrator   | N. Patients' Rights   |
| B. Reports  | O. Under-Utilization Reports  |
| C. Evaluation   | P. Quality Improvement  |
| D. Possession of Licenses/Permits                                     | Q. Working Trial Balance with Year-End Cost Report                    |
| E. Adequate Resources   | R. Harm Reduction   |
| F. Admission Policy   | S. Compliance with Behavioral Health Services Policies and Procedures |
| G. San Francisco Residents Only                                       | T. Fire Clearance   |
| H. Grievance Procedure  | U. Clinics to Remain Open   |
| I. Infection Control, Health and Safety                               | V. Compliance with Grant Award Notices                                |
| J. Aerosol Transmissible Disease Program, Health and Safety           |   |
| K. Acknowledgement of Funding   |   |
| L. Client Fees and Third Party Revenue                                |   |
| M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System |   |

- 2. Description of Services
- 3. Services Provided by Attorneys

### 1. Terms

#### A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **April Crawford**, 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, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

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

V. Compliance with Grant Award Notices:

Contractor recognizes that funding for this Agreement 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	Geriatrics Services West
Appendix A-2	Geriatric Services at Franklin/OP
Appendix A-2a	Geriatric Intensive CM at Franklin
Appendix A-3	Older Adult FSP at Franklin
Appendix A-4	Adult Care Management (Non-MHSA)
Appendix A-4a	ADULT FSP (MHSA)
Appendix A-5	TAY FSP (MHSA)
Appendix A-6	Prevention and Recovery in Early Psychosis -CR
Appendix A-6a	Prevention and Recovery in Early Psychosis -FFS
Appendix A-6b	Prevention and Recovery in Early Psychosis - EPI Plus
Appendix A-7	Full Circle EPSDT Franklin
Appendix A-8	TAY SOC Capacity Building
Appendix A-9	Healing Circle
Appendix A-10	MCAH-CHVP

**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. The Identifiers:**

Program Name: **Geriatric Outpatient Services West**  
Program Address: 6221 Geary Blvd  
City, State, ZIP: San Francisco, CA 94121  
Telephone: 415-386-6600 FAX: 415-751-3226  
Website Address: www.felton.org  
  
Contractor Address: 1500 Franklin Street  
City, State, ZIP: San Francisco, CA 94109  
Executive / Program Director: Cathy Spensley, Senior Division Director  
Telephone: 415-474-7310, ext. 435  
Email Address: cspensley@felton.org  
  
Program Code(s): 89903

**2. Nature of Document:**

Original     Contract Amendment     Revision to Program Budgets (RPB)

**3. Goal Statement:**

This program is part of Felton’s full and seamless range of behavioral health services to older adults directly addressing the highest levels of need citywide by providing a Full Service Partnership, Intensive Case Management, and Geriatric Outpatient Services integration. This continuum of care enhances the capacity of older adult consumers, with an overall goal to assist clients to move out of specialty mental health services and into mainstream peer services and supports in the community. The Geriatric Services West provides outpatient services in Catchment Area 5, in close collaboration with other city/county and community-based programs. The clinic is located at 6221 Geary, and clients are seen in the clinic, as well as in their homes and in the community, as needed.

**4. Target Population:**

The target population for Geriatric Service West is clients aged 60 and older living in Catchment Area 5 (Western Richmond and Sunset) who need specialized geriatric mental health services beyond what is available through the Adult System of Care. These clients may have multiple disabilities, complex medical needs, dual diagnoses, or other specialized needs related to mental health and aging, and are best served by clinicians with geriatric mental health expertise. The population also has additional needs related to engagement, language, cultural awareness, stigma, social isolation, substance abuse, or cognitive deficits. The program works in close coordination with the city’s Older Adult System of Care providing psychiatric services and clinical case management services. This clinic also specializes in serving monolingual Cantonese, Mandarin, Russian, and Spanish clients.



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

**Targeted Case Management:** means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, other community services. The service delivery ensures beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

**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 provide as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

- **Assessment:** "Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.
- **Plan Development:** "Plan Development" means a service activity that consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress.
- **Therapy:** "Therapy" means a service activity, which is a therapeutic intervention that focuses primarily on the symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries.
- **"Rehabilitation"** means a service activity which includes assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, meal preparation skills, and support resources; and/or medication education.
- **Collateral:** "Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

**Medication Support Services:** means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biological which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluating 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 the beneficiary.

**Crisis intervention:** is an emergency service (unplanned). Crisis intervention is an immediate therapeutic response, which includes a face-to-face contact when an individual exhibits acute psychiatric symptoms to alleviate problems, which, if untreated, present an imminent threat to the individual or others.

### **Indirect Services:**

In addition to the above direct services, the program conducts staff training and community outreach (promotion) activities as indirect services.

## 6. Methodology:

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

Outreach is conducted with all collaborative partners, including primary care clinics, substance abuse treatment providers, residential care providers, residential behavioral health providers, hospitals, homeless shelters, adult correctional system, emergency crisis services, and other partners. All levels of service conduct direct outreach to older adults in communities where service connection is needed the most and in locations where the various populations feel the safest, such as cultural centers, senior centers, religious organizations, and other formal and informal support systems. Peer Case Aides, called Community Specialists, are an essential part of outreach, engagement, and retention because of their direct experience as clients of the treatment system. Other outreach to the most fragile and disconnected consumers may be conducted by Felton's Psychiatric Nurse Practitioners (PNP). Consumers distrustful of treatment services are often willing to receive health care, if it is offered in a non-institutional setting, so the PNP is an important element of the engagement strategy. The PNP provides health screening and first aid, dispenses minor medications (such as over-the-counter painkillers and analgesics, and topical skin medications), and unless already linked, will arrange for medical treatment through primary care partners. In addition to street outreach, referrals are accepted from multiple sources, including SF General, Project Homeless Connect, APS, senior centers, Project Open Hand, other mental health and substance abuse agencies, PES, Sheriff, SFPD, hospital emergency rooms, and family referrals. All outreach materials for Felton's Senior Division, including the agency website, include descriptions of these programs.

### B. Admission, enrollment and/or intake criteria and process.

Intake occurs in the Geary Boulevard offices, at client homes, in hospitals, or wherever best meets a client's needs. At screening, it is determined if clients have a safe place to live, enough to eat, and medical care for acute conditions, before proceeding to assessment. Clients may also get assistance with food, clothing needs, and primary care examinations, and pressing health needs are treated through Felton's primary care partners. With basic health and safety assured, clients receive assessment using a comprehensive, strength-based, assessment tool designed to give care managers and consumers an understanding of the consumer's goals, aspirations, and challenges across all life domains. Elements of the toolkit include a number of evidence-based scales relevant to assessing a particular client, but all clients receive assessment with the San Francisco Mental Health Assessment, including:

**The ANSA:** An assessment tool designated by CBHS that assesses strengths and challenges in a number of essential domains.

### C. Service delivery model and how each service is delivered.

#### **Overview of the Service Model:**

The program provides older adults with a full and seamless range of behavioral health services, directly addressing the highest levels of need citywide, and in close partnership with the other two specialized geriatric mental health outpatient clinics, Central City and Southeast Mission. The program partners closely with Curry Senior Center, for specialized substance abuse outpatient services for older adults in the North of Market/Tenderloin/South of Market neighborhoods, as well

as Treatment Access Program (TAP). Primary Care Partnerships also exist with Curry Senior Center and other primary care clinics across the city. With these collaborating partners, services are dual diagnosis-competent at all levels and provide a full range of evidence-based, culturally and linguistically competent, recovery-oriented services throughout the spectrum of behavioral and physical health needs. The aim is to enhance the capacity of older adult consumers, so that as many as appropriate are able to move out of specialty mental health services and into mainstream, peer services, and supports in the community, including aging services. The levels of care are:

**Screening and Assessment:** Program Manager and/or Officers of the Day conduct appropriate risk assessments and other brief screenings; provide intake interviews in the clinics or in the home or in the community; and develop an initial care plan to include additional psychiatric and medication assessments.

**Care Planning, Care Management, and Services Linkage:** After Intake, an assigned clinical case manager begins work with the client. At the core of all services is strength-based recovery-oriented care management. Felton has developed a rigorous approach to care management built on motivational interviewing and wrap-around principles. Each Felton team member (including community staff and medical staff) receives intensive training on assessment, care planning, and culturally competent service delivery, motivational interviewing, and working in a multidisciplinary team, as well as intensive training on outreach, engagement, and re-engagement. In addition, staff members who work in the senior programs receive ongoing specialized training in geriatric mental health. Each client has an assigned case manager as the primary point of contact, and together they develop a strength-based plan of care with measurable outcome objectives. Care management includes brokerage services, as well as brief, evidence-based treatment therapy, as needed. Daily living support services are offered as part of the care coordination process and may include problem solving, skills training, and assistance -- often by peers -- to help clients carry out personal hygiene and grooming tasks; perform household activities; housing supports including working with board and care operators; improving money-management skills; using available transportation; and finding and using healthcare services. Every client is linked to primary care through clinic partners.

**Outpatient Case Management and Treatment:** Outpatient treatment is in Catchment 5, including the use of peers and partnerships. This program serves individuals who require fewer than four visits per month, and offers integrated care management, medication management, and evidence-based mental health and substance abuse treatment.

**Outcome-guided medication regimens:** All clients needing medication management have access to a Felton psychiatrist or a nurse practitioner, who will assess, prescribe, monitor, treat, document symptoms or side effects, and educate. All case managers assess and document client symptoms and behavior in response to medication. Medication policies and procedures identify all processes and safety procedures around medications.

**Evidence based, integrated behavioral health treatment:** Case managers and clients can access an extensive, organized system of treatments and supports to promote and sustain recovery. Felton, through its Felton Institute, provides national-caliber faculty to train, supervise, and certify staff in a range of evidence-based treatments that span the spectrum of diagnoses of clients. In most

cases, Felton has staff with diverse linguistic competencies trained in each of these approaches. These include:

**Substance Abuse:** Felton clinicians are trained in Motivational Interviewing and offer adjunct substance abuse group therapy. In addition, Felton partners with Curry Senior Center and Treatment Access Program (TAP) to provide more extensive substance abuse outpatient. In collaboration, these partners continue to develop more accessible and effective treatment strategies for clients with substance abuse issues.

**Other Evidence-Based Practices:** Felton has trained staff in numerous evidence-based practices including PST for depression, PST for psychosis, CBT for Depression, CBT for Psychosis, Trauma-focused CBT, DBT, Life Review, and Multifamily Psycho-education Groups. Many treatments are available in Spanish and Cantonese.

**Peer Support and Volunteer Opportunities:** Older consumers interested and able to participate in meaningful competitive employment are assisted in that effort. For many others, making a meaningful contribution remains important and is a key to maintaining robust physical and mental health throughout the lifespan. Felton offers its clients a range of volunteer opportunities both within the agency and at other partner programs throughout the community.

**Community Integration Services and Wellness Promotion:** Participants in all levels of care are offered opportunities in community integration and wellness promotion as an integral part of the recovery process. These services are designed to help clients transition to other support systems in the community, as well as provide effective outreach and engagement for individuals who are socially isolated, need mental health services, and benefit from evidence-based and innovative group therapy. Full assessments, preventive screening, and care plans lead to appropriate transitions and treatment options. Transition and escort services, often by case aides and peer volunteers, help clients feel comfortable going to senior centers, or make appointments at primary care clinics. Other services include education and assistance for more healthy living, including smoking cessation assistance and exercise, and meaningful joint activities in the community. To assist older adult clients overcome social isolation, improve social and personal skills, and become better integrated in their communities, a variety of opportunities are available in partnering senior centers, and adult day health care centers, and other senior programs in the city, including connections to natural supports and peer opportunities. Group therapy is a large part of our model, as research has shown it offers additional benefits to older adults, such as mutual aid and a sense of belonging. We also now have a Tech Squad at Felton, which assists our clients connect to the internet, many for the first time becoming included in our increasingly digital world.

Felton's Senior Programs participate in the CBHS Advanced Access initiative, including timely data measurement at the site and reporting of data to CBHS as required. They provide and document the initial risk assessment using the CBHS IRA form within 24-48 hours of request for service, and adhere to CBHS guidelines regarding assessment and treatment of uninsured clients. All services are ADA compliant. Clinic services are provided in the client's home, other senior sites (health clinics, Adult Day Health, senior centers, etc.), and at Felton offices.

#### **D. Discharge Planning and exit criteria and process.**

Guidelines for discharge include CBHS definitions of medical necessity, stabilization of debilitating psychiatric symptoms, resolving of problems on plan of care and successfully linking client to alternative services for care (i.e. PCP, Adult Day Health, etc.). Clients are stepped-down to less intensive services upon meeting CBHS exit criteria. Clients are continuously assessed in their recovery process, and when appropriate, stepped down along a continuum of care that best meets their needs, through Felton's Community Integration Services, when appropriate. Also, when appropriate, clients are discharged to other programs in the community that can best meet their current needs in recovery and allow for less dependence on mental health services.

#### **E. Program Staffing**

- Division Director: provides administrative oversight and leadership of program operations and development.
- Clinical Supervisor: provides supervision and training.
- Program Manager: provides operational oversight, clinical case management and therapy.
- Multi-lingual clinical case managers: provides clinical case management and therapy in Spanish, Cantonese, Mandarin and Russian.
- Medical Director/Psychiatrist: provides oversight of medical staff, as well as medication support services.
- Multi-lingual Nurse Practitioners: provide medication support services in Spanish, French, Mandarin and Cantonese.
- Office Manager (Russian-speaking): provides administrative support.
- Program Administration & QA: provides oversight of program admin & QA support.

### **7. Objectives and Measurements:**

#### **A. Standard Objectives**

All objectives, and descriptions of how objectives will be measured, are contained in the SFDPH BHS AOA document entitled Performance Objectives FY 21-22.

### **8. Continuous Quality Improvement (CQI):**

CQI activities follow the procedures established agency-wide at Felton. The CQI overall coordinator for Felton falls under the Director of Quality Management. Felton's programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the Director of Quality Management, continuous quality improvement mechanisms for all Programs at Felton first involve the Felton Division Directors, who oversee all aspects

of Programs within Divisions. Felton’s Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS Mental Health Contract Programs. Felton’s Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, CFO, COO’s, VP of HR, IT Director, Director of Quality Management of Felton, as well as the Division Directors of Felton responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

**A. Achievement of contract performance objectives and productivity:**

Program staff joins Felton meetings at the beginning of the Fiscal Year to review all Performance Objectives that relate to 13 SFDPH BHS Contracted Client Service Programs. Performance Objectives are revisited, including plan to achieve them and where achievement is recorded (e.g., AVATAR, CIRCE, DCR, other). Some objectives are monitored as often as weekly in program meetings, and most are monitored monthly in regular meetings (Operations and QA, PURQC, QA/IT, and Roundtable Management meetings). At the end of the Fiscal Year, Felton will prepare reports on progress on any Performance Objectives not directly measured by AVATAR, DCR, or other directly accessible data source to SFDPH BHS.

Program staff meets monthly, on the second Tuesday of every month, for a Felton Operations Meeting with the Quality Management Team to review program progress relative to SFDPH BHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff’s progress in hitting targets (e.g. caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets). Additionally, Program staff meets every other month with CFO/COO; to review the actual units delivered vs. units budgeted to ensure programs are on target with their monthly & annual productivity goals. In instances when programs are behind target goals, Program staff and CFO/COO strategize ways to improve productivity to ensure contract needs and obligations are met.

In another meeting, Felton Quality Management Team meets monthly for QA/IT Meeting (4<sup>th</sup> Thursday), IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives, especially as these relate to Electronic Health Records (CIRCE and AVATAR).

**B. Quality of documentation, including a description of the frequency and scope of internal chart audits:**

Felton continues to utilize its own in-house data system, called ‘CIRCE’ which stands for Cloud-based Integrated Reporting and Charting Environment. CIRCE gives up to the minute program dashboards on

productivity, lapse of time between service rendered and service documented, and PURQC minutes utilized. It also alerts program directors and line staff to upcoming due dates for assessments, plans of care, yearly HIPAA rights review and documentation, and PURQC. Programs also have a monthly meeting to PURQC clients on their anniversary dates with new Tx POC, Reassessment, and CANS or ANSA.

Each month (on the 3<sup>rd</sup> Tuesday), the Quality Management Team meets with all Felton SF Administrative staff to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

Felton has designed a 3-Tiered QA audit process which is conducted as follows:  
Monthly:

There is a Quality Assurance meeting with all program directors across the agency to review “Chart Health” metrics and productivity in each program. This meeting is also a forum to discuss policy changes and issues as they relate to the interface of CIRCE and AVATAR.

Program directors are required to audit charts at least yearly, when charts are opened, closed, or reviewed for annual TxPOC and PURQC. This audit includes a review of all chart components for quality, Medi-Cal compliance, as well as timeliness of signatures and dates. The attached audit sheet designed by SFDPH BHS for PURQC is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.

All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

Quarterly:

All program directors facilitate some kind of peer review of chart with their Program staff at least quarterly, either auditing a random selection of charts in which line staff applies attached audit forms to review each other’s charts or focusing on specific issues that come up in chart audits that could be done better in general by most or all staff. Time is spent reviewing the findings at the end of the peer reviews.

Yearly/Ongoing:

All staff working for SFDPH BHS Contracts are required to attend BHS or Felton Documentation Training. Within Programs, staff meets weekly with Program Directors to address continuous practice enhancement information conveyed via email or BHS bulletins or from meetings with BHS (e.g., Monthly Providers Meetings, FSP and DCR Meetings, PURQC Meetings). Staff training is conducted approximately quarterly within Divisions or Programs; such "booster" trainings review practice habits, address more common subtleties of practices that arise from Program Director Audits and PURQCs, and assure that practice habits do not drift from Documentation Standards. All new staff is intensively trained in Mental Health Documentation Standards and Practices by the Quality Management Team, Program Directors, and Program staff; and they are sent to any available BHS formal training as soon as possible after their hire dates.

The QM Team lead a monthly (3<sup>rd</sup> Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

### C. Cultural competency of staff and services

All staff working on SFDPH BHS-contracted programs are required yearly to attend trainings geared toward increasing their cultural competency (e.g., recent trainings have focused on unique backgrounds of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street worker, Senior, LGBTQ Youth, Transgender Adults, and SMI client groups, Adult Transgender Sensitivity, among many others). Felton also has been participating in the multi-year BHS Community Advisory Board Project and submitting formal Reports yearly in September.

Felton stresses the importance of welcoming clients of all backgrounds, and Felton has a long history of serving marginalized client groups who may not have been able to find services elsewhere. Felton also actively recruits staff to represent the diversity of clients Felton Programs serve, including targeting balance in racial, ethnic, gender, sexual orientation, languages, age and experience, and including professional and peer staff in its ranks.

### D. Satisfaction with services

Felton Programs participate in twice-yearly SFDPH BHS Client Satisfaction / Mental Health Consumer Perception Surveys. Felton staff makes a concerted effort to encourage clients to participate and make their opinions known, and staff works to get help for clients who need it to complete surveys (e.g., reading or writing from peers). Clients are encouraged at all times to discuss concerns or ideas for improvement with their therapist/case manager, program manager, division director, or Felton executive management. Several times per year, clients are offered group events and transitional gatherings during which they are informally surveyed for how well they feel their programs are meeting their needs. At least yearly, therapists review this formally with clients as part of their developing a new Treatment Plan of Care. Survey results and client suggestions are reviewed at Agency, Division, Program, and individual case levels, and practices are adjusted when possible to meet the hopes and expectations of clients.

### E. Timely completion and use of outcome data, including CANS and/or ANSA.

Felton works with canstraining.com, SFDPH/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. The Director of Quality Management is the ANSA liaison and the Program Director for Full Circle Family Program, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

Assessments are done when clients are opened, at the time of their re-assessments (at least annually), and when clients are closed.

FSP and ICM Programs also use the MORS rating scale and DCR data to evaluate clients' progress and track outcomes of our services. Staff enters data for clients monthly into DCR and/or Avatar. We receive



bi-monthly reports from the DCR team about hospitalizations, arrests, housing, etc., as they relate to our clients. We are able to identify needs across Programs that are not being met. The MORS data is used as a way to identify clients that may be getting ready for graduation or step down from the program, as well as to identify those clients that are decompensating or failing to move forward in their recovery.

## 9. Required Language:

- A. Contractor will adhere to all stipulated SFDPH BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the SFDPH BHS ECMHCI SOC Program Manager of any changes.
  
- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the SFDPH BHS CCMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the SFDPH BHS ECMHCI SOC Program Manager of any changes.

**1. Identifiers:**

Program Name: Geriatric Outpatient Services 1500 Franklin and Geriatric Outpatient Intensive Case Management

Program Address: 1500 Franklin Street  
City, State, ZIP: San Francisco, CA 94109  
Telephone: 415-474-7310 FAX: 415-447-9805  
Website Address: www.felton.org

Contractor Address: 1500 Franklin Street  
City, State, ZIP: San Francisco, CA 94109  
Executive / Program Director: Cathy Spensley, Senior Division Director  
Telephone: 415-474-7310, ext. 435  
Email Address: cspensley@felton.org  
Program Code(s): 38223MH, 382213

**2. Nature of Document:**

Original  Contract Amendment  Revision to Program Budgets (RPB)

**3. Goal Statement:**

This program is part of Felton’s full and seamless range of behavioral health services to older adults directly addressing the highest levels of need citywide by providing a Full Service Partnership, Intensive Case Management, and Geriatric Outpatient Services integration. This continuum of care enhances the capacity of older adult consumers, with an overall goal to assist clients to move out of specialty mental health services and into mainstream peer services and supports in the community. The Geriatric Outpatient Services at 1500 Franklin provides outpatient services in Catchment Area 2, in close collaboration with other city/county and community-based programs. The Geriatric Outpatient Intensive Case Management program provides services citywide, with the overall goal to stabilize and provide step-down transitions to a lower level of care.

**4. Priority Population:**

The target population for Geriatric Outpatient Services is clients aged 60 and older living in Catchment Area 2 (Western Addition/Marina/Presidio) as well as areas East of Van Ness/North of Market, the Tenderloin, and parts of the Castro, who need specialized geriatric mental health services beyond what is available through the Adult System of Care. These clients may have multiple disabilities, complex medical needs, dual diagnoses, or other specialized needs related to mental health and aging, and are best served by clinicians with geriatric mental health expertise. The population also has additional needs related to engagement, language, cultural awareness, stigma, social isolation, substance abuse, or cognitive deficits. The program works in close coordination with the city’s Older Adult System of Care providing psychiatric services and clinical case management. The Intensive Case Management Program serves older adults across the city with severe functional impairments and very complex needs, requiring intensive case management (ICM) in order to remain safely in the community. ICM clients come through CBHS referrals and meet the ICM criteria, such as multiple recent Crisis/PES visits or hospitalizations, homelessness, and other high-risk criteria.

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

**Targeted Case Management:** means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, other community services. The service delivery ensures beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

**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 provide as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

- Assessment: "Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.
- Plan Development: "Plan Development" means a service activity that consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress.
- Therapy: "Therapy" means a service activity, which is a therapeutic intervention that focuses primarily on the symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries.
- "Rehabilitation" means a service activity which includes assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, meal preparation skills, and support resources; and/or medication education.
- Collateral: "Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

**Medication Support Services:** means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biological which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluating 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 the beneficiary.

**Crisis intervention:** is an emergency service (unplanned). Crisis intervention is an immediate therapeutic response, which includes a face-to-face contact when an individual exhibits acute psychiatric symptoms to alleviate problems, which, if untreated, present an imminent threat to the individual or others.

**Indirect Services:** In addition to the above direct services, the program conducts staff training and community outreach (promotion) activities as indirect services.

## 6. Methodology:

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

Outreach for Geriatric Outpatient Services at 1500 Franklin is conducted with all collaborative partners, including primary care clinics, substance abuse treatment providers, residential care providers, residential behavioral health providers, hospitals, homeless shelters and adult correctional system, emergency crisis services, and other partners. All levels of service conduct direct outreach to older adults in communities where service connection is needed the most and in locations where the various populations feel the safest, such as cultural centers, senior centers, religious organizations, and other formal and informal support systems. Peer Case Aides, called Community Specialists, are an essential part of outreach, engagement, and retention because of their direct experience as clients of the treatment system. Other outreach to the most fragile and disconnected consumers may be by a Felton Psychiatric Nurse Practitioner (PNP). Consumers otherwise distrustful of treatment services are often willing to receive health care, if it is offered in a non-institutional setting, so the PNP is an important element of the engagement strategy. The PNP provides health screening and first aid, dispenses minor medications (such as over-the-counter painkillers and analgesics, and topical skin medications), and unless already linked, will arrange for medical treatment through primary care partners. In addition to street outreach, referrals are accepted from multiple sources, including SF General, Project Homeless Connect, APS, senior centers, Project Open Hand, other mental health and substance abuse agencies, PES, Sheriff, SFPD, hospital emergency rooms, and family referrals. Referrals for Intensive Case Management come through CBHS, and all outreach materials for Felton's Senior Division, including the agency website, include descriptions of these programs.

### B. Admission, enrollment and/or intake criteria and process.

Intake occurs in the 1500 Franklin Street offices, at client homes, in hospitals, or wherever best meets a client's needs. At screening, it is determined if clients have a safe place to live, enough to eat, and medical care for acute conditions, before proceeding to assessment. Clients may also get assistance with food, clothing needs, and primary care examinations, and pressing health needs are treated through Felton's primary care partners. With basic health and safety assured, clients receive comprehensive assessment using a comprehensive, strength-based, assessment tool designed to give care managers and consumers an understanding of the consumer's goals, aspirations, and challenges across all life domains. Elements of the toolkit include a number of evidence-based scales relevant to assessing a particular client, but all clients receive assessment with the San Francisco Mental Health Assessment, including:

**The ANSA:** An assessment tool designated by CBHS that assesses strengths and challenges in a number of essential domains.

### C. Service delivery model and how each service is delivered

#### **Overview of the Service Model:**

The program provides older adults with a full and seamless range of behavioral health services, directly addressing the highest levels of need citywide, and in close partnership with the other two specialized geriatric mental health outpatient clinics, Central City and Southeast Mission. The program partners closely with Curry Senior Center, for specialized substance abuse outpatient services for older adults in the North of Market/Tenderloin/South of Market neighborhoods, as well

as well as Treatment Access Program (TAP). Primary Care Partnerships also exist with Curry Senior Center, Lakeside, and other primary care clinics across the city. With these collaborating partners, services are dual diagnosis-competent at all levels and provide a full range of evidence-based, culturally and linguistically competent, recovery-oriented services throughout the spectrum of behavioral and physical health needs. The aim is to enhance the capacity of older adult consumers, so that as many as appropriate are able to move out of specialty mental health services and into mainstream, peer services, and supports in the community, including aging services. The levels of care are:

**Screening and Assessment:** Our Centralized Intake conducts appropriate risk assessments and other brief screenings; provides intake interviews in the clinics or in the home or in the community; and develops an initial care plan to include additional psychiatric and medication assessments.

**Care Planning, Care Management, and Services Linkage:** After Intake, an assigned clinical case manager begins work with the client. At the core of all services is strength-based recovery-oriented care management. Felton has developed a rigorous approach to care management built on motivational interviewing and wrap-around principles. Each Felton team member (including community staff and medical staff) receives intensive training on assessment, care planning, and culturally competent service delivery, motivational interviewing, and working in a multidisciplinary team, as well as intensive training on outreach, engagement, and re-engagement. In addition, staff members who work in the senior programs receive ongoing specialized training in geriatric mental health. Each client has an assigned case manager as the primary point of contact, and together they develop a strength-based plan of care with measurable outcome objectives. Case management includes brokerage services, as well as brief, evidence-based treatment therapy, when appropriate. Daily living support services are offered as part of the care coordination process and may include problem solving, skills training, and assistance -- often by peers and case aides -- to help clients carry out personal hygiene and grooming tasks; perform household activities; housing supports including working with board and care operators; improving money-management skills; using available transportation; and finding and using healthcare services. Every client is linked to primary care through clinic partners.

**Outpatient Case Management and Treatment:** Outpatient treatment in Catchment 5, including the use of peers and partnerships. This program serves individuals who require fewer than four visits per month, and offers integrated care management, medication management, and evidence-based mental health and substance abuse treatment.

**Outcome-guided medication regimens:** All clients needing medication management have access to an Felton's psychiatrist or a nurse practitioner, who will assess, prescribe, monitor, treat, document symptoms or side effects, and educate. All case managers assess and document client symptoms and behavior in response to medication. Medication policies and procedures identify all processes and safety procedures around medications.

**Evidence based, integrated behavioral health treatment:** Case managers and clients can access an extensive, organized system of treatments and supports to promote and sustain recovery. Felton, through its Felton Institute, provides national-caliber faculty to train, supervise, and certify staff in

a range of evidence-based treatments that span the spectrum of diagnoses of clients. In most cases, Felton has staff with diverse linguistic competencies trained in each of these approaches. These include:

**Substance Abuse:** Felton clinicians are trained in Motivational Interviewing and offer adjunct substance abuse group therapy. In addition, Felton partners with Curry Senior Center and Treatment Access Program (TAP) to provide more extensive substance abuse outpatient treatment. In collaboration, these partners continue to develop more accessible and effective treatment strategies for clients with substance abuse issues.

**Other Evidence-Based Practices:** Felton has trained staff in numerous evidence-based practices including PST for depression, PST for psychosis, CBT for Depression, CBT for Psychosis, Trauma-focused CBT, DBT, Life Review, and Multifamily Psycho-education Groups. Many treatments are available in Spanish and Cantonese.

**Peer Support and Volunteer Opportunities:** Older consumers interested and able to participate in meaningful competitive employment are assisted in that effort. For many others, making a meaningful contribution remains important and is key to maintaining robust physical and mental health throughout the lifespan. Felton offers its clients a range of volunteer opportunities both within the agency and at other partner programs throughout the community.

**Community Integration Services and Wellness Promotion:** Participants in all levels of care are offered opportunities in community integration and wellness promotion as an integral part of the recovery process. These services are designed to help clients transition to other support systems in the community, as well as provide effective outreach and engagement for individuals who are socially isolated, need mental health services, and benefit from evidence-based and innovative group therapy. Full assessments, preventive screening, and care plans lead to appropriate transitions and treatment options. Transition and escort services, often by community specialist and peer volunteers, help clients feel comfortable going to senior centers, or make appointments at primary care clinics. Other services include education and assistance for more healthy living, including smoking cessation assistance and exercise, and meaningful joint activities in the community. To assist older adult clients overcome social isolation, improve social and personal skills, and become better integrated in their communities, a variety of opportunities are available in partnering senior centers, and adult day health care centers, and other senior programs in the city, including connections to natural supports and peer opportunities. Group therapy is a large part of our model, as research has shown it offers additional benefits to older adults, such as mutual aid and a sense of belonging. We also now have a Tech Squad at Felton, which assists our clients connect to the internet, many for the first time becoming included in our increasingly digital world.

Felton's Senior Programs participate in the CBHS Advanced Access initiative, including timely data measurement at the site and reporting of data to CBHS as required. They provide and document the initial risk assessment using the CBHS IRA form within 24-48 hours of request for service, and adhere to CBHS guidelines regarding assessment and treatment of uninsured clients. All services are ADA compliant. Clinic services are provided in the client's home, other senior sites (health clinics, Adult Day Health, senior centers, etc.), and at Felton offices.

#### D. Discharge Planning and exit criteria and process.

Guidelines for discharge include CBHS definitions of medical necessity, stabilization of debilitating psychiatric symptoms, resolving of problems on plan of care and successfully linking client to alternative services for care (i.e. PCP, Adult Day Health, etc.). Clients are stepped-down to less intensive services upon meeting CBHS exit criteria. Clients are continuously assessed in their recovery process, and when appropriate, stepped down along a continuum of care that best meets their needs, through Felton's Community Integration Services, when appropriate. Also, when appropriate, clients are discharged to other programs in the community that can best meet their current needs in recovery and allow for less dependence on mental health services.

#### E. Program staffing.

- Division Director: provides administrative oversight and leadership of program operations and development.
- Clinical Supervisor: provides direct clinical supervision and training.
- Program Manager: provides operational oversight of GOS/ICM program, as well as clinical case management and therapy.
- Clinicians: provide clinical case management and therapy.
- Community Specialist: provides peer services.
- Medical Director/Psychiatrist: provides oversight of medical staff, as well as medication support services across Senior Division MH programs.
- Psychiatrist: Provides medication services across Senior Division MH programs
- Nurse Practitioners: providing medication support services across Senior Division MH programs.
- Program Administration & QA: provides oversight of program admin support.
- Administrative Assistant: provides administrative support.

### 7. Objectives and Measurements:

#### A. Standard Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the SFDPH BHS AOA document entitled Performance Objectives FY 21-22.

### 8. Continuous Quality Improvement (CQI):

CQI activities follow the procedures established agency-wide at Felton. The CQI overall coordinator for Felton falls under the Director of Quality Management. Felton's programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the Director of Quality Management, continuous quality improvement mechanisms for all Programs at Felton first involve the Felton Division Directors, who oversee all aspects of Programs within Divisions. Felton's Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS Mental Health Contract Programs. Felton's Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, CFO, COO's, VP of HR, IT Director, Director of Quality Management of Felton, as well as the Division Directors of Felton responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

A. Achievement of contract performance objectives and productivity:

Program staff joins Felton meetings at the beginning of the Fiscal Year to review all Performance Objectives that relate to 13 SFDPH BHS Contracted Client Service Programs. Performance Objectives are revisited, including plan to achieve them and where achievement is recorded (e.g., AVATAR, CIRCE, DCR, other). Some objectives are monitored as often as weekly in program meetings, and most are monitored monthly in regular meetings (Operations and QA, PURQC, QA/IT, and Roundtable Management meetings). At the end of the Fiscal Year, Felton will prepare reports on progress on any Performance Objectives not directly measured by AVATAR, DCR, or other directly accessible data source to SFDPH BHS.

Program staff meets monthly, on the second Tuesday of every month, for a Felton Operations Meeting with the Quality Management Team to review program progress relative to SFDPH BHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g. caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets). Additionally, Program staff meets every other month with CFO/COO; to review the actual units delivered vs. units budgeted to ensure programs are on target with their monthly & annual productivity goals. In instances when programs are behind target goals, Program staff and CFO/COO strategize ways to improve productivity to ensure contract needs and obligations are met.

In another meeting, Felton Quality Management Team meets monthly for QA/IT Meeting (4<sup>th</sup> Thursday), IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives, especially as these relate to Electronic Health Records (CIRCE and AVATAR).



B. Quality of documentation, including a description of the frequency and scope of internal chart audits:

Felton continues to utilize its own in-house data system, called 'CIRCE' which stands for Cloud-based Integrated Reporting and Charting Environment. CIRCE gives up to the minute program dashboards on productivity, lapse of time between service rendered and service documented, and PURQC minutes utilized. It also alerts program directors and line staff to upcoming due dates for assessments, plans of care, yearly HIPAA rights review and documentation, and PURQC. Programs also have a monthly meeting to PURQC clients on their anniversary dates with new Tx POC, Reassessment, and CANS or ANSA.

Each month (on the 3<sup>rd</sup> Tuesday), the Quality Management Team meets with all Felton SF Administrative staff to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

Felton has designed a 3-Tiered QA audit process which is conducted as follows:

**Monthly:**

There is a Quality Assurance meeting with all program directors across the agency to review "Chart Health" metrics and productivity in each program. This meeting is also a forum to discuss policy changes and issues as they relate to the interface of CIRCE and AVATAR.

Program directors are required to audit charts at least yearly, when charts are opened, closed, or reviewed for annual TxPOC and PURQC. This audit includes a review of all chart components for quality, Medi-Cal compliance, as well as timeliness of signatures and dates. The attached audit sheet designed by SFDPH BHS for PURQC is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.

All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

**Quarterly:**

All program directors facilitate some kind of peer review of chart with their Program staff at least quarterly, either auditing a random selection of charts in which line staff applies attached audit forms to review each other's charts or focusing on specific issues that come up in chart audits that could be done better in general by most or all staff. Time is spent reviewing the findings at the end of the peer reviews.

**Yearly/Ongoing:**

All staff working for SFDPH BHS Contracts are required to attend BHS or Felton Documentation Training. Within Programs, staff meets weekly with Program Directors to address continuous practice enhancement information conveyed via email or BHS bulletins or from meetings with BHS (e.g., Monthly Providers Meetings, FSP and DCR Meetings, PURQC Meetings). Staff training is conducted approximately quarterly within Divisions or Programs; such "booster" trainings review practice habits, address more common subtleties of practices that arise from Program Director Audits and PURQCs, and assure that practice habits do not drift from Documentation Standards. All new staff is intensively trained in Mental Health Documentation Standards and Practices by the Quality Management Team, Program Directors,

and Program staff; and they are sent to any available BHS formal training as soon as possible after their hire dates.

The QM Team lead a monthly (3<sup>rd</sup> Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

### C. Cultural competency of staff and services

All staff working on SFDPH BHS-contracted programs are required yearly to attend trainings geared toward increasing their cultural competency (e.g., recent trainings have focused on unique backgrounds of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street worker, Senior, LGBTQ Youth, Transgender Adults, and SMI client groups, Adult Transgender Sensitivity, among many others). Felton also has been participating in the multi-year BHS Community Advisory Board Project and submitting formal Reports yearly in September.

Felton stresses the importance of welcoming clients of all backgrounds, and Felton has a long history of serving marginalized client groups who may not have been able to find services elsewhere. Felton also actively recruits staff to represent the diversity of clients Felton Programs serve, including targeting balance in racial, ethnic, gender, sexual orientation, languages, age and experience, and including professional and peer staff in its ranks.

### D. Satisfaction with services

Felton Programs participate in twice-yearly SFDPH BHS Client Satisfaction / Mental Health Consumer Perception Surveys. Felton staff makes a concerted effort to encourage clients to participate and make their opinions known, and staff works to get help for clients who need it to complete surveys (e.g., reading or writing from peers). Clients are encouraged at all times to discuss concerns or ideas for improvement with their therapist/case manager, program manager, division director, or Felton executive management. Several times per year, clients are offered group events and transitional gatherings during which they are informally surveyed for how well they feel their programs are meeting their needs. At least yearly, therapists review this formally with clients as part of their developing a new Treatment Plan of Care. Survey results and client suggestions are reviewed at Agency, Division, Program, and individual case levels, and practices are adjusted when possible to meet the hopes and expectations of clients.

### E. Timely completion and use of outcome data, including CANS and/or ANSA.

Felton works with [canstraining.com](http://canstraining.com), SFDPH/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. The Director of Quality Management is the ANSA liaison and the Program Director for Full Circle Family Program, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

Assessments are done when clients are opened, at the time of their re-assessments (at least annually), and when clients are closed.

FSP and ICM Programs also use the MORS rating scale and DCR data to evaluate clients' progress and track outcomes of our services. Staff enters data for clients monthly into DCR and/or Avatar. We receive bi-monthly reports from the DCR team about hospitalizations, arrests, housing, etc., as they relate to our clients. We are able to identify needs across Programs that are not being met. The MORS data is used as a way to identify clients that may be getting ready for graduation or step down from the program, as well as to identify those clients that are decompensating or failing to move forward in their recovery.

## **9. Required Language:**

- A. Contractor will adhere to all stipulated SFDPH BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the SFDPH BHS ECMHCI SOC Program Manager of any changes.
- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the SFDPH BHS CCMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the SFDPH BHS ECMHCI SOC Program Manager of any changes.

**1. Identifiers:**

Program Name: **Older Adult Full Service Partnership**  
Program Address: 1500 Franklin Street  
City, State, ZIP: San Francisco, CA 94109  
Telephone: 415-474-7310 FAX: 415-474-9934  
Website Address: www.felton.org  
  
Contractor Address: 1500 Franklin Street  
City, State, ZIP: San Francisco, CA 94109  
Executive / Program Director: Cathy Spensley, Senior Division Director  
Telephone: 415-474-7310, ext. 435  
Email Address: cspensley@felton.org  
  
Program Code(s): 3822G3

**2. Nature of Document:**

Original     Contract Amendment     Revision to Program Budgets (RPB)

**3. Goal Statement:**

This program is part of Felton’s full and seamless range of behavioral health services to older adults directly addressing the highest levels of need citywide by providing a Full Service Partnership (FSP) program, Intensive Case Management, Geriatric Outpatient Services, and Older Adult Day Support Center/Community Integration. This continuum of care enhances the capacity of older adult consumers, with an overall goal to assist clients to move out of specialty mental health services and into mainstream peer services and supports in the community. The Older Adult FSP Program serves those highest in need and continues to operate as a model program in meeting recovery goals and demonstrating its strongest commitment to the vision of the Mental Health Service Act and its systems transformation.

**4. Target Population:**

The target population for the Older Adult FSP program is clients citywide, aged 60 and older, who need specialized, intensive geriatric mental health services beyond what is available through other systems. Referrals comes through BHS and meet the SMI diagnosis and other criteria, which may include being currently homeless, dually diagnosed, involvement by multiple public agencies, or never known and new to the BHS Services, among other criteria. With severe functional impairments and very complex needs, these clients require extensive outreach and intensive services in order to stabilize, live safely in housing, and pursue essential recovery goals.

**5. Modality(s)/Intervention(s)** (See instruction on the use of this table):

**Targeted Case Management:** means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, other community services. The service delivery ensures beneficiary access to service and the service delivery system; monitoring of the beneficiary’s progress; and plan development.

**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 provide as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

- **Assessment:** "Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.
- **Plan Development:** "Plan Development" means a service activity that consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress.
- **Therapy:** "Therapy" means a service activity, which is a therapeutic intervention that focuses primarily on the symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries.
- **"Rehabilitation"** means a service activity which includes assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, meal preparation skills, and support resources; and/or medication education.
- **Collateral:** "Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

**Medication Support Services:** means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biological which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluating 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 the beneficiary.

**Crisis intervention:** is an emergency service (unplanned). Crisis intervention is an immediate therapeutic response, which includes a face-to-face contact when an individual exhibits acute psychiatric symptoms to alleviate problems, which, if untreated, present an imminent threat to the individual or others.

**INDIRECT SERVICES:** In addition to the above direct services, the program conducts staff training and community outreach (promotion) activities as indirect services.

## 6. Methodology:

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

Referrals for the Older Adult FSP Program come from BHS, but outreach about the program is conducted with all collaborative partners, including primary care clinics, substance abuse treatment providers, residential care providers, residential behavioral health providers, hospitals, homeless shelters and adult correctional system, emergency crisis services, and other partners. Outreach to older adults referred to the program can occur at any location citywide, including the street, homeless shelters, meal sites, to name just a few. Peer Case Aides, called Community Specialists, are

an essential part of outreach, engagement, and retention because of their direct experience as clients of the treatment system. Other outreach efforts may be made by a Felton Psychiatric Nurse Practitioner (PNP). Consumers otherwise distrustful of treatment services are often willing to receive health care, if it is offered in a non-institutional setting, so the PNP is an important element of the engagement strategy. The PNP provides health screening and first aid, dispenses minor medications (such as over-the-counter painkillers and analgesics, and topical skin medications), and unless already linked, will arrange for medical treatment through primary care partners. All outreach materials for Felton’s Senior Division, including the agency website, include descriptions of these programs.

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

Intake occurs in the 1500 Franklin offices, in hospitals, or anywhere in the community that best meets a client's needs. Prior to screening referrals are sought out for engagement and building trust and therapeutic alliance with relationship with Felton team members. At screening, it is determined if clients have a safe place to live, enough to eat, and medical care for acute conditions, before proceeding to assessment. Those who cannot be placed in housing immediately receive temporary housing while the assessment and housing placement process continues. Clients may also get assistance with food, clothing needs, and primary care examinations, and pressing health needs are treated through Felton’s primary care partners. With basic health and safety assured, clients receive assessment using a comprehensive, strength-based, assessment tool designed to give care managers and consumers an understanding of the consumer’s goals, aspirations, and challenges across all life domains. Elements of the toolkit include a number of evidence-based scales relevant to assessing a particular client, but all clients receive assessment with the San Francisco Mental Health Assessment, including:

**The ANSA:** An assessment tool designated by BHS that assesses strengths and challenges in a number of essential domains.

Those that are flagged by the CAGE screen for substance abuse issues will also be referred on for additional substance abuse assessment and treatment focus. After the assessment, the clinical case manager will meet with the client to discuss treatment goals. The finalized treatment plan will be a collaborative effort between the client, the primary case manager, and the rest of the multidisciplinary team, including the Community Specialists and the Psychiatric Nurse Practitioner. This plan will follow a strengths based, client centered approach, in which the client is the primary driver of the treatment goals.

**C. Service delivery model and how each service is delivered**

**Overview of the Service Model:**

The Older Adult Full Service Partnership (FSP) offers Felton’s Senior Division’s highest level of care within the continuum of care. The FSP program’s key components include Peer Outreach and Engagement, Targeted Case Management, Mental Health Services, Medication Support Services, Crisis Intervention, Vocational Training, and Wellness and Recovery, with the overall goal to pursuing recovery goals and facilitating graduation from the program to successful transition to a lower level of service and supports.

Caseloads are approximately 13-1, with multiple interactions among the participant and treatment team every week. Services are provided by a multidisciplinary team: a psychiatrist, psychiatric nurse practitioner, mental health clinician/care managers, substance abuse counselor, and community specialists (peer case aides), and the team maintains fidelity to the assertive community treatment model. Engagement—and particularly re-engagement after a treatment relapse—is best accomplished through gentle persistence, personal connections with staff, maintained even through a period of non-compliance, by being willing to help clients at whatever their level of readiness. Core program activities may need to be delivered in non-office settings, wherever clients may be found.

In addition to the above direct services, the program conducts staff training and community outreach (promotion) activities as indirect services. The FSP program can also utilize **Mode 60** functions, either services provided to clients that do not meet MediCal standards for reimbursement, such as, transportation, shopping, or socialization activities; in addition to in-kind services that are purchased for clients out of this program’s flex fund budget. Flex spending may be used for basic needs and other items to assist participants to stabilize and remain engaged in the program.

The program partners with a number of housing, substance abuse, and primary care partners. With these collaborating partners, services are dual diagnosis-competent at all levels and provide a full range of evidence-based, culturally and linguistically competent, recovery-oriented services throughout the spectrum of behavioral and physical health needs. The aim is to enhance the capacity of older adult consumers, so that as many as appropriate are able to move out of specialty mental health services and into mainstream, peer services, and supports in the community, including aging services. The program has actively recruited staff to fulfill the cultural and linguistic needs of the population, and clinicians in other Felton programs provide additional support so that the program can currently serve monolingual Cantonese, Mandarin, Russian, and Spanish clients.

Levels of care include:

**Screening and Assessment:** Our treatment team conducts appropriate risk assessments and other brief screenings; provides intake interviews in the clinics or in the community; and develops an initial care plan to include additional psychiatric and medication assessments.

**Care Planning, Care Management, and Services Linkage:** After Intake, an assigned clinical case manager begins work with the client, along with an assigned community specialist (peer case aide) and the nurse practitioner. At the core is strength-based, recovery-oriented care management. Felton has developed a rigorous approach to care management built on motivational interviewing and wrap-around principles. Each Felton team member (including community staff and medical staff) receives intensive training on assessment, care planning, and culturally competent service delivery, motivational interviewing, and working in a multidisciplinary team, as well as intensive training on outreach, engagement, and re-engagement. In addition, staff members who work in the senior programs receive ongoing specialized training in geriatric mental health. The client and the treatment team together develop a strength-based plan of care with measurable outcome objectives. Care management includes benefits enrollment, brokerage services, and mental health services include individual and group evidence-based, treatment therapy and medication support. Daily

living support services are offered as part of the care coordination process and may include problem solving, skills training, and assistance -- often by the community specialists -- to help clients carry out personal hygiene and grooming tasks; perform household activities; housing supports including working with SRO Operators; improving money-management skills; using available transportation; and finding and using healthcare services. Every client is linked to primary care through clinic partners.

***Outpatient Case Management and Treatment:*** Outpatient treatment in at 1500 Franklin or in the community and consists of integrated care management, medication management, and evidence-based mental health and substance abuse treatment.

***Outcome-guided medication regimens:*** All clients needing medication management have access to a Felton psychiatrist or a nurse practitioner, who assess, prescribe, monitor, treat, documents symptoms or side effects, and educates. All case managers assess and document client symptoms and behavior in response to medication. Medication policies and procedures identify all processes and safety procedures around medications.

***Evidence based, integrated behavioral health treatment:*** Case managers and clients can access an extensive, organized system of treatments and supports to promote and sustain recovery. Felton, through its Felton Institute, provides national-caliber faculty to train, supervise, and certify staff in a range of evidence-based treatments that span the spectrum of diagnoses of clients. In most cases, Felton has staff with diverse linguistic competencies trained in each of these approaches. These include:

***Substance Abuse:*** Felton clinicians are trained in Motivational Interviewing and offer adjunct substance abuse group therapy. In addition, Felton partners with Curry Senior Center as well as Treatment Access Program (TAP) to provide more extensive substance abuse outpatient treatment. In collaboration, these partners continue to develop more accessible and effective treatment strategies for clients with substance abuse issues.

***Other Evidence-Based Practices:*** Felton has trained staff in numerous evidence-based practices including PST for depression, PST for psychosis, CBT for Depression, CBT for Psychosis, Trauma-focused CBT, DBT, and Life Review.

***Community Integration Services and Wellness Promotion:*** Participants in all levels of care are offered opportunities in community integration and wellness promotion as an integral part of the recovery process. These services are designed to help clients transition to other support systems in the community, as well as provide effective outreach and engagement for individuals who are socially isolated, need mental health services, and benefit from evidence-based and innovative group therapy. Full assessments, preventive screening, and care plans lead to appropriate transitions and treatment options. Transition and escort services, often by community specialist and peer volunteers, help clients feel comfortable going to senior centers, or make appointments at primary care clinics. Other services include education and assistance for more healthy living, including smoking cessation assistance and exercise, and meaningful joint activities in the community. To assist older adult clients overcome social isolation, improve social and personal skills, and become better integrated in their communities, a variety of opportunities are available in partnering senior centers, and adult day health care centers, and other senior programs in the city, including connections to natural



supports and peer opportunities. Group therapy is a large part of our model, as research has shown it offers additional benefits to older adults, such as mutual aid and a sense of belonging. We also now have a Tech Squad at Felton, which assists our clients connect to the internet, many for the first time becoming included in our increasingly digital world.

**Vocational Training:** A number of Felton Institute participants have benefitted from FSA Works, which provides vocational training for those who have identified this as part of their recovery process. The participants develop the specifics of the training with their treatment team and receive a small stipend while in training. Often this is an important part of their recovery, and provides the structure that allows the participant to graduate and pursue workforce or other training opportunities in the community.

Felton’s Senior Programs participate in the BHS Advanced Access initiative, including timely data measurement at the site and reporting of data to BHS as required. They provide and document the initial risk assessment using the BHS IRA form within 24-48 hours of request for service, and adhere to BHS guidelines regarding assessment and treatment of uninsured clients. All services are ADA compliant. Clinic services are provided in the client’s home, other senior sites (health clinics, Adult Day Health, senior centers, etc.), and at Felton offices.

#### **D. Discharge Planning and exit criteria and process.**

Guidelines for discharge include BHS definitions of medical necessity, stabilization of debilitating psychiatric symptoms, resolving of problems on plan of care and successfully linking client to alternative services for care (i.e. PCP, Adult Day Health, etc.). Clients are stepped-down to less intensive services upon meeting BHS exit criteria. Clients are continuously assessed in their recovery process, and when appropriate, graduated (stepped down) along a continuum of care that best meets their needs, through Felton's Community Integration Services, when appropriate. Also, when appropriate, clients are discharged to other programs in the community that can best meet their current needs in recovery and allow for less dependence on mental health services. Graduation is an important part of the FSP Program and recovery process, and the entire treatment team celebrates with the graduate along with invited peers by the participant.

#### **E. Program’s staffing.**

- Division Director: provides administrative oversight and leadership of program operations and development.
- Clinical Supervisor: provides direct supervision and training
- Medical Director/Psychiatrist: provides oversight of medical staff, as well as medication support services.
- Program Director: provides operational oversight, as well as clinical case management and therapy.
- Program Supervisor: provides additional support to the program and clinicians.
- Psychiatric Nurse Practitioners: provide medication support.
- Clinical Case Managers: provide clinical case management and therapy.
- Lead Community Specialist: provides peer support and outreach.

- Community Specialists: provides peer support and outreach.
- Program Administration & QA: provides oversight of program admin support.
- Administrative Assistant: provides admin support.

## **F. Mental Health Service Act Program Modalities**

### **Indirect Services.**

Indirect services for this program include outreach and ongoing staff training. Outreach is conducted according to methods described in this document Section 6A. Outreach activities are not billable in the way that other client-level services are, but they are an important element in program design as they help to ensure that needed services reach the highest-risk, most vulnerable, un-served, and underserved populations. Felton also conducts regular staff training in evidence-based practices, strengths-based approaches, cultural competency, and other skill sets that help ensure that services are delivered according to the state of the art. For the most part, staff development and training are provided by the Felton Institute. This work is also not billable, but is essential to maintaining high quality service and promoting positive client outcomes. Hours required for both outreach and training are a written into job descriptions and part of a full-time employee’s expected 1055 hours of work per year.

The FSP program can also utilize **Mode 60** functions. Examples of Mode 60 services purchased and delivered for clients include: dental and vision assistance, which are contracted from local providers; housing assistance (e.g., first/last/deposit), which is paid directly to landlords; and occasional clothing and food assistance, paid directly to vendors. In all cases indirect services are paid from MHSA flex funds directly to service providers, and service delivery is followed up on by care coordinators.

## **7. Objectives and Measurements:**

### **1. Standard Objectives**

All objectives, and descriptions of how objectives will be measured, are contained in the SFDPH BHS AOA document entitled Performance Objectives FY 21-22.

## **8. Continuous Quality Improvement (CQI):**

CQI activities follow the procedures established agency-wide at Felton. The CQI overall coordinator for Felton falls under the Director of Quality Management. Felton’s programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the Director of Quality Management, continuous quality improvement mechanisms for all Programs at Felton first involve the Felton Division Directors, who oversee all aspects of Programs within Divisions. Felton's Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS Mental Health Contract Programs. Felton's Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, CFO, COO's, VP of HR, IT Director, Director of Quality Management of Felton, as well as the Division Directors of Felton responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

A. Achievement of contract performance objectives and productivity:

Program staff joins Felton meetings at the beginning of the Fiscal Year to review all Performance Objectives that relate to 13 SFDPH BHS Contracted Client Service Programs. Performance Objectives are revisited, including plan to achieve them and where achievement is recorded (e.g., AVATAR, CIRCE, DCR, other). Some objectives are monitored as often as weekly in program meetings, and most are monitored monthly in regular meetings (Operations and QA, PURQC, QA/IT, and Roundtable Management meetings). At the end of the Fiscal Year, Felton will prepare reports on progress on any Performance Objectives not directly measured by AVATAR, DCR, or other directly accessible data source to SFDPH BHS.

Program staff meets monthly, on the second Tuesday of every month, for a Felton Operations Meeting with the Quality Management Team to review program progress relative to SFDPH BHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g. caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets). Additionally, Program staff meets every other month with CFO/COO; to review the actual units delivered vs. units budgeted to ensure programs are on target with their monthly & annual productivity goals. In instances when programs are behind target goals, Program staff and CFO/COO strategize ways to improve productivity to ensure contract needs and obligations are met.

In another meeting, Felton Quality Management Team meets monthly for QA/IT Meeting (4<sup>th</sup> Thursday), IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives, especially as these relate to Electronic Health Records (CIRCE and AVATAR).

B. Quality of documentation, including a description of the frequency and scope of internal chart audits:

Felton continues to utilize its own in-house data system, called 'CIRCE' which stands for Cloud-based Integrated Reporting and Charting Environment. CIRCE gives up to the minute program dashboards on productivity, lapse of time between service rendered and service documented, and PURQC minutes utilized. It also alerts program directors and line staff to upcoming due dates for assessments, plans of care, yearly HIPAA rights review and documentation, and PURQC. Programs also have a monthly meeting to PURQC clients on their anniversary dates with new Tx POC, Reassessment, and CANS or ANSA.

Each month (on the 3<sup>rd</sup> Tuesday), the Quality Management Team meets with all Felton SF Administrative staff to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

Felton has designed a 3-Tiered QA audit process which is conducted as follows:

**Monthly:**

There is a Quality Assurance meeting with all program directors across the agency to review "Chart Health" metrics and productivity in each program. This meeting is also a forum to discuss policy changes and issues as they relate to the interface of CIRCE and AVATAR.

Program directors are required to audit charts at least yearly, when charts are opened, closed, or reviewed for annual TxPOC and PURQC. This audit includes a review of all chart components for quality, Medi-Cal compliance, as well as timeliness of signatures and dates. The attached audit sheet designed by SFDPH BHS for PURQC is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.

All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

**Quarterly:**

All program directors facilitate some kind of peer review of chart with their Program staff at least quarterly, either auditing a random selection of charts in which line staff applies attached audit forms to review each other's charts or focusing on specific issues that come up in chart audits that could be done better in general by most or all staff. Time is spent reviewing the findings at the end of the peer reviews.

**Yearly/Ongoing:**

All staff working for SFDPH BHS Contracts are required to attend BHS or Felton Documentation Training. Within Programs, staff meets weekly with Program Directors to address continuous practice enhancement information conveyed via email or BHS bulletins or from meetings with BHS (e.g., Monthly Providers Meetings, FSP and DCR Meetings, PURQC Meetings). Staff training is conducted approximately quarterly within Divisions or Programs; such "booster" trainings review practice habits, address more common subtleties of practices that arise from Program Director Audits and PURQCs, and assure that practice habits do not drift from Documentation Standards. All new staff is intensively trained in Mental Health Documentation Standards and Practices by the Quality Management Team, Program Directors, and Program staff; and they are sent to any available BHS formal training as soon as possible after their hire dates.

The QM Team lead a monthly (3<sup>rd</sup> Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

#### C. Cultural competency of staff and services

All staff working on SFDPH BHS-contracted programs are required yearly to attend trainings geared toward increasing their cultural competency (e.g., recent trainings have focused on unique backgrounds of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street worker, Senior, LGBTQ Youth, Transgender Adults, and SMI client groups, Adult Transgender Sensitivity, among many others). Felton also has been participating in the multi-year BHS Community Advisory Board Project and submitting formal Reports yearly in September.

Felton stresses the importance of welcoming clients of all backgrounds, and Felton has a long history of serving marginalized client groups who may not have been able to find services elsewhere. Felton also actively recruits staff to represent the diversity of clients Felton Programs serve, including targeting balance in racial, ethnic, gender, sexual orientation, languages, age and experience, and including professional and peer staff in its ranks.

#### D. Satisfaction with services

Felton Programs participate in twice-yearly SFDPH BHS Client Satisfaction / Mental Health Consumer Perception Surveys. Felton staff makes a concerted effort to encourage clients to participate and make their opinions known, and staff works to get help for clients who need it to complete surveys (e.g., reading or writing from peers). Clients are encouraged at all times to discuss concerns or ideas for improvement with their therapist/case manager, program manager, division director, or Felton executive management. Several times per year, clients are offered group events and transitional gatherings during which they are informally surveyed for how well they feel their programs are meeting their needs. At least yearly, therapists review this formally with clients as part of their developing a new Treatment Plan of Care. Survey results and client suggestions are reviewed at Agency, Division, Program, and individual case levels, and practices are adjusted when possible to meet the hopes and expectations of clients.

#### E. Timely completion and use of outcome data, including CANS and/or ANSA.

Felton works with canstraining.com, SFDPH/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. The Director of Quality Management is the ANSA liaison and the Program Director for Full Circle Family Program, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

Assessments are done when clients are opened, at the time of their re-assessments (at least annually), and when clients are closed.

FSP and ICM Programs also use the MORS rating scale and DCR data to evaluate clients' progress and track outcomes of our services. Staff enters data for clients monthly into DCR and/or Avatar. We receive bi-monthly reports from the DCR team about hospitalizations, arrests, housing, etc., as they relate to our clients. We are able to identify needs across Programs that are not being met. The MORS data is used as a way to identify clients that may be getting ready for graduation or step down from the program, as well as to identify those clients that are decompensating or failing to move forward in their recovery.

## 9. Required Language:

- A. Contractor will adhere to all stipulated SFDPH BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the SFDPH BHS ECMHCI SOC Program Manager of any changes.
- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the SFDPH BHS CCMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the SFDPH BHS ECMHCI SOC Program Manager of any changes.

**1. Identifiers:**

Program Name: **Adult ICM (Intensive Case Management)**  
Program Address: 1500 Franklin Street  
City, State, Zip Code: SAN FRANCISCO, CA 94109  
Telephone: (415)-474-7310  
Facsimile: (415)-922-9418

Contractor Address: 1500 Franklin Street  
City, State, ZIP: San Francisco, CA 94109  
Executive / Program Director: Jordan Pont, MFT, Director of Adult Mental Health Services  
Telephone: (415) 474-7310 ext. 496  
Email Address: [jpont@felton.org](mailto:jpont@felton.org)  
Program Codes: 3822OP

**2. Nature of Document**

Original     Contract Amendment     Revision to Program Budgets (RPB)

**3. Goal Statement**

The primary goal of Felton Institute Adult ICM is to assist and encourage vulnerable adults, 18-60, with serious and persistent mental illness and other physical and substance abuse challenges, to reduce significantly their dependence on inpatient and emergency services, to stabilize in their lives, housing and overall functioning, and to become more independent, productive, and satisfied members of their communities.

**4. Target Population**

The target population is adults aged 18 to 60 living with severe mental illness and/or dual/multiple diagnoses. Some will have HIV/AIDS and some may be homeless. We work with family members, significant others, and support persons in the clients' lives. Felton's Adult ICM provides an integrated recovery and treatment approach for vulnerable adults living with serious mental illness or dual/multiple diagnoses. Referrals come through SF DPH BHS and meet the SMI diagnosis criteria and other criteria, which may include being currently homeless, dually diagnosed, involved with multiple public agencies, or never known and new to the BHS system, among other criteria. With severe functional impairments and very complex needs, these clients require extensive outreach and intensive services in order to stabilize, live safely in housing, and pursue essential recovery goals.

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

**Case Management:** means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, and other community services. The service deliverer ensures beneficiary access to services and the service delivery system, monitoring of the beneficiary's progress, and plan development.

**Mental Health Services:** means those individual or group therapies and interventions that are designed to provide reduction of mental health symptoms and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency 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.

- **Assessment:** “Assessment” means a service activity which may include a clinical analysis of the history and current status of a beneficiary’s mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.
- **Plan Development:** "Plan Development" means a service activity which consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress.
- **Therapy:** “Therapy” means a service activity, which is a therapeutic intervention that focuses primarily on the symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries.
- **"Rehabilitation"** means a service activity which includes assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, meal preparation skills, and support resources; and/or medication education.
- **Collateral:** “Collateral” means a service activity to a significant support person in a beneficiary’s life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

**Medication Support Services:** means those services which include prescribing, administering, distributing, 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, evaluating 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 the beneficiary.

**Crisis intervention:** is an emergency service (unplanned). Crisis intervention is an immediate therapeutic response, which includes a face-to-face contact when an individual exhibits acute psychiatric symptoms to alleviate problems, which, if untreated, present an imminent threat to the individual or others.

**Indirect Services:**

In addition to the above direct services, the program conducts staff training and community outreach (promotion) activities as indirect services. In situations of outreach presentations, presentations will be documented with sign-in sheets or other collaborating documentation (e.g., email confirmation, presentation announcements).

The ICM program can also utilize **Mode 60** functions, either services provided to clients that do not meet MediCal standards for reimbursement, such as, transportation, shopping, or socialization



activities; in addition to in-kind services that are purchased for clients out of this program's flex fund budget.

## 6. Methodology

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

Members of the program team may conduct street outreach to homeless encampments, parks, homeless shelters and food programs, and other service locations. Primary responsibility for outreach resides with the team's consumer-professional Non-Clinical Case Managers (formerly called Outreach Workers) and Clinical Case Managers. The Outreach Workers have personal experience with mental health or substance abuse issues, and may be currently in recovery. They work in conjunction with the Clinical Case Managers to engage the client and begin to build a therapeutic relationship. Engagement with clients includes careful, systematic attempts to engage the most difficult and wary clients, involving multiple contacts and a willingness to serve clients on whatever level they are willing to receive assistance. In addition to street outreach, referrals are accepted from multiple sources, including SF General, Project Homeless Connect, other homeless programs, other mental health and substance abuse agencies, PES, Sheriff, SFPD, hospital emergency rooms, and self and family referrals. The availability of Felton Institute Adult ICM services is publicized to these referral sources and to the public through the Felton Institute website, the Felton Institute newsletter, and literature on the program. All referrals must be authorized by SF DPH BHS Adult System of Care Program Manager.

### B. Admission, enrollment and/or intake criteria.

All clients are authorized by SF DPH BHS Program Manager and then assigned to the specific ICM/FSP program. Ideally, before intake, Felton staff will communicate with the referral to gather information and schedule a warm hand-off meeting with the referrer, the client, and Felton staff to help with engagement and building trust with the client. Intake occurs in the 1500 Franklin office, in hospitals, or anywhere in the community that best meets a client's needs. At screening, it is determined if clients have a safe place to live, enough to eat, and medical care for acute conditions before proceeding to assessment. Those who cannot be placed in housing immediately might receive temporary housing while the assessment and housing placement process takes place. Clients may also get assistance with food, clothing needs, and primary care examinations. Pressing health needs are treated through Felton's primary care partners. With basic health and safety assured, clients receive assessment using a comprehensive, strength-based assessment tool designed to give case managers and consumers an understanding of the consumer's goals, aspirations, and challenges across all life domains. All clients receive assessment with:

**The ANSA:** An assessment tool designated by BHS that assesses strengths and challenges in a number of essential domains.

Once the client is engaged in services, the clinical case manager will conduct a clinical assessment and ANSA which will form a foundation of knowledge about the client's psychosocial history. Those that are flagged by the CAGE screen for substance abuse issues will also be referred on for additional substance abuse assessment and treatment focus. After the assessment, the clinical case manager

will meet with the client to discuss treatment goals. The finalized treatment plan will be a collaborative effort between the client, the primary case manager, and the rest of the multidisciplinary team. This plan will follow a strengths based, client centered approach, in which the client is the primary driver of the treatment goals.

### C. Service delivery model and how each service is delivered.

#### General Model Description

Felton Institute's Adult Intensive Case Management program (Adult ICM) provides an integrated recovery and treatment approach for vulnerable San Franciscans, between the ages of 18 and 60. Felton Institute Adult ICM team is budgeted for 4 FTE (Clinical Case Managers) and each Clinical Case Manager will work with 17 clients. Services include securing housing and basic needs, linking to assistance (utilizing a housing first/harm reduction model), strength-based individualized care planning and care management, referrals to physical health care, benefits assistance, vocational rehabilitation, employment services, peer support, and integrated mental health and substance abuse treatment services. Actual levels of client service are determined by each client's needs and desires, with service intensity being extremely high in the beginning and reduced as the client is stabilized. Clients receive weekly, or as needed, contact from the team. Additional services will be purchased through flexible funding or as part of the in-kind services each partner brings to this program. Felton Institute Adult ICM has mental health treatment, medication management, substance abuse treatment, employment assistance, benefits assistance and advocacy, and peer support integrated into a single service team. Housing will be provided through community programs, as available, including Tenderloin Neighborhood Development Corporation, Community Housing Partnership, Coordinated Entry, among other housing programs. We will continue to work with property management and on site social workers to ensure our clients are successful in housing.

#### **PHASES OF TREATMENT**

***Engagement and Basic Needs (3 – 6 months):*** During this phase of treatment, we are building a relationship with clients, assessing their needs and strengths, and creating action plans around making sure basic needs are being met.

Interventions during this phase:

- Linkage to emergency housing
- Linkage to income
- Creating a food plan (e.g., providing Safeway cards or going grocery shopping)
- Linkage to a primary care clinic
- Creating safety plans for stabilizing mental health crises
- Medication evaluation and management
- Engagement strategies such as taking the client to lunch, coffee, etc.
- Purchasing clothing, at modest prices, modeling budgeting skills
- Getting identification (Social Security, Medi-Cal card, birth certificate, ID card)

***Treatment and Maintenance (6 months – 3 years):*** During this phase of treatment, we are exploring clients' goals, and actively setting and achieving those goals. During this time, clients are expected to come into the office for regular appointments with their case managers. **All financial**

**support given from Felton Institute during this phase should be planned for in these weekly meetings.**

Interventions during this phase:

- Continued support with medical / dental / vision needs
- Goal setting around education / employment
- Psycho-education around mental health issues
- Addressing substance abuse issues (referral to substance abuse counselor, motivational interviewing, groups, outpatient, inpatient)
- Linkage to permanent housing
- Planning around economic self-sufficiency
- Recreation / building of social network in the community
- Teaching daily living skills (cleaning room, cooking, laundry, hygiene) with more support, gradually building and encouraging independence in these skills
- Teaching of new coping skills and strategies
- Formal therapy, if appropriate

***Step Down and Graduation (last 3 – 6 months in our program):*** During this phase of treatment, we are reviewing accomplishments and successes, identifying any remaining treatment goals, and preparing clients for a more independent life. **Financial support given from Felton Institute during this phase should be minimal** and paced to none, as clients will be without such a resource when stepped down.

Interventions during this phase:

- Review of the client's progress, and reviewing what they have learned, praise
- Linkage to community supports (e.g., drop-in center, AA/NA)
- Planning for financial self sufficiency
- Linkage to step down program (if necessary or appropriate), or other supports, including a private provider therapist, a primary care physician, or an Outpatient Clinic.
- Processing feelings about the end of services at Felton Institute
- Celebration and graduation ritual

#### **ADULT ICM PROGRAM INTERVENTION DETAIL**

**Care Coordination:** Each client will be assigned a primary Case Manager who coordinates and monitors the activities of the team and has primary responsibility to work with the client in developing his/her own individual treatment plan, to ensure immediate changes are made in treatment plans as client's needs change, and to advocate for client rights and preferences. The Case Manager is also the first staff person called on when the client is in crisis and is the primary support person and educator to the client's family. Members of the treatment team share these tasks with the Case Manager and are responsible to perform the tasks when the Case Manager is not working. As part of the strengths-based assessment and case planning model, we might help the client to develop a Wellness and Recovery Action Plan.

**Crisis Assessment and Intervention:** During normal working hours, the client's primary Case Manager or the Officer of the Day will be available to respond to client crises. Clients and their support system will be given after-hours crisis resources, as needed.

**Mental Health Treatment: Dual-Diagnosis:** The Adult ICM team will be prepared to identify and address a range of substance abuse issues and multiple mental health disorders, ranging from moderate depression to schizophrenia. The goal is for our team to be trained in several different modalities, including Dialectical Behavioral Therapy, Motivational Interviewing, and Cognitive Behavioral Therapy. Treatment for mental illness will include:

- Ongoing assessment of the client's mental illness symptoms and his/her response to treatment;
- Education of the client regarding his/her illness and the effects and side effects of prescribed medications, where appropriate;
- Symptom-management efforts directed to help each client identify the symptoms and occurrence patterns of his/her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen their effects; and
- Psychological support to clients, both on a planned and as-needed basis, to help them accomplish their personal goals and to cope with the stresses of day-to-day living.

**Substance Abuse Treatment:** Adult ICM staff may provide both one-to-one and/or group substance abuse treatment, integrated with mental health treatment, primarily utilizing techniques of harm reduction and Motivational Interviewing. The Adult ICM team discusses substance abuse in stages throughout the service period, depending on the client's level of readiness for treatment. Clients will also be referred to and encouraged to participate in NA and AA. They will also be referred for residential substance abuse treatment, when appropriate, to Walden House/Health Right 360, Progress Foundation, and Baker Places.

**Medication Prescription, Administration, Monitoring, and Documentation:** Our psychiatric nurse practitioner and/or psychiatrist will assess each client's mental illness and prescribe appropriate medication(s); regularly review and document the client's symptoms as well as his or her response to prescribed medication treatment; educate the client regarding his/her mental illness on the effects and side effects of medication prescribed to regulate it; and monitor, treat, and document any medication side effects. Our psychiatric nurse and/or registered nurse distribute medications as often as daily (M-F). All Adult ICM team members assess and document clients' symptoms and behavior in response to medication and monitor for medication side effects. The ICM program also has medication policies and procedures that identify processes to: record physician orders; order medication; arrange for all clients' medications to be organized by the team and integrated into clients' weekly schedules and daily staff assignment schedules; and provide security for medications.

**Employment Services:** Our employment specialist oversees our internal pre-vocational program "FSA Works". The goal behind FSA Works is to build basic employment skills in our clients, such as: arriving to work on time, keeping a schedule, and working with others. Clients are placed in internal or offsite volunteer positions. The FSA Works program is a 6-month program. During this time, clients

meet with the employment specialist at least monthly to discuss how their placement is working, and to discuss any barriers to success. The goal for this program is to get clients ready for the next step in the employment process, and many of our clients have graduated out of FSA Works into more formal employment assistance programs in the community, such as Richmond Area Multi-Services Hire-ability program or Community Vocational Enterprises.

**Activities of Daily Living:** Services to support activities of daily living in community-based settings include individualized assessment, problem solving, side-by-side assistance and support, skill training, ongoing supervision (e.g., prompts, assignments, monitoring, encouragement), and environmental adaptations to assist clients to gain or use the skills required to: carry out personal hygiene and grooming tasks; perform household activities, including house cleaning, cooking, grocery shopping, and laundry; manage housing-related tasks, including finding a roommate, landlord negotiations, cleaning, furnishing and decorating, procuring necessities (such as telephone, furnishings, linens); develop or improve money-management skills; use available transportation; and find and use healthcare services. A group that the Adult ICM program might also offer could include a Surviving the Streets Life Skill Building Group.

**Social, Interpersonal Relationship, and Leisure-Time Skill Training:** Services to support social, interpersonal relationship, and leisure-time skill training; side-by-side support and coaching; and organizing individual and group social and recreational activities. In addition, there will be quarterly community meetings and social activities for our clients to participate in. Social rehabilitation groups could include Meditation, Art, and Exercise Group.

**Education, Support and Consultation to Clients' Families and Other Major Supports:** With client agreement or consent, services to clients' families and other major supports can include education about the client's illness and the role of the family in the therapeutic process; intervention to resolve conflict; and ongoing, face-to-face, and telephone communication and collaboration between the Adult ICM team, the family, and other major supports.

**Wraparound Services:** The program provides clients a comprehensive range of services. These services include but are not limited to: supportive and cognitive therapies, case management brokerage (e.g., linkage to services such as housing, benefits and medical care), substance abuse treatment, medication services, vocational and pre-vocational assistance. Any services, supports, or products needed to complete the Care Plan and not readily available through the service constellation will be acquired through flexible funding.

**Gender-Related and Sexual Orientation Issues:** The Adult ICM staff complete trainings related to sexual orientation and gender identity issues to improve cultural competence and humility. The Adult ICM staff collaborates with community partners, including Gender Health, Lyon Martin Health Center, and Tom Waddell Urban Health Clinic. LGBT identified Case Managers are available for assignment when clients prefer.

**Aftercare:** After clients have been discharged from services, they can receive 6 months of aftercare services. During this time, they can continue to use the ICM team for support as needed and appropriate. If circumstances change and they need ICM level services again, they could be expedited

back into the program, with authorization from SF DPH BHS. We will work with clients' supports in the community to assist in a smooth transition out of services.

## OPERATIONAL DETAILS

**Hours of operation:** Felton Institute at 1500 Franklin Street opens at 8:30am for staff and operates from 9:00 AM to 5:00 PM (or other times as needed for assisting clients for appointments or responding to emergencies) for client care. An Adult ICM staff is available to deal with consumer emergencies and needs from 9am-5pm.

**Location:** most services are provided at the Felton Institute building at 1500 Franklin Street, San Francisco. Felton Institute's partnering programs are located throughout the city and clients may be receiving services at their sites in addition.

**Average Length of Stay:** There is a range of length of stay depending on the individual needs of the client. Focus is being directed toward increasing stabilization and referring clients when possible to lower levels of care, including outpatient care.

**Strategies for service delivery:** Our theory of change is that with the appropriate treatment and support our clients' quality of life will improve. Additionally, as our clients' lives improve so do the lives of each member of the larger community.

### D. Discharge Planning and exit criteria and process.

#### EXIT CRITERIA (ICM & FSP)

##### Return to Routine Outpatient Case Management Status

Client is to move from intensive case management to routine case management within 60 days when client no longer meets continuing criteria above or if client meets ALL following criteria at any time:

- Client entitlements are in place.
- Client crises (such as housing, financial, or payee services) are resolved.
- Client has had no more than one ADU or PES episode, and/or hospitalization during the last 12 months.
- Over a six-month period, client has demonstrated stability by participating in services as scheduled, keeping appointments, and maintaining medication compliance.
- Client requires less than 55 hours of outpatient service on an annual basis.

Treatment consists of three phases: basic needs and engagement phase, a treatment phase, and a transition phase. The transition phase begins when clients have completed and demonstrated capacity for maintaining their treatment goals. This phase fosters and reinforces clients' strengths, highlights all they have accomplished in treatment, helps them to link with the wider community, and includes referral to lower level of care when appropriate. Felton Institute Adult ICM follows discharge guidelines as established by DPH. Typical guidelines for discharge include BHS definitions of medical necessity, stabilization of debilitating psychiatric symptoms, resolution of problems on plan of care, and successful linkage of clients to alternative services for care. As stated above, clients can also receive up to 6 months of aftercare services post discharge for support.

### E. Program's staffing.

- Director of Adult Mental Health Services: provides administrative and clinical oversight of Adult and TAY ICM and FSP programs and clinical supervision of staff. Provides evaluation of case manager's clinical duties, clinical supervision, and other administrative program duties. Ensures compliance and documentation standards, represents the program with BHS/DPH partners.
- Clinical Supervisor: provides clinical supervision to clinical case managers, crisis intervention support, as needed, evaluation of case manager's clinical duties, trains staff on compliance and documentation standards, and performs other duties, as needed to the Adult and TAY FSP clinicians and clients.
- Psychiatrist: provides psychiatric evaluation, assessment, and medication management.
- Psychiatric Nurse Practitioner: provides psychiatric assessment, evaluation, and medication monitoring.
- Register Nurse: provides medication management and medical evaluation of clients.
- Clinical Case Managers: provide individual and group therapy, crisis intervention, intensive case management. Collaborate with client's support system and family members and maintain accurate detailed clinical records.
- Bilingual Case Manager: provide individual and group therapy, crisis intervention, intensive case management in English and Cantonese. Collaborate with client's support system and family members and maintain accurate detailed clinical records.
- Non-Clinical Case Manager and Vocational Specialist: provides leadership of FSA Works program. Outreaches to potential clients and current clients. Provides case management, crisis intervention, and individual and group rehabilitation. Maintains accurate detailed clinical records for electronic billing/data entry.
- Admin Assistant / Receptionist: provides administrative, billing, and receptionist support.
- Quality Assurance Supervisor: provides oversight of program's quality assurance.

### F. Indirect Services.

Indirect services for this program include outreach and ongoing staff training. Outreach is conducted according to methods described in this document Section 6A. Outreach activities are not billable in the way that other client-level services are, but they are an important element in program design as they help to ensure that needed services reach the highest-risk, most vulnerable, un-served, and underserved populations. In situations of outreach presentations, presentations will be documented with sign-in sheets or other collaborating documentation (e.g., email confirmation, presentation announcements).

Felton Institute also conducts regular staff training in evidence-based practices, strengths-based approaches, cultural competency, and other skill sets that help ensure that services are delivered according to the state of the art. Much staff development and training is provided by Felton Institute and staff also regularly takes SF DPH, BHS, SOC sponsored trainings (e.g., HIPAA, Compliance, and Cultural Competency). This work is also not billable, but is essential to maintaining high quality service and promoting positive client outcomes. Hours required for both outreach and training are a written into job descriptions and part of a full-time employee's expected 1055 hours of work per year.

The Adult ICM program can also utilize **Mode 60** functions. Examples of Mode 60 services purchased and delivered for clients include: dental and vision assistance, which are contracted from local providers; housing assistance (e.g., first/last/deposit), which is paid directly to landlords; and occasional clothing and food assistance, paid directly to vendors. In all cases indirect services are paid from MHSA flex funds directly to service providers, and service delivery is followed up on by care coordinators.

## 7. Objectives and Measurements

### A. Standard Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the SFDPH BHS AOA document entitled Performance Objectives FY 21-22.

## 8. Continuous Quality Improvement (CQI)

CQI activities follow the procedures established agency-wide at Felton. The CQI overall coordinator for Felton falls under the Director of Quality Management. Felton's programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the Director of Quality Management, continuous quality improvement mechanisms for all Programs at Felton first involve the Felton Division Directors, who oversee all aspects of Programs within Divisions. Felton's Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS Mental Health Contract Programs. Felton's Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, CFO, COO's, VP of HR, IT Director, Director of Quality Management of Felton, as well as the Division Directors of Felton responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

### A. Achievement of contract performance objectives and productivity:

Program staff joins Felton meetings at the beginning of the Fiscal Year to review all Performance Objectives that relate to 13 SFDPH BHS Contracted Client Service Programs. Performance Objectives are revisited, including plan to achieve them and where achievement is recorded (e.g., AVATAR, CIRCE, DCR, other). Some objectives are monitored as often as weekly in program meetings, and most are monitored monthly in regular meetings (Operations and QA, PURQC, QA/IT, and Roundtable Management



meetings). At the end of the Fiscal Year, Felton will prepare reports on progress on any Performance Objectives not directly measured by AVATAR, DCR, or other directly accessible data source to SFDPH BHS.

Program staff meets monthly, on the second Tuesday of every month, for a Felton Operations Meeting with the Quality Management Team to review program progress relative to SFDPH BHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g. caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets). Additionally, Program staff meets every other month with CFO/COO; to review the actual units delivered vs. units budgeted to ensure programs are on target with their monthly & annual productivity goals. In instances when programs are behind target goals, Program staff and CFO/COO strategize ways to improve productivity to ensure contract needs and obligations are met.

In another meeting, Felton Quality Management Team meets monthly for QA/IT Meeting (4<sup>th</sup> Thursday), IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives, especially as these relate to Electronic Health Records (CIRCE and AVATAR).

**B. Quality of documentation, including a description of the frequency and scope of internal chart audits:**

Felton continues to utilize its own in-house data system, called 'CIRCE' which stands for Cloud-based Integrated Reporting and Charting Environment. CIRCE gives up to the minute program dashboards on productivity, lapse of time between service rendered and service documented, and PURQC minutes utilized. It also alerts program directors and line staff to upcoming due dates for assessments, plans of care, yearly HIPAA rights review and documentation, and PURQC. Programs also have a monthly meeting to PURQC clients on their anniversary dates with new Tx POC, Reassessment, and CANS or ANSA.

Each month (on the 3<sup>rd</sup> Tuesday), the Quality Management Team meets with all Felton SF Administrative staff to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

Felton has designed a 3-Tiered QA audit process which is conducted as follows:

**Monthly:**

There is a Quality Assurance meeting with all program directors across the agency to review "Chart Health" metrics and productivity in each program. This meeting is also a forum to discuss policy changes and issues as they relate to the interface of CIRCE and AVATAR.

Program directors are required to audit charts at least yearly, when charts are opened, closed, or reviewed for annual TxPOC and PURQC. This audit includes a review of all chart components for quality, Medi-Cal compliance, as well as timeliness of signatures and dates. The attached audit sheet designed by

SFDPH BHS for PURQC is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.

All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

Quarterly:

All program directors facilitate some kind of peer review of chart with their Program staff at least quarterly, either auditing a random selection of charts in which line staff applies attached audit forms to review each other's charts or focusing on specific issues that come up in chart audits that could be done better in general by most or all staff. Time is spent reviewing the findings at the end of the peer reviews.

Yearly/Ongoing:

All staff working for SFDPH BHS Contracts are required to attend BHS or Felton Documentation Training. Within Programs, staff meets weekly with Program Directors to address continuous practice enhancement information conveyed via email or BHS bulletins or from meetings with BHS (e.g., Monthly Providers Meetings, FSP and DCR Meetings, PURQC Meetings). Staff training is conducted approximately quarterly within Divisions or Programs; such "booster" trainings review practice habits, address more common subtleties of practices that arise from Program Director Audits and PURQCs, and assure that practice habits do not drift from Documentation Standards. All new staff is intensively trained in Mental Health Documentation Standards and Practices by the Quality Management Team, Program Directors, and Program staff; and they are sent to any available BHS formal training as soon as possible after their hire dates.

The QM Team lead a monthly (3<sup>rd</sup> Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

### C. Cultural competency of staff and services

All staff working on SFDPH BHS-contracted programs are required yearly to attend trainings geared toward increasing their cultural competency (e.g., recent trainings have focused on unique backgrounds of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street worker, Senior, LGBTQ Youth, Transgender Adults, and SMI client groups, Adult Transgender Sensitivity, among many others). Felton Institute also has been participating in the multi-year BHS Community Advisory Board Project and submitting formal Reports yearly in September.

Felton Institute stresses the importance of welcoming clients of all backgrounds, and Felton Institute has a long history of serving marginalized client groups who may not have been able to find services elsewhere. Felton Institute also actively recruits staff to represent the diversity of clients Felton Institute Programs serve, including targeting balance in racial, ethnic, gender, sexual orientation, languages, age and experience, and including professional and peer staff in its ranks.

### D. Satisfaction with services

Felton Institute Programs participate in twice-yearly SFDPH BHS Client Satisfaction / Mental Health Consumer Perception Surveys. Felton Institute staff makes a concerted effort to encourage clients to

participate and make their opinions known, and staff works to get help for clients who need it to complete surveys (e.g., reading or writing from peers). Clients are encouraged at all times to discuss concerns or ideas for improvement with their therapist/case manager, program manager, division director, or Felton Institute executive management. Several times per year, clients are offered group events and transitional gatherings during which they are informally surveyed for how well they feel their programs are meeting their needs. At least yearly, therapists review this formally with clients as part of their developing a new Treatment Plan of Care. Survey results and client suggestions are reviewed at Agency, Division, Program, and individual case levels, and practices are adjusted when possible to meet the hopes and expectations of clients.

E. Timely completion and use of outcome data, including CANS and/or ANSA.

Felton Institute works with canstraining.com, SFDPH/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. The Director of Quality Management is the ANSA liaison and the Program Director for Full Circle Family Program, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

Assessments are done when clients are opened, at the time of their re-assessments (at least annually), and when clients are closed.

## **9. Required Language:**

- A. Contractor will adhere to all stipulated SFDPH BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the SFDPH BHS ECMHCI SOC Program Manager of any changes.
- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the SFDPH BHS CCMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the SFDPH BHS ECMHCI SOC Program Manager of any changes.

### 1. Identifiers:

Program Name: **ADULT Full Service Partnership (FSP)**  
Program Address: 1500 Franklin Street  
City, State, Zip Code: SAN FRANCISCO, CA 94109  
Telephone: (415)-474-7310  
Facsimile: (415)-922-9418

Contractor Address: 1500 Franklin Street  
City, State, ZIP: San Francisco, CA 94109  
Executive / Program Director: Jordan Pont,  
Telephone: (415) 474-7310 ext. 496  
Email Address: [jpont@felton.org](mailto:jpont@felton.org)  
Program Codes: 3822A3

### 2. Nature of Document

Original     Contract Amendment     Revision to Program Budgets (RPB)

### 3. Goal Statement

The primary goal of Felton Institute’s Adult Full Service Partnership (Adult FSP) is to assist and encourage vulnerable adults aged 25-60 living with serious and persistent mental illness and other physical and substance abuse challenges, to reduce significantly their dependence on inpatient and emergency services, to stabilize in their lives, housing and overall functioning, and to become more independent, productive, and satisfied members of their communities.

### 4. Target Population

The target population is adults ages 25 to 60 living with severe mental illness and/or dual/multiple diagnoses. Some will have HIV/AIDS and some may be homeless. We work with family members, significant others, and support persons in the clients' lives. Felton’s Adult FSP provides an integrated recovery and treatment approach for vulnerable adults living with serious mental illness or dual/multiple diagnoses. Referrals come through SF DPH BHS and meet the SMI diagnosis criteria and other criteria, which may include being currently homeless, dually diagnosed, involved with multiple public agencies, or never known and new to the BHS system, among other criteria. With severe functional impairments and very complex needs, these clients require extensive outreach and intensive services in order to stabilize, live safely in housing, and pursue essential recovery goals.

### 5. Modality(ies)/Interventions

**Case Management:** means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, and other community services. The service deliverer ensures beneficiary access to services and the service delivery system, monitoring of the beneficiary’s progress, and plan development.

**Mental Health Services:** means those individual or group therapies and interventions that are designed to provide reduction of mental health symptoms and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency 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.

- Assessment: "Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.
- Plan Development: "Plan Development" means a service activity which consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress.
- Therapy: "Therapy" means a service activity, which is a therapeutic intervention that focuses primarily on the symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries.
- "Rehabilitation" means a service activity which includes assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, meal preparation skills, and support resources; and/or medication education.
- Collateral: "Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

**Medication Support Services:** means those services which include prescribing, administering, distributing, 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, evaluating 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 the beneficiary.

**Crisis intervention:** is an emergency service (unplanned). Crisis intervention is an immediate therapeutic response, which includes a face-to-face contact when an individual exhibits acute psychiatric symptoms to alleviate problems, which, if untreated, present an imminent threat to the individual or others.

**Indirect Services:**

In addition to the above direct services, the program conducts staff training and community outreach (promotion) activities as indirect services. In situations of outreach presentations, presentations will be documented with sign-in sheets or other collaborating documentation (e.g., email confirmation, presentation announcements).

The FSP program can also utilize **Mode 60** functions, either services provided to clients that do not meet MediCal standards for reimbursement, such as, transportation, shopping, or socialization activities; in addition to in-kind services that are purchased for clients out of this program's flex fund budget.

## 6. Methodology

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

Members of the program team may conduct street outreach to homeless encampments, parks, homeless shelters and food programs, and other service locations. Primary responsibility for outreach resides with the team's consumer-professional Non-Clinical Case Managers (formerly called Outreach Workers) and Clinical Case Managers. The Outreach Workers have personal experience with mental health or substance abuse issues, and may be currently in recovery. They work in conjunction with the Clinical Case Managers to engage the client and begin to build a therapeutic relationship. Engagement with clients includes careful, systematic attempts to engage the most difficult and wary clients, involving multiple contacts and a willingness to serve clients on whatever level they are willing to receive assistance. In addition to street outreach, referrals are accepted from multiple sources, including SF General, Project Homeless Connect, other homeless programs, other mental health and substance abuse agencies, PES, Sheriff, SFPD, hospital emergency rooms, and self and family referrals. The availability of Felton Institute Adult FSP's services is publicized to these referral sources and to the public through the Felton Institute website, the Felton Institute newsletter, and literature on the program. All referrals must be authorized by SF DPH BHS Adult System of Care Program Manager.

### B. Admission, enrollment and/or intake criteria.

All clients are authorized by SF DPH BHS Program Manager and then assigned to the specific ICM/FSP program. Ideally, before intake, Felton staff will communicate with the referral to gather information and schedule a warm hand-off meeting with the referrer, the client, and Felton staff to help with engagement and building trust with the client. Intake occurs in the 1500 Franklin office, in hospitals, or anywhere in the community that best meets a client's needs. At screening, it is determined if clients have a safe place to live, enough to eat, and medical care for acute conditions before proceeding to assessment. Those who cannot be placed in housing immediately might receive temporary housing while the assessment and housing placement process takes place. Clients may also get assistance with food, clothing needs, and primary care examinations. Pressing health needs are treated through Felton's primary care partners. With basic health and safety assured, clients receive assessment using a comprehensive, strength-based assessment tool designed to give case managers and consumers an understanding of the consumer's goals, aspirations, and challenges across all life domains. All clients receive assessment with:

**The ANSA:** An assessment tool designated by BHS that assesses strengths and challenges in a number of essential domains.

Once the client is engaged in services, the clinical case manager will conduct a clinical assessment and ANSA which will form a foundation of knowledge about the client's psychosocial history. Those that are flagged by the CAGE screen for substance abuse issues could also be referred on for additional substance abuse assessment and treatment focus. After the assessment, the clinical case manager will meet with the client to discuss treatment goals. The finalized treatment plan will be a collaborative effort between the client, the primary case manager, and the rest of the multidisciplinary team. This plan will follow a strengths based, client centered approach, in which

the client is the primary driver of the treatment goals. FSP program criteria require that clients have an SMI diagnosis and are currently underserved or unserved by mental health services.

### C. Service delivery model and how each service is delivered.

#### General Model Description

Felton Institute's Adult FSP provides an integrated recovery and treatment approach for vulnerable San Franciscans, between the ages of 25 and 60. The Adult FSP team is budgeted for 3 FTE (Clinical Case Managers) and each Clinical Case Manager will work with about 17 clients. The team will work with clients 24/7 (via a crisis phone outside of business hours) to provide a comprehensive array of recovery-oriented services and supports. Services include securing housing and basic needs, linking to assistance (utilizing a housing first/harm reduction model), strength-based individualized care planning and care management, referrals to physical health care, benefits assistance, vocational rehabilitation, employment services, peer support, and integrated mental health and substance abuse treatment services. Actual levels of client service are determined by each client's needs and desires, with service intensity being extremely high in the beginning and reduced as the client is stabilized. Ideally, clients will receive at least one weekly contact from the team. Additional services will be purchased through flexible funding or as part of the in-kind services each partner brings to this program. Felton Institute Adult FSP has mental health treatment, medication management, substance abuse treatment, employment assistance, benefits assistance and advocacy, and peer support integrated into a single service team. Housing can be provided through Tenderloin Neighborhood Development Corporation, Community Housing Partnership, Direct Access to Housing, among other housing programs, as available. We will continue to work with property management and on-site social workers to ensure our clients are successful in housing. The Adult FSP Team will have a substantial pool of flexible funding to purchase specialized services and supports, including support services for HIV+ individuals, for victims of violence and sexual exploitation, for LGBT clients, and for developmentally or physically disabled clients.

#### **PHASES OF TREATMENT**

***Engagement and Basic Needs (3 – 6 months):*** During this phase of treatment, we are building a relationship with clients, assessing their needs and strengths, and creating action plans around making sure basic needs are being met.

Interventions during this phase:

- Linkage to emergency housing
- Linkage to income
- Creating a food plan (e.g., providing Safeway cards or going grocery shopping)
- Linkage to a primary care clinic
- Creating safety plans for stabilizing mental health crises
- Medication evaluation and management
- Engagement strategies such as taking the client to lunch, coffee, etc.
- Purchasing clothing, at modest prices, modeling budgeting skills
- Getting identification (Social Security, Medi-Cal card, birth certificate, ID card)

***Treatment and Maintenance (6 months – 3 years):*** During this phase of treatment, we are exploring clients' goals, and actively setting and achieving those goals. During this time, clients are

expected to come into the office for regular appointments with their case managers. **All financial support given from Felton Institute during this phase should be planned for in these weekly meetings.**

Interventions during this phase:

- Continued support with medical / dental / vision needs
- Goal setting around education / employment
- Psycho-education around mental health issues
- Addressing substance abuse issues (referral to substance abuse counselor, motivational interviewing, groups, outpatient, inpatient)
- Linkage to permanent housing
- Planning around economic self-sufficiency
- Recreation / building of social network in the community
- Teaching daily living skills (cleaning room, cooking, laundry, hygiene) with more support, gradually building and encouraging independence in these skills
- Teaching of new coping skills and strategies
- Formal therapy, if appropriate

**Step Down and Graduation (last 3 – 6 months in our program):** During this phase of treatment, we are reviewing accomplishments and successes, identifying any remaining treatment goals, and preparing clients for a more independent life. **Financial support given from Felton Institute during this phase should be minimal** and paced to none, as clients will be without such a resource when stepped down.

Interventions during this phase:

- Review of the client's progress, and reviewing what they have learned, praise
- Linkage to community supports (e.g., drop-in center, AA/NA)
- Planning for financial self sufficiency
- Linkage to step down program (if necessary or appropriate), or other supports, including a private provider therapist, a primary care physician, or an Outpatient Clinic.
- Processing feelings about the end of services at Felton Institute
- Celebration and graduation ritual

## **ADULT FSP PROGRAM INTERVENTION DETAIL**

**Care Coordination:** Each client will be assigned a primary Clinical Case Manager who coordinates and monitors the activities of the team and has primary responsibility to work with the client in developing his/her own individual treatment plan, to ensure immediate changes are made in treatment plans as client's needs change, and to advocate for client rights and preferences. The Clinical Case Manager is also the first staff person called on when the client is in crisis and is the primary support person and educator to the client's family. Members of the treatment team share these tasks with the Clinical Case Manager and are responsible to perform the tasks when the Clinical Case Manager is not working. As part of the strengths-based assessment and case planning model, we might help the client to develop a Wellness and Recovery Action Plan.



**Crisis Assessment and Intervention:** Crisis assessment and intervention is provided 24 hours per day, seven days per week. These services include telephone contact. During normal working hours, an available Adult FSP team member responds. After hours and on weekends, an Adult FSP team member is on call and carries the team's crisis phone. This number is available to clients and their other providers and supports. During nights and weekends, the on-call staff assesses the situation and provides whatever intervention is clinically indicated, including linkage to emergency services, if needed.

**Mental Health Treatment: Dual-Diagnosis:** The Adult FSP team will be prepared to identify and address a range of substance abuse issues and multiple mental health disorders, ranging from moderate depression to schizophrenia. The goal is for our team to be trained in several different modalities, including Dialectical Behavioral Therapy, Motivational Interviewing, and Cognitive Behavioral Therapy. Treatment for mental illness will include:

- Ongoing assessment of the client's mental illness symptoms and his/her response to treatment;
- Education of the client regarding his/her illness and the effects and side effects of prescribed medications, where appropriate;
- Symptom-management efforts directed to help each client identify the symptoms and occurrence patterns of his/her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen their effects; and
- Psychological support to clients, both on a planned and as-needed basis, to help them accomplish their personal goals and to cope with the stresses of day-to-day living.

**Substance Abuse Treatment:** Adult FSP staff may provide both one-to-one and/or group substance abuse treatment, integrated with mental health treatment, primarily utilizing techniques of harm reduction and Motivational Interviewing. The Adult FSP team discusses substance abuse in stages throughout the service period, depending on the client's level of readiness for treatment. Clients will also be referred to and encouraged to participate in NA and AA. They will also be referred for residential substance abuse treatment, when appropriate, to Walden House/Health Right 360, Progress Foundation, and Baker Places.

**Medication Prescription, Administration, Monitoring, and Documentation:** Our psychiatric nurse practitioner and/or psychiatrist will assess each client's mental illness and prescribe appropriate medication(s); regularly review and document the client's symptoms as well as his or her response to prescribed medication treatment; educate the client regarding his/her mental illness on the effects and side effects of medication prescribed to regulate it; and monitor, treat, and document any medication side effects. Our psychiatric nurse and/or registered nurse distributes medications as often as daily (M-F). All Adult FSP team members assess and document clients' symptoms and behavior in response to medication and monitor for medication side effects. The FSP program also has medication policies and procedures that identify processes to: record physician orders; order medication; arrange for all clients' medications to be organized by the team and integrated into

clients' weekly schedules and daily staff assignment schedules; and provide security for medications.

**Employment Services:** Our employment specialist oversees our internal pre-vocational program "FSA Works". The goal behind FSA Works is to build basic employment skills in our clients, such as: arriving to work on time, keeping a schedule, and working with others. Clients are placed in internal or offsite volunteer positions. The FSA Works program is a 6-month program. During this time, clients meet with the employment specialist at least monthly to discuss how their placement is working, and to discuss any barriers to success. The goal for this program is to get clients ready for the next step in the employment process, and many of our clients have graduated out of FSA Works into more formal employment assistance programs in the community, such as Richmond Area Multi-Services Hire-ability program or Community Vocational Enterprises.

**Activities of Daily Living:** Services to support activities of daily living in community-based settings include individualized assessment, problem solving, side-by-side assistance and support, skill training, ongoing supervision (e.g., prompts, assignments, monitoring, encouragement), and environmental adaptations to assist clients to gain or use the skills required to: carry out personal hygiene and grooming tasks; perform household activities, including house cleaning, cooking, grocery shopping, and laundry; manage housing-related tasks, including finding a roommate, landlord negotiations, cleaning, furnishing and decorating, procuring necessities (such as telephone, furnishings, linens); develop or improve money-management skills; use available transportation; and find and use healthcare services. A group that the Adult FSP program might also offer could include a Surviving the Streets Life Skill Building Group.

**Social, Interpersonal Relationship, and Leisure-Time Skill Training:** Services to support social, interpersonal relationship, and leisure-time skill training; side-by-side support and coaching; and organizing individual and group social and recreational activities. In addition, there will be quarterly community meetings and social activities for our clients to participate in. Social rehabilitation groups could include Meditation, Art, and Exercise Group.

**Education, Support and Consultation to Clients' Families and Other Major Supports:** With client agreement or consent, services to clients' families and other major supports can include education about the client's illness and the role of the family in the therapeutic process; intervention to resolve conflict; and ongoing, face-to-face, and telephone communication and collaboration between the Adult FSP team, the family, and other major supports.

**Wraparound Services:** The program provides clients a comprehensive range of services. These services include but are not limited to: supportive and cognitive therapies, case management brokerage (e.g., linkage to services such as housing, benefits and medical care), substance abuse treatment, medication services, vocational and pre-vocational assistance. Any services, supports, or products needed to complete the Care Plan and not readily available through the service constellation will be acquired through flexible funding.

**Gender-Related and Sexual Orientation Issues:** The Adult FSP staff complete trainings related to sexual orientation and gender identity issues to improve cultural competence and humility. The Adult FSP staff collaborate with community partners, including Gender Health, Lyon Martin Health Center, and Tom Waddell Urban Health Clinic.

**Aftercare:** After clients have been discharged from services, they can receive 6 months of aftercare services. During this time they can continue to use the FSP team for support as needed. If circumstances change and they need FSP level services again, they could be expedited back into the program with authorization from SF DPH BHS. We will work with clients' supports in the community to assist in a smooth transition out of services.

## **OPERATIONAL DETAILS**

**Hours of operation:** Felton Institute at 1500 Franklin Street opens at 8:30am for staff and operates from 9:00 AM to 5:00 PM (or other times as needed for assisting clients for appointments or responding to emergencies) for client care. An Adult FSP staff is available to deal with consumer emergencies 24 hours a day, 7 days per week. Clients can reach an on-call clinician by calling an emergency phone number.

**Location:** most services are provided at the Felton Institute building at 1500 Franklin Street, San Francisco. Felton Institute's partnering programs are located throughout the city and clients may be receiving services at their sites in addition.

**Average Length of Stay:** There is a range of length of stay depending on the individual needs of the client. The FSPs have only been around since 2007. The average length of stay of FSP clients appears to be 2-3 years. Focus is being directed toward increasing stabilization and referring clients when possible to lower levels of care, including outpatient care.

**Strategies for service delivery:** Our theory of change is that with the appropriate treatment and support our clients' quality of life will improve. Additionally, as our clients' lives improve so do the lives of each member of the larger community.

### **D. Discharge Planning and exit criteria and process.**

#### **EXIT CRITERIA (FSP)**

##### **Return to Routine Outpatient Case Management Status**

Client is to move from intensive case management to routine case management within 60 days when client no longer meets continuing criteria above or if client meets ALL following criteria at any time:

- Client entitlements are in place.
- Client crises (such as housing, financial, or payee services) are resolved.
- Client has had no more than one ADU or PES episode, and/or hospitalization during the last 12 months.
- Over a six-month period, client has demonstrated stability by participating in services as scheduled, keeping appointments, and maintaining medication compliance.
- Client requires less than 55 hours of outpatient service on an annual basis.

Treatment consists of three phases: basic needs and engagement phase, a treatment phase, and a transition phase. The transition phase begins when clients have completed and demonstrated capacity for maintaining their treatment goals. This phase fosters and reinforces clients' strengths, highlights all they have accomplished in treatment, helps them to link with the wider community, and includes referral to lower level of care when appropriate. Felton Institute's Adult FSP follows

discharge guidelines as established by DPH. Typical guidelines for discharge include BHS definitions of medical necessity, stabilization of debilitating psychiatric symptoms, resolution of problems on plan of care, and successful linkage of clients to alternative services for care. As stated above, clients can also receive up to 6 months of aftercare services post discharge for support.

#### E. Program's staffing.

- Director of Adult Mental Health Services: provides administrative and clinical oversight of Adult and TAY ICM and FSP programs and clinical supervision of staff. Provides evaluation of case manager's clinical duties, clinical supervision, and other administrative program duties. Ensures compliance and documentation standards, represents the program with BHS/DPH partners.
- Clinical Supervisor: provides clinical supervision to clinical case managers, crisis intervention support, as needed, evaluation of case manager's clinical duties, trains staff on compliance and documentation standards, and performs other duties, as needed to the Adult and TAY FSP clinicians and clients.
- Psychiatrist: provides psychiatric evaluation, assessment, and medication management.
- Psychiatric Nurse Practitioner: provides psychiatric assessment, evaluation, and medication monitoring.
- Register Nurse: provides medication management and medical evaluation of clients.
- Clinical Case Managers: provide individual and group therapy, crisis intervention, intensive case management. Collaborate with client's support system and family members and maintain accurate detailed clinical records.
- Bilingual Case Manager: provide individual and group therapy, crisis intervention, intensive case management in English and Cantonese. Collaborate with client's support system and family members and maintain accurate detailed clinical records.
- Non-Clinical Case Manager and Vocational Specialist: provides leadership of FSA Works program. Outreaches to potential clients and current clients. Maintains accurate detailed clinical records for electronic billing/data entry. Provides individual and group rehabilitation, crisis intervention, and case management, and other services, as needed.
- Admin Assistant / Receptionist: provides administrative, billing, and receptionist support.
- Quality Assurance Supervisor: provides oversight of program's quality assurance.

#### F. Indirect Services.

Indirect services for this program include outreach and ongoing staff training. Outreach is conducted according to methods described in this document Section 6A. Outreach activities are not billable in the way that other client-level services are, but they are an important element in program design as they help to ensure that needed services reach the highest-risk, most vulnerable, un-served, and underserved populations. In situations of outreach presentations, presentations will be documented with sign-in sheets or other collaborating documentation (e.g., email confirmation, presentation announcements).

Felton Institute also conducts regular staff training in evidence-based practices, strengths-based approaches, cultural competency, and other skill sets that help ensure that services are delivered according to the state of the art. Much staff development and training is provided by Felton Institute; and staff also regularly takes SF DPH/CBHS/SOC sponsored trainings (e.g., HIPAA,

Compliance, and Cultural Competency). This work is also not billable but is essential to maintaining high quality service and promoting positive client outcomes. Hours required for both outreach and training are a written into job descriptions and part of a full-time employee’s expected 1055 hours of work per year.

The FSP program can also utilize **Mode 60** functions. Examples of Mode 60 services purchased and delivered for clients include: dental and vision assistance, which are contracted from local providers; housing assistance (e.g., first/last/deposit), which is paid directly to landlords; and occasional clothing and food assistance, paid directly to vendors. In all cases indirect services are paid from MHSA flex funds directly to service providers, and service delivery is followed up on by care coordinators.

## 7. Objectives and Measurements

### A. Standard Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the SFDPH BHS AOA document entitled Performance Objectives FY 20-21.

## 8. Continuous Quality Improvement (CQI)

CQI activities follow the procedures established agency-wide at Felton. The CQI overall coordinator for Felton falls under the Director of Quality Management. Felton’s programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the Director of Quality Management, continuous quality improvement mechanisms for all Programs at Felton first involve the Felton Division Directors, who oversee all aspects of Programs within Divisions. Felton’s Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS Mental Health Contract Programs. Felton’s Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, CFO, COO’s, VP of HR, IT Director, Director of Quality Management of Felton, as well as the Division Directors of Felton responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

### A. Achievement of contract performance objectives and productivity:

Program staff joins Felton meetings at the beginning of the Fiscal Year to review all Performance Objectives that relate to 13 SFDPH BHS Contracted Client Service Programs. Performance Objectives are revisited, including plan to achieve them and where achievement is recorded (e.g., AVATAR, CIRCE, DCR,

other). Some objectives are monitored as often as weekly in program meetings, and most are monitored monthly in regular meetings (Operations and QA, PURQC, QA/IT, and Roundtable Management meetings). At the end of the Fiscal Year, Felton will prepare reports on progress on any Performance Objectives not directly measured by AVATAR, DCR, or other directly accessible data source to SFDPH BHS.

Program staff meets monthly, on the second Tuesday of every month, for a Felton Operations Meeting with the Quality Management Team to review program progress relative to SFDPH BHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g. caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets). Additionally, Program staff meets every other month with CFO/COO; to review the actual units delivered vs. units budgeted to ensure programs are on target with their monthly & annual productivity goals. In instances when programs are behind target goals, Program staff and CFO/COO strategize ways to improve productivity to ensure contract needs and obligations are met.

In another meeting, Felton Quality Management Team meets monthly for QA/IT Meeting (4<sup>th</sup> Thursday), IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives, especially as these relate to Electronic Health Records (CIRCE and AVATAR).

**B. Quality of documentation, including a description of the frequency and scope of internal chart audits:**

Felton continues to utilize its own in-house data system, called 'CIRCE' which stands for Cloud-based Integrated Reporting and Charting Environment. CIRCE gives up to the minute program dashboards on productivity, lapse of time between service rendered and service documented, and PURQC minutes utilized. It also alerts program directors and line staff to upcoming due dates for assessments, plans of care, yearly HIPAA rights review and documentation, and PURQC. Programs also have a monthly meeting to PURQC clients on their anniversary dates with new Tx POC, Reassessment, and CANS or ANSA.

Each month (on the 3<sup>rd</sup> Tuesday), the Quality Management Team meets with all Felton SF Administrative staff to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

Felton has designed a 3-Tiered QA audit process which is conducted as follows:

Monthly:

There is a Quality Assurance meeting with all program directors across the agency to review "Chart Health" metrics and productivity in each program. This meeting is also a forum to discuss policy changes and issues as they relate to the interface of CIRCE and AVATAR.

Program directors are required to audit charts at least yearly, when charts are opened, closed, or

reviewed for annual TxPOC and PURQC. This audit includes a review of all chart components for quality, Medi-Cal compliance, as well as timeliness of signatures and dates. The attached audit sheet designed by SFDPH BHS for PURQC is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.

All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

#### Quarterly:

All program directors facilitate some kind of peer review of chart with their Program staff at least quarterly, either auditing a random selection of charts in which line staff applies attached audit forms to review each other's charts or focusing on specific issues that come up in chart audits that could be done better in general by most or all staff. Time is spent reviewing the findings at the end of the peer reviews.

#### Yearly/Ongoing:

All staff working for SFDPH BHS Contracts are required to attend BHS or Felton Documentation Training. Within Programs, staff meets weekly with Program Directors to address continuous practice enhancement information conveyed via email or BHS bulletins or from meetings with BHS (e.g., Monthly Providers Meetings, FSP and DCR Meetings, PURQC Meetings). Staff training is conducted approximately quarterly within Divisions or Programs; such "booster" trainings review practice habits, address more common subtleties of practices that arise from Program Director Audits and PURQCs, and assure that practice habits do not drift from Documentation Standards. All new staff is intensively trained in Mental Health Documentation Standards and Practices by the Quality Management Team, Program Directors, and Program staff; and they are sent to any available BHS formal training as soon as possible after their hire dates.

The QM Team lead a monthly (3<sup>rd</sup> Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

### C. Cultural competency of staff and services

All staff working on SFDPH BHS-contracted programs are required yearly to attend trainings geared toward increasing their cultural competency (e.g., recent trainings have focused on unique backgrounds of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street worker, Senior, LGBTQ Youth, Transgender Adults, and SMI client groups, Adult Transgender Sensitivity, among many others). Felton Institute also has been participating in the multi-year BHS Community Advisory Board Project and submitting formal Reports yearly in September.

Felton Institute stresses the importance of welcoming clients of all backgrounds, and Felton Institute has a long history of serving marginalized client groups who may not have been able to find services elsewhere. Felton Institute also actively recruits staff to represent the diversity of clients Felton Institute Programs serve, including targeting balance in racial, ethnic, gender, sexual orientation, languages, age and experience, and including professional and peer staff in its ranks.

### D. Satisfaction with services

Felton Institute Programs participate in twice-yearly SFDPH BHS Client Satisfaction / Mental Health Consumer Perception Surveys. Felton Institute staff makes a concerted effort to encourage clients to participate and make their opinions known, and staff works to get help for clients who need it to complete surveys (e.g., reading or writing from peers). Clients are encouraged at all times to discuss concerns or ideas for improvement with their therapist/case manager, program manager, division director, or Felton Institute executive management. Several times per year, clients are offered group events and transitional gatherings during which they are informally surveyed for how well they feel their programs are meeting their needs. At least yearly, therapists review this formally with clients as part of their developing a new Treatment Plan of Care. Survey results and client suggestions are reviewed at Agency, Division, Program, and individual case levels, and practices are adjusted when possible to meet the hopes and expectations of clients.

E. Timely completion and use of outcome data, including CANS and/or ANSA.

Felton Institute works with canstraining.com, SFDPH/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. The Director of Quality Management is the ANSA liaison and the Program Director for Full Circle Family Program, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

Assessments are done when clients are opened, at the time of their re-assessments (at least annually), and when clients are closed.

FSP programs use the DCR online program to evaluate clients' progress and track outcomes of our services. Staff enters data for clients into DCR and/or Avatar. We receive bi-monthly reports from the DCR team about hospitalizations, arrests, housing, etc., as they relate to our clients. We are able to identify needs across Programs that are not being met. The data can be used as a way to identify clients that may be getting ready for graduation or step down from the program, as well as to identify those clients that are decompensating or failing to move forward in their recovery.

## 9. Required Language:

- A. Contractor will adhere to all stipulated SFDPH BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the SFDPH BHS ECMHCI SOC Program Manager of any changes.
- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the SFDPH BHS CCMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental



**Contractor Name:** Felton Institute

**Appendix: A-4a**

**Program Name:** Adult Full Service Partnership (FSP)

**Contract Term:** 07/01/21 – 06/30/22

**Funding Source:** \_\_\_\_\_

health consultants to all program sites and for notifying the SFDPH BHS ECMHCI SOC Program Manager of any changes.

**1. Identifier**

Program Name: **Transitional Age Youth (TAY) Full Service Partnership (FSP)**

Program Address: 1500 Franklin Street

City, State, Zip Code: SAN FRANCISCO, CA 94109

Telephone: (415)-474-7310

Facsimile: (415)-922-9418

Contractor Address: 1500 Franklin Street

City, State, ZIP: San Francisco, CA 94109

Executive / Program Director: Jordan Pont, MFT, Director of Adult Mental Health Services

Telephone: (415) 474-7310 ext 496

Email Address: jpont@felton.org

Program Code: 3822T3

**2. Nature of Document**

Original     Contract Amendment     Revision to Program Budgets (RPB)

**3. Goal Statement**

Felton Institute’s Full Service Partnership for Transitional Age Youth (TAY FSP) assists vulnerable transitional age youth, 16-25, with serious and persistent mental illness, to significantly reduce their dependence on inpatient and emergency services, to stabilize their symptoms, and to become more independent, productive, and satisfied members of their communities. The program partners with consumers to assist them in meeting their multidimensional life goals, including those concerning education, employment, social skills, relationships, housing, overall functioning, life satisfaction, self-sufficiency and creative pursuits.

**4. Target Population**

Transitional age youth, ages 16 to 25, with significant mental illness and substance abuse, homelessness, HIV/AIDS, and/or other serious impediments which result in frequent referrals for inpatient, residential or PES services, will be served by the TAY FSP team. TAY clients will receive specialized and targeted assistance to help them stabilize and make transitions to satisfying and constructive adulthood. The program also works with family members, significant others, and support-persons in the clients' lives. Program services are provided city-wide. Referrals come through SF DPH BHS and meet the SMI diagnosis criteria and other criteria, which may include being currently homeless, dually diagnosed, involved with multiple public agencies, or never known and new to the BHS system, among other criteria. With severe functional impairments and very complex needs, these clients require extensive outreach and intensive services in order to stabilize, live safely in housing, and pursue essential recovery goals.

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

**Targeted Case Management:** means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, and other community services. The

service deliverer ensures beneficiary access to services and the service delivery system, monitoring of the beneficiary's progress, and plan development.

**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.

- **Assessment:** "Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.
- **Plan Development:** "Plan Development" means a service activity which consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress.
- **Therapy:** "Therapy" means a service activity, which is a therapeutic intervention that focuses primarily on the symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries.
- **Rehabilitation:** "Rehabilitation" means a service activity which includes assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, meal preparation skills, and support resources; and/or medication education.
- **Collateral:** "Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

**Medication Support Services:** means those services performed by psychiatrist, psychiatric nurse practitioner, and registered nurse which include prescribing, administering, distributing 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, evaluating 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 the beneficiary.

**Crisis intervention:** is an emergency service (unplanned). Crisis intervention is an immediate therapeutic response, which includes a face-to-face contact when an individual exhibits acute psychiatric symptoms to alleviate problems, which, if untreated, present an imminent threat to the individual or others.

**INDIRECT SERVICES:**

In addition to the above direct services, the program conducts staff training and community outreach (promotion) activities as indirect services. In situations of outreach presentations, presentations will be documented with sign-in sheets or other collaborating documentation (e.g., email confirmation, presentation announcements).

The FSP program can also utilize **Mode 60** functions, either services provided to clients that do not meet MediCal standards for reimbursement, such as, transportation, shopping, or socialization activities; in addition to in-kind services that are purchased for clients out of this program's flex fund budget.

## 6. Methodology

### A. Referrals, Outreach, recruitment, and Promotion.

Felton Institute receives referrals and client authorizations from BHS TAY. BHS and Felton Institute determines if the client requires outreach to engage the client to utilize services. In addition, members of the program team may conduct street outreach to homeless encampments, parks, homeless shelters and food programs, and other service locations. Primary responsibility for outreach resides with the team's consumer-professional Non-Clinical Case Managers (formerly called Outreach Workers) and Clinical Case Managers. The Outreach Workers have personal experience with mental health or substance abuse issues, and may be currently in recovery. They work in conjunction with the Clinical Case Managers to engage the client and begin to build a therapeutic relationship. Engagement with clients includes careful, systematic attempts to engage the most difficult and wary clients, involving multiple contacts and a willingness to serve clients on whatever level they are willing to receive assistance. In addition to street outreach, referrals are received from multiple sources, including SF General, Project Homeless Connect, other homeless programs, other mental health and substance abuse agencies, PES, Sheriff, SFPD, hospital emergency rooms, and self and family referrals. The availability of Felton Institute's TAY FSP services is publicized to these referral sources and to the public through the Felton Institute website, the Felton Institute newsletter, and literature on the program. All referrals are authorized by BHS TAY.

### B. Admission, enrollment and/or intake criteria and process.

All clients are authorized by SF DPH BHS Program Manager and then assigned to the specific ICM/FSP program. Ideally, before intake, Felton staff will communicate with the referral to gather information and schedule a warm hand-off meeting with the referrer, the client, and Felton staff to help with engagement and building trust with the client. Intake occurs in the 1500 Franklin office, in hospitals, or anywhere in the community that best meets a client's needs. At screening, it is determined if clients have a safe place to live, enough to eat, and medical care for acute conditions before proceeding to assessment. Those who cannot be placed in housing immediately might receive temporary housing while the assessment and housing placement process takes place. Clients may also get assistance with food, clothing needs, and primary care examinations. Pressing health needs are treated through Felton's primary care partners. With basic health and safety assured, clients receive assessment using a comprehensive, strength-based assessment tool designed to give case managers and consumers an understanding of the consumer's goals, aspirations, and challenges across all life domains. All clients receive assessment with:

**The ANSA:** An assessment tool designated by BHS that assesses strengths and challenges in a number of essential domains.

Once the client is engaged in services, the clinical case manager conducts a clinical assessment and ANSA which forms a foundation of knowledge about the client's psychosocial history. Those who are experiencing substance abuse issues are also referred for additional substance abuse assessment and/or treatment with Felton Institute staff or other community providers, as needed necessary and

appropriate. After the assessment, the clinical case manager meets with the client to discuss treatment goals. Following the FSP model, the program criteria require that clients have an SMI diagnosis and are currently underserved or not served by mental health services. If a potential client meets these criteria, he or she is admitted into the program. If the client does not meet these criteria, he or she is referred to other Felton Institute or county programs that meet his or her needs.

The treatment plan is a collaborative effort between the client, the primary case manager, and the rest of the multidisciplinary team. This plan follows a strengths-based, client centered approach, in which the client is the primary driver of the treatment goals.

### C. Service delivery model and how each service is delivered.

#### GENERAL MODEL DESCRIPTION

Felton Institute’s TAY Full Service Partnership provides an integrated recovery and treatment approach for vulnerable San Francisco transitional age youth, between the ages of 16 and 25. Felton Institute TAY FSP is currently budgeted for 2 FTE and each FTE will carry a caseload of about 17 clients. The FSP team will work with clients 24/7 (via a crisis phone outside of business hours) to provide a comprehensive array of recovery-oriented services and supports. Services include securing housing and basic needs, linking to assistance (utilizing a housing first/harm reduction model), strength-based individualized care planning and care management, referrals to physical health care, benefits assistance, vocational rehabilitation, employment services, peer support, and integrated mental health and substance abuse treatment services. Actual levels of client service are determined by each client’s needs and desires, with service intensity being extremely high in the beginning and reduced as the client is stabilized. Clients receive weekly, or as needed, contact from the team. Additional services are purchased through flexible funding or as part of the in-kind services each partner brings to this program. Felton Institute TAY FSP has mental health treatment, medication management, substance abuse treatment, employment assistance, benefits assistance and advocacy, and peer support integrated into a single service team. Housing is provided through Larkin Street Youth Services, Routz Program, and other TAY specific, subsidized housing through CHP and coordinated entry. Program staff also works with property management and on-site social workers to ensure clients are successful in housing. The TAY FSP Team will have a substantial pool of flexible funding to purchase specialized services and supports, including support services for HIV+ individuals, for victims of violence and sexual exploitation, for LGBT clients, and for developmentally or physically disabled clients.

#### PHASES OF TREATMENT

**Engagement and Basic Needs (3 – 6 months):** During this phase of treatment, clinicians are building a relationship with clients, assessing their needs and strengths, and creating action plans around making sure basic needs are being met.

Interventions during this phase:

- Linkage to emergency housing
- Linkage to income
- Creating a food plan (e.g., providing Safeway cards or going grocery shopping)
- Linkage to a primary care clinic
- Creating safety plans for stabilizing mental health crises
- Medication evaluation and management

- Engagement strategies such as taking the client to lunch, coffee, etc.
- Purchasing clothing, at modest prices, modeling budgeting skills
- Getting identification (Social Security, Medi-Cal card, birth certificate, ID card)

**Treatment and Maintenance (6 months – 3 years):** During this phase of treatment, clinicians are exploring clients' goals, and actively setting and achieving those goals. During this time, clients are expected to come into the office for regular appointments with their case managers. All financial support given from Felton Institute during this phase should be planned for in these weekly meetings.

Interventions during this phase:

- Continued support with medical / dental / vision needs
- Goal setting around education / employment
- Psychoeducation around mental health issues
- Addressing substance abuse issues (referral to substance abuse counselor, motivational interviewing, groups, outpatient, inpatient)
- Linkage to permanent housing
- Planning around economic self-sufficiency
- Recreation / building of social network in the community
- Teaching daily living skills (cleaning room, cooking, laundry, hygiene) with more support, gradually building and encouraging independence in these skills
- Teaching of new coping skills and strategies
- Formal therapy, if appropriate

**Step Down and Graduation (last 3 – 6 months in the program):** During this phase of treatment, program staff are reviewing accomplishments and successes, identifying any remaining treatment goals, and preparing clients for a more independent life. **Financial support given from Felton Institute during this phase should be minimal** and paced to none, as clients is without such a resource when stepped down.

Interventions during this phase:

- Review of the client's progress, and reviewing what they have learned, praise
- Linkage to community supports (e.g., drop-in center, AA/NA)
- Planning for financial self sufficiency
- Linkage to step down program (if necessary), or other supports, including private provider therapist, primary care physician, or outpatient clinic
- Processing feelings about the end of services at Felton Institute
- Celebration and graduation ritual

## TAY FSP PROGRAM INTERVENTION DETAIL

**Care Coordination:** Each client is assigned a primary Case Manager who coordinates and monitors the activities of the team and has primary responsibility to work with the client in developing his/her own individual treatment plan, to ensure immediate changes are made in treatment plans as client's needs change, and to advocate for client rights and preferences. The Case Manager is also the first staff person called on when the client is in crisis and is the primary support person and educator to the

client's family. Members of the treatment team share these tasks with the Case Manager and are responsible to perform the tasks when the Case Manager is not working. As part of the strengths-based assessment and case planning model, staff may help the client to develop a Wellness and Recovery Action Plan.

**Crisis Assessment and Intervention:** Crisis assessment and intervention is provided 24 hours per day, seven days per week. These services include telephone and face-to-face contact. During normal working hours, an available TAY FSP team member responds. After hours and on weekends, a TAY FSP team member is on call and carries the team's crisis phone. This number is available to emergency service providers. During nights and weekends, the on-call staff assesses the situation and provides whatever intervention is clinically indicated.

**Mental Health Treatment:** The TAY FSP Team is prepared to identify and address a range of substance abuse issues and multiple mental health disorders, ranging from moderate depression to schizophrenia. The goal is for team members to be trained in several different modalities, including Dialectical Behavioral Therapy, Motivational Interviewing, and Cognitive Behavioral Therapy. Treatment for mental illness includes:

- Ongoing assessment of the client's mental illness symptoms and his/her response to treatment;
- Education of the client regarding his/her illness and the effects and side effects of prescribed medications, where appropriate;
- Symptom-management efforts directed to help each client identify the symptoms and occurrence patterns of his/her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen their effects; and
- Psychological support to clients, both on a planned and as-needed basis, to help them accomplish their personal goals and to cope with the stresses of day-to-day living.

**Substance Abuse Treatment:** TAY FSP provides both one-to-one and group substance abuse treatment, integrated with mental health treatment, usually by using Motivational Interviewing or linkage to substance use treatment facilities. The TAY FSP team provides substance abuse treatment in stages throughout the service period, depending on the client's level of readiness for treatment. Staff is trained in treatment planning appropriate to the stage of recovery. Clients will also be referred to and encouraged to participate in NA and AA. They will also be referred for residential substance abuse treatment when appropriate through Walden House/Health Right 360, Progress Foundation, or Baker Places.

**Medication Prescription, Administration, Monitoring, and Documentation:** The psychiatric nurse practitioner and/or psychiatrist will assess each client's mental illness and prescribe appropriate medication; regularly review and document the client's symptoms as well as his or her response to prescribed medication treatment; educate the client regarding his/her mental illness on the effects and side effects of medication prescribed to regulate it; and monitor, treat, and document any medication side effects. Our psychiatric nurse and/or registered nurse distributes psychiatric medication as often as daily (M-F). All TAY FSP team members assess and document clients' symptoms and behavior in response to medication and monitor for medication side effects. The FSP program also has medication

policies and procedures that identify processes to: record physician orders; order medication; arrange for all clients' medications to be organized by the team and integrated into clients' weekly schedules and daily staff assignment schedules; and provide security for medications.

**Employment Services:** The employment specialist oversees internal pre-vocational program "FSA Works." The goal behind FSA Works is to build basic employment skills in clients, such as: arriving to work on time, keeping a schedule, and working with others. Clients are placed in internal or offsite volunteer positions. The FSA Works program is a 6-month program. During this time, clients meet with the employment specialist at least monthly to discuss how their placement is working, and to discuss any barriers to success. The goal for this program is to get clients ready for the next step in the employment process, and many clients have graduated out of FSA Works into more formal employment assistance programs in the community, such as Richmond Area Multi-Services Hire-ability program or Community Vocational Enterprises.

**Activities of Daily Living:** The TAY population is going through the developmental task of separating from their caregivers and learning to be independent. Services to support activities of daily living in community-based settings include individualized assessment, problem solving, side-by-side assistance and support, skill training, ongoing supervision (e.g., prompts, assignments, monitoring, encouragement), and environmental adaptations to assist clients to gain or use the skills required to: carry out personal hygiene and grooming tasks; perform household activities, including house cleaning, cooking, grocery shopping, and laundry; manage housing-related tasks, including finding a roommate, landlord negotiations, cleaning, furnishing and decorating, procuring necessities (such as telephone, furnishings, linens); develop or improve money-management skills; use available transportation; engage educational opportunities and supports; find healthcare services.

**Social, Interpersonal Relationship, and Leisure-Time Skill Training:** Services are directed to TAY clients to support social, interpersonal relationship, and leisure-time skill training; side-by-side support and coaching; and organizing individual and group social and recreational activities. There are clearly a number of special needs that TAY clients have: In regards to interpersonal relationships TAY consumers are dealing with a great deal of rejection from family, school and their peer group(s). There are numerous groups and activities for clients to practice their interpersonal and leisure time skills. The FSP program provides weekly groups that could include Art Group, Wellness Group, Meditation, and Harm Reduction Substance Abuse Group. Other activities have included: urban hikes (around town), Muir Woods visits, outings to the movies and baseball games, and gardening in the community. Participants have performed slam poetry at open mike nights at cafes around town and others have performed in rock bands at Yerba Buena and other youth oriented venues.

**Education, Support and Consultation to Clients' Families and Other Major Supports:** With client agreement or consent, services to clients' families and other major supports can include education about the client's illness and the role of the family in the therapeutic process; intervention to resolve conflict; and ongoing, face-to-face, and telephone communication and collaboration between the TAY FSP team, the family, and other major supports.

**Wraparound Services:** The program provides clients a comprehensive range of services. These services include but are not limited to: supportive and cognitive therapies, case management brokerage (e.g.,



linkage to services such as housing, benefits and medical care), substance abuse treatment, medication services, vocational and pre-vocational assistance. Any services, supports, or products needed to complete the Care Plan and not readily available through the service constellation is acquired through flexible funding.

**Gender-Related and Sexual Orientation Issues:** The TAY FSP staff complete trainings related to sexual orientation and gender identity issues to improve cultural competence and humility. The TAY FSP staff collaborate with community partners, including Gender Health, Larkin Street Youth Services, Dimensions, Lyon Martin Health Center, and Tom Waddell Urban Health Clinic. LGBT identified Case Managers are available for assignment when clients prefer.

**Aftercare:** After clients have been discharged from services, they will receive 6 months of aftercare services. During this time they can continue to use the FSP team for support as needed. If circumstances change and they need FSP level services again, they can be expedited back into the program. Staff works with clients’ supports in the community to assist in a smooth transition out of services.

**OPERATIONAL DETAILS**

**Hours of operation:** Felton Institute at 1500 Franklin Street opens at 8:30 AM for staff and operates from 9:00 AM to 5:00 PM (or other times as needed for assisting clients for appointments or responding to emergencies) for client care. One FSP staff (for both Adult and TAY FSP clients) is available to deal with consumer emergencies 24 hours a day, 7 days per week. Clients can reach an on-call clinician by calling an emergency phone number.

**Location:** most services are provided at the Felton Institute building at 1500 Franklin Street, San Francisco. Felton Institute’s partnering programs are located throughout the city and clients may be receiving services at their sites in addition.

**Average Length of Stay:** There is a range of length of stay depending on the individual needs of the client. The FSPs have only been around since 2007. The average length of stay here appears to be 2-3 years.

**Strategies for service delivery:** The theory of change is that with the appropriate treatment and support clients’ quality of life will improve. Additionally, as clients’ lives improve so do the lives of each member of the larger community.

**D. Discharge Planning and exit criteria and process.**

**EXIT CRITERIA (FSP)**

**Return to Routine Outpatient Case Management Status**

Client is to move from intensive case management to routine case management within 60 days when client no longer meets continuing criteria above or if client meets ALL following criteria at any time:

- Client entitlements are in place.
- Client crises (such as housing, financial, or payee services) are resolved.
- Client has had no more than one ADU or PES episode, and/or hospitalization during the last 12 months.

- Over a six-month period, client has demonstrated stability by participating in services as scheduled, keeping appointments, and maintaining medication compliance.
- Client requires less than 55 hours of outpatient service on an annual basis.

Felton Institute's TAY FSP treatment consists of three phases: basic needs and engagement phase, a treatment phase, and a transition phase. The transition phase begins when clients have completed and demonstrated capacity for maintaining their treatment goals. This phase fosters and reinforces clients' strengths, highlighting all they have accomplished in treatment, helping them to link with the wider community, and includes referral to lower level of care when appropriate. Felton Institute's TAY FSP follows discharge guidelines as established by DPH. Typical guidelines for discharge include BHS definitions of medical necessity, stabilization of debilitating psychiatric symptoms, resolving of problems on plan of care, and successfully linking clients to alternative services for care. As stated above, clients can also receive up to 6 months of aftercare services post discharge for support.

#### E. Program Staffing.

- Director of Adult Mental Health Services: provides administrative and clinical oversight of Adult and TAY ICM and FSP programs and clinical supervision of staff. Provides evaluation of case manager's clinical duties, clinical supervision, and other administrative program duties. Ensures compliance and documentation standards, represents the program with BHS/DPH partners.
- Clinical Supervisor: provides clinical supervision to clinical case managers, crisis intervention support, as needed, evaluation of case manager's clinical duties, trains staff on compliance and documentation standards, and performs other duties, as needed to the Adult and TAY FSP clinicians and clients.
- Psychiatrist: provides psychiatric evaluation, assessment, and medication management.
- Psychiatric Nurse Practitioner: provides psychiatric assessment, evaluation, and medication monitoring.
- Register Nurse: provides medication management and medical evaluation of clients.
- Clinical Case Managers: provide individual and group therapy, crisis intervention, intensive case management. Collaborate with client's support system and family members and maintain accurate detailed clinical records.
- Bilingual Case Manager: provide individual and group therapy, crisis intervention, intensive case management in English and Cantonese. Collaborate with client's support system and family members and maintain accurate detailed clinical records.
- Outreach Worker and Vocational Specialist: provides leadership of FSA Works program. Outreaches to potential clients and current clients. Maintains accurate detailed clinical records for electronic billing/data entry.
- Admin Assistant / Receptionist: provides administrative, billing, and receptionist support.
- Quality Assurance Supervisor: provides oversight of program's quality assurance.

#### F. Indirect Services.

Indirect services for this program include outreach and ongoing staff training. Outreach is conducted according to methods described in this document Section 6A. Outreach activities are not billable in the way that other client-level services are, but they are an important element in program design as they help to ensure that needed services reach the highest-risk, most vulnerable, un-served, and

underserved populations. In situations of outreach presentations, presentations will be documented with sign-in sheets or other collaborating documentation (e.g., email confirmation, presentation announcements).

Felton Institute also conducts regular staff training in evidence-based practices, strengths-based approaches, cultural competency, and other skill sets that help ensure that services are delivered according to the state of the art. Much staff development and training is provided by Felton Institute; and staff also regularly take SF DPH/CBHS/SOC sponsored trainings (e.g., HIPAA, Compliance, Cultural Competency). This work is also not billable, but is essential to maintaining high quality service and promoting positive client outcomes. Hours required for both outreach and training are a written into job descriptions and part of a full-time employee’s expected 1055 hours of work per year.

The FSP program can also utilize **Mode 60** functions. Examples of Mode 60 services purchased and delivered for clients include: dental and vision assistance, which are contracted from local providers; housing assistance (e.g., first/last/deposit), which is paid directly to landlords; and occasional clothing and food assistance, paid directly to vendors. In all cases indirect services are paid from MHSA flex funds directly to service providers, and service delivery is followed up on by care coordinators.

## 7. Objectives and Measurements

### A. Standardized Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the SFDPH BHS TAY document entitled Performance Objectives FY 21-22.

## 8. Continuous Quality Improvement (CQI)

CQI activities follow the procedures established agency-wide at Felton. The CQI overall coordinator for Felton falls under the Director of Quality Management. Felton’s programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the Director of Quality Management, continuous quality improvement mechanisms for all Programs at Felton first involve the Felton Division Directors, who oversee all aspects of Programs within Divisions. Felton’s Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS Mental Health Contract Programs. Felton’s Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, CFO, COO’s, VP of HR, IT Director, Director of Quality Management of Felton, as well as the Division Directors of Felton responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

A. Achievement of contract performance objectives and productivity:

Program staff joins Felton meetings at the beginning of the Fiscal Year to review all Performance Objectives that relate to 13 SFDPH BHS Contracted Client Service Programs. Performance Objectives are revisited, including plan to achieve them and where achievement is recorded (e.g., AVATAR, CIRCE, DCR, other). Some objectives are monitored as often as weekly in program meetings, and most are monitored monthly in regular meetings (Operations and QA, PURQC, QA/IT, and Roundtable Management meetings). At the end of the Fiscal Year, Felton will prepare reports on progress on any Performance Objectives not directly measured by AVATAR, DCR, or other directly accessible data source to SFDPH BHS.

Program staff meets monthly, on the second Tuesday of every month, for a Felton Operations Meeting with the Quality Management Team to review program progress relative to SFDPH BHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g. caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets). Additionally, Program staff meets every other month with CFO/COO; to review the actual units delivered vs. units budgeted to ensure programs are on target with their monthly & annual productivity goals. In instances when programs are behind target goals, Program staff and CFO/COO strategize ways to improve productivity to ensure contract needs and obligations are met.

In another meeting, Felton Quality Management Team meets monthly for QA/IT Meeting (4<sup>th</sup> Thursday), IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives, especially as these relate to Electronic Health Records (CIRCE and AVATAR).

B. Quality of documentation, including a description of the frequency and scope of internal chart audits:

Felton continues to utilize its own in-house data system, called 'CIRCE' which stands for Cloud-based Integrated Reporting and Charting Environment. CIRCE gives up to the minute program dashboards on productivity, lapse of time between service rendered and service documented, and PURQC minutes utilized. It also alerts program directors and line staff to upcoming due dates for assessments, plans of care, yearly HIPAA rights review and documentation, and PURQC. Programs also have a monthly meeting to PURQC clients on their anniversary dates with new Tx POC, Reassessment, and CANS or ANSA.

Each month (on the 3<sup>rd</sup> Tuesday), the Quality Management Team meets with all Felton SF Administrative staff to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

Felton has designed a 3-Tiered QA audit process which is conducted as follows:

Monthly:

There is a Quality Assurance meeting with all program directors across the agency to review “Chart Health” metrics and productivity in each program. This meeting is also a forum to discuss policy changes and issues as they relate to the interface of CIRCE and AVATAR.

Program directors are required to audit charts at least yearly, when charts are opened, closed, or reviewed for annual TxPOC and PURQC. This audit includes a review of all chart components for quality, Medi-Cal compliance, as well as timeliness of signatures and dates. The attached audit sheet designed by SFDPH BHS for PURQC is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.

All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

#### Quarterly:

All program directors facilitate some kind of peer review of chart with their Program staff at least quarterly, either auditing a random selection of charts in which line staff applies attached audit forms to review each other’s charts or focusing on specific issues that come up in chart audits that could be done better in general by most or all staff. Time is spent reviewing the findings at the end of the peer reviews.

#### Yearly/Ongoing:

All staff working for SFDPH BHS Contracts are required to attend BHS or Felton Documentation Training. Within Programs, staff meets weekly with Program Directors to address continuous practice enhancement information conveyed via email or BHS bulletins or from meetings with BHS (e.g., Monthly Providers Meetings, FSP and DCR Meetings, PURQC Meetings). Staff training is conducted approximately quarterly within Divisions or Programs; such "booster" trainings review practice habits, address more common subtleties of practices that arise from Program Director Audits and PURQCs, and assure that practice habits do not drift from Documentation Standards. All new staff is intensively trained in Mental Health Documentation Standards and Practices by the Quality Management Team, Program Directors, and Program staff; and they are sent to any available BHS formal training as soon as possible after their hire dates.

The QM Team lead a monthly (3<sup>rd</sup> Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

### C. Cultural competency of staff and services

All staff working on SFDPH BHS-contracted programs are required yearly to attend trainings geared toward increasing their cultural competency (e.g., recent trainings have focused on unique backgrounds of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street worker, Senior, LGBTQ Youth, Transgender Adults, and SMI client groups, Adult Transgender Sensitivity, among many others). Felton Institute also has been participating in the multi-year BHS Community Advisory Board Project and submitting formal Reports yearly in September.

Felton Institute stresses the importance of welcoming clients of all backgrounds, and Felton Institute has a long history of serving marginalized client groups who may not have been able to find services elsewhere. Felton Institute also actively recruits staff to represent the diversity of clients Felton Institute

Programs serve, including targeting balance in racial, ethnic, gender, sexual orientation, languages, age and experience, and including professional and peer staff in its ranks.

#### D. Satisfaction with services

Felton Institute Programs participate in twice-yearly SFDPH BHS Client Satisfaction / Mental Health Consumer Perception Surveys. Felton Institute staff makes a concerted effort to encourage clients to participate and make their opinions known, and staff works to get help for clients who need it to complete surveys (e.g., reading or writing from peers). Clients are encouraged at all times to discuss concerns or ideas for improvement with their therapist/case manager, program manager, division director, or Felton Institute executive management. Several times per year, clients are offered group events and transitional gatherings during which they are informally surveyed for how well they feel their programs are meeting their needs. At least yearly, therapists review this formally with clients as part of their developing a new Treatment Plan of Care. Survey results and client suggestions are reviewed at Agency, Division, Program, and individual case levels, and practices are adjusted when possible to meet the hopes and expectations of clients.

#### E. Timely completion and use of outcome data, including CANS and/or ANSA.

Felton Institute works with canstraining.com, SFDPH/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. The Director of Quality Management is the ANSA liaison and the Program Director for Full Circle Family Program, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

Assessments are done when clients are opened, at the time of their re-assessments (at least annually), and when clients are closed.

FSP Programs also use the MORS rating scale and DCR data to evaluate clients' progress and track outcomes of our services. Staff enters data for clients monthly into DCR and/or Avatar. We receive bi-monthly reports from the DCR team about hospitalizations, arrests, housing, etc., as they relate to our clients. We are able to identify needs across Programs that are not being met. The MORS data is used as a way to identify clients that may be getting ready for graduation or step down from the program, as well as to identify those clients that are decompensating or failing to move forward in their recovery.

### 9. Required Language:

- A. Contractor will adhere to all stipulated SFDPH BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the SFDPH BHS ECMHCI SOC Program Manager of any changes.

- B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the SFDPH BHS CCMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the SFDPH BHS ECMHCI SOC Program Manager of any changes.

**1. Identifiers:**

Program Name: **(re)MIND** formerly PREP - Prevention and Recovery in Early Psychosis

Program Address: 6221 Geary Boulevard, 2<sup>nd</sup> Floor

City, State, ZIP: San Francisco, CA, 94121

Telephone:(415) 386-6600 FAX: (415) 751-3226

Website Address: www.feltonearlypsychosis.org

Contractor Address: 1500 Franklin Street,

City, State, ZIP: San Francisco, CA, 94109

Executive / Program Director: Adriana Furuzawa, LMFT, Early Psychosis Division Director

Telephone: (415) 474-7310 x314

Email Address: afuruzawa@felton.org

Program Code(s): 8990EP

**2. Nature of Document:**

Original     Contract Amendment     Revision to Program Budgets (RPB)

**3. Goal Statement:**

(re)MIND, Felton Institute’s early psychosis program – formerly Prevention and Recovery in Early Psychosis (PREP) - delivers an array of services implementing evidence-based practices to individuals and families experiencing early signs and symptoms of schizophrenia and other psychotic disorders. It supports symptom remission, active recovery, and full engagement in their community and with co-workers, peers, and family members. The program has a significant outreach component designed to reduce the stigma of schizophrenia and psychotic disorders, promote awareness that psychosis is treatable, and obtain referrals.

**4. Priority Population:**

The Felton (re)MIND program is designed with a special emphasis and expertise to serve individuals ages 14-35 who have had their first psychotic episode within the previous two years. Within this group, the early psychosis program will focus on transitional age youth (ages 16-24), reflecting the ethnic, cultural, and socio-economic diversity of the City and County of San Francisco. Outreach will be directed to increase services to low-income youth and families. The program will provide services on-site or at off-site locations (e.g. client’s home, school, etc.) throughout the city, meeting clients where they are.

The Felton(re)MIND early psychosis program will serve 40 unduplicated clients annually. The EPI-Plus expansion to (re)MIND includes an additional 20 unduplicated clients annually (contract period 2/2/21 - 2/1/22).



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

### **Outreach and Engagement** (MHSA Activity Category)

- Engage in direct outreach (one-on-one) to a minimum of 20 programs and/or community stakeholder groups to establish and maintain referral relationships for specialized early psychosis services. Outreach efforts will be documented in outreach logs, specifying contact information and date of most recent contact.

### **Screening and Assessment** (MHSA Activity Category)

- Conduct a minimum of 35 initial screenings and/or consultations regarding potential referrals for early intervention in psychosis to determine need for further comprehensive diagnostic assessment. These screenings and/or consultations will be provided to caregivers, providers, and individuals seeking specialized services.
- Conduct a minimum of 15 diagnostic assessments (SCID or SIPS) of new program participants to determine need for coordinated specialty care for early psychosis.

### **Mental Health Consultation** (MHSA Activity Category)

- Conduct a minimum of 12 psychoeducational presentations and engagement activities to raise awareness about Early Intervention in Psychosis and stress the importance of early referral and assessment. Activities will be documented with sign-in sheets and/or other supporting documentation (e.g., email confirmation, presentation announcements, or presentation satisfaction surveys when appropriate).

### **Individual and Group Therapeutic Services** (MHSA Activity Category)

- Provide a minimum of 2000 hours of direct and indirect individual and group treatment services annually.

## 6. Methodology:

### *Direct Client Services:*

#### *A. Outreach, recruitment, promotion and advertisement when necessary.*

The early psychosis team's outreach efforts targets San Francisco's diverse communities providing education about the early psychosis program, behavioral health, stigma, wellness, and early signs of psychosis, as well as eligible referrals. Extensive outreach will continue to be conducted across San Francisco, consisting of outreach presentations, distribution of brochures and/or promotional materials, as well as through the Felton Early Psychosis Services website at [www.feltonearlypsychosis.org](http://www.feltonearlypsychosis.org).

Outreach presentations will be conducted in multiple community settings including neighborhood centers, schools, churches, after-school organized sports activities, libraries, and

shopping centers. Special efforts will be taken to engage and reach out to traditionally underserved population groups – reaching out to those who would not typically receive or who would experience a delay in services due to such factors as limited access, stigma, poverty, and cultural and linguistic barriers.

The early psychosis team will also provide outreach presentations to other mental health and social services organizations in order to increase referrals and educate professionals about psychosis early intervention.

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

All individuals are screened by phone to determine if criteria for early intervention in psychosis services are met. Those who don't meet criteria or require services other than early psychosis interventions, will receive support to access appropriate services. Appropriate referrals (individuals age 14-35 experiencing signs and symptoms of psychosis with onset in the previous two years) will receive a comprehensive diagnostic assessment through the Structural Clinical Interview for DSM Diagnosis (SCID) or SIPS (Structured Interview for Psychosis-Risk Syndrome) to determine eligibility for specialized services. The comprehensive assessment will also include collateral information from family, existing service providers (if applicable), and others involved in the individual's recovery process as designated by the individual and/or family. In addition, a strengths-based assessment of the biological, psychological, and social factors that affect the individual's ability to interact with his or her environment will be completed.

Assessments will be provided at whatever location is most convenient and comfortable for the youth and family to encourage service engagement. Once assessments are completed, individuals who meet full eligibility criteria will continue with coordinated specialty care for early psychosis, while those who do not meet criteria will be linked with appropriate services.

*C. Service delivery model*

The Felton (re)MIND program provides an integrated package of evidence-based treatments designed for remission of early psychosis. There is a strong evidence base for this array of treatments in promoting positive outcomes for individuals with recent onset of psychosis. Core services include:

- **Rigorous Research Validated Assessments** (described in previous section).
- **Algorithm-based medication management:** Algorithm developed by Dr. Demian Rose (UCSF), adapted from the Texas Medication Algorithm to focus specifically on medication for young adults in the early stages of psychosis. The Felton early psychosis team prescribers will also provide medication support to treat co-occurring conditions, such as depression.
- **Cognitive Behavioral Therapy for Psychosis:** Evidence-based approach offered to all program participants to facilitate strategies for specific symptom clusters (positive symptoms, negative symptoms, depression, skills for emotion regulation, etc.).

- **Family Psychoeducation:** Evidence-based approach to address family stigma related to mental health issues and integrate problem-solving skills and family support. Based on the PIER model.
- **Strength-based care management:** Intensive care management will ensure that the broad spectrum of individual and family needs are addressed.
- **IPS Model supported employment and education services:** Individual Placement and Support (IPS) is an evidence-based approach of supported employment and education for individuals with severe mental illness broadly implemented in coordinated specialty care for early psychosis. Staff trained in the IPS model will provide individualized support for clients in participating in work, school, or volunteer activities.

All eligible participants are offered all modalities above, based on their individual needs and willingness to participate. Services are offered intensively, often weekly, with person-centered treatment plans which are reviewed during the course of treatment and measured against baseline measures taken during the assessment. Engagement and treatment progress will be reviewed weekly at clinical case conference and frequency of services is determined by individual needs and phase of treatment (assessment, stabilization, implementation, reinforcement, wellness planning). Services will be provided on-site and/or in community locations, as determined by the individual and/or family. The estimated length of treatment is of up to two years, and treatment progress is measured by outcome data that is shared continuously with the individual and his or her family.

#### D. Discharge planning and exit criteria and process.

The program's exit criteria are adjusted based on the service modalities employed in the treatment. Discharge planning is a collaborative process between the early psychosis team and the individual and, whenever possible, the individual's family, as directed by the client. Process is determined by intervention outcomes identified throughout the individual's treatment and measured against baseline measures. Treatment aims to support individuals to return to desired level of functioning, participation in work or school, and ensures that, at discharge, each individual and his or her family have a thorough contingency plan (wellness plan) and are able to transition from the program to other levels of care (as indicated).

#### E. Program staffing

- **Early Psychosis Division Director-** Provides administrative oversight and leadership of Felton Early Psychosis network of programs, including liaison with SFDPH, program operations, program development, training, and fidelity to coordinated specialty care model.
- **Associate Director:** Provides oversight of clinical and operational activities in support of Division Director.
- **Program Manager:** Provides clinical and operational oversight of (re)MIND San Francisco. Ensures compliance with Felton's coordinated specialty care treatment model and provides direct services to individuals and families as needed.

- Clinical Team Leader - Provides clinical leadership on site, coordinates intake and referral system, and maintains a partial caseload providing direct services to individuals and families. Provides clinical coverage in all in the absence of therapist(s).
- Staff Therapist(s) – Maintains standard caseload providing individual and family therapy, care coordination, and case management. Provides outreach presentations and psychoeducation to consumers, families and community partners on early psychosis. Co-facilitates MFG groups as scheduled.
- Bilingual Staff Therapist(s) – Maintains standard caseload, providing individual and family therapy, care coordination, and case management with emphasis in engaging monolingual youth and families. Provides outreach presentations and psychoeducation to consumers, families and community partners on early psychosis. Co-facilitates MFG groups as scheduled.
- Employment and Education Specialist – Provides individualized educational and vocational support, under the IPS Model for supported employment adapted for youth and young adults. Maintains a caseload of supported employment and education services.
- Family Support Specialist (lived experience): Provides direct support to families from a peer perspective, as well as linkage to community resources. Co-facilitates MFG groups as scheduled.
- Office Manager- Provides administrative support and assists with intake coordination.
- Bilingual Psychiatric Nurse Practitioner: Provides psychiatric assessment, medication support services and psychoeducation. Works in close collaboration with the multidisciplinary team and under supervision of licensed psychiatrist.
- Psychiatrist: Provides supervision to Psychiatric Nurse Practitioner. Provides medication coverage as needed.
- Employment and Education Manager – Provides direct support for Employment and Education Specialist(s), coordinates implementation of evidence-based supported employment and education model and ensure employment and education outcomes are met.
- Quality and Performance Manager: Collaborates to oversee program related data collection and reporting, including tracking progress toward quantitative and qualitative outcomes.
- Program Outcomes Specialist (Data Analyst): Coordinates evaluations, collects outcome data, and assists with program reporting.

Throughout the year, the early psychosis program will host two volunteer RAMS Youth Peer Support interns (0.6 FTE) to provide Peer Support Services on site. In addition, the program may host volunteer interns or trainees on clinical licensure track (PhD/PsyD, MSW, MFT, PCC), as well as volunteer research assistants. Changes may occur to the composition of program staffing during the contract year due to a variety of circumstances and staffing structure will be adjusted to reflect these changes accordingly.

Additional staffing as result of the EPI-Plus expansion (contract period 2/2/21 - 2/1/22):

- Early Psychosis Training and Evaluation Manager: Implements fidelity to coordinated specialty care model, implements specialized training, and collaborates with EPI-Plus training and technical assistance resources.
- Increased FTEs for Bilingual Staff Therapist, Family Support Specialist, Bilingual Employment and Education Specialist.

F. MHSA Programs – Additional requirements.

1) Consumer participation and engagement

Program participants and families actively engage in assessment, treatment and program evaluations. During assessment, besides integrating family in structured clinical interview, a collaborative meeting closes this phase of treatment (diagnostic feedback session) when staff shares assessment outcomes, diagnosis, treatment options, and empowers individuals and their families in their decision-making process. Throughout treatment, participants and families actively participate in services, including regular treatment evaluations (consumer and family evaluations), and their input is sought to improve service delivery.

The program will continue to partner with community-based organizations such as RAMS, LEGACY, MHA, and NAMI to provide clients with access to peer and family support services, to enhance recovery-oriented views and role-model consumer engagement in system transformation.

2) MHSA Principles:

***The concepts of recovery and resilience are widely understood and evident in programs and service delivery.***

- The Felton (re)MIND program promotes recovery and resilience through its use of strength-based care management and recovery-based language. The program has also designed a medication approach that supports the concept of a sustainable medication treatment that works overtime. Program therapists bring multiple psychosocial treatments to bear to treat the whole individual.
- The progress of the participant is tracked through weekly team conference where each individual's progress is discussed. Each individual is reviewed based on their level of need with those clients presenting with the greatest level receiving the most time for discussion. Problem solving allows the team to consider ways in which the individual might move down the risk level. Each team conference ends with a review of positives from the week including skills participants may have learned, activities they may have engaged in or feedback they may have given.
- Monthly review of participant's phase of treatment with active identification of goals and steps to support movement to the next phase and ultimately towards discharge.
- CBTp strongly emphasizes normalization as a key element of the approach. Normalization allows the individual to decatastrophize their experience and begin to formulate this within a recovery and resiliency framework.

***Consumers are supported to determine and achieve their own goals and lead fulfilling and productive lives.***

- CBTp goals are set collaboratively and frequently include age-appropriate goals (e.g. attending school, gaining employment, dealing with family conflict, engaging in relationships, etc.).
- The IPS model emphasizes that the vocational choices of the youth/young adult should reflect their interests and supports them to make steps to return to work, or school. IPS also emphasizes that engaging in meaningful employment (and educational activities) is a crucial component of their recovery process.

## **7. Objectives and Measurements:**

Please take note that all final objectives, and descriptions of how objectives will be measured, will be in the document entitled “Transitional Age Youth Performance Objectives FY 20-21.”

## **8. Continuous Quality Improvement:**

CQI activities follow the procedures established agency-wide at Felton. The CQI overall coordinator for Felton falls under the Director of Quality Management. Felton’s programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the Director of Quality Management, continuous quality improvement mechanisms for all Programs at Felton first involve the Felton Division Directors, who oversee all aspects of Programs within Divisions. Felton’s Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS Mental Health Contract Programs. Felton’s Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, CFO, COO’s, VP of HR, IT Director, Director of Quality Management of Felton, as well as the Division Directors of Felton responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

### **A. Achievement of contract performance objectives and productivity:**

Program staff joins Felton meetings at the beginning of the Fiscal Year to review all Performance Objectives that relate to 13 SFDPH BHS Contracted Client Service Programs. Performance Objectives are revisited, including plan to achieve them and where achievement is recorded (e.g., AVATAR, CIRCE, DCR, other). Some objectives are monitored as often as weekly in program meetings, and most are monitored monthly in regular meetings (Operations and QA, PURQC, QA/IT, and Roundtable Management meetings). At the end of the Fiscal Year, Felton will prepare reports on progress on any Performance Objectives not directly measured by AVATAR, DCR, or other directly accessible data source to SFDPH BHS.

Program staff meets monthly, on the second Tuesday of every month, for a Felton Operations Meeting with the Quality Management Team to review program progress relative to SFDPH BHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g. caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets). Additionally, Program staff meets every other month with CFO/COO; to review the actual units delivered vs. units budgeted to ensure programs are on target with their monthly & annual productivity goals. In instances when programs are behind target goals, Program staff and CFO/COO strategize ways to improve productivity to ensure contract needs and obligations are met.

In another meeting, Felton Quality Management Team meets monthly for QA/IT Meeting (4<sup>th</sup> Thursday), IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives, especially as these relate to Electronic Health Records (CIRCE and AVATAR).

**B. Quality of documentation, including a description of the frequency and scope of internal chart audits:**

Felton continues to utilize its own in-house data system, called 'CIRCE' which stands for Cloud-based Integrated Reporting and Charting Environment. CIRCE gives up to the minute program dashboards on productivity, lapse of time between service rendered and service documented, and PURQC minutes utilized. It also alerts program directors and line staff to upcoming due dates for assessments, plans of care, yearly HIPAA rights review and documentation, and PURQC. Programs also have a monthly meeting to PURQC clients on their anniversary dates with new Tx POC, Reassessment, and CANS or ANSA.

Each month (on the 3<sup>rd</sup> Tuesday), the Quality Management Team meets with all Felton SF Administrative staff to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

Felton has designed a 3-Tiered QA audit process which is conducted as follows:

Monthly:

There is a Quality Assurance meeting with all program directors across the agency to review "Chart Health" metrics and productivity in each program. This meeting is also a forum to discuss policy changes and issues as they relate to the interface of CIRCE and AVATAR.

Program directors are required to audit charts at least yearly, when charts are opened, closed, or reviewed for annual TxPOC and PURQC. This audit includes a review of all chart components for quality, Medi-Cal compliance, as well as timeliness of signatures and dates. The attached audit sheet designed by

SFDPH BHS for PURQC is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.

All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

Quarterly:

All program directors facilitate some kind of peer review of chart with their Program staff at least quarterly, either auditing a random selection of charts in which line staff applies attached audit forms to review each other's charts or focusing on specific issues that come up in chart audits that could be done better in general by most or all staff. Time is spent reviewing the findings at the end of the peer reviews.

Yearly/Ongoing:

All staff working for SFDPH BHS Contracts are required to attend BHS or Felton Documentation Training. Within Programs, staff meets weekly with Program Directors to address continuous practice enhancement information conveyed via email or BHS bulletins or from meetings with BHS (e.g., Monthly Providers Meetings, FSP and DCR Meetings, PURQC Meetings). Staff training is conducted approximately quarterly within Divisions or Programs; such "booster" trainings review practice habits, address more common subtleties of practices that arise from Program Director Audits and PURQCs, and assure that practice habits do not drift from Documentation Standards. All new staff is intensively trained in Mental Health Documentation Standards and Practices by the Quality Management Team, Program Directors, and Program staff; and they are sent to any available BHS formal training as soon as possible after their hire dates.

The QM Team lead a monthly (3<sup>rd</sup> Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

### C. Cultural competency of staff and services

All staff working on SFDPH BHS-contracted programs are required yearly to attend trainings geared toward increasing their cultural competency (e.g., recent trainings have focused on unique backgrounds of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street Worker, Senior, LGBTQ Youth, Transgender Adults, and SMI client groups, Adult Transgender Sensitivity, among many others). Felton Institute also has been participating in the multi-year BHS Community Advisory Board Project and submitting formal Reports yearly in September.

Felton Institute stresses the importance of welcoming clients of all backgrounds, and Felton Institute has a long history of serving marginalized client groups who may not have been able to find services elsewhere. Felton Institute also actively recruits staff to represent the diversity of clients Felton Institute programs serve, including targeting balance in racial, ethnic, gender, sexual orientation, languages, age and experience, and including professional and peer staff in its ranks.

### D. Satisfaction with services

Felton Institute programs participate in twice-yearly SFDPH BHS Client Satisfaction / Mental Health



Consumer Perception Surveys. Felton Institute staff makes a concerted effort to encourage clients to participate and make their opinions known, and staff works to get help for clients who need it to complete surveys (e.g., reading or writing from peers). Clients are encouraged at all times to discuss concerns or ideas for improvement with their therapist/case manager, program manager, division director, or Felton Institute executive management. Several times per year, clients are offered group events and transitional gatherings during which they are informally surveyed for how well they feel their programs are meeting their needs. At least yearly, therapists review this formally with clients as part of their developing a new treatment plan of care. Survey results and client suggestions are reviewed at Agency, Division, Program, and individual case levels, and practices are adjusted when possible to meet the hopes and expectations of clients.

E. Timely completion and use of outcome data, including CANS and/or ANSA.

Felton Institute works with canstraining.com, SFDPH/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. The Director of Quality Management is the ANSA liaison and the Full Circle Family Program Director, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

Assessments are done when clients are opened, at the time of their re-assessments (at least annually), and when clients are closed.

FSP and ICM Programs also use the MORS rating scale and DCR data to evaluate clients' progress and track outcomes of our services. Staff enters data for clients monthly into DCR and/or Avatar. We receive bi-monthly reports from the DCR team about hospitalizations, arrests, housing, etc., as they relate to our clients. We are able to identify needs across Programs that are not being met. The MORS data is used as a way to identify clients that may be getting ready for graduation or step down from the program, as well as to identify those clients that are decompensating or failing to move forward in their recovery.

## **9. Required Language:**

- a. Contractor will adhere to all stipulated SFDPH BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the SFDPH BHS ECMHCI SOC Program Manager of any changes.
- b. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the SFDPH BHS CCMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health

consultants to all program sites and for notifying the SFDPH BHS ECMHCI SOC Program Manager of any changes.

- c. Contractor will adhere to all State Requirements listed in the State Contract, the RFA, and State Info-Notices.

<b>Contractor Name:</b> Felton Institute	<b>Appendix A- 7</b>
<b>Program Name:</b> Full Circle Family Program (FCFP)	<b>Contract Term:</b> 07/01/2021 - 06/30/2022
	<b>Funding Source:</b> (non-BHS only)

**1. Identifiers:**

Program Name: **Full Circle Family Program (FCFP)**

Program Address: 1663 Mission Street Suite 604

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

Telephone/FAX: 415-474-7310 / 415-673-2488

Website Address: [www.felton.org](http://www.felton.org)

Contractor Address 1500 Franklin Street

City, State, Zip Code: San Francisco, CA 94109

Executive / Program Director: Michelle Kaye, Clinical Director

Telephone: 415-474-7310 x453

Email Address: [mkaye@felton.org](mailto:mkaye@felton.org)

Program Code: 38LH01

**2. Nature of Document:**

3.  Original  Contract Amendment  Revision to Program Budgets (RPB)

**4. Goal Statement:**

The goal of the Full Circle Family Program (FCFP) is to provide trauma-informed mental health services to children and youth in order to help them improve their behavior, recover from difficult experiences, and create stronger relationships within their families and communities. Issues we address include depression, anxiety, low self-esteem, family conflict, inattention/hyperactivity, anger issues, behavior problems at home or school, grief and loss, involvement in Child Welfare and or the Foster Care systems, and many others.

**5. Target Population:**

FCFP serves children and youth up to 21 years of age, and their families. All children and youth meet criteria for specialty mental health services, are San Francisco residents, and do not have private insurance (clients can have Medi-Cal, ERMHS, Healthy Kids, Healthy Families, or no insurance). We also offer culturally competent, bilingual services in Spanish as well as English.

**6. Modality(s)/Intervention(s)**

**DIRECT SERVICES (As defined in 9 CCR § 1810.200-254):**

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

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

- **Assessment:** An activity that is designed to evaluate the current status of a beneficiary's mental, emotional, or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental health status determination; analysis of the beneficiary's clinical history; analysis of relevant cultural issues and history; diagnosis; and the use of testing procedures
- **Plan Development:** A service activity which consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary's progress.
- **Therapy:** A service activity that is a therapeutic intervention that focuses primarily on the symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.
- **Rehabilitation:** A service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a beneficiary's or group of beneficiaries' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.
- **Collateral:** A service activity to a significant support person in a beneficiary's life for the purpose of meeting the needs of the beneficiary in terms of achieving the goals of the beneficiary's client plan. Collateral may include but is not limited to consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the beneficiary, consultation and training of the significant support person(s) to assist in better understanding of mental illness, and family counseling with the significant support person(s). The beneficiary may or may not be present for this service activity.

**Medication Support Services:** those services that include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of the beneficiary. FCFP partners with other agencies in San Francisco to meet these needs for our clients.

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

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**INDIRECT SERVICES:**

In addition to the above direct services, the program conducts staff training and outreach activities as indirect services.

**7. Methodology:**

Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

Direct Client Services: Describe how services are delivered and what activities will be provided, addressing, how, what, and where for each section below:

- A. Outreach, recruitment, promotion, and advertisement
- B. Admission, enrollment and/or intake criteria and process where applicable
- C. Service delivery model
- D. Discharge Planning and exit criteria and process
- E. Program staffing
- F. Vouchers

**Indirect Services**

Indirect services for this program include outreach and ongoing staff training. Outreach activities are not billable in the way that other client-level services are, but they are an important element in program design as they help to ensure that needed services reach the highest-risk, most vulnerable, unserved, and underserved populations. Felton Institute also conducts regular staff training in evidence-based practices, strengths-based approaches, cultural competency, and other skill sets that help ensure that services are delivered according to the state of the art. This staff development and training is provided by Felton Institute as well as outside experts, and is essential to maintaining high quality service and promoting positive client outcomes. Hours required for both outreach and training are written into job descriptions and part of a full-time employee’s expected 1056 hours of work per year.

**Direct Services**

- A. Outreach, recruitment, promotion, and advertisement as necessary.

Outreach is conducted through participation in all relevant county meetings, close coordination with the SF ERMHS team, frequent contact with referral sources such as SFGH, Mission Neighborhood Health Center and Foster Care Mental Health and weekly communication with DPH about clinic capacity. Recruitment is also conducted internally, within Felton Institute’s Children, Youth and Family Services Division, including our Teenage Pregnancy and Parenting Program, Young Family Resource Center and our Early Care and Education Program. Additionally, staff utilizes health fairs and other such events for outreach, recruitment, and promotion and advertisement purposes.

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

To be eligible for FCFP services, a client must be age 0-21, a SF resident, and have one of our contracted insurances or funding sources specified above. The intake process is initiated when a parent, youth, community partner, or other referral source contacts FCFP for a brief phone screening to determine eligibility. Clients who hold private insurance as their primary coverage are referred back to their health provider for services unless they are contracted through our ERMHS contract for treatment. For ERMHS clients, private insurance cannot be used and therefore clients can only be seen during the school schedule and not during holidays. Once initial eligibility has been established, the case is assigned to a clinician who contacts the client within 24-48 hours to schedule an intake session to determine if the client meets medical necessity and qualifies for ongoing specialty mental health services.

C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies. For BHS Children Youth and Families (CYF) programs, The CANS data is used to inform treatment and discharge.

FCFP provides individual, group and family therapy, including play therapy, sand tray therapy, psychodynamic psychotherapy, and DBT and CBT inspired treatment. While individual services are offered, our primary clinical focus is addressing the strengths and needs of the family and leveraging natural supports to create healthy change in our clients' lives. Case management, collateral, rehabilitation, and collaboration with medication support services are provided as well.

Our clinic is open at minimum from nine-thirty to four-thirty, Monday through Friday. Services are provided at main clinic site, at schools, in the community, and at the family's home based on their availability and needs. Services are additionally provided at the clinic and in the community outside of these hours, as early as 8 am and as late as 9 pm, as needed.

Typical service protocol includes weekly family-based therapy including child therapy, regular parent meetings, collateral contacts and interventions at the client's school, and coordinating with partner agencies for medication appointments as appropriate. Length of stay is dependent on client needs and progress towards meeting the plan of care goals.

CANS data is incorporated into treatment and discharge planning from the initial assessment. Clients are evaluated and scored on all CANS domains, and scores of clinical focus are reflected in the treatment planning process. Reassessments are completed in accordance with DPH guidelines and the established PURQC process. As clients achieve greater wellness and self-sufficiency, the preparation for discharge begins, and resources are identified that provide ongoing support, if needed, within the communities and natural support systems of the client and family.

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D. Discharge Planning and exit criteria and process, i.e., a step-down to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.

Discharge criteria include client/family attainment of plan of care goals, mutual agreement to discontinue services, or lack of participation which precludes progress. The Child Adolescent Needs and Strengths (CANS) assessment is utilized as a measurement tool to examine and inform treatment decisions. Clinicians consult with their clinical supervisor about any service changes (i.e., step-down, transfer, referral, or discharge) in advance.

E. Briefly describe program staffing (which staff is involved, and in which aspects of service development and delivery). Indicate staff positions not funded by DPH only if it is someone contributing directly to the delivery of services.

- Children, Youth & Family Services, Clinical Director – provides organizational leadership and division development support
- Program Manager – responsible for oversight of the program, including evaluation of staff’s clinical duties and other administrative duties, provides intake, administrative and outreach support
- Bilingual Family Clinicians – provides direct and indirect mental health services in Spanish
- Family Clinicians – provides direct and indirect mental health services
- Director of Quality Management – provides oversight of program QA

**8. Objectives and Measurements:**

**A. Standardized Objectives**

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 21-22.

**9. Continuous Quality Improvement:**

CQI activities follow the procedures established agency-wide at Felton Institute. Family Service Agency programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the Director of Quality Management, continuous quality improvement mechanisms for all programs at Felton Institute first involve the Felton Institute Division Directors, who oversee all aspects of programs within Divisions. Felton Institute’s Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. The Division Directors and Clinical Directors along with the management team, are responsible for establishing and maintaining

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overall contractual guidelines for SFDPH BHS Mental Health Contract programs. The Felton Institute Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team, composed of CEO, COO's, Controller, VP of HR, IT Director, Director of Quality Management, and the Division and Clinical Directors of Felton Institute, are responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly program meetings and email, orientations, and training.

**A. Achievement of contract performance objectives and productivity:**

Program staff joins Felton Institute meetings at the beginning of the Fiscal Year to review all Performance Objectives that relate to all SFDPH BHS Contracted Client Service Programs. Performance Objectives are revisited, including plan to achieve them and where achievement is recorded (e.g., AVATAR, CIRCE, DCR, other). Some objectives are monitored as often as weekly in program meetings, and most are monitored monthly in regular meetings (Operations, PURQC, QA/IT, and Roundtable Management meetings). At the end of the Fiscal Year, Felton Institute will prepare reports on progress on any Performance Objectives not directly measured by AVATAR, DCR, or other directly accessible data source to SFDPH BHS.

Program staff meets monthly, on the second Tuesday of every month, for a Felton Institute Operations Meeting with the Quality Management Team to review program progress relative to SFDPH BHS contract deliverables and performance objectives. Operations staff are provided spreadsheets to review overall contract performance and specific program staff's progress in hitting targets (e.g. caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets). Additionally, program staff meets every other month with COO/CFO; to review the actual units delivered vs. units budgeted to ensure programs are on target with their monthly & annual productivity goals. In instances when programs are behind target goals, program staff and COO/CFO strategize ways to improve productivity to ensure contract needs and obligations are met.

In another meeting, Felton Quality Management Team meets monthly for QA/IT Meeting (4<sup>th</sup> Thursday), IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives, especially as these relate to Electronic Health Records (CIRCE and AVATAR).

**B. Quality of documentation, including a description of the frequency and scope of internal chart audits:**

Felton Institute continues to utilize its own in-house data system, called 'CIRCE' which stands for Cloud-based Integrated Reporting and Charting Environment. CIRCE gives up-to-the-minute program



<b>Contractor Name:</b> Felton Institute	<b>Appendix A- 7</b>
<b>Program Name:</b> Full Circle Family Program (FCFP)	<b>Contract Term:</b> 07/01/2021 - 06/30/2022
	<b>Funding Source:</b> (non-BHS only)

dashboards on productivity, lapse of time between service rendered and service documented, and PURQC minutes utilized. It also alerts program directors and line staff to upcoming due dates for assessments, plans of care, yearly HIPAA rights review and documentation, and PURQC. Programs also have at minimum one monthly meeting to PURQC client charts in accordance with SFDPH authorization and clinical documentation requirements.

Each month (on the 3<sup>rd</sup> Tuesday), the Quality Management Team meets with the Administrative Manager and all Felton Institute Administrative staff to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

FCFP adheres to an audit process that aligns with the 3 Level PURQC system established by SFDPH’s CYF Division.

- A. All CANS assessments and Treatment Plans of Care are drafted by staff and reviewed by the Clinical Director to ensure documentation of medical necessity and all necessary compliance requirements, as well ensure that the clinical formulation and treatment plan align with best practices, in the 30 days prior to the required due dates
- B. PURQC Level 1- The Program Manager and Clinical Director facilitate a bi-weekly meeting with all clinicians to review chart documents, ensure compliance, and discuss recommendations for ongoing client care. Staff utilize the SF BHS CYF SOC Documentation Compliance Checklist to review documentation compliance, and the SF BHS CYF SOC Clinical Review Form for PURQC & Case Review to review the clinical, qualitative elements of each case and ensure the use of best practices going forward. Charts are reviewed at 3 points in time:
  - 1. Initial Level 1 PURQC – Initial CANS & TPOC, which are due within 60 days of Episode opening, are reviewed. Treatment continues, utilizing the 12 months authorized at intake, if all clinical and compliance requirements are met.
  - 2. Annual Level 1 PURQC – The annual CANS reassessment and TPOC, which are due on or before the episode anniversary date, are reviewed. Treatment is authorized for up to 6 months if all clinical and compliance requirements are met.
  - 3. 6 month Level 1 PURQC – After the 1<sup>st</sup> year of treatment, progress notes, are reviewed 6 months after each anniversary date to ensure that services continue to align with the annual CANS reassessment and TPOC. If all clinical and compliance requirements are met, treatment is authorized until the next episode opening anniversary date at most.
- C. PURQC Level 2 – When the program is notified by the county of a client who qualifies for PURQC Level 2 (episode open 36 months or more, and less than 50% improvement on CANS actionable items), the Clinical Director reviews the case with another licensed staff within Felton who has not already reviewed the case to ensure best practices are being utilized and strategize about how to ensure efficacious care for the client. The Clinical Director and clinician are also invited to attend the PURQC Level 2 review. Staff review the TPOC Traffic Light Report and past PURQC Level-1 forms, in addition to the current CANS, TPOC, and progress notes. They utilize the BHS

<b>Contractor Name:</b> Felton Institute	<b>Appendix A- 7</b>
<b>Program Name:</b> Full Circle Family Program (FCFP)	<b>Contract Term:</b> 07/01/2021 - 06/30/2022
	<b>Funding Source:</b> (non-BHS only)

CYF SOC - Case Review Form to establish treatment authorization and the BHS CYF SOC PURQC Level 2 – Clinical Supervisor Form to provide qualitative clinical feedback and ensure adherence to best practices.

- D. All feedback or treatment recommendations are reviewed with the clinician and the Clinical Director to be incorporated into ongoing treatment decisions as applicable.
- E. PURQC Level 3 – An external review by the county, with the exact requirements pending. The program is prepared to collaborate with the county on all requirements as they are established.

All staff working for SFDPH BHS Contracts are required to attend BHS or Felton Institute’s Documentation Training. Within programs, staff meets weekly with Program Manager and Clinical Director to address continuous practice enhancement information conveyed via email or BHS bulletins or from meetings with BHS (e.g., Monthly Providers Meetings, FSP and DCR Meetings, PURQC Meetings). Staff training is conducted approximately quarterly within divisions or programs; such "booster" trainings review practice habits, address more common subtleties of practices that arise from Program Director Audits and PURQCs, and assure that practice habits do not drift from documentation standards. All new staff are trained in mental health documentation standards and practices by the QA Director, Program Directors, and program staff; and they are sent to any available BHS formal training as soon as possible after their hire dates.

The QM Team lead a monthly (3<sup>rd</sup> Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

C. Cultural competency of staff and services

All staff working on SFDPH BHS-contracted programs are required yearly to attend trainings geared toward increasing their cultural competency (e.g., recent trainings have focused on unique backgrounds of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street worker, Senior, LGBTQ Youth, Transgender Adults, and SMI client groups, Adult Transgender Sensitivity, among many others). Felton Institute also has been participating in the multi-year BHS Community Advisory Board Project and submitting formal Reports yearly in September.

Felton Institute stresses the importance of welcoming clients of all backgrounds, and Felton Institute has a long history of serving marginalized client groups who may not have been able to find services elsewhere. Felton Institute also actively recruits staff to represent the diversity of clients Felton Institute Programs serve, including targeting balance in racial, ethnic, gender, sexual orientation, languages, age and experience, and including professional and peer staff in its ranks.

D. Satisfaction with services

Felton Institute Programs participate in twice-yearly SFDPH BHS Client Satisfaction / Mental Health Consumer Perception Surveys. Felton Institute staff makes a concerted effort to encourage clients to participate and make their opinions known, and staff work to get help for clients who need it to

<b>Contractor Name:</b> Felton Institute	<b>Appendix A- 7</b>
<b>Program Name:</b> Full Circle Family Program (FCFP)	<b>Contract Term:</b> 07/01/2021 - 06/30/2022
	<b>Funding Source:</b> (non-BHS only)

complete surveys (e.g., reading or writing from peers). Clients are encouraged at all times to discuss concerns or ideas for improvement with their therapist/case manager, program manager, division director, or Felton Institute executive management. Survey results and client suggestions are reviewed at Agency, Division, Program, and individual case levels, and practices are adjusted when possible to meet the hopes and expectations of clients.

**E. Timely completion and use of outcome data, including CANS and/or ANSA.**

Felton Institute works with praedfoundation.org, SFDPH/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. The Director of Quality Management is the ANSA liaison and the Full Circle Family Program Director, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

Assessments are within 60 days of client’s episode opening, at the time of their re-assessments (at least annually), and a CANS Summary is completed when clients are closed.

**A. Required Language:**

- a. Contractor will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the BHS Program Manager of any changes.
- b. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS CCMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS CCMHCI Program Manager of any changes.

**1. Identifiers:**

Program Name: **TAY SOC Capacity Building – TAY Clinician’s Academy**

Program Address: 1500 Franklin Street

City, State, ZIP: San Francisco, CA 94109

Telephone: 415-474-7310

Facsimile: 415-922-9418

Website Address: [www.felton.org](http://www.felton.org)

Contractor Address: 1500 Franklin Street

City, State, ZIP: San Francisco, CA 94109

Executive / Program Director: Robin Ortiz, Ph.D., Division Director

Telephone: 415-474-7310 ext. 733

Email Address: [rortiz@felton.org](mailto:rortiz@felton.org)

Program Code(s) (if applicable):

**2. Nature of Document:**

Original     Contract Amendment     Revision to Program Budgets (RPB)

**3. Goal Statement:**

Felton Institute’s Network Development, Training and Capacity-Building contract for the TAY System of Care (“Provider Network Development”) will support Master’s-degreed and waived providers working with TAY at programs funded by the Department of Public Health in building knowledge and skills to meet the unique needs of the Transitional Age Youth population across San Francisco (typically 18-25 years of age).

Felton Institute will implement a Clinician’s Academy program through a two-part, Foundational and then Specialized Skills program model. This model will provide a variety of provider workforce development activities including: self-assessment of skills and knowledge, networking and relationship-building opportunities among providers, and exposure to content courses in the form of interconnected workshops of individual topics (“Foundational Workshops,” Part 1) and in-depth exploration of identified single topic content areas (“Specialized Skills,” Part 2).

Towards the goal of creating a library of content specific to the needs of TAY-serving clinicians and other staff, Felton will facilitate and support the creation of a video training series that will allow staff to engage in asynchronous staff development of the Foundational Skills topics.

The overall goals of the academy are to: deepen provider connections across agencies (thus enhancing the TAY System of Care), expand provider ability to enact the values and philosophies of the TAY System of Care, and ensure that TAY providers have access to opportunities to engage in ongoing learning and expansion of their clinical skills.

**4. Priority Population:**

The Clinician’s Academy program will reach approximately 35 Master’s-degreed and waived staff who provide direct service to TAY from DPH-funded TAY SOC programs Participating staff members will be identified by DPH to attend the academy.

**5. Modality(s)/Intervention(s):** Training, Education & Capacity Building (for Providers)

<b>Training Summary based by Fiscal Year</b>					
Type	Hours	Hours	Enrollees	Total Hours	FY 20-21
Training inside fiscal year		32	13 total	416	
Coaching (not scheduled)	8			104	
Training inside fiscal year		7.5	22 total	165	
<b>Training Scheduled</b>	<b>48</b>	<b>39.5</b>		<b>685</b>	<b>X</b>

**6. Methodology:**

The TAY Provider Network Development provides indirect services through developing and implementing a staff development (i.e. ‘training’) program for providers in the TAY System of Care.

The Felton team (Division Director and Training and Special Projects Coordinator/TSPC) work with internal (Felton) and/or external trainers to design and implement learning opportunities for participants via two formats.

In Part 1 (“Foundational Workshops”) of the Clinician’s Academy two-part model participants form a cohort group to participate in a series of interrelated topical workshops that cover a range of material related to the needs of Transitional Age Youth. Topics may include, but are not limited to: Traditional healing modalities, TAY in their communities and families, understanding the TAY brain and the impact of trauma, and the intersection of mental health and substance use for TAY. Part 1 will service approximately 30-40 providers for each workshop. All participants in the cohort should participate in 100% of the workshops offered. The series will include one learning day per month, with approximately 6 hours of learning to earn Continuing Education Credits, for 6 to 8 months of learning.

In Part 2 (“Specialized Skills”) of the Clinician’s Academy two-part model, participants who have completed the Foundational Workshops series select one topic on which they will participate in an in-depth, multi-session learning experience, with follow-up group coaching calls to extend their learning and practice. Part 2 will provide at least two possible unique learning tracks from which participants will select one track to complete. Based upon available learning opportunities and interests, three to four unique tracks may be available in any given year. These foundational workshops will include one learning day per month (approximately 6 hours of Continuing Education Credits) for 5 months, followed by one coaching session per month of approximately 2 hours. Ideally, no more than 15 participants will enroll in any one topic to support high engagement and learning in each workshop and coaching opportunity.

Over the course of the Clinician’s Academy experience, providers will engage in self-assessment of their skills, knowledge and practices related to service provision for TAY via a variety of tools and experiences (evaluation tools, small and large-group discussion, written reflection). Each session will require

evaluation responses from all participants (reflection on their learning, as well as the content and conduct of the session) for the purposes of individual skill development and overall continuous quality improvement of the Academy experience.

Funded staff include (as per Appendix B):

- **Division Director: 0.163 FTE**  
Provides collaboration with DPH TAY System of Care and other partners to develop program design, oversee implementation of design, ensure Continuous Quality Improvement processes are implemented and reporting is complete, and support/oversee Felton program staff in completion of their tasks.
- **Training and Special Projects Coordinator (TSPC) / Program Manager: 0.40 FTE**  
Responsible for day-to-day implementation of program including coordination of trainers, planning logistics of all activities (training space, meals, required materials), drafting and collection of evaluations (including support of CQI process), and completion of reports.
- **Training and Research Evaluator: 0.20 FTE**  
Designs assessment tools and session evaluations to help ensure useful process and outcome measurements for program. Will work with Program Manager and Trainers to support completion and collection of completed evaluations. Will conduct analysis and compile evaluation report.

## **7. Objectives and Measurements:**

Please note that all final objectives are in the document entitled “Transitional Age Youth Performance Objectives FY20-21.”

## **8. Continuous Quality Improvement**

CQI will be in the form of: 1) Evaluations of each session by participants; 2) Group discussions and debriefs at the start and close of sessions; 3) End of program evaluations by participants.

CQI will use a session-by-session and multi-year format – i.e. the data from each cohort and year will be used to inform and improve the program as needed for following sessions, cohorts and years of this two-year pilot program.

## **9. Required Language:**

Method of data reporting: Verbal report at 6 months into program, and one written report due to DPH at close of program (12 months).

Service modality billing code: 45/10-19: Training/Capacity Building

## 1. Identifiers

Program Name: **The Healing Circle** (Fiscal Intermediary/Program Management)  
Program Address: 315 Franklin Street  
City, State, ZIP: San Francisco, CA 94108  
Telephone/FAX: (415) 474-7310 / (415) 931-0972  
Website Address: [www.felton.org](http://www.felton.org)

Contractor Address: 1500 Franklin Street  
City, State, ZIP: San Francisco, CA 94109

Executive / Program Director: Marvin Davis, Chief Financial & Operations Officer  
Telephone: (415) 474-7310 ext. 418  
Email Address: [mdavis@felton.org](mailto:mdavis@felton.org)

Program Code(s): **N/A**

## 2. Nature of Document

Original     Contract Amendment     Revision to Program Budgets (RPB)

## 3. Goal Statement

In collaboration with the San Francisco Department of Public Health and following Generally Accepted Accounting Principles (GAAP), Felton Institute will provide Fiscal Intermediary/Program Management services in support of **The Healing Circle (THC)** program. **The Healing Circle** is responsible for program personnel and service delivery with Felton Institute providing contract management and fiscal support.

## 4. Target Population

The primary audience is survivors of homicide and victims of violence. The target population also includes juvenile offenders and youth in San Francisco's under-represented communities with high crime rates.

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

The modality is Fiscal Intermediary/Program Management. Services include Other Administrative & Financial Support.

Felton Institute provides FI/PM services. These activities – in collaboration with include but are not limited to: logistical, administrative, and program support to **The Healing Circle (THC)** and DPH staff collaborating on this Program.

Felton Institute oversees project implementation by THC from a corporate standpoint and ensures the subcontractor is in compliance with DPH standards and protocols, and compliant with all city contract requirements. Felton Institute provides all fiscal management of contracted funds – including audits, invoicing, purchasing, and budget reconciliation. Felton Institute provides project support and funding distribution, manages/monitors performance and accountability of THC and project funds, issues payments, monitors the budgets, maintains records, produces financial reports as requested, and undergoes an annual audit.

Felton Institute works closely with DPH staff in the development, implementation, and evaluation of all activities carried out by THC. Felton Institute develops and updates signed subcontractor agreements, and distributes and monitors funding based on criteria developed by DPH – Behavioral Health Services.

DPH – Behavioral Health Services staff authorizes payment requests and acts as coordinator and liaison with the THC to collect and forward approved payment requests with backup documentation to Felton Institute in a timely manner.

## **6. Methodology**

### **A. Provide information regarding the methods used to deliver the actual FI/PM services**

The Healing Circle submits receipts monthly to Felton Institute for payment under this cost reimbursement funded program. Once the receipts are reviewed by Felton Institute fiscal personnel, a remittance document authorizing payment is prepared and submitted, along with supporting receipts, to Accounts Payable for processing. The authorized remittance and supporting documentation are validated once more in A/P before payment is processed. Each Healing Circle invoice and

Documents go through multiple layers of audit review before approval and payment is processed.

Any error or inconsistency is brought to the attention of for resolution.

Each invoice and payment is entered into Felton Institute’s accounting system and a hard copy of the check and supporting documents are filed.

### **B. List and briefly describe the program(s) this FI/PM is supporting on behalf of DPH**

The Healing Circle (THC) provides psychoeducational group support to San Francisco residents impacted by trauma related to a homicide and violent crime through bi-monthly meetings. Felton Institute provides licensed clinical supervision and budget/fiscal consultation support to THC’s program activities. Individuals needing licensed clinical support are referred to Felton Institute for services.



THC supports and promotes sharing, healing, education, and action for survivors of homicide and victims of violence. THC's primary purpose is to address the needs of survivors of homicide and other types of violence. The agency's secondary purpose is to address violence such as rape, elder abuse, child abuse, foster care, robbery, incarceration, hate crimes, gang violence, domestic violence, etc. THC works collaboratively with faith-base, city government, law enforcement, the school district and other agencies in violence prevention and education.

## **7. Objectives and Measurements**

All objectives, and descriptions of how objectives will be measured, are contained in the SFDPH BHS AOA document entitled Performance Objectives FY 21-22.

## **8. Continuous Quality Improvement**

N/A

## **9. Required Language**

N/A

**1. Identifier**

Program Name: **Fiscal Intermediary for SFPDPH-Maternal Child and Adolescent Health (MCAH) - California Homes Visiting Program (CHVP)**

Program Address: 1500 Franklin Street

City, State, Zip Code: San Francisco, CA 94109

Telephone: (415)-474-7310

Facsimile: (415)-931-0972

Contractor Address: 1500 Franklin Street

City, State, ZIP: San Francisco, CA 94109

Executive / Program Director: Marvin Davis, Chief Financial & Operations Officer

Telephone: (415) 474-7310 ext 418

Email Address: mdavis@felton.org

Program Code: Fiscal Intermediary

**2. Nature of Document:**

Original     Contract Amendment     Revision to Program Budgets (RPB)

**3. Goal Statement**

To assist SFPDPH-MCAH-CHVP with fiscal and administrative services related to the sub-contractual agreement with Nurse Family Partnership.

**4. Target Population**

As an administrative function, there is no target population.

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

As an administrative function, there are no modalities/interventions.

**6. Methodology**

As an administrative function, all appropriate policies of both Felton Institute and SFPDPH apply.

**7. Objectives and Measurements**

N/A - Fiscal Intermediary

**8. Continuous Quality Assurance and Improvement**

N/A - Fiscal Intermediary

**9. Required Language:**

- a. Contractor will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all

- reporting requirements as put forth by the BHS ECMHCI SOC Program Manager of any changes.
- b. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS CCMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI SOC Program Manager of any changes.

## 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<sup>0</sup> (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

D. Upon **the effective date** of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health **of an invoice or claim submitted by Contractor, and** of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSF Fund 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 – B10	
Appendix B-1	Geriatrics Services West
Appendix B-2	Geriatric Services at Franklin/OP
Appendix B-2a	Geriatric Intensive CM at Franklin
Appendix B-3	Older Adult FSP at Franklin
Appendix B-4	Adult Care Management (Non-MHSA)
Appendix B-4a	ADULT FSP (MHSA)
Appendix B-5	TAY FSP (MHSA)
Appendix B-6	Prevention and Recovery in Early Psychosis -CR
Appendix B-6a	Prevention and Recovery in Early Psychosis -FFS
Appendix B-6b	Prevention and Recovery in Early Psychosis - EPI Plus
Appendix B-7	Full Circle EPSDT Franklin
Appendix B-8	TAY SOC Capacity Building
Appendix B-9	Healing Circle
Appendix B-10	MCAH-CHVP

## B. Compensation

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Seventy-Seven Million Six Hundred Five Thousand Two Hundred Thirty-Two Dollars (\$77,605,232)** for the period of **July 1, 2018 through June 30, 2027**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$5,910,538** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR

for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2018 - June 30, 2019	8,714,802
July 1, 2019 - June 30, 2020	8,728,649
July 1, 2020 - June 30, 2021	8,768,153
July 1, 2020 - June 30, 2021 (MCO DV)	171,405
July 1, 2021 - June 30, 2022	9,450,983
July 1, 2022 - June 30, 2023	9,460,330
July 1, 2023 - June 30, 2024	9,469,957
July 1, 2024 - June 30, 2025	6,947,423
July 1, 2025 - June 30, 2026	6,957,636
July 1, 2026 - June 30, 2027	6,968,156
Sub. Total July 1, 2018 through June 30, 2027	75,637,494
Contingency	5,910,538
Less: Encum CID#6931	(3,675,156)
Less unspend for FY 18/19	(267,644)
Total July 1, 2018 through June 30, 2027	77,605,232

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.

To provide for continuity of services while a new agreement was developed, the Department of Public Health established a contract with Family Service Agency (DBA: Felton Institute) for the same services and for a contract term which partially overlaps the term of this new agreement. The existing contract shall be superseded by this new agreement, effective the first day of the month following the date upon which the Controller's Office certifies as to the availability of funds for this new 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		00337			AppendixB, Page #	1 of 3
Legal Entity Name/Contractor Name		Felton Institute			Fiscal Year	2021-2022
Contract ID Number		1000009936			Funding Notification Date	10/21/21
Appendix Number	<b>B-1</b>	<b>B-2</b>	<b>B-2a</b>	<b>B-3</b>		
Provider Number	8990	3822	3822	3822		
Program Name	Geriatrics Services West	Geriatric Services at Franklin/OP	Geriatric Intensive CM at Franklin	Older Adult FSP at Franklin		
Program Code	89903	38223MH	382213	3822G3		
Funding Term	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22		<b>Page Total</b>
<b>FUNDING USES</b>						
Salaries	\$ 587,394	\$ 568,526	\$ 549,409	\$ 575,984		\$ 2,281,313
Employee Benefits	\$ 182,092	\$ 176,243	\$ 170,317	\$ 178,554		\$ 707,206
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 769,486</b>	<b>\$ 744,769</b>	<b>\$ 719,726</b>	<b>\$ 754,538</b>	\$ -	<b>\$ 2,988,519</b>
Operating Expenses	\$ 236,856	\$ 176,151	\$ 99,876	\$ 180,699		\$ 693,582
Capital Expenses				\$ -		\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 1,006,342</b>	<b>\$ 920,920</b>	<b>\$ 819,602</b>	<b>\$ 935,237</b>	\$ -	<b>\$ 3,682,101</b>
Indirect Expenses	\$ 150,951	\$ 138,138	\$ 122,940	\$ 140,286	\$ -	\$ 552,315
Indirect %	15.0%	15.0%	15.0%	15.0%	0.0%	15.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 1,157,293</b>	<b>\$ 1,059,058</b>	<b>\$ 942,542</b>	<b>\$ 1,075,523</b>	\$ -	<b>\$ 4,234,416</b>
				Employee Benefits Rate		31.0%
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
MH Adult Fed SDMC FFP (50%)	\$ 465,416	\$ 396,523	\$ 389,649	\$ 351,516		\$ 1,603,104
MH Adult State 1991 MH Realignment	\$ 327,844	\$ 284,178	\$ 116,552	\$ 11,698		\$ 740,272
MH Adult County General Fund	\$ 349,878	\$ 252,994	\$ 376,350	\$ 82,381		\$ 1,061,603
MH Adult County General Fund - CODB	\$ 425	\$ 111,381	\$ 56,595	\$ 32,693		\$ 201,094
MH Adult Medicare	\$ 13,730	\$ 13,982	\$ 3,396	\$ 962		\$ 32,070
MH MHSA (OA)				\$ 244,757		\$ 244,757
MH MHSA (OA) Match				\$ 351,516		\$ 351,516
MH MHSA (Adult)						\$ -
MH MHSA (Adult) Match						\$ -
MH MHSA (TAY)						\$ -
MH MHSA (TAY) Match						\$ -
MH EPI Plus State Grant (02/08/21 - 02/07/22)						\$ -
MH Grant SAMHSA Adult SOC, CFDA 93.958						\$ -
MH MHSA (WET)						\$ -
MH WO-CH TAY SOC Network Dev						\$ -
MH CYF Fed SDMC FFP (50%)						\$ -
MH CYF State 2011 PSR-EPST						\$ -
MH CYF Family Mosaic Capitated Medi-Cal						\$ -
MH CYF State 1991 Realignment						\$ -
MH CYF County General Fund- CODB						\$ -
MH CYF County General Fund						\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 1,157,293</b>	<b>\$ 1,059,058</b>	<b>\$ 942,542</b>	<b>\$ 1,075,523</b>	\$ -	<b>\$ 4,234,416</b>
<b>BHS SUD FUNDING SOURCES</b>						
						\$ -
						\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>						
						\$ -
						\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 1,157,293</b>	<b>\$ 1,059,058</b>	<b>\$ 942,542</b>	<b>\$ 1,075,523</b>	<b>\$ -</b>	<b>\$ 4,234,416</b>
<b>NON-DPH FUNDING SOURCES</b>						
						\$ -
						\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 1,157,293</b>	<b>\$ 1,059,058</b>	<b>\$ 942,542</b>	<b>\$ 1,075,523</b>	<b>\$ -</b>	<b>\$ 4,234,416</b>
Prepared By	Michael Gaston / Marvin Davis			Phone Number	415-474-7310	



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

DHCS Legal Entity Number		00337					AppendixB, Page #		2 of 3
Legal Entity Name/Contractor Name		Felton Institute					Fiscal Year		2021-2022
Contract ID Number		1000009936					Funding Notification Date		10/21/21
Appendix Number	<b>B-4</b>	<b>B-4a</b>	<b>B-5</b>	<b>B-6</b>	<b>B-6a</b>	<b>B-6b</b>			
Provider Number	3822	3822	3822	3822	3822	3822			
Program Name	Adlt Care Mgmt (Non-MHSA)	ADULT FSP (MHSA)	TAY FSP (MHSA)	PREP - CR	PREP - FFS	PREP - EPI Plus			
Program Code	3822OP	3822A3	3822T3	8990EP	8990EP	8990EP			
Funding Term	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	2/8/22 - 2/7/23	<b>Page Total</b>		
<b>FUNDING USES</b>									
Salaries	\$ 508,546	\$ 527,863	\$ 312,682	\$ 467,106	\$ 213,973	\$ 281,634	\$	<b>2,311,804</b>	
Employee Benefits	\$ 157,649	\$ 163,639	\$ 96,931	\$ 144,803	\$ 66,332	\$ 87,306	\$	<b>716,660</b>	
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 666,195</b>	<b>\$ 691,502</b>	<b>\$ 409,613</b>	<b>\$ 611,909</b>	<b>\$ 280,305</b>	<b>\$ 368,940</b>	\$	<b>3,028,464</b>	
Operating Expenses	\$ 140,338	\$ 136,385	\$ 103,615	\$ 96,789	\$ 53,195	\$ 47,023	\$	<b>577,345</b>	
Capital Expenses							\$	<b>-</b>	
<b>Subtotal Direct Expenses</b>	<b>\$ 806,533</b>	<b>\$ 827,887</b>	<b>\$ 513,228</b>	<b>\$ 708,698</b>	<b>\$ 333,500</b>	<b>\$ 415,963</b>	\$	<b>3,605,809</b>	
Indirect Expenses	\$ 120,980	\$ 124,183	\$ 76,984	\$ 106,305	\$ 50,025	\$ 62,394	\$	<b>540,871</b>	
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	\$	<b>15.0%</b>	
<b>TOTAL FUNDING USES</b>	<b>\$ 927,513</b>	<b>\$ 952,069</b>	<b>\$ 590,212</b>	<b>\$ 815,003</b>	<b>\$ 383,525</b>	<b>\$ 478,357</b>	\$	<b>4,146,679</b>	
						Employee Benefits Rate	\$	<b>31.0%</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>									
MH Adult Fed SDMC FFP (50%)	\$ 341,456	\$ 352,904	\$ 213,951		\$ 190,000		\$	1,098,311	
MH Adult State 1991 MH Realignment	\$ 142,226						\$	142,226	
MH Adult County General Fund	\$ 340,783	\$ 46,127	\$ 15,761	\$ 11,912	\$ 1,064		\$	415,647	
MH Adult County General Fund - CODB	\$ 103,048			\$ 4,952	\$ 2,461		\$	110,461	
MH Adult Medicare							\$	-	
MH MHSA (OA)							\$	-	
MH MHSA (OA) Match							\$	-	
MH MHSA (Adult)		\$ 200,134					\$	200,134	
MH MHSA (Adult) Match		\$ 352,904					\$	352,904	
MH MHSA (TAY)			\$ 146,549	\$ 468,125			\$	614,674	
MH MHSA (TAY) Match			\$ 213,951		\$ 190,000		\$	403,951	
MH EPI Plus State Grant (02/08/21 - 02/07/22)						\$ 478,357	\$	478,357	
MH Grant SAMHSA Adult SOC, CFDA 93.958				\$ 330,014			\$	330,014	
MH MHSA (WET)							\$	-	
MH WO-CH TAY SOC Network Dev							\$	-	
MH CYF Fed SDMC FFP (50%)							\$	-	
MH CYF State 2011 PSR-EPSDT							\$	-	
MH CYF Family Mosaic Capitated Medi-Cal							\$	-	
MH CYF State 1991 Realignment							\$	-	
MH CYF County General Fund- CODB							\$	-	
MH CYF County General Fund							\$	-	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 927,513</b>	<b>\$ 952,069</b>	<b>\$ 590,212</b>	<b>\$ 815,003</b>	<b>\$ 383,525</b>	<b>\$ 478,357</b>	\$	<b>4,146,679</b>	
<b>BHS SUD FUNDING SOURCES</b>									
							\$	-	
							\$	-	
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	\$	<b>-</b>	
<b>OTHER DPH FUNDING SOURCES</b>									
							\$	-	
							\$	-	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	\$	<b>-</b>	
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 927,513</b>	<b>\$ 952,069</b>	<b>\$ 590,212</b>	<b>\$ 815,003</b>	<b>\$ 383,525</b>	<b>\$ 478,357</b>	\$	<b>4,146,679</b>	
<b>NON-DPH FUNDING SOURCES</b>									
							\$	-	
							\$	-	
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	\$	<b>-</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 927,513</b>	<b>\$ 952,069</b>	<b>\$ 590,212</b>	<b>\$ 815,003</b>	<b>\$ 383,525</b>	<b>\$ 478,357</b>	\$	<b>4,146,679</b>	
Prepared By		Michael Gaston / Marvin Davis			Phone Number		415-474-7310		

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

DHCS Legal Entity Number		00337				AppendixB, Page #	3 of 3
Legal Entity Name/Contractor Name		Felton Institute				Fiscal Year	2021-2022
Contract ID Number		1000009936				Funding Notification Date	10/21/21
Appendix Number	<b>B-7</b>	<b>B-8</b>	<b>B-9</b>	<b>B-10</b>			
Provider Number	3822	3822	3822	3822			
Program Name	Full Circle EPSDT Franklin	TAY SOC Capacity Building	Healing Circle	MCAH-CHVP			
Program Code	38LH01	N/A	N/A	Fiscal Intermediary			
Funding Term	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	<b>Page Total</b>	<b>GRAND TOTAL</b>	
<b>FUNDING USES</b>							
Salaries	\$ 393,608	\$ 92,366	\$ 13,379	\$ -	\$ 499,353	\$ 5,092,470	
Employee Benefits	\$ 122,018	\$ 28,634	\$ 4,013	\$ -	\$ 154,665	\$ 1,578,531	
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 515,626</b>	<b>\$ 121,000</b>	<b>\$ 17,392</b>	<b>\$ -</b>	<b>\$ 654,018</b>	<b>\$ 6,671,001</b>	
Operating Expenses	\$ 132,706	\$ 75,957	\$ 22,840	\$ 44,817	\$ 276,320	\$ 1,547,247	
Capital Expenses					\$ -	\$ -	
<b>Subtotal Direct Expenses</b>	<b>\$ 648,332</b>	<b>\$ 196,957</b>	<b>\$ 40,232</b>	<b>\$ 44,817</b>	<b>\$ 930,338</b>	<b>\$ 8,218,248</b>	
Indirect Expenses	\$ 97,250	\$ 29,543	\$ 6,034	\$ 6,723	\$ 139,550	\$ 1,232,736	
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	
<b>TOTAL FUNDING USES</b>	<b>\$ 745,582</b>	<b>\$ 226,500</b>	<b>\$ 46,266</b>	<b>\$ 51,540</b>	<b>\$ 1,069,888</b>	<b>\$ 9,450,984</b>	
				Employee Benefits Rate	31.0%	31.0%	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH Adult Fed SDMC FFP (50%)					\$ -	\$ 2,701,415	
MH Adult State 1991 MH Realignment					\$ -	\$ 882,498	
MH Adult County General Fund			\$ 26,266		\$ 26,266	\$ 1,503,516	
MH Adult County General Fund - CODB					\$ -	\$ 311,555	
MH Adult Medicare					\$ -	\$ 32,070	
MH MHSA (OA)					\$ -	\$ 244,757	
MH MHSA (OA) Match					\$ -	\$ 351,516	
MH MHSA (Adult)					\$ -	\$ 200,134	
MH MHSA (Adult) Match					\$ -	\$ 352,904	
MH MHSA (TAY)					\$ -	\$ 614,674	
MH MHSA (TAY) Match					\$ -	\$ 403,951	
MH EPI Plus State Grant (02/08/21 - 02/07/22)					\$ -	\$ 478,357	
MH Grant SAMHSA Adult SOC, CFDA 93.958			\$ 20,000		\$ 20,000	\$ 350,014	
MH MHSA (WET)		\$ 51,500			\$ 51,500	\$ 51,500	
MH WO-CH TAY SOC Network Dev		\$ 175,000			\$ 175,000	\$ 175,000	
MH CYF Fed SDMC FFP (50%)	\$ 316,948				\$ 316,948	\$ 316,948	
MH CYF State 2011 PSR-EPSDT	\$ 197,816				\$ 197,816	\$ 197,816	
MH CYF Family Mosaic Capitated Medi-Cal	\$ 7,754				\$ 7,754	\$ 7,754	
MH CYF State 1991 Realignment	\$ 98,578				\$ 98,578	\$ 98,578	
MH CYF County General Fund- CODB	\$ 36,614				\$ 36,614	\$ 36,614	
MH CYF County General Fund	\$ 87,872				\$ 87,872	\$ 87,872	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 745,582</b>	<b>\$ 226,500</b>	<b>\$ 46,266</b>	<b>\$ -</b>	<b>\$ 1,018,348</b>	<b>\$ 9,399,443</b>	
<b>BHS SUD FUNDING SOURCES</b>							
					\$ -	\$ -	
					\$ -	\$ -	
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>OTHER DPH FUNDING SOURCES</b>							
Maternal, Infant and Early Childhood Home Visiting (MIECHV)				\$ 51,540	\$ 51,540	\$ 51,540	
					\$ -	\$ -	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 51,540</b>	<b>\$ 51,540</b>	<b>\$ 51,540</b>	
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 745,582</b>	<b>\$ 226,500</b>	<b>\$ 46,266</b>	<b>\$ 51,540</b>	<b>\$ 1,069,888</b>	<b>\$ 9,450,983</b>	
<b>NON-DPH FUNDING SOURCES</b>							
					\$ -	\$ -	
					\$ -	\$ -	
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 745,582</b>	<b>\$ 226,500</b>	<b>\$ 46,266</b>	<b>\$ 51,540</b>	<b>\$ 1,069,888</b>	<b>\$ 9,450,983</b>	
Prepared By				Michael Gaston / Marvin Davis	Phone Number	415-474-7310	

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

DHCS Legal Entity Number 00337		Appendix Number					B-1	
Program Name		Geriatrics Services West						
Program Code		89903	89903	89903	89903	89903		
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29		
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmnty Client Svcs		
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22		
<b>FUNDING USES</b>								<b>TOTAL</b>
Salaries & Employee Benefits		\$ 83,672	\$ 399,290	\$ 247,899	\$ 587	\$ 38,038	\$ -	\$ 769,486
Operating Expenses		\$ 25,755	\$ 122,906	\$ 76,306	\$ 181	\$ 11,708	\$ -	\$ 236,856
Capital Expenses								\$ -
<b>Subtotal Direct Expenses</b>		<b>\$ 109,427</b>	<b>\$ 522,196</b>	<b>\$ 324,205</b>	<b>\$ 768</b>	<b>\$ 49,746</b>	<b>\$ -</b>	<b>\$ 1,006,342</b>
Indirect Expenses		16,414	78,329	48,631	115	7,462	-	\$ 150,951
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	0.0%	15.0%
<b>TOTAL FUNDING USES</b>		<b>\$ 125,841</b>	<b>\$ 600,525</b>	<b>\$ 372,836</b>	<b>\$ 883</b>	<b>\$ 57,208</b>	<b>\$ -</b>	<b>\$ 1,157,293</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 53,239	\$ 254,066	\$ 157,737	\$ 374			\$ 465,416
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 34,337	\$ 163,860	\$ 101,732	\$ 241	\$ 27,674		\$ 327,844
MH Adult County General Fund	251984-10000-10001792-0001	\$ 36,645	\$ 174,872	\$ 108,570	\$ 257	\$ 29,534		\$ 349,878
MH Adult Medicare	251984-10000-10001792-0001	\$ 1,571	\$ 7,495	\$ 4,653	\$ 11			\$ 13,730
MH Adult County General Fund - CODB	251984-10000-10001792-0001	\$ 49	\$ 232	\$ 144				\$ 425
								\$ -
								\$ -
This row left blank for funding sources not in drop-down list								\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 125,841</b>	<b>\$ 600,525</b>	<b>\$ 372,836</b>	<b>\$ 883</b>	<b>\$ 57,208</b>	<b>\$ -</b>	<b>\$ 1,157,293</b>
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
								\$ -
This row left blank for funding sources not in drop-down list								\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
								\$ -
This row left blank for funding sources not in drop-down list								\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 125,841</b>	<b>\$ 600,525</b>	<b>\$ 372,836</b>	<b>\$ 883</b>	<b>\$ 57,208</b>	<b>\$ -</b>	<b>\$ 1,157,293</b>
<b>NON-DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
								\$ -
This row left blank for funding sources not in drop-down list								\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>125,841</b>	<b>600,525</b>	<b>372,836</b>	<b>883</b>	<b>57,208</b>	<b>-</b>	<b>1,157,293</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>		<b>Dept-Auth-Proj-Activity</b>						
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		33,000.0	121,400.0	40,762.0	120.0	322.7		
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 3.81	\$ 4.95	\$ 9.15	\$ 7.36	\$ 177.28		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 3.81	\$ 4.95	\$ 9.15	\$ 7.36	\$ 177.28		
Published Rate (Medi-Cal Providers Only)		\$ 7.69	\$ 10.11	\$ 18.51	\$ 14.95	\$ 263.75		<b>Total UDC</b>
Unduplicated Clients (UDC)		40	107	30	3	75		130

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

DHCS Legal Entity Number 00337		Appendix Number					B-2
Program Name		Geriatric Services at Franklin					
Program Code		38223MH	38223MH	38223MH	38223MH	38223MH	
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs	
Funding Term (mm/dd/yy-mm/dd/yy)		7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits		\$ 134,084	\$ 255,856	\$ 321,492	\$ 4,658	\$ 28,679	\$ 744,769
Operating Expenses		\$ 31,713	\$ 60,515	\$ 76,038	\$ 1,102	\$ 6,783	\$ 176,151
Capital Expenses							\$ -
<b>Subtotal Direct Expenses</b>		<b>\$ 165,797</b>	<b>\$ 316,371</b>	<b>\$ 397,530</b>	<b>\$ 5,760</b>	<b>\$ 35,462</b>	<b>\$ - \$ 920,920</b>
Indirect Expenses		24,870	47,456	59,629	864	5,319	\$ 138,138
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	0.0% 15.0%
<b>TOTAL FUNDING USES</b>		<b>\$ 190,667</b>	<b>\$ 363,827</b>	<b>\$ 457,159</b>	<b>\$ 6,624</b>	<b>\$ 40,781</b>	<b>\$ - \$ 1,059,058</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
MH Adult Fed SDMC FFP (50%)		251984-10000-10001792-0001	\$ 74,247	\$ 141,676	\$ 178,021	\$ 2,579	\$ 396,523
MH Adult State 1991 MH Realignment		251984-10000-10001792-0001	\$ 49,174	\$ 93,833	\$ 117,903	\$ 1,708	\$ 284,178
MH Adult County General Fund		251984-10000-10001792-0001	\$ 43,773	\$ 83,526	\$ 104,953	\$ 1,521	\$ 252,994
MH Adult Medicare		251984-10000-10001792-0001	\$ 2,618	\$ 4,996	\$ 6,277	\$ 91	\$ 13,982
MH Adult County General Fund - CODB		251984-10000-10001792-0001	\$ 20,855	\$ 39,796	\$ 50,005	\$ 725	\$ 111,381
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 190,667</b>	<b>\$ 363,827</b>	<b>\$ 457,159</b>	<b>\$ 6,624</b>	<b>\$ 40,781</b>	<b>\$ - \$ 1,059,058</b>
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 190,667</b>	<b>\$ 363,827</b>	<b>\$ 457,159</b>	<b>\$ 6,624</b>	<b>\$ 40,781</b>	<b>\$ - \$ 1,059,058</b>
<b>NON-DPH FUNDING SOURCES</b>							
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>190,667</b>	<b>363,827</b>	<b>457,159</b>	<b>6,624</b>	<b>40,781</b>	<b>- 1,059,058</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
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		50,000.0	73,550.0	49,981.0	900.0	230.0	
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 3.81	\$ 4.95	\$ 9.15	\$ 7.36	\$ 177.31	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 3.81	\$ 4.95	\$ 9.15	\$ 7.36	\$ 177.31	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 7.69	\$ 10.11	\$ 18.51	\$ 14.95	\$ 263.75	<b>Total UDC</b>
Unduplicated Clients (UDC)		40	72	36	4	70	135

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

DHCS Legal Entity Number 00337		Appendix Number					B-2a
Program Name		Geriatric Intensive Case Mgmt at Franklin					
Program Code		382213	382213	382213	382213	382213	
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmnty Client Svcs	
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits		\$ 217,460	\$ 239,836	\$ 171,874	\$ 24,891	\$ 65,665	\$ 719,726
Operating Expenses		\$ 30,177	\$ 33,282	\$ 23,851	\$ 3,454	\$ 9,112	\$ 99,876
Capital Expenses							\$ -
<b>Subtotal Direct Expenses</b>		<b>\$ 247,637</b>	<b>\$ 273,118</b>	<b>\$ 195,725</b>	<b>\$ 28,345</b>	<b>\$ 74,777</b>	<b>\$ - \$ 819,602</b>
Indirect Expenses		37,146	40,966	29,359	4,252	11,217	\$ 122,940
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	0.0% 15.0%
<b>TOTAL FUNDING USES</b>		<b>\$ 284,783</b>	<b>\$ 314,084</b>	<b>\$ 225,084</b>	<b>\$ 32,597</b>	<b>\$ 85,994</b>	<b>\$ - \$ 942,542</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 129,550	\$ 142,879	\$ 102,393	\$ 14,829		\$ 389,651
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 38,448	\$ 42,404	\$ 30,388	\$ 4,401	\$ 910	\$ 116,551
MH Adult County General Fund	251984-10000-10001792-0001	\$ 96,839	\$ 106,803	\$ 76,539	\$ 11,084	\$ 85,084	\$ 376,349
MH Adult Medicare	251984-10000-10001792-0001	\$ 1,129	\$ 1,245	\$ 892	\$ 130		\$ 3,396
MH Adult County General Fund - CODB	251984-10000-10001792-0001	\$ 18,817	\$ 20,753	\$ 14,872	\$ 2,153		\$ 56,595
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 284,783</b>	<b>\$ 314,084</b>	<b>\$ 225,084</b>	<b>\$ 32,597</b>	<b>\$ 85,994</b>	<b>\$ - \$ 942,542</b>
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 284,783</b>	<b>\$ 314,084</b>	<b>\$ 225,084</b>	<b>\$ 32,597</b>	<b>\$ 85,994</b>	<b>\$ - \$ 942,542</b>
<b>NON-DPH FUNDING SOURCES</b>							
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>284,783</b>	<b>314,084</b>	<b>225,084</b>	<b>32,597</b>	<b>85,994</b>	<b>- 942,542</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
	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	54,766.0	46,600.0	18,050.0	3,250.0	485.0	
	Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 5.20	\$ 6.74	\$ 12.47	\$ 10.03	\$ 177.31	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 5.20	\$ 6.74	\$ 12.47	\$ 10.03	\$ 177.31	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 7.69	\$ 10.11	\$ 18.51	\$ 14.95	\$ 263.75	<b>Total UDC</b>
Date: 5/1/2022	Unduplicated Clients (UDC)	36	30	20	4	10	61

389,649  
116,552

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

DHCS Legal Entity Number		00337					Appendix Number		B-3
Program Name		<b>Older Adult FSP</b>							
Program Code		3822G3	3822G3	3822G3	3822G3	3822G3	3822G3		
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29	60/72		
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs	SS-Client Flexible Support Exp		
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22		
<b>FUNDING USES</b>								<b>TOTAL</b>	
Salaries & Employee Benefits		\$ 264,010	\$ 243,157	\$ 120,159	\$ 17,058	\$ 68,415	\$ 41,739	\$ 754,538	
Operating Expenses		\$ 51,924	\$ 47,822	\$ 23,632	\$ 3,355	\$ 13,455	\$ 40,511	\$ 180,699	
Capital Expenses								\$ -	
<b>Subtotal Direct Expenses</b>		<b>\$ 315,934</b>	<b>\$ 290,979</b>	<b>\$ 143,791</b>	<b>\$ 20,413</b>	<b>\$ 81,870</b>	<b>\$ 82,250</b>	<b>\$ 935,237</b>	
Indirect Expenses		47,390	43,647	21,569	3,062	12,280	12,338	\$ 140,286	
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	
<b>TOTAL FUNDING USES</b>		<b>\$ 363,324</b>	<b>\$ 334,626</b>	<b>\$ 165,360</b>	<b>\$ 23,475</b>	<b>\$ 94,150</b>	<b>\$ 94,588</b>	<b>\$ 1,075,523</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						15.00%	
MH Adult Fed SDMC FFP (50%)		251984-10000-10001792-0001	\$ 144,019	\$ 132,644	\$ 65,548	\$ 9,305		\$ 351,516	
MH Adult State 1991 MH Realignment		251984-10000-10001792-0001	\$ 4,260	\$ 3,924	\$ 1,939	\$ 275	\$ 1,300	\$ 11,698	
MH Adult County General Fund		251984-10000-10001792-0001	\$ 33,097	\$ 30,482	\$ 15,063	\$ 2,139	\$ 1,600	\$ 82,381	
MH Adult Medicare		251984-10000-10001792-0001	\$ 394	\$ 363	\$ 179	\$ 26		\$ 962	
MH MHSA (OA)		251984-17156-10031199-0059	\$ 24,140	\$ 22,232	\$ 10,987	\$ 1,560	\$ 91,250	\$ 244,757	
MH MHSA (OA) Match		251984-17156-10031199-0059	\$ 144,019	\$ 132,644	\$ 65,548	\$ 9,305		\$ 351,516	
MH Adult County General Fund - CODB		251984-10000-10001792-0001	\$ 13,395	\$ 12,337	\$ 6,096	\$ 865		\$ 32,693	
This row left blank for funding sources not in drop-down list								\$ -	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>			<b>\$ 363,324</b>	<b>\$ 334,626</b>	<b>\$ 165,360</b>	<b>\$ 23,475</b>	<b>\$ 94,150</b>	<b>\$ 94,588</b>	<b>\$ 1,075,523</b>
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>							
This row left blank for funding sources not in drop-down list								\$ -	
<b>TOTAL BHS SUD FUNDING SOURCES</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>							
This row left blank for funding sources not in drop-down list								\$ -	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>TOTAL DPH FUNDING SOURCES</b>			<b>\$ 363,324</b>	<b>\$ 334,626</b>	<b>\$ 165,360</b>	<b>\$ 23,475</b>	<b>\$ 94,150</b>	<b>\$ 94,588</b>	<b>\$ 1,075,523</b>
<b>NON-DPH FUNDING SOURCES</b>									
This row left blank for funding sources not in drop-down list								\$ -	
<b>TOTAL NON-DPH FUNDING SOURCES</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>363,324</b>	<b>334,626</b>	<b>165,360</b>	<b>23,475</b>	<b>94,150</b>	<b>94,588</b>	<b>1,075,523</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>									
Payment Method		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		82,200.0	58,399.0	15,600.0	2,752.0	531.0	N/A		
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	N/A		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 4.42	\$ 5.73	\$ 10.60	\$ 8.53	\$ 177.31	\$ 1.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 4.42	\$ 5.73	\$ 10.60	\$ 8.53	\$ 177.31	\$ 1.00		
Published Rate (Medi-Cal Providers Only)		\$ 7.69	\$ 10.11	\$ 18.51	\$ 14.95	\$ 263.75	N/A	<b>Total UDC</b>	
Unduplicated Clients (UDC)		28	22	4	5	40		46	

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

DHCS Legal Entity Number 00337		Appendix Number						B-4	
Program Name		Adult Care Management (ACM)							
Program Code		3822OP	3822OP	3822OP	3822OP	3822OP	3822OP		
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29	60/72		
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs	SS-Client Flexible Support Exp		
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22		
<b>FUNDING USES</b>								<b>TOTAL</b>	
Salaries & Employee Benefits		\$ 231,097	\$ 204,754	\$ 176,893	\$ 427	\$ 27,674	\$ 25,350	\$ 666,195	
Operating Expenses		\$ 47,001	\$ 41,644	\$ 35,977	\$ 87	\$ 5,629	\$ 10,000	\$ 140,338	
Capital Expenses								\$ -	
<b>Subtotal Direct Expenses</b>		<b>\$ 278,098</b>	<b>\$ 246,398</b>	<b>\$ 212,870</b>	<b>\$ 514</b>	<b>\$ 33,303</b>	<b>\$ 35,350</b>	<b>\$ 806,533</b>	
Indirect Expenses		41,715	36,960	31,930	77	4,995	5,303	\$ 120,980	
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	
<b>TOTAL FUNDING USES</b>		<b>\$ 319,813</b>	<b>\$ 283,358</b>	<b>\$ 244,800</b>	<b>\$ 591</b>	<b>\$ 38,298</b>	<b>\$ 40,653</b>	<b>\$ 927,513</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>							
MH Adult Fed SDMC FFP (50%)		251984-10000-10001792-0001	\$ 128,691	\$ 114,021	\$ 98,506	\$ 238		\$ 341,456	
MH Adult State 1991 MH Realignment		251984-10000-10001792-0001	\$ 43,068	\$ 38,160	\$ 32,967	\$ 80	\$ 12,498	\$ 15,453	\$ 142,226
MH Adult County General Fund		251984-10000-10001792-0001	\$ 109,216	\$ 96,766	\$ 83,599	\$ 202	\$ 25,800	\$ 25,200	\$ 340,783
MH Adult County General Fund - CODB		251984-10000-10001792-0001	\$ 38,838	\$ 34,411	\$ 29,728	\$ 71		\$ 103,048	
								\$ -	
								\$ -	
								\$ -	
This row left blank for funding sources not in drop-down list								\$ -	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 319,813</b>	<b>\$ 283,358</b>	<b>\$ 244,800</b>	<b>\$ 591</b>	<b>\$ 38,298</b>	<b>\$ 40,653</b>	<b>\$ 927,513</b>	
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>							
								\$ -	
This row left blank for funding sources not in drop-down list								\$ -	
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>							
								\$ -	
This row left blank for funding sources not in drop-down list								\$ -	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 319,813</b>	<b>\$ 283,358</b>	<b>\$ 244,800</b>	<b>\$ 591</b>	<b>\$ 38,298</b>	<b>\$ 40,653</b>	<b>\$ 927,513</b>	
<b>NON-DPH FUNDING SOURCES</b>									
								\$ -	
This row left blank for funding sources not in drop-down list								\$ -	
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>319,813</b>	<b>283,358</b>	<b>244,800</b>	<b>591</b>	<b>38,298</b>	<b>40,653</b>	<b>927,513</b>	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>									
Payment Method		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		75,250.0	51,333.0	24,000.0	72.0	216.0	N/A		
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	N/A		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 4.25	\$ 5.52	\$ 10.20	\$ 8.21	\$ 177.31	\$ 1.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 4.25	\$ 5.52	\$ 10.20	\$ 8.21	\$ 177.31	\$ 1.00		
Published Rate (Medi-Cal Providers Only)		\$ 7.69	\$ 10.11	\$ 18.51	\$ 14.95	\$ 263.75	N/A	<b>Total UDC</b>	
Unduplicated Clients (UDC)		60	40	15	10	40		68	

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

DHCS Legal Entity Number 00337		Appendix Number						B-4a
Program Name		ADULT FSP Franklin(MHSA)						
Program Code	3822A3	3822A3	3822A3	3822A3	3822A3	3822A3		
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29	60/72		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs	SS-Client Flexible Support Exp		
Funding Term (mm/dd/yy-mm/dd/yy)	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22		
<b>FUNDING USES</b>							<b>TOTAL</b>	
Salaries & Employee Benefits	\$ 222,079	\$ 201,761	\$ 129,287	\$ 2,968	\$ 67,667	\$ 67,739	\$ 691,502	
Operating Expenses	\$ 43,573	\$ 39,586	\$ 25,367	\$ 582	\$ 13,277	\$ 14,000	\$ 136,385	
Capital Expenses							\$ -	
<b>Subtotal Direct Expenses</b>	<b>\$ 265,652</b>	<b>\$ 241,347</b>	<b>\$ 154,654</b>	<b>\$ 3,550</b>	<b>\$ 80,944</b>	<b>\$ 81,739</b>	<b>\$ 827,886</b>	
Indirect Expenses	39,848	36,202	23,198	532	12,142	12,261	\$ 124,183	
<b>Indirect %</b>	<b>15.0%</b>	<b>15.0%</b>	<b>15.0%</b>	<b>15.0%</b>	<b>15.0%</b>	<b>15.0%</b>	<b>15.0%</b>	
<b>TOTAL FUNDING USES</b>	<b>\$ 305,500</b>	<b>\$ 277,549</b>	<b>\$ 177,852</b>	<b>\$ 4,082</b>	<b>\$ 93,086</b>	<b>\$ 94,000</b>	<b>\$ 952,069</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>							
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 140,934	\$ 128,040	\$ 82,047	\$ 1,883		\$ 352,904	
MH Adult County General Fund	251984-10000-10001792-0001	\$ 15,671	\$ 14,237	\$ 9,123	\$ 210	\$ 6,886	\$ 46,127	
MH MHSA (Adult)	251984-17156-10031199-0058	\$ 7,961	\$ 7,232	\$ 4,635	\$ 106	\$ 86,200	\$ 200,134	
MH MHSA (Adult) Match	251984-17156-10031199-0058	\$ 140,934	\$ 128,040	\$ 82,047	\$ 1,883		\$ 352,904	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 305,500</b>	<b>\$ 277,549</b>	<b>\$ 177,852</b>	<b>\$ 4,082</b>	<b>\$ 93,086</b>	<b>\$ 94,000</b>	
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>							
							\$ -	
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>							
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 305,500</b>	<b>\$ 277,549</b>	<b>\$ 177,852</b>	<b>\$ 4,082</b>	<b>\$ 93,086</b>	<b>\$ 94,000</b>	
<b>NON-DPH FUNDING SOURCES</b>								
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>305,500</b>	<b>277,549</b>	<b>177,852</b>	<b>4,082</b>	<b>93,086</b>	<b>94,000</b>	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>								
Payment Method	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	65,000.0	45,500.0	15,767.0	450.0	525.0	N/A		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	N/A		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 4.70	\$ 6.10	\$ 11.28	\$ 9.07	\$ 177.31	\$ 1.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 4.70	\$ 6.10	\$ 11.28	\$ 9.07	\$ 177.31	\$ 1.00		
Published Rate (Medi-Cal Providers Only)	\$ 7.69	\$ 10.11	\$ 18.51	\$ 14.95	\$ 263.75	N/A	<b>Total UDC</b>	
Unduplicated Clients (UDC)	24	36	10	4	40		51	



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

DHCS Legal Entity Number 00337		Appendix Number						B-5
Program Name		TAY FSP (MHSA)						
Program Code		3822T3	3822T3	3822T3	3822T3	3822T3	3822T3	
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29	60/72	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs	SS-Client Flexible Support Exp	
Funding Term (mm/dd/yy-mm/dd/yy)		7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	
<b>FUNDING USES</b>							<b>TOTAL</b>	
Salaries & Employee Benefits		\$ 73,703	\$ 171,925	\$ 62,687	\$ 2,405	\$ 40,263	\$ 58,630	\$ 409,613
Operating Expenses		\$ 18,587	\$ 43,358	\$ 15,809	\$ 607	\$ 10,154	\$ 15,100	\$ 103,615
Capital Expenses								\$ -
<b>Subtotal Direct Expenses</b>		<b>\$ 92,290</b>	<b>\$ 215,283</b>	<b>\$ 78,496</b>	<b>\$ 3,012</b>	<b>\$ 50,417</b>	<b>\$ 73,730</b>	<b>\$ 513,228</b>
Indirect Expenses		13,844	32,292	11,774	452	7,562	11,060	\$ 76,984
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
<b>TOTAL FUNDING USES</b>		<b>\$ 106,134</b>	<b>\$ 247,575</b>	<b>\$ 90,270</b>	<b>\$ 3,464</b>	<b>\$ 57,979</b>	<b>\$ 84,790</b>	<b>\$ 590,212</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 50,750	\$ 118,381	\$ 43,164	\$ 1,656			\$ 213,951
MH Adult County General Fund	251984-10000-10001792-0001	\$ 1,034	\$ 2,413	\$ 880	\$ 34	\$ 11,400		\$ 15,761
MH MHSA (TAY)	251984-17156-10031199-0057	\$ 3,601	\$ 8,399	\$ 3,062	\$ 118	\$ 46,579	\$ 84,790	\$ 146,549
MH MHSA (TAY) Match	251984-17156-10031199-0057	\$ 50,749	\$ 118,382	\$ 43,164	\$ 1,656			\$ 213,951
								\$ -
								\$ -
								\$ -
This row left blank for funding sources not in drop-down list								\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 106,134</b>	<b>\$ 247,575</b>	<b>\$ 90,270</b>	<b>\$ 3,464</b>	<b>\$ 57,979</b>	<b>\$ 84,790</b>	<b>\$ 590,212</b>
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
								\$ -
This row left blank for funding sources not in drop-down list								\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
								\$ -
This row left blank for funding sources not in drop-down list								\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 106,134</b>	<b>\$ 247,575</b>	<b>\$ 90,270</b>	<b>\$ 3,464</b>	<b>\$ 57,979</b>	<b>\$ 84,790</b>	<b>\$ 590,212</b>
<b>NON-DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
								\$ -
This row left blank for funding sources not in drop-down list								\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>106,134</b>	<b>247,575</b>	<b>90,270</b>	<b>3,464</b>	<b>57,979</b>	<b>84,790</b>	<b>590,212</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>		<b>Dept-Auth-Proj-Activity</b>						
Payment Method		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		25,150.0	45,178.0	8,920.0	425.0	327.0	N/A	
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	N/A	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 4.22	\$ 5.48	\$ 10.12	\$ 8.15	\$ 177.31	\$ 1.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 4.22	\$ 5.48	\$ 10.12	\$ 8.15	\$ 177.31	\$ 1.00	
Published Rate (Medi-Cal Providers Only)		\$ 7.69	\$ 10.11	\$ 18.51	\$ 14.95	\$ 263.75	N/A	<b>Total UDC</b>
Unduplicated Clients (UDC)		30	34	25	6	40		34

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

DHCS Legal Entity Number 00337				Appendix Number			B-6
Program Name		PREP - Cost Reimbursement					
Program Code	8990EP	8990EP	8990EP				
Mode/SFC (MH) or Modality (SUD)	6078	6078	6078				
Service Description	SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp				
Funding Term (mm/dd/yy-mm/dd/yy)	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22				
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits	\$ 8,998	\$ 353,618	\$ 249,293				\$ 611,909
Operating Expenses	\$ 5,666	\$ 53,447	\$ 37,676				\$ 96,789
Capital Expenses							\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 14,664</b>	<b>\$ 407,065</b>	<b>\$ 286,969</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 708,698</b>
Indirect Expenses	2,200	61,060	43,045	-	-	-	\$ 106,305
<b>Indirect %</b>	<b>15.0%</b>	<b>15.0%</b>	<b>15.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>15.0%</b>
<b>TOTAL FUNDING USES</b>	<b>\$ 16,864</b>	<b>\$ 468,125</b>	<b>\$ 330,014</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 815,003</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
MH Adult County General Fund	251984-10000-10001792-0001	\$ 11,912					\$ 11,912
MH MHSA (TAY)	251984-17156-10031199-0057		\$ 468,125				\$ 468,125
MH Grant SAMHSA Adult SOC, CFDA 93.958	251984-10001-10036964-0001			\$ 330,014			\$ 330,014
MH Adult County General Fund - CODB	251984-10000-10001792-0001	\$ 4,952					\$ 4,952
							\$ -
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 16,864</b>	<b>\$ 468,125</b>	<b>\$ 330,014</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 815,003</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 16,864</b>	<b>\$ 468,125</b>	<b>\$ 330,014</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 815,003</b>
<b>NON-DPH FUNDING SOURCES</b>							
							\$ -
This row left blank for funding sources not in drop-down list							
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>16,864</b>	<b>468,125</b>	<b>330,014</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>815,003</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)				
DPH Units of Service	16,864.0	468,125.0	330,014.0				
Unit Type	Client Day,	Client Day,	Client Day,	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 1.00	\$ 1.00	\$ 1.00	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 1.00	\$ 1.00	\$ 1.00	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	N/A	N/A	N/A				<b>Total UDC</b>
Unduplicated Clients (UDC)	N/A	N/A	N/A				N/A

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

DHCS Legal Entity Number 00337		Appendix Number					B-6a
Program Name		PREP - Fee For Service					
Program Code	8990EP	8990EP	8990EP	8990EP	8990EP		
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22		
<b>FUNDING USES</b>						<b>TOTAL</b>	
Salaries & Employee Benefits	\$ 17,944	\$ 229,777	\$ 29,047	\$ 961	\$ 2,576	\$ 280,305	
Operating Expenses	\$ 3,405	\$ 43,606	\$ 5,513	\$ 182	\$ 489	\$ 53,195	
Capital Expenses						\$ -	
<b>Subtotal Direct Expenses</b>	<b>\$ 21,349</b>	<b>\$ 273,383</b>	<b>\$ 34,560</b>	<b>\$ 1,143</b>	<b>\$ 3,065</b>	<b>\$ - \$ 333,500</b>	
Indirect Expenses	3,203	41,007	5,184	171	460	- \$ 50,025	
<b>Indirect %</b>	<b>15.0%</b>	<b>15.0%</b>	<b>15.0%</b>	<b>15.0%</b>	<b>15.0%</b>	<b>0.0%</b> <b>15.0%</b>	
<b>TOTAL FUNDING USES</b>	<b>\$ 24,552</b>	<b>\$ 314,390</b>	<b>\$ 39,744</b>	<b>\$ 1,314</b>	<b>\$ 3,525</b>	<b>\$ - \$ 383,525</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 12,276	\$ 157,195	\$ 19,872	\$ 657	\$ 190,000	
MH Adult County General Fund	251984-10000-10001792-0001				\$ 1,064	\$ 1,064	
MH MHSA (TAY) Match	251984-17156-10031199-0057	\$ 12,276	\$ 157,195	\$ 19,872	\$ 657	\$ 190,000	
MH Adult County General Fund - CODB	251984-10000-10001792-0001				\$ 2,461	\$ 2,461	
						\$ -	
						\$ -	
						\$ -	
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 24,552</b>	<b>\$ 314,390</b>	<b>\$ 39,744</b>	<b>\$ 1,314</b>	<b>\$ 3,525</b>	<b>\$ - \$ 383,525</b>	
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
						\$ -	
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
						\$ -	
This row left blank for funding sources not in drop-down list							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 24,552</b>	<b>\$ 314,390</b>	<b>\$ 39,744</b>	<b>\$ 1,314</b>	<b>\$ 3,525</b>	<b>\$ - \$ 383,525</b>	
<b>NON-DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
This row left blank for funding sources not in drop-down list							
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>24,552</b>	<b>314,390</b>	<b>39,744</b>	<b>1,314</b>	<b>3,525</b>	<b>- 383,525</b>	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>	<b>Dept-Auth-Proj-Activity</b>						
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	7,096.0	70,020.0	4,800.0	200.0	23.3		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.46	\$ 4.49	\$ 8.28	\$ 6.57	\$ 151.29	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.46	\$ 4.49	\$ 8.28	\$ 6.57	\$ 151.29	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 7.69	\$ 10.11	\$ 18.51	\$ 14.95	\$ 263.75	<b>Total UDC</b>	
Unduplicated Clients (UDC)	10	40	18	5	40	40	

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

DHCS Legal Entity Number 00337		Appendix Number						B-6b
Program Name		<b>PREP - EPI Plus</b>						
Program Code		8990EP						
Mode/SFC (MH) or Modality (SUD)		60/78						
Service Description		SS-Other Non-MediCal Client Support Exp						
Funding Term (mm/dd/yy-mm/dd/yy)		2/8/22 - 2/7/23						
<b>FUNDING USES</b>							<b>TOTAL</b>	
Salaries & Employee Benefits		\$ 368,940					\$ 368,940	
Operating Expenses		\$ 47,023					\$ 47,023	
Capital Expenses							\$ -	
<b>Subtotal Direct Expenses</b>		<b>\$ 415,963</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 415,963</b>	
Indirect Expenses		62,394	-	-	-	-	\$ 62,394	
Indirect %		15.0%	0.0%	0.0%	0.0%	0.0%	15.0%	
<b>TOTAL FUNDING USES</b>		<b>\$ 478,357</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 478,357</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
MH EPI Plus State Grant (02/08/22 - 02/07/23)	251984-10001-10036960-0001	\$ 478,357					\$ 478,357	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 478,357</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 478,357</b>	
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 478,357</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 478,357</b>	
<b>NON-DPH FUNDING SOURCES</b>								
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>478,357</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>478,357</b>	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>								
Payment Method		Cost Reimbursement (CR)						
DPH Units of Service		478,357						
Unit Type		Day, depending on	0	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 1.00	\$ -	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 1.00	\$ -	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		N/A					<b>Total UDC</b>	
Unduplicated Clients (UDC)		20					20	

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

DHCS Legal Entity Number 00337		Appendix Number					B-7
Program Name		Full Circle EPSDT Franklin					
Program Code		38LH01	38LH01	38LH01	38LH01	38LH01	
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs	
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	7/1/21 - 6/30/22	
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits	\$	15,316	\$ 477,067	\$ 4,890	\$ 2,599	\$ 15,754	\$ 515,626
Operating Expenses	\$	3,942	\$ 122,782	\$ 1,259	\$ 669	\$ 4,055	\$ 132,706
Capital Expenses							\$ -
<b>Subtotal Direct Expenses</b>	<b>\$</b>	<b>19,258</b>	<b>\$ 599,849</b>	<b>\$ 6,149</b>	<b>\$ 3,268</b>	<b>\$ 19,809</b>	<b>\$ - \$ 648,333</b>
Indirect Expenses		2,889	89,977	922	490	2,971	- \$ 97,249
<b>Indirect %</b>		<b>15.0%</b>	<b>15.0%</b>	<b>15.0%</b>	<b>15.0%</b>	<b>15.0%</b>	<b>0.0%</b> <b>15.0%</b>
<b>TOTAL FUNDING USES</b>	<b>\$</b>	<b>22,147</b>	<b>\$ 689,826</b>	<b>\$ 7,071</b>	<b>\$ 3,758</b>	<b>\$ 22,780</b>	<b>\$ - \$ 745,582</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
MH CYF Fed SDMC FFP (50%)		251962-10000-10001670-0001	\$ 9,711	\$ 302,488	\$ 3,101	\$ 1,648	\$ 316,948
MH CYF State 2011 PSR-EPSDT		251962-10000-10001670-0001	\$ 6,062	\$ 188,791	\$ 1,935	\$ 1,028	\$ 197,816
MH CYF Family Mosaic Capitated Medi-Cal		251962-10000-10001794-0001	\$ 238	\$ 7,400	\$ 76	\$ 40	\$ 7,754
MH CYF State 1991 Realignment		251962-10000-10001670-0001	\$ 3,020	\$ 94,081	\$ 964	\$ 513	\$ 98,578
MH CYF County General Fund		251962-10000-10001670-0001	\$ 1,994	\$ 62,122	\$ 637	\$ 339	\$ 22,780 \$ 87,872
MH CYF County General Fund - CODB		251962-10000-10001670-0001	\$ 1,122	\$ 34,944	\$ 358	\$ 190	\$ 36,614
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$</b>	<b>22,147</b>	<b>\$ 689,826</b>	<b>\$ 7,071</b>	<b>\$ 3,758</b>	<b>\$ 22,780</b>	<b>\$ - \$ 745,582</b>
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$</b>	<b>-</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ - \$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$</b>	<b>-</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ - \$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$</b>	<b>22,147</b>	<b>\$ 689,826</b>	<b>\$ 7,071</b>	<b>\$ 3,758</b>	<b>\$ 22,780</b>	<b>\$ - \$ 745,582</b>
<b>NON-DPH FUNDING SOURCES</b>							
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$</b>	<b>-</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ - \$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>22,147</b>	<b>689,826</b>	<b>7,071</b>	<b>3,758</b>	<b>22,780</b>	<b>- 745,582</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
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	6,401.0	153,636.0	854.0	572.0	150.8		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$	3.46	\$ 4.49	\$ 8.28	\$ 6.57	\$ 151.06	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$	3.46	\$ 4.49	\$ 8.28	\$ 6.57	\$ 151.06	\$ -
Published Rate (Medi-Cal Providers Only)	\$	7.69	\$ 10.11	\$ 18.51	\$ 14.95	\$ 263.75	<b>Total UDC</b>
Unduplicated Clients (UDC)		20	30	2	2	20	40

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

DHCS Legal Entity Number 00337		Appendix Number						B-8
Program Name		<b>TAY SOC Capacity Building</b>						
Program Code		N/A	N/A					
Mode/SFC (MH) or Modality (SUD)		00-40	00-40					
Service Description		Training	Training					
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/21 - 6/30/22	7/1/21 - 6/30/22					
<b>FUNDING USES</b>							<b>TOTAL</b>	
Salaries & Employee Benefits	\$	27,607	\$	93,393			\$ 121,000	
Operating Expenses	\$	17,176	\$	58,781			\$ 75,957	
Capital Expenses							\$ -	
<b>Subtotal Direct Expenses</b>	<b>\$</b>	<b>44,783</b>	<b>\$</b>	<b>152,174</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 196,957</b>	
Indirect Expenses		6,717		22,826	-	-	\$ 29,543	
<b>Indirect %</b>		<b>15.0%</b>		<b>15.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>15.0%</b>	
<b>TOTAL FUNDING USES</b>	<b>\$</b>	<b>51,500</b>	<b>\$</b>	<b>175,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 226,500</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
MH MHSA (WET)		251984-17156-10031199-0061	\$	51,500			\$ 51,500	
MH WO-CH TAY SOC Network Dev		251984-10002-10033255-0003			\$	175,000	\$ 175,000	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$</b>	<b>51,500</b>	<b>\$</b>	<b>175,000</b>	<b>\$ -</b>	<b>\$ 226,500</b>	
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>\$ -</b>	
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>\$ -</b>	
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$</b>	<b>51,500</b>	<b>\$</b>	<b>175,000</b>	<b>\$ -</b>	<b>\$ 226,500</b>	
<b>NON-DPH FUNDING SOURCES</b>								
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>\$ -</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>51,500</b>	<b>175,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>226,500</b>	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>								
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)						
DPH Units of Service	N/A	N/A						
Unit Type	Not Applicable	Not Applicable	0	0	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$	1.00	\$	1.00	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$	1.00	\$	1.00	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	N/A	N/A					<b>Total UDC</b>	
Unduplicated Clients (UDC)	N/A	N/A					N/A	

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

DHCS Legal Entity Number 00337		Appendix Number						B-9	
Program Name		Healing Circle							
Program Code		N/A	N/A						
Mode/SFC (MH) or Modality (SUD)		00-20	00-20						
Service Description		Support (i.e. check Writing, hired staff to work for Admin)	Support (i.e. check Writing, hired staff to work for Admin)						
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/21 - 6/30/22	7/1/21 - 6/30/22						
<b>FUNDING USES</b>							<b>TOTAL</b>		
Salaries & Employee Benefits	\$	-	\$	17,392			\$	17,392	
Operating Expenses	\$	22,840	\$	-			\$	22,840	
Capital Expenses							\$	-	
<b>Subtotal Direct Expenses</b>	<b>\$</b>	<b>22,840</b>	<b>\$</b>	<b>17,392</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
Indirect Expenses		3,426		2,608		-		6,034	
<b>Indirect %</b>		<b>15.0%</b>		<b>15.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>15.0%</b>	
<b>TOTAL FUNDING USES</b>	<b>\$</b>	<b>26,266</b>	<b>\$</b>	<b>20,000</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>								
MH Adult County General Fund	251984-10000-10001792-0001	\$	26,266					\$	26,266
MH Grant SAMHSA Adult SOC, CFDA 93.958	251984-10001-10036964-0001			\$	20,000			\$	20,000
								\$	-
								\$	-
								\$	-
								\$	-
								\$	-
This row left blank for funding sources not in drop-down list								\$	-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$</b>	<b>26,266</b>	<b>\$</b>	<b>20,000</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>								
								\$	-
This row left blank for funding sources not in drop-down list								\$	-
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>								
								\$	-
This row left blank for funding sources not in drop-down list								\$	-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$</b>	<b>26,266</b>	<b>\$</b>	<b>20,000</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>NON-DPH FUNDING SOURCES</b>									
								\$	-
This row left blank for funding sources not in drop-down list								\$	-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>26,266</b>		<b>20,000</b>					<b>46,266</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>									
	Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)						
	DPH Units of Service	N/A	N/A						
	Unit Type	N/A	N/A	0	0	0	0		
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$	1.00	\$	1.00	\$	-	\$	-
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$	1.00	\$	1.00	\$	-	\$	-
	Published Rate (Medi-Cal Providers Only)	N/A	N/A						<b>Total UDC</b>
	Unduplicated Clients (UDC)	N/A	N/A						N/A

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

DHCS Legal Entity Number 00337		Appendix Number						B-10
Program Name		MCAH - CHVP						
Program Code		Fiscal Intermediary						
Mode/SFC (MH) or Modality (SUD)		00-40						
Service Description		Training						
Funding Term (mm/dd/yy-mm/dd/yy):		7/01/21 - 6/30/22						
<b>FUNDING USES</b>							<b>TOTAL</b>	
Salaries & Employee Benefits		\$	-				\$ -	
Operating Expenses		\$	44,817				\$ 44,817	
Capital Expenses							\$ -	
<b>Subtotal Direct Expenses</b>		<b>\$</b>	<b>44,817</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
Indirect Expenses			6,723				\$ 6,723	
<b>Indirect %</b>		<b>15.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>15.0%</b>	
<b>TOTAL FUNDING USES</b>		<b>\$</b>	<b>51,540</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
							\$ -	
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
Maternal, Infant and Early Childhood Home Visiting (MIECHV)		251988-10001-10036963-0001	\$	51,540			\$ 51,540	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$</b>	<b>51,540</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$</b>	<b>51,540</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
<b>NON-DPH FUNDING SOURCES</b>								
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>51,540</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>51,540</b>	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>								
Payment Method		Cost Reimbursement (CR)						
DPH Units of Service		N/A						
Unit Type		Not Applicable						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$	1.00	\$	-	\$	-	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$	1.00	\$	-	\$	-	
Published Rate (Medi-Cal Providers Only)		N/A						<b>Total UDC</b>
Unduplicated Clients (UDC)		N/A						N/A



**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 100009936  
 Program Name Geriatrics Services West  
 Program Code 89903

Appendix Number B-1  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Funding Term	TOTAL		General Fund 251984-10000-10001792- 0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/21 - 06/30/22			07/01/21 - 06/30/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Psychiatrist	0.09	\$ 25,174.00	0.09	\$ 25,174.00										
Psychiatric Nurse Practitioner	0.49	\$ 99,318.00	0.49	\$ 99,318.00										
Clinical Case Manager	3.76	\$ 308,966.00	3.76	\$ 308,966.00										
Clinical Supervisor - Bilingual	0.16	\$ 14,616.00	0.16	\$ 14,616.00										
Quality Assurance Manager	0.07	\$ 4,250.00	0.07	\$ 4,250.00										
Office Manager / Admin Support	0.64	\$ 58,870.00	0.64	\$ 58,870.00										
Program Director	0.38	\$ 45,000.00	0.38	\$ 45,000.00										
Senior Division Director	0.19	\$ 31,200.00	0.19	\$ 31,200.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
<b>Totals:</b>	5.77	\$ 587,394.00	5.77	\$ 587,394.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	31.0%	\$ 182,092.00	31.0%	\$ 182,092.00	0.00%	\$ -	0.00%	\$ -	0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 769,486.00</b>		<b>\$ 769,486.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 100009936  
 Program Name Geriatric Services at Franklin  
 Program Code 38223MH

Appendix Number B-2  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Funding Term	TOTAL		General Fund 251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
07/01/21 - 06/30/22			07/01/21 - 06/30/22		(mm/dd/yy-mm/dd/yy):			(mm/dd/yy-mm/dd/yy):			(mm/dd/yy-mm/dd/yy):		
Position Title													
Psychiatrist	0.10	\$ 28,200.00	0.10	\$ 28,200.00									
Psychiatric Nurse Practitioner	0.44	\$ 89,386.00	0.44	\$ 89,386.00									
Clinical Case Manager	3.03	\$ 248,878.00	3.03	\$ 248,878.00									
Program Supervisor	0.66	\$ 60,996.00	0.66	\$ 60,996.00									
Community Specialist / Peer	0.48	\$ 29,000.00	0.48	\$ 29,000.00									
Quality Assurance Manager	0.11	\$ 6,500.00	0.11	\$ 6,500.00									
Office Manager / Admin Support	0.43	\$ 40,266.00	0.43	\$ 40,266.00									
Program Director	0.38	\$ 45,000.00	0.38	\$ 45,000.00									
Senior Division Director	0.12	\$ 20,300.00	0.12	\$ 20,300.00									
	0.00	\$ -											
	0.00	\$ -											
	0.00	\$ -											
	0.00	\$ -											
	0.00	\$ -											
	0.00	\$ -											
	0.00	\$ -											
<b>Totals:</b>	5.75	\$ 568,526.00	5.75	\$ 568,526.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	
<b>Employee Benefits:</b>	31.0%	\$ 176,243.00	31.00%	\$ 176,243.00	0.00%	\$ -	0.00%		0.00%		0.00%		
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 744,769.00</b>		<b>\$ 744,769.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000009936  
 Program Name Geriatric Intensive Case Mgmt at Franklin  
 Program Code 382213

Appendix Number B-2a  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Funding Term	TOTAL		General Fund 251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
07/01/21 - 06/30/22			07/01/21 - 06/30/22		(mm/dd/yy-mm/dd/yy):			(mm/dd/yy-mm/dd/yy):			(mm/dd/yy-mm/dd/yy):		
Position Title													
Psychiatrist	0.09	\$ 24,466.00	0.09	\$ 24,466.00									
Psychiatric Nurse Practitioner	0.54	\$ 109,250.00	0.54	\$ 109,250.00									
Clinical Case Manager	3.33	\$ 274,050.00	3.33	\$ 274,050.00									
Program Supervisor	0.34	\$ 31,004.00	0.34	\$ 31,004.00									
Community Specialist / Peer	0.48	\$ 29,000.00	0.48	\$ 29,000.00									
Quality Assurance Manager	0.10	\$ 6,000.00	0.10	\$ 6,000.00									
Office Manager / Admin Support	0.17	\$ 16,139.00	0.17	\$ 16,139.00									
Program Director	0.38	\$ 45,000.00	0.38	\$ 45,000.00									
Senior Division Director	0.09	\$ 14,500.00	0.09	\$ 14,500.00									
	0.00	\$ -											
	0.00	\$ -											
	0.00	\$ -											
	0.00	\$ -											
	0.00	\$ -											
	0.00	\$ -											
	0.00	\$ -											
<b>Totals:</b>	5.51	\$ 549,409.00	5.51	\$ 549,409.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	
<b>Employee Benefits:</b>	31.0%	\$ 170,317.00	31.00%	\$ 170,317.00	0.00%	\$ -	0.00%		0.00%		0.00%		
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 719,726.00</b>		<b>\$ 719,726.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000009936  
 Program Name Older Adult FSP at Franklin (MHSA)  
 Program Code 3822G3

Appendix Number B-3  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Funding Term	TOTAL		General Fund 251984-10000-10001792-0001		MH MHSA (OA) 251984-17156-10031199-0059 Fee-For-Service		MH MHSA (OA) 251984-17156-10031199-0059 CR - Mode 60/72 Srvs		Dept-Auth-Proj- Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Psychiatrist	0.11	\$ 31,926.00	0.05	\$ 14,269.00	0.06	\$ 16,049.00	0.01	\$ 1,608.00						
Psychiatric Nurse Practitioner	0.49	\$ 99,318.00	0.22	\$ 45,246.00	0.25	\$ 50,892.00	0.02	\$ 3,180.00						
Clinical Case Manager	3.00	\$ 246,645.00	1.33	\$ 108,603.00	1.49	\$ 122,592.00	0.18	\$ 15,450.00						
Clinical Supervisor - Bilingual	0.24	\$ 21,924.00	0.10	\$ 9,495.00	0.12	\$ 10,679.00	0.02	\$ 1,750.00						
Community Specialist / Peer	1.00	\$ 60,900.00	0.45	\$ 27,256.00	0.50	\$ 30,657.00	0.05	\$ 2,987.00						
Office Manager / Admin Support	0.04	\$ 2,400.00	0.01	\$ 356.00	0.01	\$ 400.00	0.03	\$ 1,644.00						
Quality Assurance Manager	0.48	\$ 43,871.00	0.22	\$ 20,763.00	0.25	\$ 22,963.00	0.00	\$ 145.00						
Program Director	0.38	\$ 45,000.00	0.16	\$ 19,263.00	0.18	\$ 21,666.00	0.03	\$ 4,071.00						
Senior Division Director	0.14	\$ 24,000.00	0.06	\$ 10,263.00	0.08	\$ 12,710.00	0.01	\$ 1,027.00						
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
<b>Totals:</b>	5.88	\$ 575,984.00	2.60	\$ 255,514.00	2.93	\$ 288,608.00	0.34	\$ 31,862.00	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	31.0%	\$ 178,554.00	31.0%	\$ 79,209.00	31.00%	\$ 89,468.00	31.00%	\$ 9,877.00	0.00%	\$ -	0.00%	\$ -	0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 754,538.00</b>		<b>\$ 334,723.00</b>		<b>\$ 378,076.00</b>		<b>\$ 41,739.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 100009936  
 Program Name ACM (Non-MHSA)  
 Program Code 3822OP

Appendix Number B-4  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Funding Term	TOTAL		General Fund 251984-10000-10001792-0001		General Fund 251984-10000-10001792-0001 CR - Mode 60/72 Services		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):						
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Psychiatrist	0.17	\$ 59,050.00	0.16	\$ 57,030.00	0.01	\$ 2,020.00								
Psychiatric Nurse Practitioner	0.27	\$ 57,363.00	0.26	\$ 55,213.00	0.01	\$ 2,150.00								
Registered Nurse	0.27	\$ 25,607.00	0.26	\$ 24,807.00	0.01	\$ 800.00								
Clinical Case Manager	2.52	\$ 210,780.00	2.41	\$ 201,440.00	0.11	\$ 9,340.00								
Bilingual Clinical Case Manager	0.49	\$ 41,385.00	0.48	\$ 40,385.00	0.01	\$ 1,000.00								
Non-Clinical Case Manager / Peer	0.20	\$ 13,596.00	0.19	\$ 12,926.00	0.01	\$ 670.00								
Administrative Manager II	0.25	\$ 18,285.00	0.24	\$ 17,465.00	0.01	\$ 820.00								
Quality Assurance Manager	0.02	\$ 1,600.00	0.02	\$ 1,500.00	0.00	\$ 100.00								
Director Adult Mental Health	0.17	\$ 22,100.00	0.16	\$ 20,999.00	0.01	\$ 1,101.00								
Division Director	0.07	\$ 10,808.00	0.07	\$ 10,458.00	0.00	\$ 350.00								
Clinical Program Director	0.41	\$ 47,972.00	0.40	\$ 46,972.00	0.01	\$ 1,000.00								
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
<b>Totals:</b>	4.83	\$ 508,546.00	4.64	\$ 489,195.00	0.19	\$ 19,351.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	31.0%	\$ 157,649.00	31.0%	\$ 151,650.00	31.00%	\$ 5,999.00	0.00%		0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 666,195.00</b>		<b>\$ 640,845.00</b>		<b>\$ 25,350.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 100009936  
 Program Name ADULT FSP Franklin (MHSA)  
 Program Code 3822A3

Appendix Number B-4a  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Funding Term	TOTAL		General Fund 251984-10000-10001792-0001		MH MSHA (Adult) 251984-17156-10031199-0058		MH MSHA (Adult) 251984-17156-10031199-0058 CR - Mode 60/72 Services		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Psychiatrist	0.18	\$ 63,268.00	0.07	\$ 26,313.00	0.09	\$ 30,270.00	0.02	\$ 6,685.00						
Psychiatric Nurse Practitioner	0.26	\$ 55,676.00	0.10	\$ 22,055.00	0.12	\$ 25,371.00	0.04	\$ 8,250.00						
Registered Nurse	0.27	\$ 25,607.00	0.11	\$ 10,464.00	0.13	\$ 12,037.00	0.03	\$ 3,106.00						
Clinical Case Manager	1.99	\$ 166,175.00	0.84	\$ 70,404.00	0.97	\$ 80,991.00	0.18	\$ 14,780.00						
Bilingual Clinical Case Manager	0.49	\$ 41,385.00	0.21	\$ 18,011.00	0.25	\$ 20,719.00	0.03	\$ 2,655.00						
Non-Clinical Case Manager / Peer	0.55	\$ 37,389.00	0.21	\$ 14,513.00	0.25	\$ 16,696.00	0.09	\$ 6,180.00						
Administrative Manager II	0.38	\$ 27,477.00	0.17	\$ 11,899.00	0.19	\$ 13,688.00	0.03	\$ 1,890.00						
Quality Assurance Manager	0.02	\$ 1,600.00	0.01	\$ 670.00	0.01	\$ 770.00	0.00	\$ 160.00						
Director Adult Mental Health	0.36	\$ 47,242.00	0.13	\$ 17,232.00	0.19	\$ 25,207.00	0.04	\$ 4,803.00						
Division Director	0.09	\$ 13,598.00	0.04	\$ 5,766.00	0.04	\$ 6,632.00	0.01	\$ 1,200.00						
Clinical Program Director	0.41	\$ 48,446.00	0.14	\$ 16,599.00	0.25	\$ 29,847.00	0.02	\$ 2,000.00						
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
<b>Totals:</b>	4.99	\$ 527,863.00	2.04	\$ 213,926.00	2.48	\$ 262,228.00	0.48	\$ 51,709.00	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	31.0%	\$ 163,639.00	31.0%	\$ 66,317.00	31.00%	\$ 81,292.00	31.00%	\$ 16,030.00	0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 691,502.00</b>		<b>\$ 280,243.00</b>		<b>\$ 343,520.00</b>		<b>\$ 67,739.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000009936  
 Program Name TAY FSP (MHSA)  
 Program Code 3822T3

Appendix Number B-5  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Funding Term	TOTAL		General Fund 251984-10000-10001792-0001		MH MHSA (TAY) 251984-17156-10031199-0057		MH MHSA (TAY) Match 251984-17156-10031199-0057 CR - Mode 60/72 Services		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Psychiatrist	0.17	\$ 59,050.00	0.07	\$ 24,291.00	0.08	\$ 29,164.00	0.02	\$ 5,595.00						
Psychiatric Nurse Practitioner	0.26	\$ 55,676.00	0.11	\$ 23,105.00	0.13	\$ 27,741.00	0.02	\$ 4,830.00						
Registered Nurse	0.13	\$ 12,803.00	0.05	\$ 4,991.00	0.06	\$ 5,992.00	0.02	\$ 1,820.00						
Clinical Case Manager	1.49	\$ 124,975.00	0.53	\$ 44,159.00	0.75	\$ 62,933.00	0.21	\$ 17,883.00						
Bilingual Clinical Case Manager	0.02	\$ 1,689.00	0.01	\$ 553.00	0.01	\$ 664.00	0.01	\$ 472.00						
Non-Clinical Case Manager / Peer	0.25	\$ 16,995.00	0.09	\$ 6,010.00	0.11	\$ 7,215.00	0.06	\$ 3,770.00						
Administrative Manager II	0.13	\$ 9,200.00	0.05	\$ 3,342.00	0.06	\$ 4,013.00	0.03	\$ 1,845.00						
Quality Assurance Manager	0.02	\$ 1,600.00	0.01	\$ 621.00	0.01	\$ 745.00	0.00	\$ 234.00						
Director Adult Mental Health	0.04	\$ 5,668.00	0.01	\$ 663.00	0.01	\$ 796.00	0.03	\$ 4,209.00						
Division Director	0.02	\$ 2,994.00	0.01	\$ 862.00	0.01	\$ 1,034.00	0.01	\$ 1,098.00						
Clinical Program Director	0.19	\$ 22,032.00	0.08	\$ 8,916.00	0.09	\$ 10,116.00	0.03	\$ 3,000.00						
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
<b>Totals:</b>	2.72	\$ 312,682.00	0.99	\$ 117,513.00	1.31	\$ 150,413.00	0.43	\$ 44,756.00	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	31.0%	\$ 96,931.00	31.0%	\$ 36,429.00	31.00%	\$ 46,628.00	31.00%	\$ 13,874.00	0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 409,613.00</b>		<b>\$ 153,942.00</b>		<b>\$ 197,041.00</b>		<b>\$ 58,630.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 100009936  
 Program Name PREP - Cost Reimbursement  
 Program Code 8990EP

Appendix Number B-6  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Funding Term	TOTAL		General Fund 251984-10000-10001792-0001		MH MSHA (TAY) 251984-17156-10031199-0057		MH GRANT SAMSHA Adult SOC, CFDA #93.958 251984-10001-10036964-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Psychiatrist	0.06	\$ 21,300.00	0.0009	\$ 313.00	0.04	\$ 12,309.00	0.03	\$ 8,678.00						
Psychiatric Nurse Practitioner	0.43	\$ 91,455.00	0.0063	\$ 1,345.00	0.25	\$ 52,851.00	0.17	\$ 37,259.00						
Staff Therapist	1.38	\$ 112,565.00	0.0203	\$ 1,655.00	0.80	\$ 65,051.00	0.56	\$ 45,859.00						
Clinical Team Lead (Clinical Supervisor)	0.35	\$ 32,521.00	0.0052	\$ 478.00	0.20	\$ 18,794.00	0.14	\$ 13,249.00						
Employment & Education Specialist	0.66	\$ 40,944.00	0.0097	\$ 602.00	0.38	\$ 23,661.00	0.27	\$ 16,681.00						
Youth & Outreach Coordinator	0.33	\$ 16,900.00	0.0048	\$ 249.00	0.19	\$ 9,766.00	0.13	\$ 6,885.00						
Family Support Specialist	0.08	\$ 5,000.00	0.0012	\$ 74.00	0.05	\$ 2,889.00	0.03	\$ 2,037.00						
Office Manager	0.68	\$ 37,170.00	0.0100	\$ 547.00	0.39	\$ 21,480.00	0.28	\$ 15,143.00						
Program Manager	0.65	\$ 66,500.00	0.0095	\$ 978.00	0.37	\$ 38,430.00	0.26	\$ 27,092.00						
Quality & Performance Manager	0.11	\$ 12,950.00	0.0017	\$ 190.00	0.07	\$ 7,484.00	0.05	\$ 5,276.00						
Associate Director / Director of Programs	0.11	\$ 14,001.00	0.0016	\$ 206.00	0.06	\$ 8,091.00	0.04	\$ 5,704.00						
Division Director	0.09	\$ 15,800.00	0.0014	\$ 232.00	0.05	\$ 9,131.00	0.04	\$ 6,437.00						
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
<b>Totals:</b>	4.94	\$ 467,106.00	0.07	\$ 6,869.00	2.85	\$ 269,937.00	2.01	\$ 190,300.00	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	31.0%	\$ 144,803.00	31.0%	\$ 2,129.00	31.00%	\$ 83,681.00	31.00%	\$ 58,993.00	0.00%	\$ -	0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 611,909.00</b>		<b>\$ 8,998.00</b>		<b>\$ 353,618.00</b>		<b>\$ 249,293.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>



**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 100009936  
 Program Name PREP - FFS  
 Program Code 8990EP

Appendix Number B-6a  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Funding Term	TOTAL		General Fund 251984-10000-10001792-0001		MH MSHA (TAY) 251984-17156-10031199-0057		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/21 - 06/30/22			07/01/21 - 06/30/22		07/01/21 - 06/30/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Psychiatrist	0.01	\$ 4,700.00	0.01	\$ 2,357.00	0.01	\$ 2,343.00								
Psychiatric Nurse Practitioner	0.13	\$ 28,545.00	0.07	\$ 14,312.00	0.07	\$ 14,233.00								
Staff Therapist	0.63	\$ 51,545.00	0.32	\$ 25,844.00	0.32	\$ 25,701.00								
Clinical Team Lead (Clinical Supervisor)	0.31	\$ 28,478.00	0.15	\$ 14,279.00	0.15	\$ 14,199.00								
Employment & Education Specialist	0.17	\$ 10,235.00	0.08	\$ 5,132.00	0.08	\$ 5,103.00								
Youth & Outreach Coordinator	0.20	\$ 10,100.00	0.10	\$ 5,064.00	0.10	\$ 5,036.00								
Family Support Specialist	0.03	\$ 2,000.00	0.02	\$ 1,003.00	0.02	\$ 997.00								
Office Manager	0.32	\$ 17,420.00	0.16	\$ 8,734.00	0.16	\$ 8,686.00								
Program Manager	0.26	\$ 27,200.00	0.13	\$ 13,638.00	0.13	\$ 13,562.00								
Quality & Performance Manager	0.15	\$ 17,050.00	0.07	\$ 8,549.00	0.07	\$ 8,501.00								
Associate Director	0.08	\$ 10,000.00	0.04	\$ 5,014.00	0.04	\$ 4,986.00								
Division Director	0.04	\$ 6,700.00	0.02	\$ 3,359.00	0.02	\$ 3,341.00								
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
<b>Totals:</b>	2.33	\$ 213,973.00	1.17	\$ 107,285.00	1.16	\$ 106,688.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	31.0%	\$ 66,332.00	31.0%	\$ 33,259.00	31.00%	\$ 33,073.00	0.00%	\$ -	0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 280,305.00</b>		<b>\$ 140,544.00</b>		<b>\$ 139,761.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000009936  
 Program Name PREP - EPI Plus  
 Program Code 8990EP

Appendix Number B-6b  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Funding Term	TOTAL		MH EPI Plus State Grant 251984-10000-10036960-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
02/08/22 - 02/07/23			02/08/22 - 02/07/23											
<b>Position Title</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>
Staff Therapist - Bilingual	1.00	\$ 80,000.00	1.00	\$ 80,000.00										
Clinical Team Lead (Clinical Supervisor)	0.20	\$ 17,000.00	0.20	\$ 17,000.00										
Employment & Education Specialist	0.70	\$ 45,000.00	0.70	\$ 45,000.00										
Family Support Specialist	0.92	\$ 55,000.00	0.92	\$ 55,000.00										
Program Manager	0.10	\$ 9,300.00	0.10	\$ 9,300.00										
EP Training & Evaluation Manager	1.00	\$ 70,000.00	1.00	\$ 70,000.00										
Division Director	0.03	\$ 5,334.00	0.03	\$ 5,334.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
<b>Totals:</b>	3.95	\$ 281,634.00	3.95	\$ 281,634.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	31.0%	\$ 87,306.00	31.0%	\$ 87,306.00	0.00%	\$ -	0.00%		0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 368,940.00</b>		<b>\$ 368,940.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 100009936  
 Program Name Full Circle EPSDT Franklin  
 Program Code 38LH01

Appendix Number B-7  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Funding Term	TOTAL		General Fund 251962-10000-10001670-0001		MH CYF Family Mosaic Capitated Medi-Cal 251962-10000-10001794-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	07/01/21 - 06/30/22		07/01/21 - 06/30/22		07/01/21 - 06/30/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):			(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Psychiatrist	0.11	\$ 38,018.00	0.11	\$ 38,018.00										
Family Clinician	2.50	\$ 197,090.00	2.50	\$ 197,090.00										
Family Clinician - Bilingual / Spanish	1.00	\$ 81,500.00	1.00	\$ 81,500.00										
Clinical Supervisor	0.10	\$ 12,000.00	0.10	\$ 12,000.00										
Quality Assurance Manager	0.04	\$ 4,000.00	0.04	\$ 4,000.00										
Program Manager - Licensed	0.50	\$ 56,000.00	0.50	\$ 56,000.00										
Division Director	0.03	\$ 5,000.00	0.03	\$ 5,000.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
<b>Totals:</b>	4.29	\$ 393,608.00	4.29	\$ 393,608.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	31.0%	\$ 122,018.00	31.0%	\$ 122,018.00	0.00%	\$ -	0.00%		0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 515,626.00</b>		<b>\$ 515,626.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 100009936  
 Program Name TAY SOC Capacity Building  
 Program Code N/A

Appendix Number B-8  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Funding Term	TOTAL		MHSa (WET) 251984-17156-10031199-0061		MH WO-CH TAY SOC Network Dev 251984-10002-10033255-0003		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
07/01/21 - 06/30/22			07/01/21 - 06/30/22		07/01/21 - 06/30/22			(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):			(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):
<b>Position Title</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	
Training Development Coordinator	0.21	\$ 12,042.00	0.05	\$ 2,670.00	0.16	\$ 9,372.00									
Training & Research Program Manager	0.49	\$ 38,120.00	0.11	\$ 8,471.00	0.38	\$ 29,649.00									
Training Division Director	0.26	\$ 42,204.00	0.06	\$ 9,933.00	0.20	\$ 32,271.00									
	0.00	\$ -													
	0.00	\$ -													
	0.00	\$ -													
	0.00	\$ -													
	0.00	\$ -													
	0.00	\$ -													
	0.00	\$ -													
	0.00	\$ -													
	0.00	\$ -													
	0.00	\$ -													
	0.00	\$ -													
	0.00	\$ -													
<b>Totals:</b>	0.97	\$ 92,366.00	0.22	\$ 21,074.00	0.75	\$ 71,292.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	
<b>Employee Benefits:</b>	31.0%	\$ 28,634.00	31.0%	\$ 6,533.00	31.00%	\$ 22,101.00	0.00%	\$ -	0.00%		0.00%		0.00%		
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 121,000.00</b>		<b>\$ 27,607.00</b>		<b>\$ 93,393.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 100009936  
 Program Name Healing Circle  
 Program Code N/A

Appendix Number B-9  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

*As requested by SF Department of Public Health, Felton Institute serves as a Fiscal Intermediary for Healing Circle (Please see Appendix A-9)*

Funding Term	TOTAL		General Fund 251984-10000-10001792-0001		MH GRANT SAMSHA Adult SOC, CFDA #93.958 251984-10001-10036964-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Supervisor	0.05	\$ 7,266.00			0.05	\$ 7,266.00								
Fiscal Consultant	0.06	\$ 6,113.00			0.06	\$ 6,113.00								
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
<b>Totals:</b>	0.11	\$ 13,379.00	0.00	\$ -	0.11	\$ 13,379.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	30.0%	\$ 4,013.00	0.0%	\$ -	29.99%	\$ 4,013.00	0.00%		0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 17,392.00</b>		<b>\$ -</b>		<b>\$ 17,392.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000009936  
 Program Name MCAH-CHVP  
 Program Code Fiscal Intermediary

Appendix Number B-10  
 Page Number 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Funding Term	TOTAL		Maternal, Infant and Early Childhood Home Visiting (MIECHV) 251988-10001-10036963-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
07/01/21 - 06/30/22	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
<b>Totals:</b>	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
<b>TOTAL SALARIES &amp; BENEFITS</b>		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 100009936  
 Program Name Geriatrics Services West  
 Program Code 89903

Appendix Number B-1  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	General Fund 251984-10000-10001792- 0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ 170,700.00	\$ 170,700.00					
Building Repair/Maintenance	\$ 1,600.00	\$ 1,600.00					
<b>Occupancy Total:</b>	<b>\$ 172,300.00</b>	<b>\$ 172,300.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ 1,200.00	\$ 1,200.00					
Photocopying / Printing	\$ 2,400.00	\$ 2,400.00					
Program Supplies	\$ 1,200.00	\$ 1,200.00					
Subscriptions / Publications	\$ 320.00	\$ 320.00					
Computer & Other IT Hardware/Software	\$ 360.00	\$ 360.00					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 5,480.00</b>	<b>\$ 5,480.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ 1,800.00	\$ 1,800.00					
Insurance	\$ 23,220.00	\$ 23,220.00					
Professional License / Organization Dues	\$ 240.00	\$ 240.00					
Permits	\$ -						
Communications - Internet, landline, mobile & fax	\$ 11,520.00	\$ 11,520.00					
Equipment Lease & Maintenance	\$ 7,860.00	\$ 7,860.00					
<b>General Operating Total:</b>	<b>\$ 44,640.00</b>	<b>\$ 44,640.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 4,200.00	\$ 4,200.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 4,200.00</b>	<b>\$ 4,200.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Bilingual Clinical Case Manager \$30 /hrs x 63.33 /hrs/month x 4 months	\$ 7,600.00	\$ 7,600.00					
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ 7,600.00</b>	<b>\$ 7,600.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
Program Related:							
Water (\$280), Coffee (\$120), Snacks (\$388)	\$ 788.00	\$ 788.00					
Client Related: Food/Meals (\$495), Clothing (\$444), Transportation (\$444), Housing Related (\$465)	\$ 1,848.00	\$ 1,848.00					
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Other Total:</b>	<b>\$ 2,636.00</b>	<b>\$ 2,636.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 236,856.00</b>	<b>\$ 236,856.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 100009936  
 Program Name Geriatric Services at Franklin  
 Program Code 38223MH

Appendix Number B-2  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	General Fund 251984-10000-10001792- 0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ 102,206.00	\$ 102,206.00					
Building Repair/Maintenance	\$ -	\$ -					
<b>Occupancy Total:</b>	<b>\$ 102,206.00</b>	<b>\$ 102,206.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ 980.00	\$ 980.00					
Photocopying / Printing	\$ 1,070.00	\$ 1,070.00					
Program Supplies	\$ 900.00	\$ 900.00					
Subscriptions / Publications	\$ 360.00	\$ 360.00					
Computer & Other IT Hardware/Software	\$ 750.00	\$ 750.00					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 4,060.00</b>	<b>\$ 4,060.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ 840.00	\$ 840.00					
Insurance	\$ 32,984.00	\$ 32,984.00					
Professional License / Organization Dues	\$ 300.00	\$ 300.00					
Permits	\$ -						
Communications - Internet, landline, mobile & fax	\$ 6,960.00	\$ 6,960.00					
Equipment Lease & Maintenance	\$ 4,916.00	\$ 4,916.00					
<b>General Operating Total:</b>	<b>\$ 46,000.00</b>	<b>\$ 46,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 12,060.00	\$ 12,060.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 12,060.00</b>	<b>\$ 12,060.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Licensed Clinical Supervisor (\$80 /hrs x 10.13 /hrs/month x 12 months)	\$ 9,725.00	\$ 9,725.00					
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ 9,725.00</b>	<b>\$ 9,725.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
Program Related:							
Water (\$350), Coffee (\$110), Snacks (\$440)	\$ 900.00	\$ 900.00					
Client Related: Food/Meals (\$400), Clothing (\$200), Transportation (\$250), Housing Related (\$350)	\$ 1,200.00	\$ 1,200.00					
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Other Total:</b>	<b>\$ 2,100.00</b>	<b>\$ 2,100.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 176,151.00</b>	<b>\$ 176,151.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>



Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 100009936  
 Program Name Geriatric Intensive Case Mgmt at Franklin  
 Program Code 382213

Appendix Number B-2a  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	General Fund 251984-10000-10001792-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ 60,264.00	\$ 60,264.00					
Building Repair/Maintenance	\$ -	\$ -					
<b>Occupancy Total:</b>	<b>\$ 60,264.00</b>	<b>\$ 60,264.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ 2,325.00	\$ 2,325.00					
Photocopying / Printing	\$ 1,200.00	\$ 1,200.00					
Program Supplies	\$ 810.00	\$ 810.00					
Subscriptions / Publications	\$ 1,800.00	\$ 1,800.00					
Computer & Other IT Hardware/Software	\$ -	\$ -					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 6,135.00</b>	<b>\$ 6,135.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ 360.00	\$ 360.00					
Insurance	\$ 2,080.00	\$ 2,080.00					
Professional License / Organization Dues	\$ 240.00	\$ 240.00					
Permits	\$ -	\$ -					
Communications - Internet, landline, mobile & fax	\$ 4,612.00	\$ 4,612.00					
Equipment Lease & Maintenance	\$ 4,980.00	\$ 4,980.00					
<b>General Operating Total:</b>	<b>\$ 12,272.00</b>	<b>\$ 12,272.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 11,400.00	\$ 11,400.00					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 11,400.00</b>	<b>\$ 11,400.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Licensed Clinical Supervisor (\$80 /hrs x 7.9375 /hrs/month x 12 months)	\$ 7,620.00	\$ 7,620.00					
	\$ -	\$ -					
	\$ -	\$ -					
	\$ -	\$ -					
	\$ -	\$ -					
	\$ -	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ 7,620.00</b>	<b>\$ 7,620.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -	\$ -					
Program Related: Water (\$340), Coffee (\$180), Snacks (\$340)	\$ 860.00	\$ 860.00					
Client Related: Food/Meals (\$460), Clothing (\$220), Transportation (\$320), Housing Related (\$325)	\$ 1,325.00	\$ 1,325.00					
	\$ -	\$ -					
	\$ -	\$ -					
	\$ -	\$ -					
	\$ -	\$ -					
<b>Other Total:</b>	<b>\$ 2,185.00</b>	<b>\$ 2,185.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 99,876.00</b>	<b>\$ 99,876.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 1000009936  
 Program Name Older Adult FSP at Franklin (MHA)  
 Program Code 3822G3

Appendix Number B-3  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	General Fund 251984-10000-10001792-0001	MH MHA (OA) 251984-17156-10031199-0059 Fee-For-Service	MH MHA (OA) 251984-17156-10031199-0059 CR - Mode 60/72 Srvs	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ 79,248.00	\$ 52,748.00	\$ 26,500.00				
<b>Building Repair/Maintenance</b>	\$ -	\$ -	\$ -				
<b>Occupancy Total:</b>	<b>\$ 79,248.00</b>	<b>\$ 52,748.00</b>	<b>\$ 26,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ 2,082.00	\$ 800.00	\$ 1,282.00				
Photocopying / Printing	\$ 1,200.00	\$ 740.00	\$ 460.00				
Program Supplies	\$ 2,000.00	\$ 1,000.00	\$ 1,000.00				
Subscriptions / Publications	\$ -						
Computer & Other IT Hardware/Software	\$ 870.00	\$ 570.00	\$ 300.00				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 6,152.00</b>	<b>\$ 3,110.00</b>	<b>\$ 3,042.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ 1,128.00	\$ 448.00	\$ 680.00				
Insurance	\$ 8,900.00	\$ 4,320.00	\$ 4,580.00				
Professional License / Organization Dues	\$ 860.00	\$ 660.00	\$ 200.00				
Permits	\$ -						
Communications - Internet, landline, mobile & fax	\$ 16,200.00	\$ 7,500.00	\$ 8,700.00				
Equipment Lease & Maintenance	\$ 4,200.00	\$ 1,330.00	\$ 2,870.00				
<b>General Operating Total:</b>	<b>\$ 31,288.00</b>	<b>\$ 14,258.00</b>	<b>\$ 17,030.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 9,180.00	\$ 4,580.00	\$ 4,600.00	\$ -			
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 9,180.00</b>	<b>\$ 4,580.00</b>	<b>\$ 4,600.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Licensed Clinical Supervisor (\$80 /hrs x 13.875 /hrs/month x 12 months)	\$ 13,320.00	\$ 6,820.00	\$ 6,500.00				
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ 13,320.00</b>	<b>\$ 6,820.00</b>	<b>\$ 6,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
Program Related:							
Water (\$380), Coffee (\$160), Snacks (\$460)	\$ 1,000.00	\$ 500.00	\$ 500.00				
Client Flexible Support Expenses - Technology							
Tablets for seniors who will be trained to use for ongoing services	\$ 9,600.00			\$ 9,600.00			
Client Flexible Support Expenses - Food & Groceries	\$ 9,311.00			\$ 9,311.00			
Client Flexible Support Exp - Housing	\$ 2,400.00			\$ 2,400.00			
Client Flexible Support Exp - Transportation	\$ 12,000.00			\$ 12,000.00			
Client Flexible Support Exp - Clothing including shoes	\$ 7,200.00			\$ 7,200.00			
<b>Other Total:</b>	<b>\$ 41,511.00</b>	<b>\$ 500.00</b>	<b>\$ 500.00</b>	<b>\$ 40,511.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 180,699.00</b>	<b>\$ 82,016.00</b>	<b>\$ 58,172.00</b>	<b>\$ 40,511.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000009936  
 Program Name ACM (Non-MHSA)  
 Program Code 3822OP

Appendix Number B-4  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	General Fund 251984-10000-10001792-0001	General Fund 251984-10000-10001792-0001 CR - Mode 60/72 Srvs	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ 73,220.00	\$ 73,220.00					
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ 73,220.00</b>	<b>\$ 73,220.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ 1,840.00	\$ 1,840.00					
Photocopying / Printing	\$ -						
Program Supplies	\$ 240.00	\$ 240.00					
Subscriptions / Publications	\$ 860.00	\$ 860.00					
Computer & Other IT Hardware/Software	\$ 600.00	\$ 600.00					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 3,540.00</b>	<b>\$ 3,540.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ 648.00	\$ 648.00					
Insurance	\$ 18,108.00	\$ 18,108.00					
Professional License / Organization Dues	\$ -						
Permits	\$ -						
Communications - Internet, landline, mobile & fax	\$ 6,060.00	\$ 6,060.00					
Equipment Lease & Maintenance	\$ 2,752.00	\$ 2,752.00					
<b>General Operating Total:</b>	<b>\$ 27,568.00</b>	<b>\$ 27,568.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 16,610.00	\$ 16,610.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 16,610.00</b>	<b>\$ 16,610.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Clinical Supervisor - \$130.00 /hr X 5.5 / hr/month X 12 /months	\$ 8,580.00	\$ 8,580.00					
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ 8,580.00</b>	<b>\$ 8,580.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
Program Related:							
Water (\$280), Coffee (\$80), Snacks (\$460)	\$ 820.00	\$ 820.00					
	\$ -						
Client Flexible Support Expenses - Food & Groceries	\$ 3,000.00		\$ 3,000.00				
Client Flexible Support Exp - Housing	\$ 3,000.00		\$ 3,000.00				
Client Flexible Support Exp - Transportation	\$ 2,600.00		\$ 2,600.00				
Client Flexible Support Exp - Clothing including shoes	\$ 1,400.00		\$ 1,400.00				
<b>Other Total:</b>	<b>\$ 10,820.00</b>	<b>\$ 820.00</b>	<b>\$ 10,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 140,338.00</b>	<b>\$ 130,338.00</b>	<b>\$ 10,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 100009936  
 Program Name ADULT FSPFranklin (MHSA)  
 Program Code 3822A3

Appendix Number B-4a  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	General Fund	MH MHSA (Adult)	MH MHSA (Adult)	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
		251984-10000-10001792-0001	251984-17156-10031199-0058	251984-17156-10031199-0058			
Funding Term	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ 66,345.00	\$ 36,180.00	\$ 30,165.00				
Building Repair/Maintenance	\$ 2,000.00	\$ 1,091.00	\$ 909.00				
<b>Occupancy Total:</b>	<b>\$ 68,345.00</b>	<b>\$ 37,271.00</b>	<b>\$ 31,074.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ 2,040.00	\$ 1,112.00	\$ 928.00				
Photocopying / Printing	\$ 240.00	\$ 131.00	\$ 109.00				
Program Supplies	\$ 600.00	\$ 327.00	\$ 273.00				
Subscriptions / Publications	\$ 1,560.00	\$ 851.00	\$ 709.00				
Computer & Other IT Hardware/Software	\$ 1,025.00	\$ 559.00	\$ 466.00				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 5,465.00</b>	<b>\$ 2,980.00</b>	<b>\$ 2,485.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ 660.00	\$ 360.00	\$ 300.00				
Insurance	\$ 14,000.00	\$ 7,635.00	\$ 6,365.00				
Professional License / Organization Dues	\$ -						
Permits	\$ -						
Communications - Internet, landline, mobile & fax	\$ 10,200.00	\$ 5,562.00	\$ 4,638.00				
Equipment Lease & Maintenance	\$ 2,330.00	\$ 1,271.00	\$ 1,059.00				
<b>General Operating Total:</b>	<b>\$ 27,190.00</b>	<b>\$ 14,828.00</b>	<b>\$ 12,362.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 16,415.00	\$ 8,952.00	\$ 7,463.00				
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 16,415.00</b>	<b>\$ 8,952.00</b>	<b>\$ 7,463.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Clinical Supervisor - \$130.00 /hr X 1.0 / hr/month X 7 /months	\$ 910.00	\$ 496.00	\$ 414.00				
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ 910.00</b>	<b>\$ 496.00</b>	<b>\$ 414.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail): Program Related:	\$ -						
Water (\$280), Coffee (\$120), Snacks (\$660)	\$ 1,060.00	\$ 578.00	\$ 482.00				
Volunteer Expenses	\$ 3,000.00	\$ 1,636.00	\$ 1,364.00				
Client Flexible Support Expenses - Food & Groceries	\$ 8,100.00			\$ 8,100.00			
Client Flexible Support Exp - Housing	\$ 1,600.00			\$ 1,600.00			
Client Flexible Support Exp - Transportation	\$ 1,800.00			\$ 1,800.00			
Client Flexible Support Exp - Clothing including shoes	\$ 2,500.00			\$ 2,500.00			
<b>Other Total:</b>	<b>\$ 18,060.00</b>	<b>\$ 2,214.00</b>	<b>\$ 1,846.00</b>	<b>\$ 14,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 136,385.00</b>	<b>\$ 66,741.00</b>	<b>\$ 55,644.00</b>	<b>\$ 14,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 100009936  
 Program Name TAY FSP (MHSA)  
 Program Code 3822T3

Appendix Number B-5  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	General Fund 251984-10000-10001792-0001	MH MHSA (TAY) 251984-17156-10031199-0057	MH MHSA (TAY) Match 251984-17156-10031199-0057 CR - Mode 60/72 Services	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ 54,600.00	\$ 28,256.00	\$ 26,344.00				
Building Repair/Maintenance	\$ 100.00	\$ 52.00	\$ 48.00				
<b>Occupancy Total:</b>	<b>\$ 54,700.00</b>	<b>\$ 28,308.00</b>	<b>\$ 26,392.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ 2,125.00	\$ 1,100.00	\$ 1,025.00				
Photocopying / Printing	\$ 300.00	\$ 155.00	\$ 145.00				
Program Supplies	\$ 1,200.00	\$ 621.00	\$ 579.00				
Subscriptions / Publications	\$ 600.00	\$ 311.00	\$ 289.00				
Computer & Other IT Hardware/Software	\$ 540.00	\$ 279.00	\$ 261.00				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 4,765.00</b>	<b>\$ 2,466.00</b>	<b>\$ 2,299.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ 840.00	\$ 435.00	\$ 405.00				
Insurance	\$ 4,325.00	\$ 2,238.00	\$ 2,087.00				
Professional License / Organization Dues	\$ -						
Permits	\$ -						
Communications - Internet, landline, mobile & fax	\$ 1,365.00	\$ 706.00	\$ 659.00				
Equipment Lease & Maintenance	\$ 2,030.00	\$ 1,051.00	\$ 979.00				
<b>General Operating Total:</b>	<b>\$ 8,560.00</b>	<b>\$ 4,430.00</b>	<b>\$ 4,130.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 13,000.00	\$ 6,728.00	\$ 6,272.00				
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 13,000.00</b>	<b>\$ 6,728.00</b>	<b>\$ 6,272.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Clinical Supervisor - \$130.00 /hr X 1.0 / hr/month X 6 /months	\$ 780.00	\$ 404.00	\$ 376.00				
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ 780.00</b>	<b>\$ 404.00</b>	<b>\$ 376.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
Program Related:							
Water (\$280), Coffee (\$120), Snacks (\$460)	\$ 860.00	\$ 445.00	\$ 415.00				
Volunteer Expenses	\$ 5,850.00	\$ 3,027.00	\$ 2,823.00				
Client Flexible Support Expenses - Food & Groceries	\$ 8,400.00			\$ 8,400.00			
Client Flexible Support Exp - Housing	\$ 1,200.00			\$ 1,200.00			
Client Flexible Support Exp - Transportation	\$ 2,500.00			\$ 2,500.00			
Client Flexible Support Exp - Clothing including shoes	\$ 3,000.00			\$ 3,000.00			
<b>Other Total:</b>	<b>\$ 21,810.00</b>	<b>\$ 3,472.00</b>	<b>\$ 3,238.00</b>	<b>\$ 15,100.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 103,615.00</b>	<b>\$ 45,808.00</b>	<b>\$ 42,707.00</b>	<b>\$ 15,100.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 100009936  
 Program Name PREP - Cost Reimbursement  
 Program Code 8990EP

Appendix Number B-6  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	General Fund 251984-10000-10001792-0001	MH MSHA (TAY) 251984-17156-10031199-0057	MH GRANT SAMSHA Adult SOC, CFDA #93.958 251984-10001-10036964-0001	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ 59,742.00	\$ 2,357.00	\$ 32,618.00	\$ 24,767.00			
Building Repair/Maintenance	\$ 2,109.00	\$ 155.00	\$ 1,354.00	\$ 600.00			
<b>Occupancy Total:</b>	<b>\$ 61,851.00</b>	<b>\$ 2,512.00</b>	<b>\$ 33,972.00</b>	<b>\$ 25,367.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ 1,981.00	\$ 31.00	\$ 1,155.00	\$ 795.00			
Photocopying / Printing	\$ 1,083.00	\$ 17.00	\$ 643.00	\$ 423.00			
Program Supplies	\$ 666.00	\$ 11.00	\$ 395.00	\$ 260.00			
Subscriptions / Publications	\$ 1,832.00	\$ 132.00	\$ 1,000.00	\$ 700.00			
Computer & Other IT Hardware/Software	\$ 2,096.00	\$ 32.00	\$ 1,184.00	\$ 880.00			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 7,658.00</b>	<b>\$ 223.00</b>	<b>\$ 4,377.00</b>	<b>\$ 3,058.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ 2,472.00	\$ 42.00	\$ 1,579.00	\$ 851.00			
Insurance	\$ 8,860.00	\$ 1,045.00	\$ 4,757.00	\$ 3,058.00			
Professional License / Organization Dues	\$ -						
Permits	\$ -						
Communications - Internet, landline, mobile & fax	\$ 5,471.00	\$ 1,142.00	\$ 3,129.00	\$ 1,200.00			
Equipment Lease & Maintenance	\$ 4,303.00	\$ 268.00	\$ 2,354.00	\$ 1,681.00			
<b>General Operating Total:</b>	<b>\$ 21,106.00</b>	<b>\$ 2,497.00</b>	<b>\$ 11,819.00</b>	<b>\$ 6,790.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 3,568.00	\$ 253.00	\$ 1,787.00	\$ 1,528.00			
Out-of-Town Travel	\$ 539.00	\$ 39.00	\$ 390.00	\$ 110.00			
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 4,107.00</b>	<b>\$ 292.00</b>	<b>\$ 2,177.00</b>	<b>\$ 1,638.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Extra Clerical / Admin Support - by Office Team \$30.00/hr X 4.45 / hr/month X 9 /months	\$ 1,202.00	\$ 90.00	\$ 992.00	\$ 120.00			
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ 1,202.00</b>	<b>\$ 90.00</b>	<b>\$ 992.00</b>	<b>\$ 120.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
Program Related:							
Water (\$85), Coffee (\$15), snacks (\$100)	\$ 200.00	\$ 46.00	\$ 104.00	\$ 50.00			
Client Related:Food/Meals (\$220), Transportation (\$180), Clothing (\$115), Housing (\$150)	\$ 665.00	\$ 6.00	\$ 6.00	\$ 653.00			
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Other Total:</b>	<b>\$ 865.00</b>	<b>\$ 52.00</b>	<b>\$ 110.00</b>	<b>\$ 703.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 96,789.00</b>	<b>\$ 5,666.00</b>	<b>\$ 53,447.00</b>	<b>\$ 37,676.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000009936  
 Program Name PREP - FFS  
 Program Code 8990EP

Appendix Number B-6a  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	General Fund 251984-10000-10001792-0001	MH MHSA (TAY) 251984-17156-10031199-0057	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ 30,167.00	\$ 15,846.00	\$ 14,321.00				
Building Repair/Maintenance	\$ 1,743.00	\$ 974.00	\$ 769.00				
<b>Occupancy Total:</b>	<b>\$ 31,910.00</b>	<b>\$ 16,820.00</b>	<b>\$ 15,090.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ 2,212.00	\$ 1,109.00	\$ 1,103.00				
Photocopying / Printing	\$ 545.00	\$ 273.00	\$ 272.00				
Program Supplies	\$ 335.00	\$ 168.00	\$ 167.00				
Subscriptions / Publications	\$ 1,005.00	\$ 504.00	\$ 501.00				
Computer & Other IT Hardware/Software	\$ 1,005.00	\$ 504.00	\$ 501.00				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 5,102.00</b>	<b>\$ 2,558.00</b>	<b>\$ 2,544.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ 1,340.00	\$ 672.00	\$ 668.00				
Insurance	\$ 4,556.00	\$ 2,284.00	\$ 2,272.00				
Professional License / Organization Dues	\$ -						
Permits	\$ -						
Communications - Internet, landline, mobile & fax	\$ 4,522.00	\$ 2,515.00	\$ 2,007.00				
Equipment Lease & Maintenance	\$ 1,072.00	\$ 537.00	\$ 535.00				
<b>General Operating Total:</b>	<b>\$ 11,490.00</b>	<b>\$ 6,008.00</b>	<b>\$ 5,482.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 1,687.00	\$ 846.00	\$ 841.00				
Out-of-Town Travel	\$ 1,542.00	\$ 773.00	\$ 769.00				
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 3,229.00</b>	<b>\$ 1,619.00</b>	<b>\$ 1,610.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Extra Clerical / Admin Support - by Office Team \$30.00 /hr X 3.685 / hr/month X 9 /months	\$ 995.00	\$ 499.00	\$ 496.00				
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ 995.00</b>	<b>\$ 499.00</b>	<b>\$ 496.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
Program Related: Water (\$85), Coffee (\$15), Snacks (\$101)	\$ 201.00	\$ 101.00	\$ 100.00				
Client Related:Food/Meals (\$80), Transportation (\$68), Clothing (\$40), Housing (\$80)	\$ 268.00	\$ 134.00	\$ 134.00				
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Other Total:</b>	<b>\$ 469.00</b>	<b>\$ 235.00</b>	<b>\$ 234.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 53,195.00</b>	<b>\$ 27,739.00</b>	<b>\$ 25,456.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 100009936  
 Program Name PREP - EPI Plus  
 Program Code 8990EP

Appendix Number B-6b  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	MH EPI Plus State Grant 251984-10000-10036960-0001	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	02/08/22 - 02/07/23	02/08/22 - 02/07/23	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ -						
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ -						
Photocopying / Printing	\$ 600.00	\$ 600.00					
Program Supplies	\$ -						
Subscriptions / Publications	\$ -						
Computer & Other IT Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ 600.00</b>	<b>\$ 600.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ 26,923.00	\$ 26,923.00					
Insurance	\$ -						
Professional License / Organization Dues	\$ -						
Permits	\$ -						
Communications - Internet, landline, mobile & fax	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>General Operating Total:</b>	<b>\$ 26,923.00</b>	<b>\$ 26,923.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 600.00	\$ 600.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 600.00</b>	<b>\$ 600.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amts)	\$ -						
	\$ -						
	\$ -						
Graphic Art & Web Development Consultant Services \$75 per hour x 6 hrs per month x 12 months	\$ 5,400.00	\$ 5,400.00					
	\$ -						
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ 5,400.00</b>	<b>\$ 5,400.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
Community Outreach & Education Events \$150/event x 12 events	\$ 1,800.00	\$ 1,800.00					
Peer Participation Honoraria 4 Peers x \$150 per month x 12 months	\$ 7,200.00	\$ 7,200.00					
Telehealth Related Participant Incentives 5 Peers x \$75 per month x 12 months	\$ 4,500.00	\$ 4,500.00					
	\$ -						
	\$ -						
	\$ -						
<b>Other Total:</b>	<b>\$ 13,500.00</b>	<b>\$ 13,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 47,023.00</b>	<b>\$ 47,023.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>



**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 100009936  
 Program Name Full Circle EPSDT Franklin  
 Program Code 38LH01

Appendix Number B-7  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	General Fund 251962-10000-10001670-0001	MH CYF Family Mosaic Capitated Medi-Cal 251962-10000-10001794-0001	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ 102,648.00	\$ 97,678.00	\$ 4,970.00				
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ 102,648.00</b>	<b>\$ 97,678.00</b>	<b>\$ 4,970.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ 1,000.00	\$ 775.00	\$ 225.00				
Photocopying / Printing	\$ 480.00	\$ 435.00	\$ 45.00				
Program Supplies	\$ 300.00	\$ 290.00	\$ 10.00				
Subscriptions / Publications	\$ 500.00	\$ 440.00	\$ 60.00				
Computer & Other IT Hardware/Software	\$ 200.00	\$ 156.00	\$ 44.00				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 2,480.00</b>	<b>\$ 2,096.00</b>	<b>\$ 384.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ -						
Insurance	\$ 5,800.00	\$ 5,625.00	\$ 175.00				
Professional License / Organization Dues	\$ -						
Permits	\$ -						
Communications - Internet, landline, mobile & fax	\$ 6,500.00	\$ 6,100.00	\$ 400.00				
Equipment Lease & Maintenance	\$ 2,200.00	\$ 2,020.00	\$ 180.00				
<b>General Operating Total:</b>	<b>\$ 14,500.00</b>	<b>\$ 13,745.00</b>	<b>\$ 755.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 12,500.00	\$ 12,000.00	\$ 500.00				
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 12,500.00</b>	<b>\$ 12,000.00</b>	<b>\$ 500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amts)	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
Program Related:							
Water (\$130), Coffee (\$60), Snacks (\$140)	\$ 330.00	\$ 260.00	\$ 70.00				
Client Related - Transportation	\$ 248.00	\$ 184.00	\$ 64.00				
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Other Total:</b>	<b>\$ 578.00</b>	<b>\$ 444.00</b>	<b>\$ 134.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 132,706.00</b>	<b>\$ 125,963.00</b>	<b>\$ 6,743.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 100009936  
 Program Name TAY SOC Capacity Building  
 Program Code N/A

Appendix Number B-8  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	MHSA (WET) 251984-17156-10031199-0061	MH WO-CH TAY SOC Network Dev 251984-10002-10033255-0003	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ 15,600.00	\$ 3,182.00	\$ 12,418.00				
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ 15,600.00</b>	<b>\$ 3,182.00</b>	<b>\$ 12,418.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ 1,400.00	\$ 317.00	\$ 1,083.00				
Photocopying / Printing	\$ -						
Program Supplies	\$ 4,831.00	\$ 962.00	\$ 3,869.00				
Subscriptions / Publications	\$ -						
Computer & Other IT Hardware/Software	\$ 5,800.00	\$ 1,307.00	\$ 4,493.00				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 12,031.00</b>	<b>\$ 2,586.00</b>	<b>\$ 9,445.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ -						
Insurance	\$ 3,200.00	\$ 724.00	\$ 2,476.00				
Professional License / Organization Dues	\$ -						
Permits	\$ -						
Communications - Internet, landline, mobile & fax	\$ 970.00	\$ 219.00	\$ 751.00				
Equipment Lease & Maintenance	\$ 1,820.00	\$ 412.00	\$ 1,408.00				
<b>General Operating Total:</b>	<b>\$ 5,990.00</b>	<b>\$ 1,355.00</b>	<b>\$ 4,635.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Mark Lampkin Media - Production costs online training series (\$109.03 /hr x 83.6 hours)	\$ 9,115.00	\$ 2,027.96	\$ 7,086.95				
Gena Rodriguez & Samantha Fordwood - Trainers (\$175.00 /hr x 17 hours) + (\$175.00 x 24 hours)	\$ 7,175.00	\$ 1,575.00	\$ 5,600.00				
Sal Nunez - Trainer (\$337.00 /hr x 18)	\$ 6,066.00	\$ 1,685.00	\$ 4,381.00				
Kristin Dempsey - Trainer (\$460.00 /hr x 18 hours)	\$ 8,280.00	\$ 1,840.00	\$ 6,440.00				
Ken Epstein - Trainer (\$585.00 /hr x 20 hours)	\$ 11,700.00	\$ 2,925.00	\$ 8,775.00				
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ 42,336.00</b>	<b>\$ 10,053.00</b>	<b>\$ 32,283.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Other Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 75,957.00</b>	<b>\$ 17,176.00</b>	<b>\$ 58,781.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000009936  
 Program Name Healing Circle  
 Program Code N/A

Appendix Number B-9  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	General Fund 251984-10000-10001792-0001	MH GRANT SAMSHA Adult SOC, CFDA #93.958 251984-10001-10036964-0001	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21 - 06/30/22	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ -						
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ -						
Photocopying / Printing	\$ -						
Program Supplies	\$ -						
Subscriptions / Publications	\$ -						
Computer & Other IT Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ -						
Insurance	\$ -						
Professional License / Organization Dues	\$ -						
Permits	\$ -						
Communications - Internet, landline, mobile & fax	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>The Healing Circle has a contracting agreement with the City &amp; County of SF - Felton serves as fiscal intermediary</b>							
Stipend-12,000 (\$1,000 /month to Paulette Brown, Family Grief Counselor)	\$ 12,000.00	\$ 12,000.00					
Rent includes utilities, maintenance & repairs: \$250.00 /month to Mentoring Men's Movement (landlord) x12 months	\$ 3,000.00	\$ 3,000.00					
Communications: Internet, landline \$65/month to Mentoring Men's Movement (landlord) x 12 mos	\$ 780.00	\$ 780.00					
Local Travel: \$88.33/month reimbursement for Paulette Brown x 12 months	\$ 1,060.00	\$ 1,060.00					
Client Related: Flowers, food/groceries, Meals \$500/month reimbursement to Paulette Brown x 12 months	\$ 6,000.00	\$ 6,000.00					
<b>Consultant/Subcontractor Total:</b>	<b>\$ 22,840.00</b>	<b>\$ 22,840.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Other Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 22,840.00</b>	<b>\$ 22,840.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 100009936  
 Program Name MCAH - CHVP  
 Program Code Fiscal Intermediary

Appendix Number B-10  
 Page Number 4  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/21/21

Expense Categories & Line Items	TOTAL	Maternal, Infant and Early Childhood Home Visiting (MIECHV) 251988-10001-10036963-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/21 - 06/30/22	07/01/21 - 06/30/22	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent (includes utilities, maintenance & repairs)	\$ -						
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies / Postage & Delivery	\$ -						
Photocopying / Printing	\$ -						
Program Supplies	\$ -						
Subscriptions / Publications	\$ -						
Computer & Other IT Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development & Outreach Activities	\$ 44,817.00	\$ 44,817.00					
Insurance	\$ -						
Professional License / Organization Dues	\$ -						
Permits	\$ -						
Communications - Internet, landline, mobile & fax	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>General Operating Total:</b>	<b>\$ 44,817.00</b>	<b>\$ 44,817.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amts)	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
	\$ -						
<b>Other Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 44,817.00</b>	<b>\$ 44,817.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 6: Contract-Wide Indirect Detail**

Contractor Name <u>Felton Institute</u>	Page Number <u>6</u>	
Contract ID Number <u>1000009936</u>	Fiscal Year <u>2021-2022</u>	
	Funding Notification Date <u>10/21/21</u>	

**1. SALARIES & EMPLOYEE BENEFITS**

Position Title	FTE	Amount
Chief Executive Officer	0.269879	\$ 71,518.00
Board Liason/Special Projects	0.269905	\$ 19,973.00
Chief Human Resource Officer	0.269893	\$ 46,759.00
HR Manager	0.269895	\$ 25,640.00
Recruiting Manager	0.269894	\$ 22,941.00
HR Coordinator	0.269902	\$ 14,487.00
Front Desk Receptionist/Building Security	0.269903	\$ 11,842.00
Chief Operations & Financial Officer	0.269893	\$ 52,637.00
Finance Director	0.269896	\$ 33,737.00
Controller	0.269900	\$ 29,797.00
AP Manager	0.269896	\$ 18,083.00
Payroll Specialist	0.269878	\$ 17,144.00
Staff Accountant (NE)	0.269875	\$ 15,897.00
Staff Accountant	0.269900	\$ 13,495.00
Accounts Receivable Specialist	0.269935	\$ 12,417.00
Fiscal Administrative Assistant (NE)	0.269886	\$ 13,076.00
Receptionist	0.269876	\$ 8,999.00
Receptionist/Security	0.269900	\$ 7,907.00
Front Office Receptionist	0.269923	\$ 10,527.00
IT Director	0.269900	\$ 40,485.00
IT Supervisor	0.269888	\$ 21,591.00
IT Specialist	0.269867	\$ 12,144.00
Facilities Operation Manager	0.269900	\$ 16,194.00
Custodian	0.269910	\$ 9,737.00
Facilities Maintenance/Custodian	0.269923	\$ 10,527.00
Facilities Coordinator	0.269884	\$ 11,605.00
Director of Communications	0.269891	\$ 39,674.00
Subtotal:	7.29	\$ 608,833.00
Employee Benefits:	31.0%	\$ 188,738
<b>Total Salaries and Employee Benefits:</b>		<b>\$ 797,571.00</b>

**2. OPERATING COSTS**

Expenses (Use expense account name in the ledger.)	Amount
Occupancy (lease is all-inclusive of expenses associated with occupancy)	\$ 114,298.00
Communications ( landline, mobile, fax & internet)	\$ 21,231.00
Professional Services (Legal & Consultants)	\$ 159,542.00
Equipment	\$ 6,866.00
Insurance	\$ 4,006.00
Admin & Management Fees (including Payroll & Benefit Processing)	\$ 57,074.00
Materials & Supplies	\$ 6,361.00
Audit Fees	\$ 15,798.00
Equipment Lease & Maintenance	\$ 5,435.00
Training & Staff Development	\$ 13,444.00
Transportation	\$ 6,490.00
IT Development & Maintenance	\$ 3,168.00
Miscellaneous (fees, licenses, org dues, subscriptions/publications, meeting exp, staff recognition)	\$ 21,452.00
<b>Total Operating Costs</b>	<b>\$ 435,165.00</b>
<b>Total Indirect Costs</b>	<b>\$ 1,232,736.00</b>

Total Indirect from DPH 1: \$ 1,232,736.00

## **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](mailto: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](mailto: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](mailto: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](http://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 Health 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](https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf)
- d. Applicants must complete the credentialing 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.