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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of **July 1, 2020**, in San Francisco, California, by and between **Edgewood Center for Children and Families** ("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 performance period, 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 multiple Request for Proposals ("RFP"), RFP 33-2016 issued on November 2, 2016, RFP 1-2017 issued on March 7, 2017, RFP 11-2018 issued on February 22, 2018, through a Request for Qualifications ("RFQ"), RFQ 17-2016 issued on July 20, 2016, in which City selected Contractor as the highest qualified scorer pursuant to the RFP, and as per Administrative Code Section 21.42 through Sole Source granted on June 5, 2018 and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract numbers 44670-16/17 and 46987-16/17 on July 15, 2019 and August 3, 2020 respectively;

WHEREAS, the City's Board of Supervisors approved this Agreement by Resolution number 307-18 on September 28, 2018;

WHEREAS, the City's Board of Supervisors approved this Amendment by Resolution number _____ 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 # 1000010030) between Contractor and City.

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.

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 of the Agreement.** *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, 2021, 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 July 1, 2018 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 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 **Twenty Four Million Two Hundred Twenty Four Thousand Five Hundred Eight Dollars ($24,224,508)**. 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.

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

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Fifty Seven Million Two Hundred Ninety Eight Thousand Nine Hundred Sixty Seven Dollars ($57,298,967)**. 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 in 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 **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.

2.6 **Insurance and Indemnity.** *The following is hereby added to Article 5 of the Agreement, replacing the previous Sections 5.1 and 5.2 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) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than $1,000,000 each accident, injury, or illness; and

(b) 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.

(c) 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.

(d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than $2,000,000 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 Coverage)

(g) Contractor shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than $2,000,000 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.

5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

5.1.3 Contractor's Commercial General Liability and Commercial Automobile Liability Insurance policies 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.

5.1.4 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

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

5.1.6 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.

5.1.7 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.

5.1.8 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.

5.1.9 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.

5.1.10 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.

5.2 **Indemnification.**

5.2.1 Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

5.2.2 In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

5.2.3 Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

2.7 **Withholding.** *The following is hereby added and incorporated in 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.

2.8 **Termination for Default; Remedies.** *The following are hereby added to Article 8 of the Agreement, replacing the previous Sections 8.2.1(a), 8.2.1(b), and 8.2.2 in its entirety:*

8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:

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

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	Article 13	Data and Security

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default is not cured within ten days after written notice thereof from City to Contractor. If Contractor defaults a second time in the same manner as a prior default cured by Contractor, City may in its sole discretion immediately terminate the Agreement for default or grant an additional period not to exceed five days for Contractor to cure the default.

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default, including by exercising its rights under San Francisco Administrative Code § 21.33; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

2.9 **Rights and Duties upon Termination or Expiration.** *The following is hereby added to Article 8 of the Agreement, replacing the previous Section 8.4.1 in its entirety:*

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services		9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance		9.2	Works for Hire
3.4	Audit and Inspection of Records		11.6	Dispute Resolution Procedure
3.5	Submitting False Claims		11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity		11.8	Construction
6.1	Liability of City		11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages		11.10	Compliance with Laws
Article 7	Payment of Taxes		11.11	Severability
8.1.6	Payment Obligation		Article 13	Data and Security
			Appendix E	Business Associate Agreement

2.10 **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.

2.11 **Minimum Compensation Ordinance.** *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.7 in its entirety:*

10.7 **Minimum Compensation Ordinance.**

If Administrative Code Chapter 12P applies to this contract, Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. Information about and the text of the Chapter 12P is available on the web at http://sfgov.org/olse/mco. Contractor is required to comply with all of the applicable provisions of 12P, irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Chapter 12P.

2.12 **Health Care Accountability Ordinance.** *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.8 in its entirety:*

10.8 **Health Care Accountability Ordinance.**

If Administrative Code Chapter 12Q applies to this contract, Contractor shall comply with the requirements of Chapter 12Q. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission. Information about and the text of the Chapter 12Q, as well as the Health Commission's minimum standards, is available on the web at http://sfgov.org/olse/hcao. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

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

10.11 **Limitations on Contributions.** By executing this Agreement, Contractor acknowledges its obligations under section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126

by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

2.14 **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.

2.15 **Incorporation of Recitals.** *The following is hereby added to Article 11 of the Agreement, replacing the previous Section 11.3 in its entirety:*

11.3 **Incorporation of Recitals.**

The matters recited above are hereby incorporated into and made part of this Agreement.

2.16 **Order of Precedence.** *The following is hereby added to Article 11 of the Agreement, replacing the previous Section 11.13 in its entirety:*

11.13 **Order of Precedence.**

Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP, and Contractor's proposal. The RFP and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal. If the Appendices to this Agreement include any standard printed terms from the Contractor, Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or conflicting language between the City's terms and Contractor's printed terms attached, the City's terms shall take precedence, followed by the procurement issued by the department, Contractor's proposal, and Contractor's printed terms, respectively.

2.17 **Notification of Legal Requests.** *The following is hereby added and incorporated in 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.

2.18 **Management of City Data and Confidential Information.** *The following are hereby added and incorporated in Article 13 of the Agreement:*

13.5 **Management of City Data and Confidential Information**

13.5.1 **Access to City Data**. City shall at all times have access to and control of all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), and shall be able to retrieve it in a readable format, in electronic form and/or print, at any time, at no additional cost.

13.5.2 **Use of City Data and Confidential Information.** Contractor agrees to hold City's Confidential Information received from or created on behalf of the City in strictest confidence. Contractor shall not use or disclose City's Data or Confidential Information 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 Confidential Information outside the United States is subject to prior written authorization by the City. Access to City's Confidential Information 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 or Confidential Information 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 or Confidential Information 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.

13.5.3 **Disposition of Confidential Information.** Upon termination of Agreement or request of City, Contractor shall within forty-eight (48) hours return all Confidential Information which includes all original media. Once Contractor has received written confirmation from City that Confidential Information has been successfully transferred to City, Contractor shall within ten (10) business days purge all Confidential Information from its servers, any hosted environment Contractor has used in performance of this Agreement, 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.

2.19 Appendices A and A-1 to A-8b are hereby replaced in its entirety by fiscal year 2020-21 Appendices A and A-1 to A-8b dated 07/01/2020, attached to this Amendment and fully incorporated within the Agreement.

2.20 Appendices B and B-1 to B-8b are hereby replaced in its entirety by fiscal year 2020-21 Appendices A and A-1 to A-8b dated 07/01/2020, attached to this Amendment and fully incorporated within the Agreement.

2.21 Appendix F is hereby replaced in its entirety by fiscal year 2020-21 Appendix F dated 07/01/2020, attached to this Amendment and fully incorporated within the Agreement.

2.22 Appendix J is hereby replaced in its entirety by Appendix J dated 07/01/2020, attached to this Amendment and fully incorporated within the Agreement.

Article 3 Effective Date

Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2020.

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

CITY

Recommended by:

Grant Colfax, MD Date
Director of Health
Department of Public Health

CONTRACTOR

Edgewood Center for Children & Families

DocuSigned by:
9B64EF472E284BC...
4/26/2021 | 9:15 AM PDT

Lynn Dolce Date
Chief Executive Officer
1801 Vicente Street
San Francisco, CA 94116

Supplier ID: 0000020937

Approved as to Form:

Dennis J. Herrera
City Attorney

By: _____
Date
Deputy City Attorney

Approved:

_____
Sailaja Kurella Date
Acting Director of the Office of Contract Administration, and Purchaser

Appendix A
Scope of Services – DPH Behavioral Health Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Elizabeth Davis, Program Manager and Contract Administrator for the City, or his / her designee.

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (http://www.dir.ca.gov/Title8/5199.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

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

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

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services.

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

Treatment Service Providers use the BHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), BHS Quality Management and BHS Program Administration.

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

P. Quality Improvement:

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

(1) Staff evaluations completed on an annual basis.

(2) Personnel policies and procedures in place, reviewed and updated annually.

(3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

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

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

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

V. Compliance with Grant Award Notices:

Contractor recognizes that funding for this Agreement may be provided to the City through federal, State or private grant funds. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1 Counseling Enriched Education Program

Appendix A-2 Residentially-Based Treatment (RBT)

Appendix A-3 Behavioral Health Outpatient

Appendix A-4 Therapeutic Behavioral Services (TBS)

Appendix A-5 Wraparound (WRAP)

Appendix A-6	Early Childhood Mental Health Consultation Initiative (ECMHCI)
Appendix A-7	School-Based Behavioral Health Services
Appendix A-8	Crisis, Triage and Assessment Center (CTAC) Hospital Diversion (8858H1)
Appendix A-8a	Crisis, Triage and Assessment Center (CTAC) Hospital Diversion (8858H2)
Appendix A-8b	Crisis, Triage and Assessment Center (CTAC) CSU (8858CS)
Appendix A-9	*Kinship Behavioral Health Outpatient---**This Program Ended 06/30/2019***

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

1. Identifiers:

Program Name: Edgewood Counseling Enriched Education Program
Program Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116
Telephone/FAX: (415) 681-3211/**FAX:** (415) 664-7094
Website Address: www.edgewood.org

Contractor Address, City, State, ZIP: (same as above)

Executive Director/Program Director: Daniel Ecklund
Telephone: 415-725-0293
Email Address: dane@edgewood.org

Program Code(s): 8858OP

2. Nature of Document:

☐ **New** ☒ **Amendment** ☐ **Renewal** ☐ **Revision to Program Budgets (RPB)**

3. Goal Statement:

Edgewood Center's Non-Public School/Counseling Enriched Education Program NPS/CEEP (8858OP) is designed to provide intervention and treatment to improve functioning of youth 5-21 years of age so they may transition to a less restrictive school placement and be able to tolerate the demands of more mainstream educational and community settings. To accomplish this goal, the program will focus on the reduction of behavioral health symptoms experienced by the youth and reduction in behaviors that prevent successful integration in a typical classroom.

4. Priority Population:

Edgewood's NPS/CEEP program is designed to serve the following target populations:

- Children and adolescents ages 5-21 that have not been successful in regular school settings and can benefit from a short-term, structured milieu setting.
- Children and adolescents who have been diagnosed with serious emotional disturbance which interferes with daily functioning in school; and may also include other areas of functioning such as family, work, peer, relationships and/or personal care, including disorders such as Mood disorders, Post-Traumatic Stress and other anxiety disorders, Oppositional Defiant and other behavioral disorders, and other disorders; often with concurrent substance abuse issues, provided that the substance use disorder is not the primary diagnosis and focus of treatment.
- Children and adolescents who are full scope Medi-Cal beneficiaries (as well as non-Medi-Cal candidates) living in their community with families, kin, foster home or lower level group home, and authorized to be in NPS/CEEP with the approval of SFUSD through the IEP process and in coordination with SF CBHS.

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

See Appendix B CRDC

6. Methodology:

A. Outreach, recruitment, promotion, and advertisement as necessary.
The Edgewood NPS/CEEP program works collaboratively with families, SFUSD, out of county school districts and other county partners to continuously communicate about openings and coordinate best placements when this intensive level of service is required and authorized.

The appropriateness of the client for the NPS/CEEP is based on the following criteria:

- The primary diagnosis shall indicate moderate to severe psychiatric difficulty, which is not manageable within the child's home, community or public school (i.e. less restrictive settings), and is impairing their school function. Children with IEPS Enter the Edgewood Center through their school district IEP process;
- The child is not physically handicapped to an extent that would restrict participation in the physical activity that is part of the program;
- The child is determined to require assessment, support and stabilization, or long-term treatment; and
- The child's problems are likely to respond to a program of psychosocial, psychiatric, and educational interventions.

Placement in the NPS/CEEP is not appropriate for children whose clinical presentation includes:

- Greater than moderate intellectual disability;
- Existence of an acute, current psychotic state requiring psychiatric hospitalization;
- Presence of active suicidal behavior;
- Physical, neurological or mental health needs better served in other specialized treatment facilities, or whose at-risk status suggests a hospital setting;
- History of significant sexual predatory behavior;
- Family refusal to engage in ongoing treatment;
- Youth who have alcohol and/or other substance use disorders better treated at a specialized substance use treatment program or specialized co-occurring disorders program.

Any youth who is not admitted to a program for any of these reasons can reapply for admission in the future, and can be admitted if the conditions that prohibited admission in the first place no longer pertain.

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

The appropriateness of a child's enrollment in the NPS/CEEP is also based upon age, sex, and type of problem, as they relate to the existing population in the school building under consideration. Once a referral is made to Edgewood, the steps to determine eligibility and gather information typically begin within 24 hours of initial contact with the agency. An acceptance of a referral for intake evaluation is

not equivalent to admission into the program. The referring agency, the family, or Edgewood may terminate the intake at any point should it become clear it would not be feasible to continue.

When a referral appears appropriate for the NPS/CEEP, a request is made to the referring agency and/or parent to forward all information that is pertinent to the services being requested including:

- Education records and individual educational plans (IEP's);
- School reports;
- Family, placement, and social history;
- Mental health treatment history;
- Psychological and psychiatric evaluation(s);
- Medical history; and,
- Discharge summaries (from hospitalizations or other placements).

The Intake Department works collaboratively with the referring agency and parents to arrange releases of information necessary to facilitate the intake process and assessment. In particular, the Intake Department collaborates with former school placements, and whenever possible, the family members, of the child by conducting extensive phone work to obtain information not contained in written reports. Especially when documents lack information on a child's status or whereabouts over a period of time, efforts must be applied to research that period. The absence of records may indicate no one was watching out for the welfare of the child who was left unprotected or otherwise neglected; obviously, tracking down information for such periods can yield background information critical to constructing a comprehensive, rich historical understanding of the child's life experiences.

The Intake Department typically responds to referring agencies regarding acceptance or rejection of referral within a two-week period, and if a referral is denied, the reasons are documented in the case record. Where appropriate, Edgewood will give information and referrals for persons it cannot serve.

Although planned placements are preferred, emergency placements will be considered under very rare circumstances. If a child is accepted in an emergency situation, documents such as treatment agreements, medication consent and immunization records are mandatory prior to admission.

C. **Service delivery model**

NPS/CEEP services at Edgewood are provided by multidisciplinary staff in the context of the school day in order to connect the mental health support to each child's daily real-world challenges. Services include a consistent therapeutic milieu staffed by qualified mental health professionals; individual, group and family psychotherapy; expressive arts and recreational therapeutic groups; medical and psychiatric treatment: and comprehensive care management. The program is based upon Individualized Educational Programs (IEPs) with an emphasis on core academic curriculum modified as needed for the individual student. The program is designed to accelerate their learning by diagnosing their specific learning needs and providing an individualized program to help them move towards grade level standards as quickly as possible.

The Non-Public School/Counseling Enriched Education program is located on Edgewood Center's Campus, 1801 Vicente Street. The program is organized into two settings of up to 48 youth, located in a different multi-room building and serving both boys and girls. The Elementary and Middle School programs operate from 8:15am-2:45pm on Monday, Tuesday, Thursday, and Friday and 8:15am-1:45pm on Wednesday. The High School operates from 8:15am-2:45pm on Monday, Tuesday, Thursday, and Friday and 8:15am-1:45pm on Wednesday.

Treatment is family-focused, strengths-based, and trauma-informed with the goal of helping youth develop the skills necessary to thrive in their relationships and natural environments (e.g., home, school, and workplace).

Program service components: Edgewood's services are guided by a core belief that children, youth, and families are best served and supported in the context of their unique family system, culture, and community. The agency is also committed to developing and integrating our services with local partners to ensure that children, youth, and families can become self-reliant.

Practices/curricula used in program: The program operates on an extended school year-round calendar, is multi-disciplinary in approach, and provides a range of services including:

Clinical Services

- Individual Psychotherapy
- Group Psychotherapy
- Family Psychotherapy
- Individual Rehabilitation
- Case Management
- Collateral Support
- Crisis Intervention
- Discharge Planning

Medical Services

- Psychiatric Care
- Medication
- Nursing Services
- Nutritional Counseling

Therapeutic Milieu

- Community Meetings
- Behavior/Emotional Management
- Therapeutic Arts & Recreation
- Life Skills Coaching
- Rehabilitative Groups
- Community Involvement
- Crisis Intervention

Individualized Treatment Plans of Care (POC) are developed for each child and family. These plans are developed through a multidisciplinary process that strives to put youth and families at the center of decision-making. To meet this end, the following steps are taken for each youth:

Initial Mental Health Assessment is completed within the first 30 days. The therapist/care manager utilizes the Child and Adolescent Needs and Strengths (CANS) to complete a full mental health assessment. The CANS is as a multi-purpose tool developed to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The assessment services to establish medical necessity for specialist mental health services. CANS Assessments will be completed for each client on an annual basis; the cycle will be kept in sync with the episode opening date.

Treatment Plan of Care Development: An initial *Treatment Plan of Care* (POC) is completed within the first 30 days. The therapist/care manager incorporates observations of the child in the milieu, information emerging from individual therapy, initial family work, collateral contacts and results of the comprehensive Child and Adolescent Needs and Strengths (CANS) assessment, to develop an integrative treatment plan. The Plan of Care is completed prior to providing mental health services. The Plan of Care is reviewed and signed by the child, parent/caregiver and legal guardian and is placed in the case record. The plan specifies the overall course of treatment that will lead to successful discharge. It serves as the guiding directive upon which all interventions are based and describes how, and by whom, all services will be provided. A number of goals are developed to address the child's and family's needs and may include areas such as mental health, school behavior functioning, psychiatric needs, and family/community involvement. These goals are linked to shorter-term objectives that are translated into concrete treatment actions in the milieu, educational program, therapies and psychiatric treatment. Every Treatment Plan of Care thereafter will be due on an annual cycle; however, a Treatment Plan of Care can be created at any time within the year if the plan needs to be altered.

Treatment Team Meetings: The Individualized Education Plan meeting (IEP) is the central component of the service planning process. IEP Teams structurally put caregivers and families in the center of our work and create a system of collaboration among the family, school district, service providers, and other key stakeholders. IEP Teams include the child, her/his family, the clinician/therapist, care manager, treatment manager(s), primary child care worker(s), psychiatrist, teacher, and external persons involved with the child (e.g., Child Welfare Worker, Court Appointed Special Advocate/CASA, lawyer, etc.). The first IEP Team Meeting occurs within the first 45 days of placement. Ongoing IEP Team meetings occur at minimum annually, but may be called as needed by the guardian, school district, or Edgewood school administrator. These meetings are utilized to monitor the response of the child and family to treatment; to assess, re-define or alter short-or long-term treatment goals; to consider alternative treatment strategies; and to assess the readiness of the child and family for discharge and aftercare services. Additionally as needed treatment team meetings outside of the IEP process are held as needed to continually monitor, assess, and address treatment needs.

D. Discharge Planning and exit criteria and process

Discharge Planning: The following criteria for discharge are expected to be met: a) Child or youth can be safely treated at an alternative level of care; b) Individualized discharge plan with appropriate and timely follow-up care is in place; c) client has met the schools district's criteria for transition to a less restrictive school setting.

In addition to (a) and (b) above, any one or more of criteria must be met:

- Child or adolescent's IEP goals have been met.
- Child or adolescent's documented treatment plan goals and objectives have been substantially met or a safe, continuing care program can be arranged and facilitated at an alternate level of care.
- Child or adolescent no longer meets admission criteria, or meets criteria for a less or more intensive level of care.

- Child/adolescent or family member, guardian, or custodians are competent but non-participatory in treatment or in following the program rules and regulations.
- There is non-participation by youth to such a degree that treatment at this level of care is rendered ineffective.
- Consent for treatment is withdrawn, and it is determined that the child or adolescent, parent, or guardian has the capacity to make an informed decision.
- Child or adolescent is not making progress toward treatment goals despite persistent efforts to engage her or him, and there is no reasonable expectation of progress at this level of care; nor is the level of care required to maintain the current level of function.

As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible. Examples of this include, but are not limited to: Therapeutic Behavioral Services (TBS) and outpatient mental health services. Additionally, the treatment team works diligently together to consistently follow through on rituals and other plans that have proven to be successful for clients and families. Some examples of this include, good-bye parties, transition scrapbooks chronicling the client's treatment through pictures and quotes, visiting the next school placement and other individualized relationship-based rituals created between the client and staff they have worked with during their treatment.

E. Describe your program's staffing:

See corresponding Appendix B Salaries and Benefits page.

7. 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 FY20-21. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

b. Individualized Objectives

N/A

8. Continuous Quality Improvement:

Quality Assurance (QA) is a continuous process and occurs across all programs, services, and departments. The responsibility of QA is shared between direct care providers, supervisors, directors, and quality assurance staff. QA staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon.

Program teams and QA staff review and analyze client satisfaction results, outcome data, program productivity, critical incidents and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. Through Quality Improvement (QI) activities, areas for improvement are identified. QA staff provide timely feedback directly to program staff and supervisors on areas to correct and improve. QA staff identify patterns in documentation/practice and follow up with supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

The QA team consists of the Director of Quality Improvement and two Quality Assurance staff that support programs across the agency. The QA team supports and monitors the following list of QA activities that are currently in place:

1. Achievement of contract performance objectives and productivity

    - Edgewood reviews contract performance objectives and productivity data annually and develops action plans based on the data. The plan of action includes training, increased oversight by supervisors and QA staff and tracking of data to measure progress over time.

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

    - Initial documentation training is provided during New Hire Orientation. Managers provide ongoing supervision and support in gaining competency with documentation with documentation standards. QA staff also review staff documentation and provide ongoing training and support, as needed, in either face-to-face or online formats

    - All staff receives regular supervision. Individual supervisors are responsible for reviewing documentation (assessments, CANS, treatment plans, progress notes, and all other relevant paperwork) for accuracy and adherence to all Medi-Cal and agency documentation standards. In addition to initial review by supervisors, QA staff also performs QA review of documentation. QA staff review for paperwork completion, timeliness, and compliance with all internal and external documentation expectations. QA staff work collaboratively with supervisors to provide feedback and track errors/improvement requests until completion.

    - PURCQ is held once a month and more frequently as needed. The PURCQ process is led by Clinical Supervisors and supported by QA staff. During the PURCQ process, supervisors review client diagnosis, impairment criteria, and effectiveness of interventions provided in

order to demonstrate ongoing medical and service necessity for the length of treatment. QA staff support the process by reviewing completion of paperwork within required timelines. It is only after review in the PURCQ process that services are authorized as billable through the agency electronic health record.

- Peer reviews are held quarterly. During peer reviews, staff review client documentation including assessments, CANS, treatment plans, progress notes, authorizations, and all other relevant paperwork. Client diagnosis, supporting rationale, impairment criteria and linkage to goals/objectives, effectiveness of interventions provided. Progress notes are also reviewed for technical errors as well as clinical relevance to treatment outlined in the service plan.

- Chart review is ongoing. QA staff regularly review client documentation for technical and clinical accuracy. Chart review may also occur upon staff transitions (departures, transfers, staff change, etc.) to ensure completion of the client record and to coordinate a smooth transition to a new service provider. Chart review may also be triggered as a result of findings in a peer review or when regular QA review of documents reveals a pattern of concern. Errors are tracked and corrected. Depending on the severity of the deficiencies, this may trigger an improvement plan for the staff or program, which may include additional training or oversight by QA staff.

3. Cultural Competency of staff and services

   - Weekly individual supervision addresses issues of culture and diversity. Any such issues arising from CANS are also addressed in supervision. Training needs are communicated to the training department.

4. Satisfaction with services

   - Edgewood programs participate in the CBHS consumer perception survey process. Findings from client satisfaction surveys and program performance objectives are reviewed bi-annually by program staff and agency leadership. Information is analyzed and areas for improvement are identified. In areas that fall below expected results, corrective plans are implemented and activities are monitored until desired results occur. Continuous follow up is required to maintain improved levels.

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

   - Client paperwork timelines are tracked upon admission through the electronic health record. Direct service providers receive regular notification of documentation timelines and requirements. Paperwork timeliness and use of CANS and/or ANSA is reviewed during the PURCQ process every six months. CANS items and identified needs are reviewed to confirm that prioritized needs are being addressed and clients are making progress towards established goals and objectives. QA staff support the process by reviewing completion of paperwork within required timelines. It is only after review in the PURCQ process that services are authorized as billable through the agency electronic health record

9. Required Language:

N/A

1. Identifiers:

Program Name: Edgewood Residentially Based Treatment
Program Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116
Telephone/FAX: (415) 681-3211/**FAX:** (415) 664-7094
Website Address: www.edgewood.org

Contractor Address, City, State, ZIP: (same as above)

Executive Director/Program Director: Justine Underhill
Telephone: 415-681-3211
Email Address: justineu@edgewood.org

Program Code(s): 88584

2. Nature of Document:

☐ **New** ☒ **Amendment** ☐ **Renewal** ☐ **Revision to Program Budgets (RPB)**

3. Goal Statement:

The Residentially Based Treatment (RBT) Program AKA Short Term Residential Treatment Program (STRTP) is built on the principle that engaging families is fundamental to achieving and sustaining therapeutic gains in children and youth. Treatment is focused on behavioral stabilization and skill development with the understanding that all interventions, activities, and supports must be transferable to the home and community setting.

4. Priority Population:

Edgewood's STRTP is licensed by the State of California Department of Social Services to provide twenty-four-hour-a-day, seven-day-a-week ("24/7") care for children and youth with Serious Emotional Disturbance (SED). While placed with Edgewood's STRTP, eligible children and youth receive Outpatient Medi-Cal Specialty Mental Health Services.

Program Eligibility Criteria: The target population for the RBT is:

- Children and youth, ages 12-17, with moderate to severe emotional disturbance marked by a pattern of challenging behaviors that cannot be safely managed in the children or youth's community, at home, or at school. This includes Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) & Sexual Orientation, Gender Identity and Expression (SOGIE) youth. Common diagnosis served include:
    - Post-Traumatic Stress Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Attention-Deficit and Hyperactivity Disorder, Psychotic Disorders, Mood Disorders
        - Symptoms related to these diagnoses often include maladaptive behaviors such as physical aggression, suicidal behavior and suicidal ideation, chronic impulsivity, compulsive behaviors, sexualized behaviors, property destruction, poor boundaries, delusional and paranoid behaviors, disordered eating, and running away.

- Siblings, Commercially Sexually Exploited Children CSEC, and youth with physical disabilities are reviewed on a case by case basis and take into account individual needs, milieu acuity, and any other relevant history to ensure that the program can adequately and successfully help the youth achieve permanency.
- Edgewood understands that LGBTQ, SOGIE, and CSEC youth may require specialized treatment interventions. In order to ensure appropriate and compassionate services for these youth, Edgewood will utilize expert consultants as needed.

Placement in the RBT is not appropriate for children and youth whose clinical presentation includes the following below:

- Physical, neurological or mental health needs that are better served in a more specialized treatment or medical facility. Examples include:
  - Children and youth with substance abuse disorders
  - Pregnant youth or youth with babies at the time of entry
  - Children and youth with moderate to severe intellectual disability
  - Diabetic children and youth who are unable to self-monitor or who are not compliant with treatment
- Children and youth with high acuity behaviors that pose a safety risk beyond Edgewood's ability to safely provide treatment to other children and youth in the program. Examples include:
  - Existence of an acute, current, psychotic state requiring psychiatric hospitalization
  - Presence of active suicidal behavior or extreme violence to self/others requiring psychiatric hospitalization
  - History of significant sexual predatory behavior
  - Chronic, active fire setting behavior
  - History of serious criminal behavior

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

See Appendix B CRDC

6. Methodology:

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Edgewood maintains close communication with SF HSA, SF CBHS, SF Probation, and SFUSD. Edgewood also maintains close communication with all other school districts and social service agencies served through the Residential-Based Treatment program to communicate about openings and coordinate best placements when this intensive level of service is required and authorized. Edgewood also networks through membership in the CA Alliance and participates in information fairs, as well as presenting to schools, school districts, etc.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

Admission Process: Enrollment in the RBT is also based upon a client's age, gender, ethnicity, culture, and type of problem, as those variables are considered in relationship to the existing population in the program. The RBT shall consider the child's needs and strengths as well as the

likelihood that the child will benefit from the program. Once a referral is made to Edgewood, the steps to determine eligibility and gather information typically begin within 24 hours of initial contact with the placing agency.

An acceptance of a referral for intake evaluation is not equivalent to admission into the program. The referring agency, the family, or Edgewood may terminate the intake at any point should it become clear it would not be feasible to continue.

When a referral appears to be appropriate for the RBT, a request is made to the referring agency and/or parent to forward all information that is pertinent to the services being requested including:

- Family and permanency history
- Placement history
- Mental health treatment history
- Psychological and psychiatric evaluation(s)
- Medical history
- Education records and individual educational plans (IEP's)
- Court reports
- Discharge summaries (from hospitalizations or other placements)

Permanency Resource Review: The Intake Team will initiate a review of the family connection information and will ask the referral source to demonstrate concurrent planning for the youth by providing two, options for post-treatment placement at the time of referral. If there is not a post treatment placement plan and/or no family has been identified, then the Edgewood Team will complete a family resource map in collaboration with the referring party to identify permanent connection and potential discharge options at the initial Child and Family Team (CFT) meeting.

Pre-placement Visit & Interview: A member of the Intake Team, the program supervisor, and a Family Partner are included in this meeting. During the visit, the family is welcomed and informed that families are considered to be an integral component of successful treatment. Families are expected to participate in treatment. On occasion, because of the immediacy of placement need or geographic factors, a child may be scheduled for admission without a pre-placement visit.

Admission Decision: After the visit, the information gathered during the admission process is reviewed by the multidisciplinary Intake Team (which includes the Director of Admissions, Director of Nursing, Milieu Director, Clinical Director, and NPS Director). The Intake Team discusses the child or youth's fit for the program and the capacity of the program to address and successfully assist the child and family. Variables such as the current population, level of staff expertise and the physical environment are carefully considered. When indicated, additional psychological testing, psychiatric evaluation, or other necessary information is requested prior to a final decision to accept a child or youth for treatment. The Intake Team decides and typically responds to referring agencies regarding acceptance or rejection of referral within three business days

Admission Denials:

- If the Intake Team determines that the program is not capable of meeting the child's needs without additional services and/or supports, then Edgewood may request further assistance from the placing agency, community-based organization, or any other resource and shall document this request.
- If the Intake Team determines that the program is not capable of meeting the child's needs, even with additional services and/or supports, or if the identified services are not available, the Intake Team shall document this denial, including the reason
- All documentation about admissions decisions will be made available to the referring source upon request.

Emergency Placements: Edgewood works collaboratively with referring parties to accommodate emergency placements on a case by case basis at this point in time. Edgewood is currently engaged in dialog with our local county to formalize an emergency placement procedure and ensure access to treatment for youth with immediate needs.

Waiting List Policy: On rare occasions, existing circumstances result in a temporary inability of a program to serve new referrals. When a referral to the RBT has been deemed appropriate, yet there is a delay in the program's ability to have the child/youth enter, the Intake Department will provide the referral source a projected entrance date and/or offer to place the child/youth on a wait list. The wait list is maintained by the Intake Department. In general, potential clients are added to the list in ascending order from the earliest date of request for service to the most recent.

C. Describe your program's service delivery model

Children, youth and families are central to the development and maintenance of their treatment throughout the course of their care. Edgewood emphasizes a flexible approach to service delivery as a way to reduce barriers that limit families' involvement, participation, and learning. Our treatment is family-focused, collaborative, strengths-based, and trauma informed with the goal of helping children, youth and families develop the skills necessary to thrive in their relationships and natural environments.

Through family engagement and treatment, the child/youth and family will work together to understand and improve on stressors and dynamics that create individual and family problems, come to acknowledge and appreciate their family strengths, learn to better manage grief and loss, build safety, and develop skills and strategies that help reduce high risk behaviors. In an effort to reach these goals Edgewood will articulate a theory of change for all youth in the program.

Edgewood operates from a Trauma Informed System of Care framework that ensures that all trauma informed interventions are provided and delivered in a predictable environment of care and one that is culturally sound and relevant. Edgewood prioritizes safety and stability, relationship building, and affect regulation. Through validation of the individual and family experience, holding a nonjudgmental stance while delivering services and viewing problems in the context of systems of oppression and generational trauma, Edgewood strives to de-stigmatize our clients experience, promote positive change and hold hope for our youth and families during difficult times.

Edgewood integrates evidenced based practices into all aspects of care, including: Collaborative Problem Solving (CPS), Neurosequential Model of Therapeutics (NMT), Attachment Theory, Cognitive Behavioral Therapy (CBT), and Dialectic Behavioral Therapy (DBT).

Edgewood recognizes that all individuals and families are unique and approaches family therapy from a collaborative approach. Collaborative family-centered practice reinvigorates work with families who have not responded to more traditional approaches. Collaborative practice takes a systems perspective to family therapy versus a more traditional identified patient perspective. Collaborative family therapy is grounded in family-centered principles that include: striving for cultural curiosity, believing in resourcefulness, working in partnership, and making our work more accountable to the clients we serve. The framework draws from appreciative inquiry, motivational interviewing, the signs of safety approach to child protection work, and solution-focused, family systems, and narrative therapies.

Screening and Assessment: Upon entry to the RBT, an initial screen is completed by the Intake Clinician to assess the immediate needs of the client including suicide risk, danger to self or others, and exploitation using the Columbia Suicide Severity Rating Scale and mini-CANS. When indicated by the screen, additional assessment, referrals and follow up may be required. If immediate need is identified, intervention is required, and staff follow the crisis response protocol. A preliminary plan is developed until the completion of the Assessment and Treatment Plan of care.

Initial Child and Family Team Meeting (CFT): An initial CFT meeting is held within 7 days of a child/youth's admission to the RBT program. The purpose is to a) establish a shared understanding of the strengths, obstacles, needs and goals of the child/youth and family by creating a collaborative helping map and develop an initial Needs and Services Plan, b) review or create a family resource map that identifies all important family connections, and c) develop a few initial safety-related goals that focus treatment until the comprehensive Plan of Care is finalized. Core members of the CFT team include the child, youth and family, all permanent connections identified by the family, the referring agency worker, any existing providers, and the Edgewood Team. The Needs and Services Plan is reviewed and updated following each CFT meeting.

Initial Mental Health Assessment is completed within the first 10 days of admission by the therapist/care manager utilizing the Child and Adolescent Needs and Strengths (CANS). The CANS is as a multi-purpose tool developed to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The assessment serves to establish medical necessity for specialist mental health services. CANS Assessments will be completed for each client on an annual basis.

Care Planning: An initial Plan of Care (POC) is established within 10 days of admission and following the completion of the CANS Assessment. The plan is developed through a multi-disciplinary process that keeps families at the center of decision-making. The focus of the plan is on developing safety, building skills, and supporting permanency. The POC specifies the overall course of treatment and guides the teams' interventions. The plan describes how, and by whom, all services will be provided. The plan is reviewed monthly and updated as needed following each

CFT meeting. All POC's include individual and family therapy, individual rehabilitation, crisis intervention, targeted case management, and medical support services if medically necessary. All changes are tracked in the CFT meeting notes and updated on the POC.

Family Engagement in the STRTP*:* Family voice and choice supports positive permanency outcomes. In that regard, the following tenets are pillars of the STRTP program at Edgewood:

- **Family Finding, Engagement, and Inclusion:** Efforts are made to seek out and involve the child/youth's family system. Edgewood uses an array of strategies including: on-campus activities for families including transportation support in order to enhance participation and attendance, opportunities for caregivers and youth to practice new skills and behaviors while receiving coaching in the therapeutic milieu, supervised and therapeutic visitation, and group psychoeducational activities for caregivers to encourage peer-to-peer support.
- Each family receives a **Family Partner:** The Family Partner provides peer support in a flexible and genuine manner allowing families to connect, ask for and receive support. Edgewood provides opportunities for families to come together in group settings through informal family partner dinners as well as more formal psycho-education classes such as Triple P. and the 5 Protective Factors.
- **Parent and Family Therapy:** Edgewood provides opportunities for families to come together for clinical groups. Multifamily therapy groups utilize varying evidenced based practices including Seeking Safety, DBT Skills Groups, and Strengthening Family Coping Resources.
- **In Home Behavioral Support & Visitation:** Edgewood staff provide support to families in their home environments through modeling, coaching, and problem solving. Should a family be court mandated to participate in supervised therapeutic visitation, Edgewood staff provide this service. During unsupervised extended visits at the family home, Edgewood staff provide phone coaching and in person crisis response to families in the community.
- **Youth Participation and Empowerment:** Children and youth in the program are enrolled in at least one community activity, volunteer opportunity, or job training program on an ongoing basis. Youth are encouraged to attend all CFT meetings and provided coaching and support in order to advocate on behalf of themselves in the treatment.

D. Describe your program's exit criteria and process

The CFT meets every 1-4 weeks to monitor progress towards permanency, to assess, re-define or alter short- or long-term treatment goals, to consider alternative treatment strategies, and to assess the readiness of the youth and family for transition to community-based support. Each meeting emphasizes discharge planning to ensure that the length of stay in the residential component is as short as safely possible.

The CFT determines when a youth and family is ready to transition out of the program and identifies on-going community-based supports that will be provided by the Edgewood team or the provider of the family's choice. General indicators of readiness include a reduction in high-risk behaviors, an increase in self-regulation skills, and successful family visitation.

Upon transition to the Permanency and Aftercare component of the program, CFT meetings will initially be held every two to four weeks. The CFT will determine the required frequency of additional meetings based on the needs of the youth and family. Supportive transition services are individualized to insure the youth's continuing stabilization with particular attention to strengthening the connection to family and caregivers and family attachment to secure positive permanency outcomes. Services may intensify in order to maintain stability in the home and community.

The Edgewood team provides children, youth and families services within Edgewood and across levels of care and locations; to allow for continuity of care and support the goal of decreasing the number of transitions a family endures. When a youth and family transition to the Permanency and Aftercare component, their service array will be individualized to meet the needs of the family. The service menu can include any of the following: individual therapy, family therapy, case management, behavior coaching and skill building, educational advocacy support, parent support groups, family fun nights, referrals to Edgewood's Family Resource Center, THP+ program, or the Crisis Stabilization Unit, crisis intervention, access to Edgewood's 24/7 on-call system for clinical consultation, and safety and respite planning.

A youth and family's involvement with Edgewood officially ends at case closure. At this point in time, the youth and family will no longer receive services from Edgewood. Case closure can occur for several reasons:

- The CFT has determined that the youth and family have achieved permanency; sufficient skill building, and behavioral stabilization have been demonstrated, family connections are intact, and the family no longer require services.
- The youth and family have moved, and the distance is a barrier to accessing Edgewood's services and a transition of services to another agency/organization is require.
- Youth whose physical, neurological or mental health needs that are better served in a more specialized treatment or medical facility. In the event of this instance, Edgewood would continue to provide services until a more appropriate placement is identified and a transition plan is developed to ensure the youth's safety.

Should the youth and family require services following case closure, the CFT team will resume meeting to assess family needs and make recommendations for service provisions.

E. Describe your program's staffing:

See corresponding Appendix B Salaries and Benefits page.

7. 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 FY20-21. Edgewood Center for Children

and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

b. Individualized Objectives

N/A

8. Continuous Quality Improvement:

Quality Assurance (QA) is a continuous process and occurs across all programs, services, and departments. The responsibility of QA is shared between direct care providers, supervisors, directors, and quality assurance staff. QA staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon.

Program teams and QA staff review and analyze client satisfaction results, outcome data, program productivity, critical incidents and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. Through Quality Improvement (QI) activities, areas for improvement are identified. QA staff provide timely feedback directly to program staff and supervisors on areas to correct and improve. QA staff identify patterns in documentation/practice and follow up with supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

The QA team consists of the Director of Quality Improvement and two Quality Assurance staff that support programs across the agency. The QA team supports and monitors the following list of QA activities that are currently in place:

1. Achievement of contract performance objectives and productivity

   - Edgewood reviews contract performance objectives and productivity data annually and develops action plans based on the data. The plan of action includes training, increased oversight by supervisors and QA staff and tracking of data to measure progress over time.

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

   - Initial documentation training is provided during New Hire Orientation. Managers provide ongoing supervision and support in gaining competency with documentation with

documentation standards. QA staff also review staff documentation and provide ongoing training and support, as needed, in either face-to-face or online formats.

- All staff receives regular supervision. Individual supervisors are responsible for reviewing documentation (assessments, CANS, treatment plans, progress notes, and all other relevant paperwork) for accuracy and adherence to all Medi-Cal and agency documentation standards. In addition to initial review by supervisors, QA staff also performs QA review of documentation. QA staff review for paperwork completion, timeliness, and compliance with all internal and external documentation expectations. QA staff work collaboratively with supervisors to provide feedback and track errors/improvement requests until completion.

- PURCQ is held once a month and more frequently as needed. The PURCQ process is led by Clinical Supervisors and supported by QA staff. During the PURCQ process, supervisors review client diagnosis, impairment criteria, and effectiveness of interventions provided in order to demonstrate ongoing medical and service necessity for the length of treatment. QA staff support the process by reviewing completion of paperwork within required timelines. It is only after review in the PURCQ process that services are authorized as billable through the agency electronic health record.

- Peer reviews are held quarterly. During peer reviews, staff review client documentation including assessments, CANS, treatment plans, progress notes, authorizations, and all other relevant paperwork. Client diagnosis, supporting rationale, impairment criteria and linkage to goals/objectives, effectiveness of interventions provided. Progress notes are also reviewed for technical errors as well as clinical relevance to treatment outlined in the service plan.

- Chart review is ongoing. QA staff regularly review client documentation for technical and clinical accuracy. Chart review may also occur upon staff transitions (departures, transfers, staff change, etc.) to ensure completion of the client record and to coordinate a smooth transition to a new service provider. Chart review may also be triggered as a result of findings in a peer review or when regular QA review of documents reveals a pattern of concern. Errors are tracked and corrected. Depending on the severity of the deficiencies, this may trigger an improvement plan for the staff or program, which may include additional training or oversight by QA staff.

3. Cultural Competency of staff and services

   - Weekly individual supervision addresses issues of culture and diversity. Any such issues arising from CANS are also addressed in supervision. Training needs are communicated to the training department.

4. Satisfaction with services

   - Edgewood programs participate in the CBHS consumer perception survey process. Findings from client satisfaction surveys and program performance objectives are reviewed bi-annually by program staff and agency leadership. Information is analyzed and areas for improvement are identified. In areas that fall below expected results, corrective plans are implemented and

activities are monitored until desired results occur. Continuous follow up is required to maintain improved levels.

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

   - Client paperwork timelines are tracked upon admission through the electronic health record. Direct service providers receive regular notification of documentation timelines and requirements. Paperwork timeliness and use of CANS and/or ANSA is reviewed during the PURCQ process every six months. CANS items and identified needs are reviewed to confirm that prioritized needs are being addressed and clients are making progress towards established goals and objectives. QA staff support the process by reviewing completion of paperwork within required timelines. It is only after review in the PURCQ process that services are authorized as billable through the agency electronic health record.
   - Programs participate in the CANS Data Reflection activities and review CANS data quarterly. Information is analyzed and areas for improvement are identified. In areas that fall below expected results, corrective plans are implemented and activities are monitored until desired results occur. Continuous follow up is required to maintain improved levels.

9. Required Language:

N/A

1. Identifiers:

Program Name: Edgewood Behavioral Health Outpatient
Program Address, City, State, ZIP: #620-3801 3rd St., San Francisco, CA 94124
Telephone/FAX: (415) 681-3211/**FAX:** (415) 375-7579
Website Address: www.edgewood.org

Contractor Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116

Executive Director/Program Director: Jessica Potter
Telephone: 415-654-8402
Email Address: jessicap@edgewood.org

Program Code(s): 885814

2. Nature of Document:

☐ **New** ☒ **Amendment** ☐ **Renewal** ☐ **Revision to Program Budgets (RPB)**

3. Goal Statement:

The goal of the Behavioral Health Outpatient program is to provide mental health services to San Francisco residents, and to seek to make outpatient mental health, case management and medication support services more accessible to them.

4. Priority Population:

Edgewood will serve youth who are in need of a mental health assessment and meet medical necessity for behavioral health services as defined by SF CBHS. Specific target populations addressed by this program include:

- Youth and families ages 4-18 throughout San Francisco
- Youth and families in San Francisco's behavioral health, foster care, kinship, and juvenile justice systems.
- Youth and families who are eligible for Medi Cal for behavioral health services.
- Youth and families in which the youth has an Individualized Education Plan (IEP) with educationally related mental health services (ERMHS) approved by SFUSD.
- Youth and families with co-occurring disorders who present with multiple needs.

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

See Appendix B CRDC

6. Methodology:

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Outreach and recruitment is generally conducted in collaboration between program leadership, i.e. program manager and/or clinical supervisor, SFUSD school staff, and DPH staff, and internally between programs (i.e. Kinship), though anyone can refer a client for services.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

Upon receiving a referral intake coordinator (generally the program manager) will confirm Medical coverage and/or ERMHS status utilizing an insurance or social security number. Once coverage is confirmed the referral is reviewed for appropriateness, e.g. age of client, needs, etc. Once coverage and needs are determined to be valid, Clinical Program Manager assigns the case to a therapist who will contact the caregiver to either set up an initial meeting for assessment or relay waiting list status. If a wait is apparent, intake coordinator will offer other referral options.

C. Describe your program's service delivery model

Outpatient clinicians generally provide weekly services at the school, home, or other community location to children and youth 4-18 years of age. The modality will be based on a thorough assessment utilizing the CANS assessment tool and a formulation of goals. Interventions will be age and developmentally appropriate with a family (systemic) focus. Treatment progress is tracked throughout and goals are updated annually. Collaboration and case management with the family, school staff and others are consistent throughout the assessment and treatment phase, which may include weekly individual therapy and family therapy. Appropriate referrals are made as indicated.

D. Describe your program's exit criteria and process

Individualized treatment goals are established in conjunction with the client, caregiver, and often the school team. Achievement of goals and the discontinuation of services will be decided via collaboration with the clinician, client, and caregiver, and step-down services, such as individual to group only, are generally considered.

E. Describe your program's staffing:

See corresponding Appendix B Salaries and Benefits page.

7. 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 FY20-21. Edgewood Center for Children

and Families will comply with all performance objectives except for D.19 and D.20, and also with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

b. Individualized Objectives

N/A

8. Continuous Quality Improvement:

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 20-21 Declaration of Compliance. All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

The CQI team consists of the Behavioral Health Director, the Clinical Supervisor and the QA Manager. The team meets once/month to review and monitor performance objectives and to identify training needs, as well as policy and procedure improvement needs.

1. Achievement of contract performance objectives and productivity

The Clinical Supervisor and Behavioral Health Director provide weekly efficiency reports measured against annual goals. The Clinical Supervisor and QA team review and monitor 1) the initial CANS assessment, the initial Treatment Plan of Care in Avatar, the Closing Summary and Discharge CANS, the initial requests for services recorded in the Avatar Timely Access Log, and height, weight and blood pressure entries using the new Avatar Vitals Entry Form to ensure data quality and timeliness.

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

Opening of annual packets are reviewed in PURQC in accordance with DPH guidelines for filing by the PURQC Committee. The QA team and Clinical Supervisor review all progress notes. The Clinical Supervisor monitors and enforces deadlines for all documentation. Quarterly peer review and internal chart audits monitor the quality of documentation and lead to feedback & training for clinicians, if indicated.

3. Cultural Competency of staff and services

Weekly individual and group clinical supervision address issues of culture and diversity. Any such issues arising from CANS are also addressed in supervision. Training needs are communicated to the training department.

4. Satisfaction with services

Programs participate in annual client satisfaction surveys and provide opportunities for feedback from clients and caregivers. Our program standard is a 24-hour timeline for responding to client questions or complaints.

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

The Clinical supervisor and QA team monitor charts to ensure that clinicians meet county deadlines. Outcome data from CANS is reviewed and discussed in PURQC. Minutes of CQI meetings, internal audit results, Portal/Avatar reports and descriptions of monitoring processes are maintained in the program administrative binder.

9. Required Language:

N/A

1. **Identifiers:**
   Program Name: Edgewood Therapeutic Behavioral Services (TBS)
   Program Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116
   Telephone/FAX: (415) 681-3211/**FAX:** (415) 664-7094
   Website Address: www.edgewood.org

   Contractor Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116

   Executive Director/Program Director: Angela Buelow
   Telephone: 415-725-6056
   Email Address: angelab@edgewood.org

   Program Code(s): 885818

2. **Nature of Document:**

   ☐ **New** ☒ **Amendment** ☐ **Renewal** ☐ **Revision to Program Budgets (RPB)**

3. **Goal Statement:**

   The overall goal of Therapeutic Behavioral Services (TBS) is to reduce the severity, intensity, and frequency of the target behaviors that are jeopardizing a child's ability to successfully step down to and/or remain in a lower level of care.

4. **Priority Population:**

   Edgewood will provide TBS to severely emotionally disturbed children and youth through age 21, including:

   - EPSDT Medi-Cal eligible children, youth and TAY (and caretakers when available) at risk of being placed in a residential treatment center level 12 or above
   - Youth stepping down from a level 12 or 14 residential placement to a lower level out of home placement or to a caregiver's home.
   - Youth, including TAY, who are at risk of psychiatric hospitalization
   - Youth who have been psychiatrically hospitalized and continue to be at risk of re-hospitalizations.
   - TAY and their families moving from Children's service systems to Adult service systems.

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

   See Appendix B CRDC

6. Methodology:

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

TBS manager communicates with the leadership of treatment partners, for example Oakes Children's Center, Family Mosaic Project, Edgewood Intensive and Out Patient Services, to inform them about the service, determine needs and support any TBS referrals that are necessary. TBS manager also regularly consults with the San Francisco County TBS Coordinator to keep them up to date on openings and caseload capacity.

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

TBS referrals for a TBS assessment are generally made by a case manager or therapist. In order to qualify for the assessment client must have full scope Medi-Cal, be under the age of 21 and meet medical necessity. Client must also meet TBS class and clinical criteria. Clients are referred to TBS for the following reasons: to prevent placement in a higher level of residential care, to prevent acute psychiatric hospitalization, or to enable client to successfully transition to a lower level residential placement.

C. Service delivery model

TBS is not a stand-alone service. It is intended to supplement other specialty mental health services by addressing target behaviors or symptoms that endanger the child/youth's current living situation or planned transition to a lower level of placement. Using the well-supported technique of functional behavior analysis, an Edgewood TBS Coach works with children, youth, their families, and their natural and professional supports to:

- Determine the driving forces behind the symptoms and behaviors,
- Examine the different environments and occasions in which the behavior occurs, and
- Analyze the resulting data to understand what the child is attempting to accomplish with the behavior.

The Coach creates a behavior plan that outlines maladaptive target behaviors, teaches youth how to eliminate target behaviors and use more adaptive behaviors, instructs caregivers and professionals what to do when these behaviors arise, and includes culturally appropriate replacement behaviors, benchmarks (i.e. objectives), and a well-supported discharge plan. The behavior plan is discussed with the youth and their Care Team members to promote coordinated care and meaningful discharge planning. Based on results of the functional behavior analysis, the Coach selects appropriate TBS interventions to teach the child or youth adaptive replacement skills and to have natural supports promote these skills. In addition to working with the youth, the Coach also works with the caregiver to provide them with skills to communicate with youth and respond effectively to youth's challenging behavior. Skill sets used by Coaches are directly adopted from various evidence-based practices including

Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Trauma Focused Cognitive Behavioral Therapy.

TBS is a 24/7 home based service and services generally last 3-9 months. TBS collaborates closely with other providers and uses CANS for the purpose of assessment.

D. Discharge Planning and exit criteria and process

During the assessment phase a transition plan is developed, when client meets established benchmarks or the service is demined to be ineffective TBS will close the case after transitioning skills to longer-term providers and caregivers.

E. Program staffing:

See corresponding Appendix B Salaries and Benefits page.

7. 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 FY20-21. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served, Edgewood will be exempt from this performance objective.

b. Individualized Objectives

N/A

8. Continuous Quality Improvement:

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 20-21 Declaration of Compliance. All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

The CQI team consists of the Behavioral Health Director, the TBS Manager and the QA Manager. The team meets once/month to review and monitor performance objectives and to identify training needs, as well as policy and procedure improvement needs.

1. Achievement of contract performance objectives and productivity

The TBS Manager and Behavioral Health Director provide weekly efficiency reports measured against annual goals. The TBS Manager and QA team review and monitor 1) the initial CANS assessment, the initial Treatment Plan of Care in Avatar, the Closing Summary and Discharge CANS, and the initial requests for services recorded in the Avatar Timely Access Log to ensure data quality and timeliness.

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

Opening of annual packets are reviewed in PURQC in accordance with DPH guidelines for filing by the PURQC Committee. The QA team and TBS Clinical Manager review all progress notes. The TBS Manager monitors and enforces deadlines for all documentation. Quarterly peer review and internal chart audits monitor the quality of documentation and lead to feedback & training for clinicians, if indicated.

3. Cultural Competency of staff and services

Weekly individual and group clinical supervision address issues of culture and diversity. Any such issues arising from CANS are also addressed in supervision. Training needs are communicated to the training department.

4. Satisfaction with services

Programs participate in annual client satisfaction surveys and provide opportunities for feedback from clients and caregivers. Our program standard is a 24-hour timeline for responding to client questions or complaints.

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

The TBS Manager and QA team monitor charts to ensure that clinicians meet county deadlines. Outcome data from CANS is reviewed and discussed in PURQC. Minutes of CQI meetings, internal audit results, Portal/Avatar reports and descriptions of monitoring processes are maintained in the program administrative binder.

9. Required Language:

N/A

1. Identifiers:

Program Name: Edgewood Wraparound
Program Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116
Telephone/FAX: (415) 681-3211/**FAX:** (415) 664-7094
Website Address: www.edgewood.org

Contractor Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116

Executive Director/Program Director: Zachary Brothers
Telephone: 415-577-3602
Email Address: zacharyb@edgewood.org

Program Code(s): 885819

2. Nature of Document:

☐ **New** ☒ **Amendment** ☐ **Renewal** ☐ **Revision to Program Budgets (RPB)**

3. Goal Statement:

The goal of Edgewood's Wraparound (WRAP) services program is to provide the skills and support necessary for youth to function in their communities in family and family-like environments. WRAP principles and practices, including youth and family voice and choice, comprehensive assessment and intervention techniques are used for youth at risk or stepping down from RCL level 10-14 programming. Intervention and treatment are comprehensive and focused on permanency planning.

4. Priority Population:

Children and youth through age 21 who are referred by SF CBHS. SF HSA, SFUSD, and SF Probation. Referred youth will be stepping down from group and residential care or at risk of stepping up into a higher level of care.

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

See Appendix B CRDC

6. Methodology:

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

Clients for Edgewood's WRAP are identified via the weekly San Francisco County Multi-Agency Services Team (MAST) meeting. Clients/families are presented by their county caseworkers and/or probation officer. An Edgewood Behavioral Health Director, along with other SF agencies, are present at the MAST meetings and conduct regular outreach to Human Service Agency (HSA) supervisors to ensure appropriate clients are identified and referred.

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

Once a client is approved for WRAP by MAST, further intake procedure is managed by an assigned Care Coordinator. The Care Coordinator gathers legal consent for services and collects additional information from the Legal Guardian. The Care Coordinator then schedules a meeting time with the client and his/her family to introduce them to WRAP services. This meeting is to assist the youth, family, and/or guardian in understanding the reasons services are being sought, as well as to describe the treatment programs, encouraging and answering questions of all parties. The Family Specialist and Family Partner will often accompany the Care Coordinator as needed. The family/caregiver is informed that participation is an integral component of the program.

Prior to day of admission:

- Acquire MAST referral packet from partnership with Seneca contact.
- The Program Manager will assign the case to a Care Coordinator, Family Specialist and Family Partner.
- Care Coordinator will establish contact with legal guardian, day of receiving MAST referral packet. Care Coordinator will schedule meeting time with legal guardian to obtain consent to begin treatment.

Day of admission:

- Care Coordinator will obtain written consent and gather emergency contact forms by the legal guardian.
- Care Coordinator develops and establishes a Coping & Safety Plan with the client/family. The plan gets forwarded to partnership at Seneca Center; they in turn utilize the plan if/when an incident occurs after working hours with Seneca Rapid Response.
- Care Coordinator will obtain all previous and pertinent assessments (i.e. psychological, substance abuse, psycho-educational, medical).
- Obtain provider, family and youth goals for treatment including:
  - strengths and vulnerabilities
  - successful interventions and coping skills utilized in the past
  - family connectedness
  - short term goals
  - long term goals (including discharge options)
- Disseminate necessary information about the youth's case to staff that will be working directly with the youth and family (e.g. psychiatrist, therapist, nursing staff, childcare workers, educators).
- Assess and compile a list of individuals involved in the youth's system including, but not limited to, family members, public agency staff, other providers or persons in the community.
- Development and Implementation of a safety plan and initial mental health goals.

Within 30 days of the admission:

- CANS Initial Mental Health Assessment & CANS Treatment Plan or Care are completed.

- A Family Support Team (FST) meeting including family members/caretakers, all pertinent providers, natural supports and resources and program staff will meet to affirm the treatment plan, safety plan, permanency plan, stabilization goals, and discharge plans.

C. Service delivery model

SF Wraparound services will be provided to client and families within about a 90-mile radius of San Francisco, at the time and location that best suits their needs. The duration of SF Edgewood Wraparound services usually lasts up to 18 months. There must be a minimum of one face-to-face contact with the client and caregiver per week. However, face-to-face contact usually occurs 2-3 times per week. Services are meant to ensure that foster youth with intensive needs receive medically necessary mental health services 1) in their home, a family setting, or the most homelike setting appropriate to their needs, and 2) in order to facilitate reunification and to meet their needs for safety, permanence, and well-being.

The Engagement phase is the first phase of treatment in WRAP. Key focus areas of the Engagement phase are: introduction and explanation of services; getting consents for treatment signed by legal guardian; gaining greater understanding from the referral worker of why the referral was made; gaining an understanding from the client/caregiver about their perspective of issues at hand; building rapport and trust; building the team by identifying and engaging with as many of the client/caregivers' natural supports as possible; meeting with the client/caregiver to complete the CANS; developing the initial treatment plan of care; beginning to address any concerns related to connectedness or permanency; completing a safety plan and addressing any immediate safety needs; convening identified team members for an initial Family Support Team meeting.

Care Coordinators, Family Specialists and Family Partner are available during regular business hours of 9:00-5:00pm. San Francisco Edgewood Wrap currently sub-contracts with Seneca Center. In regards to on-call supports to SF Wrap clients, Seneca Center's 24 Rapid Response hotline is an option utilized and included in the safety plan.

For San Francisco Wraparound clients that are deemed Katie A clients, the following services are delivered: Assessment, Plan Development, Intensive Home Based Services, Intensive Care Coordination and Crisis Intervention. For San Francisco Wraparound client's that are not deemed, Katie A clients, the following services are delivered: Assessment, Plan Development, Collateral, Individual Rehabilitation, Case Management and Crisis Intervention.

D. Discharge Planning and exit criteria and process

A preliminary discharge plan is generated at the time of intake. A working discharge plan is then developed in collaboration with the Family Support Team within 30 days of admission. This plan is assessed on a monthly basis throughout the course of treatment to ensure that the Family Support Team members are actively discussing, altering, and amending the plan as needed.
Ideally, clients are discharged when treatment goals are met and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on this. As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible. Examples of this include, but are not limited to: Therapeutic Behavioral Services (TBS), outpatient mental health services, etc.

Additionally, the treatment team works diligently to follow through on rituals and other plans that have proven to be successful for clients and families. Some examples of this include good-bye parties, a graduation ceremony, transition scrapbooks chronicling the client's treatment through pictures and quotes, etc.

E. Program staffing:

See corresponding Appendix B Salaries and Benefits page.

7. 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 FY20-21. Edgewood Center for Children and Families will comply with all performance objectives except for D.19 and D.20, and also with the exception of A6. Due to the severity of clients served, Edgewood will be exempt from this performance objective.

b. Individualized Objectives

N/A

8. Continuous Quality Improvement:

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 20-21 Declaration of Compliance. All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

The CQI team consists of the Behavioral Health Director, the Clinical Supervisor and the QA Manager. The team meets once/month to review and monitor performance objectives and to identify training needs, as well as policy and procedure improvement needs.

1. Achievement of contract performance objectives and productivity

The Program Manager and Behavioral Health Director provide weekly efficiency reports measured against annual goals. The Clinical Supervisor and QA team review and monitor 1) the initial CANS assessment, the initial Treatment Plan of Care in Avatar, the Closing Summary and Discharge CANS, the initial requests for services recorded in the Avatar Timely Access Log, and height, weight and blood pressure entries using the new Avatar Vitals Entry Form to ensure data quality and timeliness.

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

Opening of annual packets are reviewed in PURQC in accordance with DPH guidelines for filing by the PURQC Committee. The QA team and Clinical Supervisor review all progress notes. The Clinical Supervisor monitors and enforces deadlines for all documentation. Quarterly peer review and internal chart audits monitor the quality of documentation and lead to feedback & training for clinicians, if indicated.

3. Cultural Competency of staff and services

Weekly individual and group clinical supervision address issues of culture and diversity. Any such issues arising from CANS are also addressed in supervision. Training needs are communicated to the training department.

4. Satisfaction with services

Programs participate in annual client satisfaction surveys and provide opportunities for feedback from clients and caregivers. Our program standard is a 24-hour timeline for responding to client questions or complaints.

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

The Clinical supervisor and QA team monitor charts to ensure that clinicians meet county deadlines. Outcome data from CANS is reviewed and discussed in PURQC. Minutes of CQI meetings, internal audit results, Portal/Avatar reports and descriptions of monitoring processes are maintained in the program administrative binder.

9. Required Language:

N/A

1. **Identifiers:**
   Program Name: Edgewood Early Childhood Mental Health
   Program Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116
   Telephone/FAX: (415) 681-3211/**FAX:** (415) 682-1065
   Website Address: www.edgewood.org

   Contractor Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116

   Executive Director/Program Director: Kathy Winship
   Telephone: 415-681-3211
   Email Address: katherinew@edgewood.org

   Program Code(s): N/A

2. **Nature of Document:**

   ☐ **New** ☒ **Amendment** ☐ **Renewal** ☐ **Revision to Program Budgets (RPB)**

3. **Goal Statement:**

   ECMH seeks to improve children's readiness to enter kindergarten, to strengthen and support families, and to support continuous quality improvement of high quality early care and education programs**.**

4. **Priority Population:**

   The target population is staff who care for and educate children (birth to 5 years). The children in their care fit into one or more of the following demographic categories:
   - At-risk for developmental delays
   - Families who participate in CalWORKs and/or are eligible to receive CalWORKS subsidized early care and education
   - Families who participate in Preschool for All sites
   - Who receive or are eligible to receive subsidized early care and education
   - Reside in homeless or domestic violence shelters
   - Whose families receive services and support at one of the Family Resource Centers that are served by the ECMHCI.
   - Whose families receive substance abuse treatment and support at designated treatment facilities or programs

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

   See Appendix B CRDC

Site Name	# Classrooms	# of Children	# of Staff	# of Hours/week	Funding Sources	Site Type
CCFC – Visitacion Valley Heritage Home	3	30	9	5.5	DCYF	ECE
CCFC – Visitacion Valley John King	3	30	11	5.5	DCYF	ECE
CCFC - CW Glide	2	38	4	5.5	DCYF	ECE
FranDelJa Gilman	5	70	25	12	MHSA	ECE
FranDelJa Fairfax	4	65	16	12	HSA	ECE
CCFC Glide	1	6	2	5.5	DCYF	ECE
Treasure Island Child Development Center (CCCYO)	4	49	8	5.5	DCYF	ECE
On-Call 150 Parker Avenue	Not Available	Not Available	Not Available	varies[1]	HSA	ECE
On-Call Bright Horizons-Marin Day Schools #1 Kirkham St.	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Bright Horizons-Marin Day Schools #2 221 Main St.	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Bright Horizons-Marin Day Schools #3 Fremont Campus	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Bright Horizons-Marin Day Schools #4 Mission Bay	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Bright Horizons-Marin Day Schools #5 California St.	Not Available	Not Available	Not Available	varies	HSA	ECE

[1] For On-Call Sites, number of weekly hours may vary. On-Call Sites are allotted a total of 72 hours/year/site.

On-Call C5 Children's School-PUC (City Building)	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call C5 Children's School-Golden Gate (State Building)	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Cheryl Sorenson Childcare Center (the Lands end School)	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Child's Time Preschool	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Children's Campus at SF State	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Congregation Beth Shalom Preschool	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Growing Place Family Preschool & Parenting Center	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Happy Shalom	Not Available	Not Available	Not Available	varies	HSA	ECE
ICRI Project Commotion (Las Luciernagas)	3	16	10	5.5	DCYF	ECE
On-Call Krouzian-Zekarian-Vasbourgan Armenian Preschool	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Little Footprints Preschool	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Little School	Not Available	Not Available	Not Available	varies	HSA	ECE
Mission Kids	3	34	15	5.5	DCYF	ECE

On-Call Montessori School of the Bay Area, Inc.	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Pacific Primary 1 Grove St.	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Pacific Primary 2 Orange Sun Campus	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Parkside Preschool & Kindergarten	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Presidio Knolls School	Not Available	Not Available	Not Available	varies	HSA	ECE
Tier Slippery Fish Initiative, Inc.	Not Available	Not Available	Not Available	varies	HSA	ECE
On-Call Storybook School	Not Available	Not Available	Not Available	varies	HSA	ECE
Visitacion Valley FRC	N/A	25	4	5	First 5 SRIP, HSA	FRC
Edgewood Center – Bayview HP	N/A	N/A	4	4.5	First 5 SRIP, HSA	FRC
FCCQN	Up to 31	Projected 100+	Projected 31+	20	First 5 PFA, HSA	FCC
SE Families United FRC	N/A	15	13	4	First 5 SRIP, HSA	FRC

Outreach Svcs Consultation Indiv - Discussions with a staff member on an individual basis about a child or a group of children. Includes assisting providers and parents in completing the Ages and Stages Questionnaire (ASQ) and/or the Ages and Stages Questionnaire – Social Emotional (ASQ-SE) evidence-based developmental screening tool to obtain baseline information and whether additional supports are necessary. Other strategies include but are not limited to discussions with a staff member on an individual basis about early childhood mental health, child development in general, classroom management strategies, and supporting mental health best practices into program activities and policies. Strategies can also include collaborative work with a parent, such as offering parental guidance involving discussions about child development, concerns about developmental screenings, problem-solving together during case consultation sessions, and exploring referrals to additional supports.

Outreach Svcs Consultation Group - Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families. This may include consultation regarding the program as a whole or the design of a particular strategy or intervention. These meetings are also a forum for team development within the provider's staff.

Outreach Svcs Consultation Observ - Observing a child, group of children, or entire classroom within a defined setting to inform consultation services to teachers/staff/programs/parents. The purpose of these observations is to help inform the individual and group consultation process and therefore address the behavioral and developmental needs of the children through the enhancement of their primary relationships.

Outreach Svcs Staff Training - Provides structured, formal, in-service trainings to a group of three or more individuals comprised of staff of early care and education programs, family resource centers, shelters, etc. to develop their capacity to address the myriad of social-emotional and mental health needs of the children in their care. Topics may include but are not limited to the social-emotional foundations of learning, behavior management techniques/promoting positive behaviors, effective communication strategies, and working with parents.

Outreach Svcs Parent Trn/Supp Grp - Provides didactic training on a specific topic or ongoing support to a group of parents. The format and frequency vary from one-time workshops to ongoing support groups for a consistent cohort of parents. Consultants are encouraged to learn about and pilot evidenced parenting programs such as Triple P and Incredible Years.

Outreach Svcs Early Ref/Linkage, - When the consultant's involvement with parents and child reveals a need for longer-term help and/or adjunct services, the consultant is optimally situated to assist the family in securing appropriate services. When necessary, the consultant will refer children and families for community services such as multi-disciplinary assessment; special education; occupational, speech, and physical therapy; family resource center services; or individual child or parent-child mental health services. The consultant's established relationship with the family increases the likelihood that the family will trust the recommendation and therefore pursue the referral. The consultant ensures the family's engagement with needed services by remaining involved with the family throughout the process. Once services are in place, the consultant can, with the parent's permission, act as a liaison between the new service provider and the early care and education staff; relaying information that enhances the staff's ongoing understanding and work with the particular child.

Consultant Train/Supv - Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. This category also includes the supervision of consultants both individually and in groups.

Outreach Svcs Evaluation - Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the CBHS-initiated evaluation efforts.

Outreach Svcs Systems Work - Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0 – 5, enhance the development of inclusive practices in early care and education sites, and continuous quality improvement. This includes being a participating member of the Transdisciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.
(40% Cap on above three services combined for FY 20/21 for on-call sites only, and 25% Cap on above three services combined for FY 20/21 for other sites.)

Outreach Svcs Early Interv Indiv - Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. Activities include, but are not limited to: conducting developmental and/or social-emotional screening; individual child interventions, such as 1:1 support or shadowing in the classroom for a child struggling with behavioral or social difficulties who is at risk for expulsion; meeting with a parent/caregiver to discuss specific concerns they may have about their child's development, and/or helping them explore and implement new and specific parenting practices that would improve their child's social-emotional and behavioral functioning.

Outreach Svcs Early Interv Group (15% Cap) - Conducting playgroups/socialization groups involving at least three children. These groups are designed to help children learn social skills such as getting along with others, making friends, handling and expressing frustrations, understanding and modulating feelings, developing reciprocity and compromise with peers, and learning cooperation with peers and adults. The groups occur on site and are led by the mental health consultant, and in some instances can be co-facilitated by a member of the site staff.

*Early intervention services do not require a mental health diagnosis of the child. However, the client chart must include a client plan that is informed by a completed Ages and Stages Questionnaire (ASQ) or
Ages and Stages Questionnaire – Social Emotional (ASQ-SE). If not already performed, and early intervention services are indicated, then the mental health consultant must ensure the ASQ is completed prior to the onset of services. In their assessment, the mental health consultant may also use the ASQ-SE as a follow-up to the ASQ to further inform the development of interventions. The client plan must reflect the needs identified by the screenings and must include goals and interventions that will help support the child's ability to remain in their current care setting.

Outreach Svcs MH Services Indv/Family - Provided for a subset of the most at-risk children for whom the indirect involvement of consultation and lower intensity early intervention services are not sufficient to address behavioral concerns. Targeted therapeutic interventions are employed by consultants that focus primarily on symptom reduction as a means to improve functional impairments that a child may be experiencing due to diagnosable mental health concerns. Therapy may be delivered to an individual or group of children and may include family therapy at which the child is present. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. A mental health diagnosis of the child is required, and client charts must include a client treatment plan that is informed by a completed CANS Assessment and may also

include the results of developmental or social-emotional screenings. The client plan must include goals and interventions that will help support the child's ability to remain in the current care setting.

Outreach Svcs MH Services Group (5% Cap) - Provided for a subset of the most at-risk children for whom the indirect involvement of consultation and lower intensity early intervention services are not sufficient to address behavioral concerns. Targeted therapeutic interventions are employed by consultants that focus primarily on symptom reduction as a means to improve functional impairments that a child may be experiencing due to diagnosable mental health concerns. Therapy may be delivered to an individual or group of children and may include family therapy at which the child is present. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. A mental health diagnosis of the child is required, and client charts must include a client treatment plan that is informed by a completed CANS Assessment and may also include the results of developmental or social-emotional screenings. The client plan must include goals and interventions that will help support the child's ability to remain in the current care setting.

6. Methodology:

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Outreach is targeted at all children, families and staff at all contracted sites. The Edgewood consultant will provide written information regarding services; discuss with the providers their respective roles in consultation; attend staff and parent meetings to introduce the consultant and the services; and provide psycho-educational services for staff and parents/caregivers.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

There is universal eligibility for enrollment at the sites listed above. A written introduction to the MHC and services will be sent in appropriate languages to all families of children at the centers. Passive consent will be obtained to allow the MHC to begin observation and staff consultation. Parent/caregiver consent will be obtained for individual observations and consultations.

C. Describe your program's service delivery model and how each service is delivered

Edgewood will provide the following services[2]:

- Program Consultation: MHC will conduct consultation groups monthly to develop staff capacity to design and implement developmentally appropriate services;
- Case Consultation: MHC will conduct as needed, within program consultation meetings or in individual consultation with staff; and
- Direct Services: MHC will be to provide as needed to children identified in the case consultation modality.

Service interventions may include collateral parent meetings, therapeutic playgroups, social skills groups, parent groups or parent/child psychotherapy. All services will be offered on-site, and parent-child psychotherapy may be provided at the home of the child being served.

[2] For Tier 1 - On Call Sites services will be provided as needed.

Edgewood Center will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned site and family childcare home. Compliance with all stipulations of content and time for completion of these documents as outlined below will honored.

All ECMHCI contractors are required to establish a Site Agreement[3] with each respective site served (childcare, shelter, permanent supportive housing, family resource centers, etc. at the beginning of each fiscal or academic year, whichever is most appropriate. Each Site Agreement document should include the following information:

- Site information to which the Site Agreement applies
- The term of the Site Agreement
- Number of on-site consultation hours per week
- Agreed upon services that the consultant will provide
- Agreed upon client/site roles and responsibilities
- Agreed upon day and time for regular group consultation meeting
- Schedule of planned review of Site Agreement document
- Signature lines for Consultant, Site Director/Manager, Contractor Program Director

Standards of Practice (SOP)

All ECMHCI contractors must incorporate the following standards of practice into each of their scopes of work: NOTE: The standards of practice for consultation services that are detailed below are only applicable to early care and education, family child care, and shelter programs, and are NOT directly applicable to services provided to permanent supportive housing facilities and family resources centers. In other words, the Standards of Practice do not apply to those settings.

Program Consultation

Center and/or classroom focused (including children's programming in shelter settings), benefits all children by addressing issues impacting the quality of care.

Activity	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children		On Call Sites
Program Observation	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours/year.		As needed
Meeting with Director	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month		As needed

[3] For Tier 1- On Call sites, site agreements will be created when possible and happen throughout the funding year, depending on when services are initiated.

Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month		As needed
Trainings	As needed and as stipulated in the MOU between the site and the service providing agency	As needed and as stipulated in the MOU between the site and the service providing agency	As needed and as stipulated in the MOU between the site and the service providing agency		As needed

Case Consultation

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

Activity	**Small Child Care Center 12-24 children**	**Medium Child Care Center 25-50 children**	**Large Child Care Center > 50 children**	**On-Call Sites**
Child Observation	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center	As needed
Meeting with Director	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center	As needed
Meeting with Staff	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.	As needed
Meeting with Parents	3 to 5 times per child	Same as for small center.	Same as for small center.	As needed
Referral and Linkage	As needed	Same as for small center	Same as for small center	As needed
Systems Work	As needed	Same as for small center	Same as for small center	As needed

Parent Training and Support Groups	2-3 times/year	Same as for small center	Same as for small center	As needed

- Direct treatment services occur within the childcare center and/or shelter as allowed by the established MOU and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.
- All direct treatment providers follow federal HIPAA regulations pertaining to the provisions of services and the maintenance of records.
- All direct treatment providers adhere to SFCBHS documentation standards, and all clinicians are credentialed in CANS and Avatar.

D. Describe your program's exit criteria and process

Program Consultation services and Case Consultation are ongoing and supportive to staff and will not have an exit criteria at Tier 2 and Tier 3 program sites. Exit criteria will be discussed between Consultant and Program Staff from initial contact and throughout on-call service period. Direct Services exit criteria will be successful achievement of Care Plan goals. Aftercare for direct service consumers will be available in ongoing individual consultation. Referrals will be made to community resources when appropriate.

E. Describe your program's staffing:

See corresponding Appendix B Salaries and Benefits page.

7. 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 FY20-21. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served, Edgewood will be exempt from this performance objective.

b. Individualized Objectives

N/A

8. Continuous Quality Improvement:

Quality Assurance (QA) is a continuous process and occurs across all programs, services, and departments. The responsibility of QA is shared between direct care providers, supervisors, directors, and quality assurance staff. QA staff work closely with providers and supervisors around areas of

documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon.

Program teams and QA staff review and analyze client satisfaction results, outcome data, program productivity, critical incidents and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. Through Quality Improvement (QI) activities, areas for improvement are identified. QA staff provide timely feedback directly to program staff and supervisors on areas to correct and improve. QA staff identify patterns in documentation/practice and follow up with supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

The QA team consists of the Director of Quality Improvement and two Quality Assurance staff that support programs across the agency. The QA team supports and monitors the following list of QA activities that are currently in place:

1. Achievement of contract performance objectives and productivity

Edgewood reviews contract performance objectives and productivity data annually and develops action plans based on the data. The plan of action includes training, increased oversight by supervisors and QA staff and tracking of data to measure progress over time.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits
   Note: Edgewood ECMHCI staff do not provide direct mental health services, and do not maintain charts.

Initial documentation training is provided during New Hire Orientation. Managers provide ongoing supervision and support in gaining competency with documentation with documentation standards. QA staff also review staff documentation and provide ongoing training and support, as needed, in either face-to-face or online formats.

All staff receives regular supervision. Individual supervisors are responsible for reviewing documentation (assessments, CANS, treatment plans, progress notes, and all other relevant paperwork) for accuracy and adherence to all Medi-Cal and agency documentation standards. In addition to initial review by supervisors, QA staff also performs QA review of documentation. QA staff review for paperwork completion, timeliness, and compliance with all internal and external documentation expectations. QA staff work collaboratively with supervisors to provide feedback and track errors/improvement requests until completion.

3. Cultural Competency of staff and services:

Weekly individual and group clinical supervision address issues of culture and diversity. Any such issues arising from CANS are also addressed in supervision. Training needs are communicated to the training department.

4. Satisfaction with services

Edgewood programs participate in the ECMHCI consumer perception survey process. Findings from client satisfaction surveys and program performance objectives are reviewed bi-annually by program staff and agency leadership. Information is analyzed and areas for improvement are identified. In areas that fall below expected results, corrective plans are implemented and activities are monitored until desired results occur. Continuous follow up is required to maintain improved levels.

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

Client paperwork timelines are tracked upon admission through the electronic health record. Direct service providers receive regular notification of documentation timelines and requirements. Paperwork timeliness and use of CANS and/or ANSA is reviewed during the PURCQ process every six months. CANS items and identified needs are reviewed to confirm that prioritized needs are being addressed and clients are making progress towards established goals and objectives. QA staff support the process by reviewing completion of paperwork within required timelines. It is only after review in the PURCQ process that services are authorized as billable through the agency electronic health record.

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 System of Care Program Manager and RFQ-16-2018.

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 ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix A priority population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI System of Care Program Manager of any changes.

1. Identifiers:

Program Name: Edgewood School-Based Behavioral Health Services
Program Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116
Telephone/FAX: (415) 682-3277/**FAX:** (415) 375-7613
Website Address: www.edgewood.org

Contractor Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116

Executive Director/Program Director: Jonathan Weinstock
Telephone: 415-595-0222
Email Address: jonathanw@edgewood.org

Program Code(s): N/A

2. Nature of Document:

☐ **New** ☒ **Amendment** ☐ **Renewal** ☐ **Revision to Program Budgets (RPB)**

3. Goal Statement:

Edgewood's School-Based Behavioral Health Services at Dr. Charles R. Drew Academy (Charles Drew) will build the capacity of teachers to handle behavioral issues as they arise, the capacity of families to provide the support their children need to succeed, and the capacity of children to deal with issues that may be impeding their academic and social progress.

4. Priority Population:

1. The target population is the Charles Drew staff, students, and their families.

2. Charles Drew is in the 94124 zip code, which is where the majority of students and their families live.

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

See Appendix B CRDC

Wellness Promotion

- Behavior Coaching will help foster the social, emotional, and behavioral skills important for school (and life) success, providing on-site early intervention services for K-5th grade students with moderate to higher-level needs.

  The coach works 40 hours/week and will serve at least 18 unduplicated students on an individual and/or small group basis over the course of the school year, as well as provide whole class social skills support for at least three classes (approximately 60 students).

The coach will run at least four weekly social skills small groups of 2-8 students, work with at least five students on a weekly individual basis, and provide at least monthly whole class social skills lessons (for a minimum of three classes), drawing from the below curriculum sources, as appropriate.

The coach will also work with whole classes-- leading social skills lessons on and individual levels, also using the following curriculum/approaches,

- **Second Step**-- which offers "developmentally appropriate ways to teach core social-emotional skills such as empathy, emotion management, and problem solving" (more info at http://www.cfchildren.org/second-step.aspx.).
- **Skillstreaming**-- which "employs a four-part training approach—modeling, role-playing, performance feedback, and generalization—to teach essential pro-social skills curriculum" (more info at http://www.skillstreaming.com/).
- **101 Ways to Teach Children Social Skills** (by Lawrence E. Shapiro, Ph.D.)
- **Collaborative Problem Solving**-- which provides "a more compassionate and accurate way to understand kids with social, emotional, and behavioral challenges and a more productive way to help them" (more info at: http://www.livesinthebalance.org/).

The coach will distribute to and collect from teachers a pre and post WMS (Walker-McConnell Scale) for all students receiving individual or small group Behavior Coaching services.

In addition, the School Climate Consultant will support school administration in fostering overall teacher/staff wellness (soliciting input on this through an online needs survey at the beginning of the school year).

Outreach and Engagement & Service Linkage

The Youth and Family Advocate works closely with Charles Drew's Parent Liaison and school leadership to ensure participation by families in support services, to connect the school community with available resources, and to provide the resources available through Edgewood's Family Support/Resource Center programs.

The Youth and Family Advocate: Holds regular 'office hours'—a minimum of 10 hours/week-- in the Family/Caregiver Room, which supports casual contact and relationship-building as part of the school community; makes home visits with other school staff, when needed; participates in the city's existing family-support network trainings on an as-needed basis and meets monthly with Edgewood's Family Resource Center staff in order to have current information about available resources and relevant topics; works to ensure that parents receive the support they need to strengthen their families by providing parent education—PPP (Positive Parenting Program) and/or other support groups-- and hosting regular parent meetings and activities; supports and collaborates with school family engagement activities and events; provides relevant Edgewood and/or other CBO info, as needed; accompanies parents to parent-teacher meetings, SSTs, and other meetings/activities, as needed; and, provides in-school student support—including facilitating a girls' support group and a girls' dance group/team—as well as follow-up with parents around their children's behavioral and other needs that may arise.

Mental Health Consultation (Training and Coaching)

The School Climate Consultant works closely with Drew leadership to support teacher wellness and foster an overall positive, supportive school climate (i.e. safe, respectful, attuned to the needs of students, staff, and families, and conducive to improved and sustained well-being and resilience for teachers and students). The consultant will serve the school community over the course of the school year, providing school leadership with psycho-educational and other wellness resources. In addition, the consultant will develop community connections and help to build internal school structures that will promote stronger teacher morale, enjoyment of their work, and the capacity to effectively deal with stress.

The goal is to support teachers' (and other school staff) capacity to implement the school's PBIS (Positive Behavioral Interventions and Supports) and Behavioral Response to Intervention (RtI)—"Based on a problem-solving model, the RtI approach considers environmental factors as they might apply to an individual student's difficulty, and provides services/intervention as soon as the student demonstrates a need." (https://www.pbis.org/school/rti)

The consultant's work will support school leadership's ability to use a trauma-informed approach, and to model and mirror the PBIS approach with teachers and school staff. The hope is that teachers can better take care of themselves, sustain the rigors of teaching in the face of stress, and be better able to effectively meet students' needs.

In PBIS language, the consultant's work will be mainly at the "universal" or "primary" level, assisting around interventions that can apply to all teachers and staff, and particularly aimed at prevention and early intervention (i.e. building resilience and helping to prevent stress and vicarious trauma from having harmful impacts).

- The Behavior Coach will also provide individual support and consultation for selected classroom teachers at least two times per month, to work/follow-up on effective intervention strategies for challenging behaviors and check-in around and social skills needs and progress.

6. Methodology:

A. Since the schools themselves are considered the clients of these services, Edgewood partners directly with Charles Drew to provide the services at the schools, both during the regular school day and for/during the on-site after-school program, as needed. Key decision-making partners include the Principal and Assistant Principal, School Social Worker, IRF (Instructional Reform Facilitator), Care Team (or SAP—Student Assistance Program), Parent Liaison and School Leadership Team (comprised of top administration, teachers, and support staff). Edgewood staff work directly with these partners in identifying and engaging participants, coordinating services, community outreach, ensuring families' access to services (including individual support outside the classroom), and activity design. In addition, the Youth and Family Advocate gets parent input regarding desired activities, supports, trainings, etc. The school administration works with the School Climate Consultant to identify staff training/support and school climate needs, as well as ways the administration can best provide support that is aligned with and helps to deepen school values and current practices (PBIS/BRtI, cultural competency, etc.). Participant feedback is

solicited through specific activity (i.e. staff and parent trainings) evaluation and/or Client Satisfaction Surveys, and this feedback helps guide and improve the work.
MHSA Vision Components lie at the heart of all Edgewood's services in schools. Understanding the need to build *resilience*-- by increasing the capacity to succeed in school through direct support for students, their families and their teachers, our intention is to empower our clients by providing them with the tools they need to make *positive and supportive choices* for themselves. We actively seek to engage/employ individuals who have a *deep understanding of the community culture* of the school and its environment. By providing both individual and family services at the school site, we aim to offer a *seamless* experience of resource acquisition for families, staff and students.

B. Students are identified for Youth and Family Advocacy and Behavior Coaching services through the school Care Team by administrator, Social Worker, teacher, and/or parent referral. Consent forms are given to parents/guardians of selected students, to allow for student participation.
All teachers and families are able to utilize School Climate Consultation, and Youth and Family Advocate services, respectively. Teachers and parents are able to attend all offered workshops and trainings, as well as receive individual support, as desired.

C. All services operate during school hours, as well as support during some after-school hours at the school. Youth and Family Advocate services are also available during some evening and occasional weekend hours (for special events and workshops/trainings). Services are delivered on-site at the school, with Youth and Family Advocate services provided in the community, if needed. (Additional services details are included in the previous section.)

D. All services are available for clients-- students, families/parents, teachers-- for the entire school year. For Behavior Coaching, most students receive services for the duration of the school year (once identified for services), unless the Care Team, in conjunction with the teacher and/or parent, decides the goals of the service have been reached. In this case, the Behavior Coach will have a certain number of ending sessions with the student to prepare him/her. For School Climate Consultation, services are available for teachers as long as they want them. If a teacher no longer desires services, the consultant and teacher (and sometimes school principal) will discuss this and end accordingly. For Youth and Family Advocate services, parents will continue for as long as they want, and can inform the advocate at any time when they no longer wish to receive services.

E. There are three positions at Drew this year— a 40 hour/week Behavior Coach, a 30 hour/week Youth and Family Advocate, and a 30 hour/week School Climate Consultant.

The Behavior Coach works with identified students with moderate to higher-level social, emotional, behavioral needs on an individual, small group, and class-wide basis, depending on student and classroom needs. The Youth and Family Advocate, in collaboration with the school Parent Liaison, works with parents on an individual and small group basis, as well as providing behavioral support to students, on an individual and small group basis. The School Climate Consultant works with school leadership and administration to determine best ways to support teachers (and other school staff), as well as providing school climate and wellness supports for the school community

The Behavior Coach and Youth and Family Advocate will be available to attend weekly Care Team meetings to help determine possible services and interventions for referred students (and their families).

F.

1. The core of Edgewood's team-based activities at Charles Drew is relationships. Edgewood's intensive presence at the schools facilitates both the immediacy of available services and the receptivity of the community to access those services. The Youth and Family Advocate will gain parents' trust by meeting families where they are most comfortable (at their homes, at school, at community centers), listening to what they say they need rather than telling them what they need, speaking their language (and providing translation services if/as needed) and/or understanding their culture, being available and visible during times when parents are typically at the school, and attending meetings that parents already attend (PTA, open houses, other school events, etc.). Parents who participate in services are encouraged to complete training/workshop evaluations as well as a year-end Client Satisfaction Survey. In addition, see the Outreach and Engagement section above, for additional information on this topic.

In addition, we try to have Edgewood staff introduced to school staff early in the school year at a school staff meeting, and included in the school's regular activities (PD's, Care Team meetings, School Site Council, parent/family events) in order to build strong relationships in its work with the school staff. Staff is made aware of the range of services provided and best ways to access these services and an Edgewood Who's Who handout is distributed.

2. Providers have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures. The program (and Edgewood as an agency) is committed to hiring staff that have a sufficient level of Cultural Competence, which starts with the interviewing process. Staff are hired to work in the positions at Drew based in large part on their attitudes, knowledge, and skills needed to effectively serve a diverse community.
Staff also receives relevant training (at Edgewood, and elsewhere, as needed) as well as individual and/or group support around issues of Cultural Competence. The school also helps to educate all staff—school and Edgewood—around salient student, family, and community characteristics, backgrounds, needs, etc.

7. Objectives and Measurements:

a. Standardized Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the document entitled MHSA Population Focused Performance Objectives FY20-21.

b. Individualized Objectives

Satisfaction Objectives:

1. By the end of the 2020-21 school year, 65% of classroom teachers will report being able to handle the challenges of teaching, as measured by Edgewood's Year-end Client (School Staff) Satisfaction Survey.

2. By the end of the 2020-21 school year, 65% of classroom teachers will report feeling the desire to continue working as a teacher in the school, as measured by Edgewood's Year-end Client (School Staff) Satisfaction Survey.

MHSA Goal 6: Improved capacity among parents and other caregivers (teachers, program staff) to provide appropriate responses to children's behavior.

Individualized Performance Objectives:

1. By the end of the 2020-21 school year, 65% of classroom teachers will report feeling more successful (from beginning to the end of the year) in dealing with challenging student behaviors, as measured by Edgewood's Client (School Staff) Satisfaction Survey.

2. By the end of the 2020-21 school year, 70% of parents who participate in parent events and activities (including parent meetings, family activities, parent education trainings, etc.) or receive individual support, will report feeling more capable (from beginning to the end of the year) of making helpful choices to reduce stress and being better able to support their child(ren) in areas of need, as measured by Edgewood's Year-end Client Satisfaction Survey.

MHSA Goal 10: Increased problem-solving capacity, responsibility, and accountability for one's wellness.

Individualized Performance Objectives:

1. By the end of the 2020-21 school year, 60% of students served individually and/or in small groups for Behavior Coaching will show an increase-- as measured by teacher-completed pre and post-services WMS surveys-- in Teacher-Preferred, Peer- Preferred, and Classroom Adjustment Behaviors, with an average (mean) cumulative increase of 18%.

2. By the end of the 2020-21 school year, 70% of students participating in girls' support groups led by the Youth and Family Advocate will report finding the group helpful, as measured by the post-group questionnaire.

8. Continuous Quality Improvement:

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 20-21 Declaration of Compliance. All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

1. Achievement of contract performance objectives and productivity

Bi-weekly staff individual supervision meetings and a quarterly principal meeting review progress towards contract goals, performance and productivity.

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

Not Applicable, as no MH services are provided and no charts are maintained.

3. Cultural Competency of staff and services

All staff participate in New Hire training and additional trainings as needed. Staff meetings and weekly individual supervision address cultural and diversity issues.

4. Satisfaction with services

Mid and end of year satisfaction surveys are completed by school staff. End of year parent satisfaction surveys are completed. Results guide program improvement and CQI.

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

Outcome data is provided by WMS (Walker-McConnell Scale) “pre and post” tests. Outcome data is included in annual report to DPH.

9. Required Language:

N/A

1. Identifiers:

Program Name: Edgewood Diversion
Program Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116
Telephone/FAX: (415) 681-3211/**FAX:** (415) 664-7094
Website Address: www.edgewood.org

Contractor Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116

Executive Director/Program Director: Christine Garcia
Telephone: 415-683-9919
Email Address: cgarcia@edgewood.org

Program Code(s): 8858H1

2. Nature of Document:

☐ **New** ☒ **Amendment** ☐ **Renewal** ☐ **Revision to Program Budgets (RPB)**

3. Goal Statement:

Edgewood's Diversion Program provides a continuum of care including Diversion and Partial Diversion. The program offers intensive services for behavioral health, assessment and acute intervention. The purpose of this intensive level of care is initially to avoid psychiatric hospitalization and/or to provide a step-down from inpatient hospitalization or CSU to further stabilize symptoms and continue skills development and family/caregiver support.

4. Priority Population:

Edgewood will serve clients referred by Community Behavioral Health Services (CBHS) who meet medical necessity for this level of care. Referrals for the Diversion Program will include children between the ages of 12 and 17 that are clinically appropriate for acute intensive treatment in a residential unlocked non-hospital setting.

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

See Appendix B CRDC

6. Methodology:

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Edgewood conducts outreach to local county departments, private insurance companies, police, emergency rooms and mental health practitioners to inform them of our current continuum of crisis services. Admissions into the Diversion and Partial Diversion programs are planned. Interested parties contact the Edgewood Intake Department to learn more about the services; this team, led by the Intake

Director, helps navigate them through the authorization and enrollment process. The program employs a multidisciplinary team of therapists and care managers, psychiatrists, residential counselors, and a nursing team.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

The screening/referral/intake procedure for Diversion and Partial Diversion are managed by the Edgewood Intake Director. The Intake Team coordinates with families and referring parties to ensure a best fit and to ensure that all eligibility requirements are met.

There are only two exclusion criteria. We are not able to admit any youth who, in the judgment of staff or a consulting professional:

- Exhibits behavior dangerous to self or to others that requires psychiatric hospitalization or locked facility.
- Requires an immediate medical evaluation or medical care.

Any youth who is not admitted to a program for either of these reasons can reapply for admission in the future, and can be admitted if the conditions that prohibited admission in the first place no longer pertain.

The Intake Director responds to all requests for admission within one business day. The family/caregiver and/or community resources and connections are informed that participation is welcome in the treatment process, and considered to be an integral component of successful treatment.

Final admission decisions are made by the Admissions Team daily. The Admission team is run by the Intake Director and includes the Nursing Director, Director of Hospital Diversion and Residential Milieu Services, and the Director of Clinical Services, or their designees.

C. Describe your program's service delivery model and how each service is delivered

Edgewood's Diversion Program is specially created for children and adolescents between the ages of 12 and 17. The programs operates 24/7. The program is designed to assess and stabilize a broad range of youth and family challenges including high-risk behavioral and emotional issues resulting in aggressive and/or self-harming behavior. In addition to a short-term stabilization service, Edgewood also offers diagnostic assessment and psychotropic medication evaluation and management, allowing youth to receive acute care outside the confines and cost of a locked inpatient unit. Youth and families are discharged from Edgewood's Diversion programs with a thorough and collaborative safety and treatment plan that concretely addresses safety concerns, referral needs and redeems hope and quality of life.

The Edgewood multidisciplinary team takes a strength-based approach with families and other involved professionals to promote safety, assess and teach skills and to develop a realistic treatment plan so that youth can return to their families. Unlike locked inpatient programs, youth at Edgewood have an opportunity to practice skills within a broad community on our six-acre campus. Our residential cottages are spacious and strive to feel more like a home away from home than an institution. Program staff include: licensed clinicians, psychiatrists, nursing staff, mental health counselors, family partner, educational staff, recreational and expressive arts therapists, and psycho-educational instructors.

Discharge planning begins at the time of the initial assessment. For youth admitted into the Diversion or Partial Diversion programs, the intake clinician completes an initial assessment (or carries over an assessment from another program, if it was completed within the last 30 days) and preliminary treatment plan. The assigned clinician then works with the client, family and psychiatrist to solidify treatment goals within the first two days. Individual therapy sessions are provided 2-4 times a week based on clinical need. Family sessions are provided 1-2 times per week as indicated. Typically, youth discharge is within 1-2 weeks from the Diversion Program.

D. Describe your program's exit criteria and process:

A preliminary discharge plan is developed after initial assessment is completed. The clinician and psychiatrist collaborate with the client and family to revise it as needed during the course of treatment. Youth are discharged when they have been stabilized and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on the discharge plan. As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible. Examples of this include, but are not limited to: Therapeutic Behavioral Services (TBS), child crisis case management, outpatient mental health services and wraparound care.

E. Describe your program's staffing:

See corresponding Appendix B Salaries and Benefits page.

7. 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 FY20-21. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served, Edgewood will be exempt from this performance objective.

b. Individualized Objectives

N/A

8. Continuous Quality Improvement:

Quality Assurance (QA) is a continuous process and occurs across all programs, services, and departments. The responsibility of QA is shared between direct care providers, supervisors, directors, and quality assurance staff. QA staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus

groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon.

Program teams and QA staff review and analyze client satisfaction results, outcome data, program productivity, critical incidents and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. Through Quality Improvement (QI) activities, areas for improvement are identified. QA staff provide timely feedback directly to program staff and supervisors on areas to correct and improve. QA staff identify patterns in documentation/practice and follow up with supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

The QA team consists of the Director of Quality Improvement and two Quality Assurance staff that support programs across the agency. The QA team supports and monitors the following list of QA activities that are currently in place:

1. Achievement of contract performance objectives and productivity

    - Edgewood reviews contract performance objectives and productivity data annually and develops action plans based on the data. The plan of action includes training, increased oversight by supervisors and QA staff and tracking of data to measure progress over time.

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

    - Initial documentation training is provided during New Hire Orientation. Managers provide ongoing supervision and support in gaining competency with documentation with documentation standards. QA staff also review staff documentation and provide ongoing training and support, as needed, in either face-to-face or online formats

    - All staff receives regular supervision. Individual supervisors are responsible for reviewing documentation (assessments, CANS, treatment plans, progress notes, and all other relevant paperwork) for accuracy and adherence to all Medi-Cal and agency documentation standards. In addition to initial review by supervisors, QA staff also performs QA review of documentation. QA staff review for paperwork completion, timeliness, and compliance with all internal and external documentation expectations. QA staff work collaboratively with supervisors to provide feedback and track errors/improvement requests until completion.

    - PURCQ is held once a month and more frequently as needed. The PURCQ process is led by Clinical Supervisors and supported by QA staff. During the PURCQ process, supervisors review client diagnosis, impairment criteria, and effectiveness of interventions provided in order to demonstrate ongoing medical and service necessity for the length of treatment. QA staff support the process by reviewing completion of paperwork within required timelines. It is only after review in the PURCQ process that services are authorized as billable through the agency electronic health record.

- Peer reviews are held quarterly. During peer reviews, staff review client documentation including assessments, CANS, treatment plans, progress notes, authorizations, and all other relevant paperwork. Client diagnosis, supporting rationale, impairment criteria and linkage to goals/objectives, effectiveness of interventions provided. Progress notes are also reviewed for technical errors as well as clinical relevance to treatment outlined in the service plan.

- Chart review is ongoing. QA staff regularly review client documentation for technical and clinical accuracy. Chart review may also occur upon staff transitions (departures, transfers, staff change, etc.) to ensure completion of the client record and to coordinate a smooth transition to a new service provider. Chart review may also be triggered as a result of findings in a peer review or when regular QA review of documents reveals a pattern of concern. Errors are tracked and corrected. Depending on the severity of the deficiencies, this may trigger an improvement plan for the staff or program, which may include additional training or oversight by QA staff.

3. Cultural Competency of staff and services

- Weekly individual clinical supervision to identify and address issues of culture and diversity. Factors that could impact treatment are addressed by team. Edgewood programs make every effort to employ staff from diverse backgrounds with language capabilities in order to serve clients in their preferred languages. When Edgewood staff is not able to meet the language needs of the client/family, Edgewood programs contract with the Language Bank services for translation services. Additional staff training needs are communicated to the training department and may be added to the training calendar.

4. Satisfaction with services

- Edgewood programs participate in the CBHS consumer perception survey process. Findings from client satisfaction surveys and program performance objectives are reviewed bi-annually by program staff and agency leadership. Information is analyzed and areas for improvement are identified. In areas that fall below expected results, corrective plans are implemented and activities are monitored until desired results occur. Continuous follow up is required to maintain improved levels.

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

Client paperwork timelines are tracked upon admission through the electronic health record. Direct service providers receive regular notification of documentation timelines and requirements. Paperwork timeliness and use of CANS is reviewed during the PURCQ process every six months. CANS items and identified needs are reviewed to confirm that prioritized needs are being addressed and clients are making progress towards established goals and objectives. QA staff support the process by reviewing completion of paperwork within required timelines. It is only after review in the PURCQ process that services are authorized as billable through the agency electronic health record.

9. Required Language:

N/A

1. Identifiers:

Program Name: Edgewood Diversion
Program Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116
Telephone/FAX: (415) 681-3211/**FAX:** (415) 664-7094
Website Address: www.edgewood.org

Contractor Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116

Executive Director/Program Director: Christine Garcia
Telephone: 415-683-9919
Email Address: cgarcia@edgewood.org

Program Code(s): 8858H2

2. Nature of Document:

☐ **New** ☒ **Amendment** ☐ **Renewal** ☐ **Revision to Program Budgets (RPB))**

3. Goal Statement:

Edgewood's Diversion Program provides a continuum of care including Diversion and Partial Diversion. The program offers intensive services for behavioral health, assessment and acute intervention. The purpose of this intensive level of care is initially to avoid psychiatric hospitalization and/or to provide a step-down from inpatient hospitalization or CSU to further stabilize symptoms and continue skills development and family/caregiver support.

4. Priority Population:

Edgewood will serve clients referred by Community Behavioral Health Services (CBHS) who meet medical necessity for this level of care. Referrals for the Diversion Program will include children between the ages of 12 and 17 that are clinically appropriate for acute intensive treatment in a residential unlocked non-hospital setting.

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

See Appendix B CRDC

6. Methodology:

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Edgewood conducts outreach to local county departments, private insurance companies, police, emergency rooms and mental health practitioners to inform them of our current continuum of crisis

services. Admissions into the Diversion and Partial Diversion programs are planned. Interested parties contact the Edgewood Intake Department to learn more about the services; this team, led by the Intake Director, helps navigate them through the authorization and enrollment process. The program employs a multidisciplinary team of therapists and care managers, psychiatrists, residential counselors, and a nursing team.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

The screening/referral/intake procedure for Diversion and Partial Diversion are managed by the Edgewood Intake Director. The Intake Team coordinates with families and referring parties to ensure a best fit and to ensure that all eligibility requirements are met.

There are only two exclusion criteria. We are not able to admit any youth who, in the judgment of staff or a consulting professional:

- Exhibits behavior dangerous to self or to others that requires psychiatric hospitalization or locked facility.
- Requires an immediate medical evaluation or medical care.

Any youth who is not admitted to a program for either of these reasons can reapply for admission in the future, and can be admitted if the conditions that prohibited admission in the first place no longer pertain.

The Intake Director responds to all requests for admission within one business day. The family/caregiver and/or community resources and connections are informed that participation is welcome in the treatment process, and considered to be an integral component of successful treatment.

Final admission decisions are made by the Admissions Team daily. The Admission team is run by the Intake Director and includes the Nursing Director, Director of Hospital Diversion and Residential Milieu Services, and the Director of Clinical Services, or their designees.

C. Describe your program's service delivery model and how each service is delivered

Edgewood's Diversion Program is specially created for children and adolescents between the ages of 12 and 17. The programs operates 24/7. The program is designed to assess and stabilize a broad range of youth and family challenges including high-risk behavioral and emotional issues resulting in aggressive and/or self-harming behavior. In addition to a short-term stabilization service, Edgewood also offers diagnostic assessment and psychotropic medication evaluation and management, allowing youth to receive acute care outside the confines and cost of a locked inpatient unit. Youth and families are discharged from Edgewood's Diversion programs with a thorough and collaborative safety and treatment plan that concretely addresses safety concerns, referral needs and redeems hope and quality of life.

The Edgewood multidisciplinary team takes a strength-based approach with families and other involved professionals to promote safety, assess and teach skills and to develop a realistic treatment plan so that youth can return to their families. Unlike locked inpatient programs, youth at Edgewood have an opportunity to practice skills within a broad community on our six-acre campus. Our residential cottages are spacious and strive to feel more like a home away from home than an

institution. Program staff include: licensed clinicians, psychiatrists, nursing staff, mental health counselors, family partner, educational staff, recreational and expressive arts therapists, and psycho-educational instructors.

Discharge planning begins at the time of the initial assessment. For youth admitted into the Diversion or Partial Diversion programs, the intake clinician completes an initial assessment (or carries over an assessment from another program, if it was completed within the last 30 days) and preliminary treatment plan. The assigned clinician then works with the client, family and psychiatrist to solidify treatment goals within the first two days. Individual therapy sessions are provided 2-4 times a week based on clinical need. Family sessions are provided 1-2 times per week as indicated. Typically, youth discharge is within 1-2 weeks from the Diversion Program.

D. Describe your program's exit criteria and process:

A preliminary discharge plan is developed after initial assessment is completed. The clinician and psychiatrist collaborate with the client and family to revise it as needed during the course of treatment. Youth are discharged when they have been stabilized and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on the discharge plan. As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible. Examples of this include, but are not limited to: Therapeutic Behavioral Services (TBS), child crisis case management, outpatient mental health services and wraparound care.

E. Describe your program's staffing:

See corresponding Appendix B Salaries and Benefits page.

7. 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 FY20-21. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served, Edgewood will be exempt from this performance objective.

b. Individualized Objectives

N/A

8. Continuous Quality Improvement:

Quality Assurance (QA) is a continuous process and occurs across all programs, services, and departments. The responsibility of QA is shared between direct care providers, supervisors, directors, and quality assurance staff. QA staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon.

Program teams and QA staff review and analyze client satisfaction results, outcome data, program productivity, critical incidents and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. Through Quality Improvement (QI) activities, areas for improvement are identified. QA staff provide timely feedback directly to program staff and supervisors on areas to correct and improve. QA staff identify patterns in documentation/practice and follow up with supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

The QA team consists of the Director of Quality Improvement and two Quality Assurance staff that support programs across the agency. The QA team supports and monitors the following list of QA activities that are currently in place:

1. Achievement of contract performance objectives and productivity

    - Edgewood reviews contract performance objectives and productivity data annually and develops action plans based on the data. The plan of action includes training, increased oversight by supervisors and QA staff and tracking of data to measure progress over time.

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

    - Initial documentation training is provided during New Hire Orientation. Managers provide ongoing supervision and support in gaining competency with documentation with documentation standards. QA staff also review staff documentation and provide ongoing training and support, as needed, in either face-to-face or online formats

    - All staff receives regular supervision. Individual supervisors are responsible for reviewing documentation (assessments, CANS, treatment plans, progress notes, and all other relevant paperwork) for accuracy and adherence to all Medi-Cal and agency documentation standards. In addition to initial review by supervisors, QA staff also performs QA review of documentation. QA staff review for paperwork completion, timeliness, and compliance with all internal and external documentation expectations. QA staff work collaboratively with supervisors to provide feedback and track errors/improvement requests until completion.

    - PURCQ is held once a month and more frequently as needed. The PURCQ process is led by Clinical Supervisors and supported by QA staff. During the PURCQ process, supervisors review client diagnosis, impairment criteria, and effectiveness of interventions provided in order to demonstrate ongoing medical and service necessity for the length of treatment. QA

staff support the process by reviewing completion of paperwork within required timelines. It is only after review in the PURCQ process that services are authorized as billable through the agency electronic health record.

- Peer reviews are held quarterly. During peer reviews, staff review client documentation including assessments, CANS, treatment plans, progress notes, authorizations, and all other relevant paperwork. Client diagnosis, supporting rationale, impairment criteria and linkage to goals/objectives, effectiveness of interventions provided. Progress notes are also reviewed for technical errors as well as clinical relevance to treatment outlined in the service plan.

- Chart review is ongoing. QA staff regularly review client documentation for technical and clinical accuracy. Chart review may also occur upon staff transitions (departures, transfers, staff change, etc.) to ensure completion of the client record and to coordinate a smooth transition to a new service provider. Chart review may also be triggered as a result of findings in a peer review or when regular QA review of documents reveals a pattern of concern. Errors are tracked and corrected. Depending on the severity of the deficiencies, this may trigger an improvement plan for the staff or program, which may include additional training or oversight by QA staff.

3. Cultural Competency of staff and services

- Weekly individual clinical supervision to identify and address issues of culture and diversity. Factors that could impact treatment are addressed by team. Edgewood programs make every effort to employ staff from diverse backgrounds with language capabilities in order to serve clients in their preferred languages. When Edgewood staff is not able to meet the language needs of the client/family, Edgewood programs contract with the Language Bank services for translation services. Additional staff training needs are communicated to the training department and may be added to the training calendar.

4. Satisfaction with services

- Edgewood programs participate in the CBHS consumer perception survey process. Findings from client satisfaction surveys and program performance objectives are reviewed bi-annually by program staff and agency leadership. Information is analyzed and areas for improvement are identified. In areas that fall below expected results, corrective plans are implemented and activities are monitored until desired results occur. Continuous follow up is required to maintain improved levels.

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

Client paperwork timelines are tracked upon admission through the electronic health record. Direct service providers receive regular notification of documentation timelines and requirements. Paperwork timeliness and use of CANS is reviewed during the PURCQ process every six months. CANS items and identified needs are reviewed to confirm that prioritized needs are being addressed and clients are making progress towards established

goals and objectives. QA staff support the process by reviewing completion of paperwork within required timelines. It is only after review in the PURCQ process that services are authorized as billable through the agency electronic health record.

9. Required Language:

N/A

1. Identifiers:

Program Name: Edgewood Crisis Stabilization Unit
Program Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116
Telephone/FAX: (415) 681-3211/**FAX:** (415) 664-7094
Website Address: www.edgewood.org

Contractor Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116

Executive Director/Program Director: Elizabeth Siliato
Telephone: 415-682-3169
Email Address: esiliato@edgewood.org

Program Code(s): 8858CS

2. Nature of Document:

☐ **New** ☒ **Amendment** ☐ **Renewal** ☐ **Revision to Program Budgets (RPB)**

3. Goal Statement:

Edgewood Crisis Stabilization Program is part of a larger continuum of care on Edgewood's main Vicente campus, frequently referring to other Acute Intensive Programs including the Hospital Diversion and Partial Hospitalization Program. The CSU offers an intensive service for psychiatric crisis assessment, behavioral health crisis stabilization, acute intervention, and safety and discharge planning. The purpose of this intensive level of care is to prevent inpatient psychiatric hospitalization and assessment in Emergency Departments or the larger community, as well as to stabilize symptoms and continue skills development while providing family/caregiver support. The CSU identifies appropriate community support services and supports linkage to these referrals; the CSU also provides support to the SFUSD and other school districts and provides consultation to schools and outpatient providers to help support clients.

4. Priority Population:

Edgewood will serve clients referred by Community Behavioral Health Services (CBHS), referrals from the community, and walk-ins on an as needed and emergency basis. Referrals will include children between the ages of 6 and 17 that are clinically appropriate for crisis stabilization in an unlocked, family-friendly setting.

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

See Appendix B CRDC

6. Methodology:

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Edgewood conducts outreach to local county departments, private insurance companies, police departments, schools, community-based organizations, emergency rooms and mental health practitioners to inform them of our current continuum of crisis services. Youth experiencing a mental health crisis will be referred for evaluation. The Crisis Stabilization Unit accepts admissions 24/7. Referrals are made directly to the unit where CSU staff are trained to triage calls and consult with CSU Administrators (on-call after hours) to determinate appropriateness of referral and CSU availability. The program employs a multi-disciplinary staff made up of nurses, clinicians, counselors, Psychiatric Nurse Practitioners and an attending Medical Director/24hr psychiatry.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

Youth are admitted to the Crisis Stabilization Unit on an emergency basis. Admissions occur 24/7. Youth must be able to Walk, Eat, Talk and Toilet independently in order to meet admission criteria. Youth experiencing a medical emergency will be redirected to the nearest emergency room.

Exclusionary Criteria- we are not able to admit any youth who, in the judgment of staff or a consulting professional:

- Exhibits behavior dangerous to self or to others that is unable to be managed on the unit.
- Requires an immediate medical evaluation or medical care in a hospital facility. (Examples of this could be: ingesting drugs and alcohol prior to arrival at the CSU that need a higher level of monitoring, reports of ingesting medications in a manner not prescribed, recent injury to the head, significant self-harm injuries i.e.: cutting, burning.

Any youth who is not able to be medically cleared by the CSU is referred to the hospital and provided a form to be given to medical staff to be completed for medical clearance and are eligible for assessment after clearance.

C. Describe your program's service delivery model and how each service is delivered

Edgewood's Crisis Stabilization Unit is specially created for children and adolescents between the ages of 6 and 17. The program operates 24/7. The program is designed to assess and stabilize a broad range of youth and family challenges including high-risk behavioral and emotional issues resulting in aggressive and/or self-harming behavior. Youth and families are discharged from Edgewood's crisis program with a thorough and collaborative safety and treatment plan that concretely addresses safety concerns, referral needs and redeems hope and quality of life.

The Edgewood multidisciplinary team takes a strength-based approach with families and other involved professionals to promote safety, assess and teach skills and to develop a realistic treatment plan so that youth can return to their families. Unlike locked inpatient programs, youth at Edgewood have an opportunity to practice skills while stabilizing on the unit.

Youth admitted to the Crisis Stabilization Unit will be assessed and discharged within 24 hours to the appropriate level of care (hospital diversion, community program or inpatient unit). Should a client stay on the unit longer than the 24 hours, Crisis Stabilization Unit staff will document just cause reason for the extended time.

D. Describe your program's exit criteria and process:

A preliminary plan is developed after initial assessment is completed within the youth's first 3 hours while on the unit (CSU will provide documentation, as it does with all clients, if this does not happen within the first 3 hours). CSU staff will attempt to reach all providers and school supports as well as relevant adults in the youth's life to gather and share information to support the client. Youth spend time engaging with CSU staff, review their crisis and identify skills they can use upon discharge. Youth are discharged either: a) when they have been stabilized and an appropriate aftercare service plan has been agreed upon with the caregiver, or b) when a client meets medical necessity criteria for hospitalization and is discharged to a higher level of care. The CSU Family Partner is able to provide follow-up support calls and help counsel the caregiver and answer questions related to their child's treatment.

E. Describe your program's staffing:

See corresponding Appendix B Salaries and Benefits page.

7. 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 FY20-21. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served, Edgewood will be exempt from this performance objective.

b. Individualized Objectives

N/A

8. Continuous Quality Improvement:

Quality Assurance (QA) is a continuous process and occurs across all programs, services, and departments. The responsibility of QA is shared between direct care providers, supervisors, directors, and quality assurance staff. QA staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon.

Program teams and QA staff review and analyze client satisfaction results, outcome data, program productivity, critical incidents and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. Through Quality Improvement (QI) activities, areas for improvement are identified. QA staff provide timely feedback directly to program staff and supervisors on areas to correct and improve. QA staff identify patterns in documentation/practice and follow up with supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

The QA team consists of the Director of Quality Improvement and two Quality Assurance staff that support programs across the agency. The QA team supports and monitors the following list of QA activities that are currently in place:

1. Achievement of contract performance objectives and productivity

    - Edgewood reviews contract performance objectives and productivity data annually and develops action plans based on the data. The plan of action includes training, increased oversight by supervisors and QA staff and tracking of data to measure progress over time.

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

    - Initial documentation training is provided during New Hire Orientation. Managers provide ongoing supervision and support in gaining competency with documentation with documentation standards. QA staff also review staff documentation and provide ongoing training and support, as needed, in either face-to-face or online formats

    - All staff receives regular supervision. Individual supervisors are responsible for reviewing documentation (assessments, progress notes, and all other relevant paperwork) for accuracy and adherence to all Medi-Cal and agency documentation standards. In addition to initial review by supervisors, QA staff also performs QA review of documentation. QA staff review for paperwork completion, timeliness, and compliance with all internal and external documentation expectations. QA staff work collaboratively with supervisors to provide feedback and track errors/improvement requests until completion.

    - Chart review is ongoing. QA staff regularly review client documentation for technical and clinical accuracy. Chart review may also occur upon staff transitions (departures, transfers, staff change, etc.) to ensure completion of the client record and to coordinate a smooth transition to a new service provider. Chart review may also be triggered as a result of findings in a peer review or when regular QA review of documents reveals a pattern of concern. Errors are tracked and corrected. Depending on the severity of the deficiencies, this may trigger an improvement plan for the staff or program, which may include additional training or oversight by QA staff.

3. Cultural Competency of staff and services

    - Weekly individual clinical supervision to identify and address issues of culture and diversity. Factors that could impact treatment are addressed by team.

- Edgewood programs make every effort to employ staff from diverse backgrounds with language capabilities in order to serve clients in their preferred languages. When Edgewood staff is not able to meet the language needs of the client/family, Edgewood programs contract with the Language Bank services for translation services.
- Additional staff training needs are communicated to the training department and may be added to the training calendar.

4. Satisfaction with services

- Edgewood programs participate in the CBHS consumer perception survey process. The Crisis Stabilization Unit is exempt from the bi-annual review process due to the short-term nature of client involvement in programming (23 hours and 59 minute maximum stay). Instead, the Crisis Stabilization Unit utilizes a Caregiver Satisfaction Survey and a Client Satisfaction Survey that is administered at time of Discharge. These surveys are optional to complete. Feedback provided in these surveys is reviewed by CSU Leadership staff and areas for improvement are identified. Continuous follow up is required to maintain improved levels.

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

- Documentation for all clients is tracked upon admission through the electronic health record. Direct service providers receive regular notification of documentation timelines and requirements. Identified needs are reviewed to confirm that prioritized needs are being addressed and documentation meets standards. QA staff support the process by reviewing documentation and ensuring completion within required timelines. QA staff support CSU supervisors to ensure services meet billing requirements.

9. Required Language:

N/A

Appendix B
Calculation of Charges

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee for Service Reimbursement:

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

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those

costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

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

D. Upon **the effective date** of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health **of an invoice or claim submitted by Contractor, and** of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA (Prop 63) portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of January 1 through June 30 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 are listed below:

Appendix B-1	Counseling Enriched Education Program
Appendix B-2	Residentially-Based Treatment (RBT)
Appendix B-3	Behavioral Health Outpatient
Appendix B-4	Therapeutic Behavioral Services (TBS)
Appendix B-5	Wraparound (WRAP)
Appendix B-6	Early Childhood Mental Health Consultation Initiative (ECMHCI)
Appendix B-7	School-Based Behavioral Health Services
Appendix B-8	Crisis, Triage and Assessment Center (CTAC) Hospital Diversion (8858H1)
Appendix B-8a	Crisis, Triage and Assessment Center (CTAC) Hospital Diversion (8858H2)
Appendix B-8b	Crisis, Triage and Assessment Center (CTAC) CSU (8858CS)
Appendix B-9	*Kinship Behavioral Health Outpatient---* ***This Program Ended 06/30/2019***

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Fifty Seven Million Two Hundred Ninety Eight Thousand Nine Hundred Sixty Seven Dollars ($57,298,967)** for the period of **July 1, 2018 through June 30, 2027.**

CONTRACTOR understands that, of this maximum dollar obligation, **($3,543,692)** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2018 through June 30, 2019	$	7,713,586
July 1, 2019 through June 30,2020	$	8,272,775
July 1, 2020 through June 30, 2021	$	8,272,775
July 1, 2021 through June 30, 2022	$	8,281,988
July 1, 2022 through June 30, 2023	$	7,597,567
July 1, 2023 through June 30, 2024	$	3,404,146
July 1, 20224 through June 30, 2025	$	3,404,146
July 1, 2025 through June 30, 2026	$	3,404,146
July 1, 2026 through June 30, 2027	$	3,404,146
Subtotal - July 1, 2018 through June 30, 2027	**$**	**53,755,275**
Contingency	$	3,543,692
TOTAL - July 1, 2018 through June 30, 2027	**$**	**57,298,967**

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 Edgewood Center for Children and Families, Contract ID #1000007819 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: 00273
Legal Entity Name/Contractor Name: Edgewood Center for Children and Families
Contract ID Number: 1000010030

Appendix Number: B
Page Number: 5
Fiscal Year: 2020-2021

Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	B-8a	B-8b	
Provider Number	8858	8858	8858	8858	8858	8858	8858	8858	8858	8858	
Program Name	Edgewood Counseling Enriched Education Program	Edgewood Residentially Based Treatment	Edgewood Behavioral Health Outpatient	Edgewood Therapeutic Behavioral Services	Edgewood Wraparound	Edgewood Early Childhood Mental Health	Edgewood School-Based Behavioral Health Services	Edgewood Diversion	Edgewood Diversion	Edgewood Crisis Stabilization Unit	
Program Code	8858OP	88584	885814	885818	885819	NA	NA	8858H1	8858H2	8858CS	
Funding Term	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	
FUNDING USES											**TOTAL**
Salaries	$ 526,345	$ 90,205	$ 1,255,415	$ 766,548	$ 779,137	$ 413,683	$ 94,744	$ 225,058	$ 271,653	$ 752,244	**$ 5,175,032**
Employee Benefits	$ 157,904	$ 27,062	$ 376,624	$ 229,965	$ 233,741	$ 124,105	$ 28,423	$ 67,518	$ 81,496	$ 225,673	**$ 1,552,511**
Subtotal Salaries & Employee Benefits	**$ 684,249**	**$ 117,267**	**$ 1,632,039**	**$ 996,513**	**$ 1,012,878**	**$ 537,788**	**$ 123,167**	**$ 292,576**	**$ 353,149**	**$ 977,917**	**$ 6,727,543**
Operating Expenses	$ 33,595	$ 20,647	$ 103,603	$ 24,375	$ 68,640	$ 57,360	$ 10,300	$ 29,027	$ 3,670	$ 114,957	**$ 466,174**
Capital Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**
Subtotal Direct Expenses	**$ 717,844**	**$ 137,914**	**$ 1,735,642**	**$ 1,020,888**	**$ 1,081,518**	**$ 595,148**	**$ 133,467**	**$ 321,603**	**$ 356,819**	**$ 1,092,874**	**$ 7,193,717**
Indirect Expenses	$ 107,676	$ 20,687	$ 260,347	$ 153,133	$ 162,228	$ 89,272	$ 20,020	$ 48,241	$ 53,523	$ 163,931	**$ 1,079,058**
Indirect %	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**
TOTAL FUNDING USES	**$ 825,520**	**$ 158,601**	**$ 1,995,989**	**$ 1,174,021**	**$ 1,243,746**	**$ 684,420**	**$ 153,487**	**$ 369,844**	**$ 410,342**	**$ 1,256,805**	**$ 8,272,775**
						Employee Benefits Rate					**30.0%**
BHS MENTAL HEALTH FUNDING SOURCES											
MH CYF Fed SDMC FFP (50%)	$ 392,693	$ 72,500	$ 784,167	$ 573,846	$ 526,684	$ -	$ -	$ -	$ 200,000	$ 89,756	$ 2,639,646
MH CYF State 2011 PSR-EPSDT	$ 63,524	$ 43,364	$ 779,352	$ 461,251	$ 458,664	$ -	$ -	$ -	$ 200,000	$ 110,704	$ 2,116,859
MH CYF State 1991 Realignment	$ 34,944	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 34,944
MH CYF County General Fund	$ 294,225	$ 29,136	$ 54,814	$ 112,596	$ 50,000	$ -	$ -	$ -	$ -	$ 20,052	$ 560,823
MH WO HSA GF Match	$ -	$ -	$ -	$ -	$ 88,992	$ -	$ -	$ -	$ -	$ -	$ 88,992
MH CYF Family Mosaic Capitated Medi-Cal	$ 20,000	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 20,000
MH WO HSA Pre-School for All	$ -	$ -	$ -	$ -	$ -	$ 85,262	$ -	$ -	$ -	$ -	$ 85,262
MH WO HSA Childcare	$ -	$ -	$ -	$ -	$ -	$ 357,366	$ -	$ -	$ -	$ -	$ 357,366
MH WO DCYF Child Care	$ -	$ -	$ -	$ -	$ -	$ 171,146	$ -	$ -	$ -	$ -	$ 171,146
MH WO CFC School Readiness	$ -	$ -	$ -	$ -	$ -	$ 39,706	$ -	$ -	$ -	$ -	$ 39,706
MH MHSA (PEI)	$ -	$ -	$ -	$ -	$ -	$ 25,806	$ 153,487	$ -	$ -	$ -	$ 179,293
MH CYF County General Fund	$ -	$ -	$ 330,000	$ -	$ 4,510	$ -	$ -	$ 369,844	$ -	$ 1,017,030	$ 1,721,384
MCO	$ -	$ -	$ 18,370	$ -	$ 18,370	$ -	$ -	$ -	$ -	$ -	$ 36,740
MH CYF COUNTY General Fund CODB	$ 20,134	$ 13,601	$ 29,286	$ 26,328	$ 93,856	$ -	$ -	$ -	$ 10,342	$ 19,263	$ 212,810
MH CYF County GF WO CODB	$ -	$ -	$ -	$ -	$ 2,670	$ 5,134	$ -	$ -	$ -	$ -	$ 7,804
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	**$ 825,520**	**$ 158,601**	**$ 1,995,989**	**$ 1,174,021**	**$ 1,243,746**	**$ 684,420**	**$ 153,487**	**$ 369,844**	**$ 410,342**	**$ 1,256,805**	**$ 8,272,775**
BHS SUD FUNDING SOURCES											
											$ -
											$ -
											$ -
											$ -
											$ -
											$ -
TOTAL BHS SUD FUNDING SOURCES	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
OTHER DPH FUNDING SOURCES											
											$ -
											$ -
											$ -
TOTAL OTHER DPH FUNDING SOURCES	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL DPH FUNDING SOURCES	**$ 825,520**	**$ 158,601**	**$ 1,995,989**	**$ 1,174,021**	**$ 1,243,746**	**$ 684,420**	**$ 153,487**	**$ 369,844**	**$ 410,342**	**$ 1,256,805**	**$ 8,272,775**
NON-DPH FUNDING SOURCES											
											$ -
											$ -
TOTAL NON-DPH FUNDING SOURCES	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	**$ 825,520**	**$ 158,601**	**$ 1,995,989**	**$ 1,174,021**	**$ 1,243,746**	**$ 684,420**	**$ 153,487**	**$ 369,844**	**$ 410,342**	**$ 1,256,805**	**$ 8,272,775**

Prepared By Mitch Mathews **Phone Number** 415-215-5850

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name: Edgewood Center for Children and Families
Contract ID Number: 1000010030

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Page Number: 6
Fiscal Year: 2020-2021

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
CEO	0.32	$ 80,125.64
CFO	0.32	$ 72,113.08
Director of IT	0.32	$ 47,569.34
Desktop Support Analyst	0.32	$ 21,153.17
Executive Assistant	0.32	$ 24,037.69
HR Director	0.32	$ 42,812.41
Facilities Technician	0.32	$ 16,025.13
Accountant	0.32	$ 16,490.70
Director of Finance	0.32	$ 40,062.82
Controller	0.32	$ 44,870.36
Recruiter	0.32	$ 22,833.28
AP Specialist	0.32	$ 17,653.60
Payroll Accountant	0.32	$ 20,213.46
Senior Accountant	0.32	$ 18,589.15
Billing Clerk	0.32	$ 16,666.13
Billing Lead	0.32	$ 20,213.46
IT Help Desk	0.32	$ 20,213.46
HR Coordinator	0.32	$ 17,627.64
Finance Manager	0.32	$ 29,600.00
Director of Facilities Management	0.32	$ 25,640.20
Financial Analyst	0.32	$ 20,213.46
Billing and Program Coordinator	0.32	$ 18,560.00
Subtotal:	7.03	$ 653,284.00
Employee Benefits:	30.0%	$ 195,985.20
Total Salaries and Employee Benefits:		$ 849,269.00

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Accounting/Audit Fees	45,000.00
Insurance	55,000.00
Software Fees/Expense	85,000.00
Consulting	44,789.00
Total Operating Costs	$ 229,789.00

Total Indirect Costs	**$ 1,079,058.00**

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

DHCS Legal Entity Number: 00273
Provider Name: Edgewood Center for Children and Families
Provider Number: 8858
Contract ID Number: 1000010030

Appendix Number: B-1
Page Number: 1
Fiscal Year: 2020-2021

Program Name		Edgewood Counseling Enriched Education Program					
Program Code		8858OP	8858OP	8858OP	8858OP		
Mode/SFC (MH) or Modality (SUD)		15/10-57, 59	15/01-09	15/70-79	15/60-69		
Service Description		OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention	OP-Medication Support		
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21		
FUNDING USES							**TOTAL**
Salaries & Employee Benefits		$ 635,550	$ 36,451	$ 6,398	$ 5,850		$ 684,249
Operating Expenses		$ 31,204	$ 1,790	$ 314	$ 287		$ 33,595
Capital Expenses		$ -	$ -	$ -	$ -		$ -
Subtotal Direct Expenses		**$ 666,754**	**$ 38,241**	**$ 6,712**	**$ 6,137**	**$ -**	**$ 717,844**
Indirect Expenses		$ 100,012	$ 5,736	$ 1,007	$ 921		$ 107,676
Indirect %		**15.0%**	**15.0%**	**15.0%**	**15.0%**	**0.0%**	**15.0%**
TOTAL FUNDING USES		**$ 766,766**	**$ 43,977**	**$ 7,719**	**$ 7,058**	**$ -**	**$ 825,520**
BHS MENTAL HEALTH FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	$ 365,006	$ 21,068	$ 3,674	$ 2,945		$ 392,693
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	$ 52,607	$ 7,696	$ 2,014	$ 1,207		$ 63,524
MH CYF State 1991 Realignment	251962-10000-10001670-0001	$ 31,542	$ 1,342	$ 322	$ 1,738		$ 34,944
MH CYF County General Fund	251962-10000-10001670-0001	$ 280,858	$ 12,030	$ 1,337			$ 294,225
MH WO HSA GF Match	251962-10002-10001803-0006						$ -
MH CYF Family Mosaic Capitated Medi-Cal	251962-10000-10001794-0001	$ 18,052	$ 768	$ 184	$ 996		$ 20,000
MH WO HSA Pre-School for All	251962-10002-10001803-0008						$ -
MH WO HSA Childcare	251962-10002-10001803-0001						$ -
MH WO DCYF Child Care	251962-10002-10001799-0007						$ -
MH WO CFC School Readiness	251962-10002-10001800-0003						$ -
MH MHSA (PEI)	251984-17156-10031199-0035						$ -
MH CYF County General Fund	251962-10000-10001670-0001						$ -
MCO	251962-10000-10001670-0001						$ -
MH CYF COUNTY General Fund CODB	251962-10000-10001670-0001	$ 18,701	$ 1,073	$ 188	$ 172		$ 20,134
MH CYF County GF WO CODB	251962-10000-10001670-0001						$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**$ 766,766**	**$ 43,977**	**$ 7,719**	**$ 7,058**	**$ -**	**$ 825,520**
BHS SUD FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
							$ -
							$ -
							$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL BHS SUD FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
OTHER DPH FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
							$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL OTHER DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL DPH FUNDING SOURCES		**$ 766,766**	**$ 43,977**	**$ 7,719**	**$ 7,058**	**$ -**	**$ 825,520**
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							$ -
TOTAL NON-DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**766,766**	**43,977**	**7,719**	**7,058**	**-**	**825,520**
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service		242,485	18,065	1,666	1,202		
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 3.16	$ 2.43	$ 4.63	$ 5.87	$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 3.16	$ 2.43	$ 4.63	$ 5.87	$ -	
Published Rate (Medi-Cal Providers Only)		$ 3.30	$ 2.55	$ 4.90	$ 6.09		**Total UDC**
Unduplicated Clients (UDC)		30	10	10	10		30

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number: 1000010030
Program Name: Edgewood Counseling Enriched Education Program
Program Code: 8858OP

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Fiscal Year: 2020-2021

	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	07/01/2019-06/30/2020		07/01/2019-06/30/2020		07/01/2019-06/30/2020		(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**
MHRS	1.02	$ 51,617.00	1.00	50,366.53	0.02	$ 1,250.53								
Clinical Supervision	1.02	$ 75,000.00	1.00	73,182.96	0.02	$ 1,817.04								
Therapist & Care Manager	3.07	$ 195,000.00	3.00	190,275.71	0.07	$ 4,724.29								
Instructional Specialist	3.07	$ 150,000.00	3.00	146,365.93	0.07	$ 3,634.07								
Lead MHRS	1.02	$ 54,728.00	1.00	53,402.10	0.02	$ 1,325.90								
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
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	0.00	$ -												
	0.00	$ -												
Totals:	9.22	$ 526,345.00	9.00	$ 513,593.22	0.22	$ 12,751.84	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	30.00%	$ 157,904.00	30.00%	$ 154,077.97	30.00%	$ 3,825.55	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		**$ 684,249.00**		**$ 667,671.00**		**$ 16,577.00**		**$ -**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number: 1000010030
Program Name: Edgewood Counseling Enriched Education Program
Program Code: 8858OP

Appendix Number: B-1
Page Number: 3
Fiscal Year: 2020-2021

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	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021	(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	$ -						
Utilities (telephone, electricity, water, gas)	$ 10,000.00	$ 9,757.73	$ 242.27				
Building Repair/Maintenance	$ 12,000.00	$ 11,709.27	$ 290.73				
Occupancy Total:	**$ 22,000.00**	**$ 21,467.00**	**$ 533.00**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 750.00	$ 731.83	$ 18.17				
Photocopying	$ 2,000.00	$ 1,951.55	$ 48.45				
Program Supplies	$ 2,300.00	$ 2,244.28	$ 55.72				
Computer Hardware/Software	$ 1,545.00	$ 1,507.57	$ 37.43				
Materials & Supplies Total:	**$ 6,595.00**	**$ 6,435.00**	**$ 160.00**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 5,000.00	$ 4,840.22	$ 159.78				
Insurance	$ -	$ -	$ -				
Professional License	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ -						
General Operating Total:	**$ 5,000.00**	**$ 4,840.00**	**$ 160.00**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ -						
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -						
	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 33,595.00**	**$ 32,742.00**	**$ 853.00**	**$ -**	**$ -**	**$ -**	**$ -**

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

DHCS Legal Entity Number: 00273
Provider Name: Edgewood Center for Children and Families
Provider Number: 8858
Contract ID Number: 1000010030

Appendix Number: B-2
Page Number: 1
Fiscal Year: 2020-2021

Program Name		Edgewood Residentially Based Treatment					
Program Code		88584	88584	88584	88584		
Mode/SFC (MH) or Modality (SUD)		15/10-57, 59	15/01-09	15/70-79	15/60-69		
Service Description		OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention	OP-Medication Support		
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21		
FUNDING USES							**TOTAL**
Salaries & Employee Benefits		$ 104,841	$ 6,153	$ 258	$ 6,016		$ 117,267
Operating Expenses		$ 18,459	$ 1,083	$ 45	$ 1,059		$ 20,647
Capital Expenses		$ -	$ -	$ -	$ -		$ -
Subtotal Direct Expenses		**$ 123,300**	**$ 7,236**	**$ 303**	**$ 7,075**	**$ -**	**$ 137,914**
Indirect Expenses		$ 18,495	$ 1,085	$ 45	$ 1,061		$ 20,687
Indirect %		**15.0%**	**15.0%**	**15.0%**	**15.0%**	**0.0%**	**15.0%**
TOTAL FUNDING USES		**$ 141,795**	**$ 8,321**	**$ 349**	**$ 8,136**	**$ -**	**$ 158,601**
BHS MENTAL HEALTH FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	$ 64,818	$ 3,804	$ 159	$ 3,719		$ 72,500
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	$ 38,769	$ 2,275	$ 95	$ 2,225		$ 43,364
MH CYF State 1991 Realignment	251962-10000-10001670-0001	$ -	$ -	$ -	$ -		$ -
MH CYF County General Fund	251962-10000-10001670-0001	$ 26,049	$ 1,529	$ 64	$ 1,495		$ 29,136
MH WO HSA GF Match	251962-10002-10001803-0006		$ -	$ -	$ -		$ -
MH CYF Family Mosaic Capitated Medi-Cal	251962-10000-10001794-0001	$ -	$ -	$ -	$ -		$ -
MH WO HSA Pre-School for All	251962-10002-10001803-0008	$ -	$ -	$ -	$ -		$ -
MH WO HSA Childcare	251962-10002-10001803-0001	$ -	$ -	$ -	$ -		$ -
MH WO DCYF Child Care	251962-10002-10001799-0007	$ -	$ -	$ -	$ -		$ -
MH WO CFC School Readiness	251962-10002-10001800-0003	$ -	$ -	$ -	$ -		$ -
MH MHSA (PEI)	251984-17156-10031199-0035	$ -	$ -	$ -	$ -		$ -
MH CYF County General Fund	251962-10000-10001670-0001	$ -	$ -	$ -	$ -		$ -
MCO	251962-10000-10001670-0001	$ -	$ -	$ -	$ -		$ -
MH CYF COUNTY General Fund CODB	251962-10000-10001670-0001	$ 12,160	$ 714	$ 30	$ 698		$ 13,601
MH CYF County GF WO CODB	251962-10000-10001670-0001	$ -	$ -	$ -	$ -	$ -	$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**$ 141,795**	**$ 8,321**	**$ 349**	**$ 8,136**	**$ -**	**$ 158,601**
BHS SUD FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
This row left blank for funding sources not in drop-down list						$ -	$ -
TOTAL BHS SUD FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
OTHER DPH FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
							$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL OTHER DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL DPH FUNDING SOURCES		**$ 141,795**	**$ 8,321**	**$ 349**	**$ 8,136**	**$ -**	**$ 158,601**
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							$ -
TOTAL NON-DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**141,795**	**8,321**	**349**	**8,136**	**-**	**158,601**
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service		44,872	3,424	75	1,386		
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 3.16	$ 2.43	$ 4.63	$ 5.87	$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 3.16	$ 2.43	$ 4.63	$ 5.87	$ -	
Published Rate (Medi-Cal Providers Only)		$ 3.30	$ 2.55	$ 4.90	$ 6.09		**Total UDC**
Unduplicated Clients (UDC)		10	10	10	10		10

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number: 1000010030
Program Name: Edgewood Residentially Based Treatment
Program Code: 88584

Appendix Number: B-2
Page Number: 2
Fiscal Year: 2020-2021

	TOTAL		General Fund 251962-10000-10001670-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2020-06/30/2021		07/01/2020-06/30/2021		(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**
Permanency Worker	0.11	$ 5,399.00	0.11	$ 5,399.49										
Clinical Supervision	0.05	$ 4,211.00	0.05	$ 4,211.32										
Therapist & Care Manager	0.50	$ 29,816.00	0.50	$ 29,815.75										
Milieu Manager	0.22	$ 13,132.00	0.22	$ 13,132.00										
Residential Counselor	0.76	$ 37,647.00	0.76	$ 37,646.61										
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
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	0.00	$ -												
Totals:	1.64	$ 90,205.00	1.64	$ 90,205.17	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	30.00%	$ 27,062.00	30.00%	$ 27,061.55	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		**$ 117,267.00**		**$ 117,267.00**		**$ -**		**$ -**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number: 1000010030
Program Name: Edgewood Residentially Based Treatment
Program Code: 88584

Appendix Number: B-2
Page Number: 3
Fiscal Year: 2020-2021

Expense Categories & Line Items	TOTAL	General Fund 251962-10000-10001670-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2020-06/30/2021	07/01/2020-06/30/2021	(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	$ -						
Utilities (telephone, electricity, water, gas)	$ 6,000.00	$ 6,000.00					
Building Repair/Maintenance	$ 10,519.00	$ 10,519.00					
Occupancy Total:	**$ 16,519.00**	**$ 16,519.00**	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ 503.00	$ 503.00					
Photocopying	$ 375.00	$ 375.00					
Program Supplies	$ 750.00	$ 750.00					
Computer Hardware/Software	$ -	$ -					
Materials & Supplies Total:	**$ 1,628.00**	**$ 1,628.00**	$ -	$ -	$ -	$ -	$ -
Training/Staff Development	$ 1,000.00	$ 1,000.00					
Insurance	$ 1,500.00	$ 1,500.00					
Professional License	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ -						
General Operating Total:	**$ 2,500.00**	**$ 2,500.00**	$ -	$ -	$ -	$ -	$ -
Local Travel	$ -						
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ -**	**$ -**	$ -	$ -	$ -	$ -	$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -						
	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	$ -	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 20,647.00**	**$ 20,647.00**	$ -	$ -	$ -	$ -	$ -

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

DHCS Legal Entity Number: 00273
Provider Name: Edgewood Center for Children and Families
Provider Number: 8858
Contract ID Number: 1000010030

Appendix Number: B-3
Page Number: 1
Fiscal Year: 2020-2021

Program Name		Edgewood Behavioral Health Outpatient					
Program Code		885814	885814	885814	885814		
Mode/SFC (MH) or Modality (SUD)		15/10-57, 59	15/01-09	15/70-79	15/60-69		
Service Description		OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention	OP-Medication Support		
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21		
FUNDING USES							**TOTAL**
Salaries & Employee Benefits		$ 1,540,850	$ 72,584	$ 236	$ 18,369		$ 1,632,039
Operating Expenses		$ 97,814	$ 4,608	$ 15	$ 1,166		$ 103,603
Capital Expenses		$ -	$ -	$ -	$ -		$ -
Subtotal Direct Expenses		**$ 1,638,664**	**$ 77,191**	**$ 251**	**$ 19,535**	**$ -**	**$ 1,735,642**
Indirect Expenses		$ 245,800	$ 11,579	$ 38	$ 2,930		$ 260,347
Indirect %		**15.0%**	**15.0%**	**15.0%**	**15.0%**	**0.0%**	**15.0%**
TOTAL FUNDING USES		**$ 1,884,465**	**$ 88,770**	**$ 289**	**$ 22,465**	**$ -**	**$ 1,995,989**
BHS MENTAL HEALTH FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	$ 740,352	$ 34,875	$ 114	$ 8,826		$ 784,167
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	$ 735,806	$ 34,661	$ 113	$ 8,772		$ 779,352
MH CYF State 1991 Realignment	251962-10000-10001670-0001	$ -	$ -	$ -	$ -		$ -
MH CYF County General Fund	251962-10000-10001670-0001	$ 51,751	$ 2,438	$ 8	$ 617		$ 54,814
MH WO HSA GF Match	251962-10002-10001803-0006		$ -	$ -	$ -		$ -
MH CYF Family Mosaic Capitated Medi-Cal	251962-10000-10001794-0001	$ -	$ -	$ -	$ -		$ -
MH WO HSA Pre-School for All	251962-10002-10001803-0008		$ -	$ -	$ -		$ -
MH WO HSA Childcare	251962-10002-10001803-0001		$ -	$ -	$ -		$ -
MH WO DCYF Child Care	251962-10002-10001799-0007		$ -	$ -	$ -		$ -
MH WO CFC School Readiness	251962-10002-10001800-0003		$ -	$ -	$ -		$ -
MH MHSA (PEI)	251984-17156-10031199-0035		$ -	$ -	$ -		$ -
MH CYF County General Fund	251962-10000-10001670-0001	$ 311,561	$ 14,677	$ 48	$ 3,714		$ 330,000
MCO	251962-10000-10001670-0001	$ 17,344	$ 817	$ 3	$ 207		$ 18,370
MH CYF COUNTY General Fund CODB	251962-10000-10001670-0001	$ 27,650	$ 1,302	$ 4	$ 330		$ 29,286
MH CYF County GF WO CODB	251962-10000-10001670-0001	$ -	$ -	$ -	$ -	$ -	$ -
This row left blank for funding sources not in drop-down list		$ -	$ -	$ -	$ -		$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**$ 1,884,465**	**$ 88,770**	**$ 289**	**$ 22,465**	**$ -**	**$ 1,995,989**
BHS SUD FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
		$ -	$ -	$ -	$ -		$ -
		$ -	$ -	$ -	$ -		$ -
This row left blank for funding sources not in drop-down list		-	-	-	-		$ -
TOTAL BHS SUD FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
OTHER DPH FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
							$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL OTHER DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL DPH FUNDING SOURCES		**$ 1,884,465**	**$ 88,770**	**$ 289**	**$ 22,465**	**$ -**	**$ 1,995,989**
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							$ -
TOTAL NON-DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**1,884,465**	**88,770**	**289**	**22,465**	**-**	**1,995,989**
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service		596,350	36,531	62	3,827		
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 3.16	$ 2.43	$ 4.63	$ 5.87		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 3.16	$ 2.43	$ 4.63	$ 5.87		
Published Rate (Medi-Cal Providers Only)		$ 3.30	$ 2.55	$ 4.90	$ 6.09		**Total UDC**
Unduplicated Clients (UDC)		100	10	10	15		100

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number: 1000010030
Program Name: Edgewood Behavioral Health Outpatient
Program Code: 885814

Appendix Number: B-3
Page Number: 2
Fiscal Year: 2020-2021

	TOTAL		General Fund 251962-10000-10001670-0001		MCO 251962-10000-10001670-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2020-06/30/2021		07/01/2020-06/30/2021		(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**
Regional Director	0.40	$ 64,000.00	0.40	$ 64,000.00										
Behavorial Health Director	0.40	$ 50,000.00	0.40	$ 50,000.00										
Clinical Supervisor	2.00	$ 160,000.00	2.00	$ 160,000.00										
Curriculum Developer	0.35	$ 22,750.00	0.35	$ 22,750.00										
Clinican	13.18	$ 856,665.00	13.18	$ 843,240.45		$ 13,424.45								
Administrative Support (for medical authorizations/intake episode entries into avatar)	0.60	$ 33,000.00	0.60	$ 32,646.73		$ 353.28								
QA Manager	0.40	$ 30,000.00	0.40	$ 30,000.00										
QA Specialist	0.60	$ 39,000.00	0.60	$ 38,646.73		$ 353.28								
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Totals:	17.93	$ 1,255,415.00	17.93	$ 1,241,283.90	0.00	$ 14,131.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	30.00%	$ 376,624.00	30.00%	$ 372,385.17	30.00%	$ 4,239.30	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		**$ 1,632,039.00**		**$ 1,613,669.00**		**$ 18,370.00**		**$ -**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number: 1000010030
Program Name: Edgewood Behavioral Health Outpatient
Program Code: 885814

Appendix Number: B-3
Page Number: 3
Fiscal Year: 2020-2021

Expense Categories & Line Items	TOTAL	General Fund 251962-10000-10001670-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2020-06/30/2021	07/01/2020-06/30/2021	(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	$ -						
Utilities (telephone, electricity, water, gas)	$ 40,000.00	$ 40,000.00					
Building Repair/Maintenance	$ 10,104.00	$ 10,104.00					
Occupancy Total:	**$ 50,104.00**	**$ 50,104.00**	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ 2,500.00	$ 2,500.00					
Photocopying	$ -	$ -					
Program Supplies	$ 2,000.00	$ 2,000.00					
Computer Hardware/Software	$ 25,000.00	$ 25,000.00					
Materials & Supplies Total:	**$ 29,500.00**	**$ 29,500.00**	$ -	$ -	$ -	$ -	$ -
Training/Staff Development	$ 16,499.00	$ 16,499.00					
Insurance	$ -	$ -					
Professional License	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ -						
General Operating Total:	**$ 16,499.00**	**$ 16,499.00**	$ -	$ -	$ -	$ -	$ -
Local Travel	$ 3,500.00	$ 3,500.00					
Out-of-Town Travel	$ 4,000.00	$ 4,000.00					
Field Expenses	$ -						
Staff Travel Total:	**$ 7,500.00**	**$ 7,500.00**	$ -	$ -	$ -	$ -	$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -						
	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	$ -	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 103,603.00**	**$ 103,603.00**	$ -	$ -	$ -	$ -	$ -

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

DHCS Legal Entity Number:	00273						Appendix Number:	B-4
Provider Name:	Edgewood Center for Children and Families						Page Number:	1
Provider Number:	8858						Fiscal Year:	2020-2021
Contract ID Number:	1000010030							
	Program Name	Edgewood Therapeutic Behavioral Services						
	Program Code	885818	885818					
	Mode/SFC (MH) or Modality (SUD)	15/58	15/01-09					
	Service Description	OP-TBS	OP-Case Mgt Brokerage					
	Funding Term (mm/dd/yy-mm/dd/yy):	7/1/20-6/30/21	7/1/20-6/30/21					
FUNDING USES								**TOTAL**
	Salaries & Employee Benefits	$ 996,513	$ -				$	996,513
	Operating Expenses	$ 24,375	$ -				$	24,375
	Capital Expenses	$ -	$ -				$	-
	Subtotal Direct Expenses	**$ 1,020,888**	**$ -**	**$ -**	**$ -**	**$ -**	**$**	**1,020,888**
	Indirect Expenses	$ 153,133	$ -				$	153,133
	Indirect %	**15.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**		**15.0%**
	TOTAL FUNDING USES	**$ 1,174,021**	**$ -**	**$ -**	**$ -**	**$ -**	**$**	**1,174,021**
BHS MENTAL HEALTH FUNDING SOURCES	**Dept-Auth-Proj-Activity**							
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	$ 573,846	$ -				$	573,846
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	$ 461,251	$ -				$	461,251
MH CYF State 1991 Realignment	251962-10000-10001670-0001	$ -	$ -				$	-
MH CYF County General Fund	251962-10000-10001670-0001	$ 112,596	$ -				$	112,596
MH WO HSA GF Match	251962-10002-10001803-0006						$	-
MH CYF Family Mosaic Capitated Medi-Cal	251962-10000-10001794-0001						$	-
MH WO HSA Pre-School for All	251962-10002-10001803-0008						$	-
MH WO HSA Childcare	251962-10002-10001803-0001						$	-
MH WO DCYF Child Care	251962-10002-10001799-0007						$	-
MH WO CFC School Readiness	251962-10002-10001800-0003						$	-
MH MHSA (PEI)	251984-17156-10031199-0035						$	-
MH CYF County General Fund	251962-10000-10001670-0001						$	-
MCO	251962-10000-10001670-0001						$	-
MH CYF COUNTY General Fund CODB	251962-10000-10001670-0001	$ 26,328	$ -				$	26,328
MH CYF County GF WO CODB	251962-10000-10001670-0001						$	-
This row left blank for funding sources not in drop-down list							$	-
	TOTAL BHS MENTAL HEALTH FUNDING SOURCES	**$ 1,174,021**	**$ -**	**$ -**	**$ -**	**$ -**	**$**	**1,174,021**
BHS SUD FUNDING SOURCES	**Dept-Auth-Proj-Activity**							
							$	-
		$ -	$ -	$ -	$ -		$	-
		$ -	$ -	$ -	$ -		$	-
This row left blank for funding sources not in drop-down list		$ -					$	-
	TOTAL BHS SUD FUNDING SOURCES	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$**	**-**
OTHER DPH FUNDING SOURCES	**Dept-Auth-Proj-Activity**							
							$	-
This row left blank for funding sources not in drop-down list							$	-
	TOTAL OTHER DPH FUNDING SOURCES	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$**	**-**
	TOTAL DPH FUNDING SOURCES	**$ 1,174,021**	**$ -**	**$ -**	**$ -**	**$ -**	**$**	**1,174,021**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list							$	-
	TOTAL NON-DPH FUNDING SOURCES	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$**	**-**
	TOTAL FUNDING SOURCES (DPH AND NON-DPH)	**1,174,021**	**-**	**-**	**-**	**-**		**1,174,021**
BHS UNITS OF SERVICE AND UNIT COST								
	Number of Beds Purchased							
	SUD Only - Number of Outpatient Group Counseling Sessions							
	SUD Only - Licensed Capacity for Narcotic Treatment Programs							
	Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)					
	DPH Units of Service	371,526	0					
	Unit Type	Staff Minute	Staff Minute	0	0	0		
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	$ 3.16	$ -	$ -	$ -	$ -		
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	$ 3.16	$ -	$ -	$ -	$ -		
	Published Rate (Medi-Cal Providers Only)	$ 3.39	$ -					**Total UDC**
	Unduplicated Clients (UDC)	45	45					45

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number: 1000010030
Program Name: Edgewood Therapeutic Behavioral Services
Program Code: 885818

Appendix Number: B-4
Page Number: 2
Fiscal Year: 2020-2021

	TOTAL		General Fund 251962-10000-10001670-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2020-06/30/2021		07/01/2020-06/30/2021		(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**
Administrative Coordinator	0.70	$ 52,500.00	0.70	$ 52,500.00										
Lead Clinician	1.00	$ 68,640.00	1.00	$ 68,640.00										
Behaviorial Health Director	0.33	$ 41,250.00	0.33	$ 41,250.00										
TBS Manager	1.00	$ 75,000.00	1.00	$ 75,000.00										
Senior TBS Coach	1.00	$ 60,075.00	1.00	$ 60,075.00										
TBS Coach	8.50	$ 425,000.00	8.50	$ 425,000.00										
QA Manager	0.22	$ 12,833.00	0.22	$ 12,833.33										
Cirriculum Developer	0.25	$ 16,250.00	0.25	$ 16,250.00										
QA Specialist	0.25	$ 15,000.00	0.25	$ 15,000.00										
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
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	0.00	$ -												
	0.00	$ -												
Totals:	13.25	$ 766,548.00	13.25	$ 766,548.33	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	30.00%	$ 229,965.00	30.00%	$ 229,964.50	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		**$ 996,513.00**		**$ 996,513.00**		**$ -**		**$ -**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number: 1000010030
Program Name: Edgewood Therapeutic Behavioral Services
Program Code: 885818

Appendix Number: B-4
Page Number: 3
Fiscal Year: 2020-2021

Expense Categories & Line Items	TOTAL	General Fund 251962-10000-10001670-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2020-06/30/2021	07/01/2020-06/30/2021	(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	$ -						
Utilities (telephone, electricity, water, gas)	$ -						
Building Repair/Maintenance	$ 15,000.00	$ 15,000.00					
Occupancy Total:	**$ 15,000.00**	**$ 15,000.00**	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ 375.00	$ 375.00					
Photocopying	$ -	$ -					
Program Supplies	$ 500.00	$ 500.00					
Computer Hardware/Software	$ -	$ -					
Materials & Supplies Total:	**$ 875.00**	**$ 875.00**	$ -	$ -	$ -	$ -	$ -
Training/Staff Development	$ 3,500.00	$ 3,500.00					
Insurance	$ -	$ -					
Professional License	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ -						
General Operating Total:	**$ 3,500.00**	**$ 3,500.00**	$ -	$ -	$ -	$ -	$ -
Local Travel	$ 2,500.00	$ 2,500.00					
Out-of-Town Travel	$ 2,500.00	$ 2,500.00					
Field Expenses	$ -						
Staff Travel Total:	**$ 5,000.00**	**$ 5,000.00**	$ -	$ -	$ -	$ -	$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -						
	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	$ -	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 24,375.00**	**$ 24,375.00**	$ -	$ -	$ -	$ -	$ -

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

DHCS Legal Entity Number: 00273
Provider Name: Edgewood Center for Children and Families
Provider Number: 8858
Contract ID Number: 1000010030

Appendix Number: B-5
Page Number: 1
Fiscal Year: 2020-2021

Program Name		Edgewood Wraparound					
Program Code		885819	885819	885819	885819		
Mode/SFC (MH) or Modality (SUD)		15/10-57, 59	15/01-09	15/70-79	15/60-69		
Service Description		OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention	OP-Medication Support		
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21		
FUNDING USES							**TOTAL**
Salaries & Employee Benefits		$ 892,965	$ 71,157	$ 43,375	$ 5,381		$ 1,012,878
Operating Expenses		$ 60,514	$ 4,822	$ 2,939	$ 365		$ 68,640
Capital Expenses		$ -	$ -	$ -	$ -		$ -
Subtotal Direct Expenses		**$ 953,479**	**$ 75,979**	**$ 46,314**	**$ 5,746**	**$ -**	**$ 1,081,518**
Indirect Expenses		$ 143,022	$ 11,397	$ 6,947	$ 862		$ 162,228
Indirect %		**15.0%**	**15.0%**	**15.0%**	**15.0%**	**0.0%**	**$ 0**
TOTAL FUNDING USES		**$ 1,096,501**	**$ 87,376**	**$ 53,261**	**$ 6,608**	**$ -**	**$ 1,243,746**
BHS MENTAL HEALTH FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	$ 464,331	$ 37,001	$ 22,554	$ 2,798		$ 526,684
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	$ 404,364	$ 32,222	$ 19,641	$ 2,437		$ 458,664
MH CYF State 1991 Realignment	251962-10000-10001670-0001						$ -
MH CYF County General Fund	251962-10000-10001670-0001	$ 44,081	$ 3,513	$ 2,141	$ 266		$ 50,000
MH WO HSA GF Match	251962-10002-10001803-0006	$ 78,456	$ 6,252	$ 3,811	$ 473		$ 88,992
MH CYF Family Mosaic Capitated Medi-Cal	251962-10000-10001794-0001						$ -
MH WO HSA Pre-School for All	251962-10002-10001803-0008						$ -
MH WO HSA Childcare	251962-10002-10001803-0001						$ -
MH WO DCYF Child Care	251962-10002-10001799-0007						$ -
MH WO CFC School Readiness	251962-10002-10001800-0003						$ -
MH MHSA (PEI)	251984-17156-10031199-0035						$ -
MH CYF County General Fund	251962-10000-10001670-0001	$ 3,976	$ 317	$ 193	$ 24		$ 4,510
MCO	251962-10000-10001670-0001	$ 16,195	$ 1,291	$ 787	$ 98		$ 18,370
MH CYF COUNTY General Fund CODB	251962-10000-10001670-0001	$ 82,745	$ 6,594	$ 4,019	$ 499		$ 93,856
MH CYF County GF WO CODB	251962-10000-10001670-0001	$ 2,354	$ 188	$ 114	$ 14		$ 2,670
This row left blank for funding sources not in drop-down list							$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**$ 1,096,501**	**$ 87,376**	**$ 53,261**	**$ 6,608**	**$ -**	**$ 1,243,746**
BHS SUD FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
							$ -
		$ -	$ -	$ -	$ -		$ -
							$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL BHS SUD FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
OTHER DPH FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
							$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL OTHER DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL DPH FUNDING SOURCES		**$ 1,096,501**	**$ 87,376**	**$ 53,261**	**$ 6,608**	**$ -**	**$ 1,243,746**
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							$ -
TOTAL NON-DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**1,096,501**	**87,376**	**53,261**	**6,608**	**-**	**1,243,746**
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service		346,761	35,893	11,495	1,125		
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 3.16	$ 2.43	$ 4.63	$ 5.87	$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 3.16	$ 2.43	$ 4.63	$ 5.87	$ -	
Published Rate (Medi-Cal Providers Only)		$ 3.30	$ 2.55	$ 4.90	$ 6.09		**Total UDC**
Unduplicated Clients (UDC)		15	15	15	15		15

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number: 1000010030
Program Name: Edgewood Wraparound
Program Code: 885819

Appendix Number: B-5
Page Number: 2
Fiscal Year: 2020-2021

	TOTAL		General Fund 251962-10000-10001670-0001		MH WO HSA GF Match 251962-10002-10001803-0006		MCO 251962-10000-10001670-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2020-06/30/2021		07/01/2020-06/30/2021		07/01/2020-06/30/2021		07/01/2020-06/30/2021		(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**
Family Specialist	3.50	$ 181,851.00	3.16	$ 158,808.95	0.33	$ 17,373.00		$ 5,669.23						
Care Coordinator	4.50	$ 292,807.00	4.07	$ 257,525.94	0.43	$ 27,973.05		$ 7,307.69						
Family Partner	0.00	$ -	0.00	$ -	0.00	$ -		$ -						
Clinical Supervisor	0.70	$ 52,619.00	0.63	$ 47,592.06	0.07	$ 5,026.91		$ -						
Lead Family Specialist	1.00	$ 59,999.00	0.90	$ 53,882.73	0.10	$ 5,731.99		$ 384.62						
Administrative Coordinator	0.25	$ 13,569.00	0.22	$ 11,888.30	0.02	$ 1,296.33		$ 384.62						
Behavorial Health Director	0.50	$ 62,500.00	0.45	$ 56,529.11	0.05	$ 5,970.89		$ -						
Wrap Manager	1.00	$ 75,000.00	0.90	$ 67,834.94	0.10	$ 7,165.06		$ -						
Regional Director	0.18	$ 28,800.00	0.16	$ 26,048.62	0.02	$ 2,751.38		$ -						
QA Specialist	0.10	$ 4,992.00	0.09	$ 4,130.48	0.01	$ 476.91		$ 384.62						
QA Manager	0.10	$ 7,000.00	0.09	$ 6,331.26	0.01	$ 668.74								
	0.00	$ -												
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Totals:	11.83	$ 779,137.00	10.70	$ 690,572.39	1.13	$ 74,434.25	0.00	$ 14,130.77	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	30.00%	$ 233,741.00	30.00%	$ 207,171.72	30.00%	$ 22,330.28	30.00%	$ 4,239.23	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		**$ 1,012,878.00**		**$ 897,744.00**		**$ 96,765.00**		**$ 18,370.00**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number: 1000010030
Program Name: Edgewood Wraparound
Program Code: 885819

Appendix Number: B-5
Page Number: 3
Fiscal Year: 2020-2021

Expense Categories & Line Items	TOTAL	General Fund 251962-10000-10001670-0001	MH WO HSA GF Match 251962-10002-10001803-0006	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021	(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	$ 35,000.00	$ 31,656.30	$ 3,343.70				
Utilities (telephone, electricity, water, gas)	$ 2,500.00	$ 2,261.16	$ 238.84				
Building Repair/Maintenance	$ -	$ -	$ -				
Occupancy Total:	**$ 37,500.00**	**$ 33,917.00**	**$ 3,583.00**	$ -	$ -	$ -	$ -
Office Supplies	$ 4,000.00	$ 3,617.86	$ 382.14				
Photocopying	$ -						
Program Supplies	$ 500.00	$ 452.23	$ 47.77				
Computer Hardware/Software	$ 1,640.00	$ 1,483.32	$ 156.68				
Materials & Supplies Total:	**$ 6,140.00**	**$ 5,553.00**	**$ 587.00**	$ -	$ -	$ -	$ -
Training/Staff Development	$ -						
Insurance	$ -						
Professional License	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ -						
General Operating Total:	**$ -**	**$ -**	**$ -**	$ -	$ -	$ -	$ -
Local Travel	$ 10,000.00	$ 9,044.66	$ 955.34				
Out-of-Town Travel	$ 15,000.00	$ 13,566.99	$ 1,433.01				
Field Expenses	$ -						
Staff Travel Total:	**$ 25,000.00**	**$ 22,612.00**	**$ 2,388.00**	$ -	$ -	$ -	$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -						
	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	**$ -**	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	**$ -**	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 68,640.00**	**$ 62,082.00**	**$ 6,558.00**	$ -	$ -	$ -	$ -

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

DHCS Legal Entity Number: 00273
Provider Name: Edgewood Center for Children and Families
Provider Number: 8858
Contract ID Number: 1000010030

Appendix Number: B-6
Page Number: 1
Fiscal Year: 2020-2021

Program Name		Edgewood Early Childhood Mental Health													
Program Code		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Mode/SFC (MH) or Modality (SUD)		45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description		Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Linkage	Outreach Svcs Consultant Train/Supv	Outreach Svcs Evaluation	Outreach Svcs Systems Work	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Group	Outreach Svcs MH Services Indv/Family	Outreach Svcs MH Services Group	
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	
FUNDING USES															**TOTAL**
Salaries & Employee Benefits		$ 113,916	$ 86,063	$ 112,555	$ 10,525	$ 6,229	$ 37,590	$ 53,153	$ 26,635	$ 68,163	$ 16,754	$ 6,204	$ -	$ -	$ 537,788
Operating Expenses		$ 12,150	$ 9,179	$ 12,005	$ 1,123	$ 664	$ 4,009	$ 5,669	$ 2,841	$ 7,270	$ 1,787	$ 662	$ -	$ -	$ 57,360
Capital Expenses		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal Direct Expenses		**$ 126,066**	**$ 95,243**	**$ 124,560**	**$ 11,648**	**$ 6,894**	**$ 41,599**	**$ 58,822**	**$ 29,476**	**$ 75,433**	**$ 18,541**	**$ 6,866**	**$ -**	**$ -**	**$ 595,148**
Indirect Expenses		$ 18,910	$ 14,286	$ 18,684	$ 1,747	$ 1,034	$ 6,240	$ 8,823	$ 4,421	$ 11,315	$ 2,781	$ 1,030	$ -	$ -	$ 89,272
Indirect %		**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**15.0%**	**0.0%**	**0.0%**	**15.0%**
TOTAL FUNDING USES		**$ 144,975**	**$ 109,529**	**$ 143,244**	**$ 13,395**	**$ 7,928**	**$ 47,839**	**$ 67,645**	**$ 33,897**	**$ 86,748**	**$ 21,323**	**$ 7,896**	**$ -**	**$ -**	**$ 684,420**
BHS MENTAL HEALTH FUNDING SOURCES	**Dept-Auth-Proj-Activity**														
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MH CYF State 1991 Realignment	251962-10000-10001670-0001	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MH CYF County General Fund	251962-10000-10001670-0001	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MH WO HSA GF Match	251962-10002-10001803-0006	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MH CYF Family Mosaic Capitated Medi-Cal	251962-10000-10001794-0001	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MH WO HSA Pre-School for All	251962-10002-10001803-0008	$ 18,060	$ 13,645	$ 17,845	$ 1,669	$ 988	$ 5,960	$ 8,427	$ 4,223	$ 10,807	$ 2,656	$ 984	$ -	$ -	$ 85,262
MH WO HSA Childcare	251962-10002-10001803-0001	$ 75,698	$ 57,190	$ 74,794	$ 6,994	$ 4,139	$ 24,979	$ 35,321	$ 17,699	$ 45,295	$ 11,133	$ 4,123	$ -	$ -	$ 357,366
MH WO DCYF Child Care	251962-10002-10001799-0007	$ 36,253	$ 27,389	$ 35,820	$ 3,350	$ 1,982	$ 11,963	$ 16,915	$ 8,476	$ 21,692	$ 5,332	$ 1,974	$ -	$ -	$ 171,146
MH WO CFC School Readiness	251962-10002-10001800-0003	$ 8,411	$ 6,354	$ 8,310	$ 777	$ 460	$ 2,775	$ 3,924	$ 1,967	$ 5,033	$ 1,237	$ 458	$ -	$ -	$ 39,706
MH MHSA (PEI)	251984-17156-10031199-0035	$ 5,466	$ 4,130	$ 5,401	$ 505	$ 299	$ 1,804	$ 2,551	$ 1,278	$ 3,271	$ 804	$ 298	$ -	$ -	$ 25,806
MH CYF County General Fund	251962-10000-10001670-0001	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MCO	251962-10000-10001670-0001														$ -
MH CYF COUNTY General Fund CODB	251962-10000-10001670-0001														$ -
MH CYF County GF WO CODB	251962-10000-10001670-0001	$ 1,087	$ 822	$ 1,075	$ 100	$ 59	$ 359	$ 507	$ 254	$ 651	$ 160	$ 59	$ -	$ -	$ 5,134
This row left blank for funding sources not in drop-down list															$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**$ 144,975**	**$ 109,529**	**$ 143,244**	**$ 13,395**	**$ 7,928**	**$ 47,839**	**$ 67,645**	**$ 33,897**	**$ 86,748**	**$ 21,323**	**$ 7,896**	**$ -**	**$ -**	**$ 684,420**
BHS SUD FUNDING SOURCES	**Dept-Auth-Proj-Activity**														
															$ -
															$ -
															$ -
This row left blank for funding sources not in drop-down list															$ -
TOTAL BHS SUD FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
OTHER DPH FUNDING SOURCES	**Dept-Auth-Proj-Activity**														
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TOTAL OTHER DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL DPH FUNDING SOURCES		**$ 144,975**	**$ 109,529**	**$ 143,244**	**$ 13,395**	**$ 7,928**	**$ 47,839**	**$ 67,645**	**$ 33,897**	**$ 86,748**	**$ 21,323**	**$ 7,896**	**$ -**	**$ -**	**$ 684,420**
NON-DPH FUNDING SOURCES															
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TOTAL NON-DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**144,975**	**109,529**	**143,244**	**13,395**	**7,928**	**47,839**	**67,645**	**33,897**	**86,748**	**21,323**	**7,896**	**-**	**-**	**684,420**
BHS UNITS OF SERVICE AND UNIT COST															
Number of Beds Purchased															
SUD Only - Number of Outpatient Group Counseling Sessions															
SUD Only - Licensed Capacity for Narcotic Treatment Programs															
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		1,526	1,153	1,508	141	83	504	712	357	913	224	66	0	0	
Unit Type		Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 120.00	$ -	$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 120.00	$ -	$ -	
Published Rate (Medi-Cal Providers Only)		$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 95.00	$ 120.00	$ 95.00	$ 120.00	**Total UDC**
Unduplicated Clients (UDC)		40	40	40	40	40	40	40	100	50	80	80	100	0	100

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number: 1000010030
Program Name: Edgewood Early Childhood Mental Health
Program Code: NA

	TOTAL		MH WO HSA Pre-School for All 251962-10002-10001803-0008		MH WO HSA Childcare 251962-10002-10001803-0001		MH WO DCYF Child Care 251962-10002-10001799-0007		MH WO CFC School Readiness 251962-10002-10001800-0003		MH MHSA (PEI) 251984-17156-10031199-0035		General Fund 251962-10000-10001670-0001	
Funding Term	07/01/2020-06/30/2021		07/01/2020-06/30/2021		07/01/2020-06/30/2021		07/01/2020-06/30/2021		07/01/2020-06/30/2021		07/01/2020-06/30/2021		07/01/2020-06/30/2021	
Position Title	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**
Mental Health Consultant	5.00	$ 300,764.00	0.62	$ 37,467.84	2.61	$ 157,042.21	1.25	$ 75,209.02	0.29	$ 17,448.55	0.19	$ 11,340.28	0.04	$ 2,256.10
Clinical Program Manager	1.50	$ 112,919.00	0.19	$ 14,066.88	0.78	$ 58,959.75	0.38	$ 28,236.39	0.09	$ 6,550.86	0.06	$ 4,257.58	0.01	$ 847.03
	0.00	$ -												
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Totals:	6.50	$ 413,683.00	0.81	$ 51,534.73	3.39	$ 216,001.96	1.63	$ 103,445.41	0.38	$ 23,999.41	0.25	$ 15,597.86	0.05	$ 3,103.13
Employee Benefits:	30.00%	$ 124,105.00	30.00%	$ 15,460.42	30.00%	$ 64,800.59	30.00%	$ 31,033.62	30.00%	$ 7,199.82	30.00%	$ 4,679.36	30.00%	$ 930.94
TOTAL SALARIES & BENEFITS		**$ 537,788.00**		**$ 66,995.00**		**$ 280,803.00**		**$ 134,479.00**		**$ 31,199.00**		**$ 20,277.00**		**$ 4,034.00**

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number: 1000010030
Program Name: Edgewood Early Childhood Mental Health
Program Code: NA

Appendix Number: B-6
Page Number: 3
Fiscal Year: 2020-2021

Expense Categories & Line Items	TOTAL	MH WO HSA Pre-School for All 251962-10002-10001803-0008	MH WO HSA Childcare 251962-10002-10001803-0001	MH WO DCYF Child Care 251962-10002-10001799-0007	MH WO CFC School Readiness 251962-10002-10001800-0003	MH MHSA (PEI) 251984-17156-10031199-0035	General Fund 251962-10000-10001670-0001
Funding Term	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021
Rent	$ 38,000.00	$ 4,733.87	$ 19,841.48	$ 9,502.28	$ 2,204.54	$ 1,432.79	$ 285.05
Utilities (telephone, electricity, water, gas)	$ 2,200.00	$ 274.07	$ 1,148.72	$ 550.13	$ 127.63	$ 82.95	$ 16.50
Building Repair/Maintenance	$ -						
Occupancy Total:	**$ 40,200.00**	**$ 5,008.00**	**$ 20,990.00**	**$ 10,052.00**	**$ 2,332.00**	**$ 1,516.00**	**$ 302.00**
Office Supplies	$ 1,500.00	$ 186.86	$ 783.22	$ 375.09	$ 87.02	$ 56.56	$ 11.25
Program Supplies	$ 3,000.00	$ 373.73	$ 1,566.43	$ 750.18	$ 174.04	$ 113.11	$ 22.50
Computer Hardware/Software	$ 1,500.00	$ 186.86	$ 783.22	$ 375.09	$ 87.02	$ 56.56	$ 11.25
	$ -						
Materials & Supplies Total:	**$ 6,000.00**	**$ 747.00**	**$ 3,133.00**	**$ 1,500.00**	**$ 348.00**	**$ 226.00**	**$ 45.00**
Training/Staff Development	$ 5,000.00	$ 622.88	$ 2,610.72	$ 1,250.30	$ 290.07	$ 188.52	$ 37.51
Insurance	$ -						
Professional License	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ -						
General Operating Total:	**$ 5,000.00**	**$ 623.00**	**$ 2,611.00**	**$ 1,250.00**	**$ 290.00**	**$ 189.00**	**$ 38.00**
Local Travel	$ 1,500.00	$ 186.86	$ 783.22	$ 375.09	$ 87.02	$ 56.56	$ 11.25
Out-of-Town Travel	$ 660.00	$ 82.22	$ 344.62	$ 165.04	$ 38.29	$ 24.89	$ 4.95
Field Expenses	$ -						
Staff Travel Total:	**$ 2,160.00**	**$ 269.00**	**$ 1,128.00**	**$ 540.00**	**$ 125.00**	**$ 81.00**	**$ 16.00**
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -						
	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
Telecommunications	$ 4,000.00	$ 498.30	$ 2,088.58	$ 1,000.24	$ 232.06	$ 150.82	$ 30.00
	$ -						
Other Total:	**$ 4,000.00**	**$ 498.00**	**$ 2,089.00**	**$ 1,000.00**	**$ 232.00**	**$ 151.00**	**$ 30.00**
TOTAL OPERATING EXPENSE	**$ 57,360.00**	**$ 7,145.00**	**$ 29,951.00**	**$ 14,342.00**	**$ 3,327.00**	**$ 2,163.00**	**$ 431.00**

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

DHCS Legal Entity Number: 00273
Provider Name: Edgewood Center for Children and Families
Provider Number: 8858
Contract ID Number: 1000010030

Appendix Number: B-7
Page Number: 1
Fiscal Year: 2020-2021

Program Name		Edgewood School-Based Behavioral Health Services					
Program Code		NA	NA				
Mode/SFC (MH) or Modality (SUD)		45/10-19	45/20-29				
Service Description		OS-MH Promotion	OS-Cmmty Client Svcs				
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/20-6/30/21	7/1/20-6/30/21				
FUNDING USES							**TOTAL**
Salaries & Employee Benefits		$ 901	$ 122,266				$ 123,167
Operating Expenses		$ 75	$ 10,225				$ 10,300
Capital Expenses		$ -	$ -				$ -
Subtotal Direct Expenses		**$ 977**	**$ 132,490**	**$ -**	**$ -**	**$ -**	**$ 133,467**
Indirect Expenses		$ 146	$ 19,874				$ 20,020
Indirect %		**15.0%**	**15.0%**	**0.0%**	**0.0%**	**0.0%**	**15.0%**
TOTAL FUNDING USES		**$ 1,123**	**$ 152,364**	**$ -**	**$ -**	**$ -**	**$ 153,487**
BHS MENTAL HEALTH FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	$ -	$ -				$ -
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	$ -	$ -				$ -
MH CYF State 1991 Realignment	251962-10000-10001670-0001	$ -	$ -				$ -
MH CYF County General Fund	251962-10000-10001670-0001	$ -	$ -				$ -
MH WO HSA GF Match	251962-10002-10001803-0006	$ -	$ -				$ -
MH CYF Family Mosaic Capitated Medi-Cal	251962-10000-10001794-0001	$ -	$ -				$ -
MH WO HSA Pre-School for All	251962-10002-10001803-0008	$ -	$ -				$ -
MH WO HSA Childcare	251962-10002-10001803-0001	$ -	$ -				$ -
MH WO DCYF Child Care	251962-10002-10001799-0007	$ -	$ -				$ -
MH WO CFC School Readiness	251962-10002-10001800-0003	$ -	$ -				$ -
MH MHSA (PEI)	251984-17156-10031199-0035	$ 1,123	$ 152,364				$ 153,487
MH CYF County General Fund	251962-10000-10001670-0001	$ -	$ -				$ -
MCO	251962-10000-10001670-0001						$ -
MH CYF COUNTY General Fund CODB	251962-10000-10001670-0001						$ -
MH CYF County GF WO CODB	251962-10000-10001670-0001	$ -	$ -				$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**$ 1,123**	**$ 152,364**	**$ -**	**$ -**	**$ -**	**$ 153,487**
BHS SUD FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
							$ -
							$ -
							$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL BHS SUD FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
OTHER DPH FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
							$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL OTHER DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL DPH FUNDING SOURCES		**$ 1,123**	**$ 152,364**	**$ -**	**$ -**	**$ -**	**$ 153,487**
NON-DPH FUNDING SOURCES							
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TOTAL NON-DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**1,123**	**152,364**	**-**	**-**	**-**	**153,487**
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)				
DPH Units of Service		36	4,929				
Unit Type		Staff Hour	Staff Hour	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 30.91	$ 30.91	$ -	$ -	$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 30.91	$ 30.91	$ -	$ -	$ -	
Published Rate (Medi-Cal Providers Only)		$ 30.91	$ 30.91				**Total UDC**
Unduplicated Clients (UDC)		200	55				255

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number: 1000010030
Program Name: Edgewood School-Based Behavioral Health Services
Program Code: NA

Appendix Number: B-7
Page Number: 2
Fiscal Year: 2020-2021

	TOTAL		MH MHSA (PEI) 251984-17156-10031199-0035		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2020-06/30/2021		07/01/2020-06/30/2021											
Position Title	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**	**FTE**	**Salaries**
Curriculum Developer	0.02	$ 1,110.00	0.02	$ 1,110.00										
QA Specialist	0.06	$ 3,814.00	0.06	$ 3,814.00										
Family Advocate	0.50	$ 22,983.00	0.50	$ 22,982.85										
Behavioral Coach	1.00	$ 48,289.00	1.00	$ 48,289.00										
PIP Child Aide	0.32	$ 10,705.00	0.32	$ 10,705.00										
Program Manager	0.13	$ 7,843.00	0.13	$ 7,842.92										
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Totals:	2.03	$ 94,744.00	2.03	$ 94,743.77	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	30.00%	$ 28,423.00	30.00%	$ 28,423.13	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -
TOTAL SALARIES & BENEFITS		**$ 123,167.00**		**$ 123,167.00**		**$ -**		**$ -**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number: 1000010030
Program Name: Edgewood School-Based Behavioral Health Services
Program Code: NA

Appendix Number: B-7
Page Number: 3
Fiscal Year: 2020-2021

Expense Categories & Line Items	TOTAL	MH MHSA (PEI) 251984-17156-10031199-0035	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2020-06/30/2021	07/01/2020-06/30/2021					
Rent	$ -						
Utilities (telephone, electricity, water, gas)	$ 2,800.00	$ 2,800.00					
Building Repair/Maintenance	$ 5,000.00	$ 5,000.00					
Occupancy Total:	**$ 7,800.00**	**$ 7,800.00**	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ -	$ -					
Program Supplies	$ -	$ -					
Computer Hardware/Software	$ -	$ -					
	$ -						
Materials & Supplies Total:	**$ -**	**$ -**	$ -	$ -	$ -	$ -	$ -
Training/Staff Development	$ 2,500.00	$ 2,500.00					
Insurance	$ -						
Professional License	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ -						
General Operating Total:	**$ 2,500.00**	**$ 2,500.00**	$ -	$ -	$ -	$ -	$ -
Local Travel	$ -	$ -					
Out-of-Town Travel	$ -	$ -					
Field Expenses	$ -						
Staff Travel Total:	**$ -**	**$ -**	$ -	$ -	$ -	$ -	$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -						
	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	$ -	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
Telecommunications	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -						
Other Total:	**$ -**	**$ -**	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 10,300.00**	**$ 10,300.00**	$ -	$ -	$ -	$ -	$ -

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

DHCS Legal Entity Number: 00273
Provider Name: Edgewood Center for Children and Families
Provider Number: 8858
Contract ID Number: 1000010030

Appendix Number: B-8
Page Number: 1
Fiscal Year: 2020-2021

Program Name		Edgewood Diversion						
Program Code		8858H1	8858H1	8858H1				
Mode/SFC (MH) or Modality (SUD)		05/60-64	05/60-64	05/60-64				
Service Description		24-Hr Residential Other	24-Hr Residential Other	24-Hr Residential Other				
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21				
FUNDING USES								**TOTAL**
Salaries & Employee Benefits		$ 112,057	$ 167,939	$ 12,581				$ 292,576
Operating Expenses		$ 11,117	$ 16,661	$ 1,248				$ 29,027
Capital Expenses		$ -	$ -	$ -				$ -
Subtotal Direct Expenses		**$ 123,174**	**$ 184,600**	**$ 13,829**	**$ -**	**$ -**	**$ -**	**$ 321,603**
Indirect Expenses		$ 18,476	$ 27,690	$ 2,074				$ 48,241
Indirect %		**15.0%**	**15.0%**	**15.0%**	**0.0%**	**0.0%**	**0.0%**	**15.0%**
TOTAL FUNDING USES		**$ 141,650**	**$ 212,290**	**$ 15,903**	**$ -**	**$ -**	**$ -**	**$ 369,844**
BHS MENTAL HEALTH FUNDING SOURCES	**Dept-Auth-Proj-Activity**							
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001							$ -
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001							$ -
MH CYF State 1991 Realignment	251962-10000-10001670-0001							$ -
MH CYF County General Fund	251962-10000-10001670-0001							$ -
MH WO HSA GF Match	251962-10002-10001803-0006							$ -
MH CYF Family Mosaic Capitated Medi-Cal	251962-10000-10001794-0001							$ -
MH WO HSA Pre-School for All	251962-10002-10001803-0008							$ -
MH WO HSA Childcare	251962-10002-10001803-0001							$ -
MH WO DCYF Child Care	251962-10002-10001799-0007							$ -
MH WO CFC School Readiness	251962-10002-10001800-0003							$ -
MH MHSA (PEI)	251984-17156-10031199-0035							$ -
MH CYF County General Fund	251962-10000-10001670-0001	$ 141,650	$ 212,290	$ 15,903	$ -	$ -	$ -	$ 369,844
MCO	251962-10000-10001670-0001							$ -
MH CYF COUNTY General Fund CODB	251962-10000-10001670-0001							$ -
MH CYF County GF WO CODB	251962-10000-10001670-0001							$ -
This row left blank for funding sources not in drop-down list								$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**$ 141,650**	**$ 212,290**	**$ 15,903**	**$ -**	**$ -**	**$ -**	**$ 369,844**
BHS SUD FUNDING SOURCES	**Dept-Auth-Proj-Activity**							
								$ -
								$ -
								$ -
This row left blank for funding sources not in drop-down list								$ -
TOTAL BHS SUD FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
OTHER DPH FUNDING SOURCES	**Dept-Auth-Proj-Activity**							
								$ -
This row left blank for funding sources not in drop-down list								$ -
TOTAL OTHER DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL DPH FUNDING SOURCES		**$ 141,650**	**$ 212,290**	**$ 15,903**	**$ -**	**$ -**	**$ -**	**$ 369,844**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								$ -
TOTAL NON-DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**141,650**	**212,290**	**15,903**	**-**	**-**	**-**	**369,844**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased								
SUD Only - Number of Outpatient Group Counseling Sessions								
SUD Only - Licensed Capacity for Narcotic Treatment Programs								
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)				
DPH Units of Service		193	183	40	#DIV/0!	#DIV/0!	#DIV/0!	
Unit Type		Client Day	Empty Bed Day	Client Day	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 733.00	$ 1,158.60	$ 400.00	#DIV/0!	#DIV/0!	#DIV/0!	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 733.00	$ 1,158.60	$ 400.00	#DIV/0!	#DIV/0!	#DIV/0!	
Published Rate (Medi-Cal Providers Only)		$ 733.00	$ 1,158.00	$ 400.00				**Total UDC**
Unduplicated Clients (UDC)		20	20	20				30

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number: 1000010030
Program Name: Edgewood Diversion
Program Code: 8858H

Appendix Number: B-8
Page Number: 2
Fiscal Year: 2020-2021

	TOTAL		General Fund 251962-10000-10001670-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2020-06/30/2021		07/01/2020-06/30/2021		(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**
Treatment Manager	1.00	$ 60,000.00	1.00	$ 60,000.00										
Clinician	1.00	$ 62,400.00	1.00	$ 62,400.00										
Family Specialist	1.00	$ 42,847.00	1.00	$ 42,847.50										
Administrative Support (for medical authorizations/intake episode entries into avatar)	0.20	$ 11,715.00	0.20	$ 11,714.78										
Per Diem Counselors	1.00	$ 35,860.00	1.00	$ 35,860.00										
QA Specialist	0.10	$ 6,236.00	0.10	$ 6,236.31										
Training Specialist	0.10	$ 6,000.00	0.10	$ 6,000.00										
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
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Totals:	4.40	$ 225,058.00	4.40	$ 225,058.59	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	30.00%	$ 67,518.00	30.00%	$ 67,517.58	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		**$ 292,576.00**		**$ 292,576.00**		**$ -**		**$ -**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number: 1000010030
Program Name: Edgewood Diversion
Program Code: 8858H

Appendix Number: B-8
Page Number: 3
Fiscal Year: 2020-2021

Expense Categories & Line Items	TOTAL	General Fund 251962-10000-10001670-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2020-06/30/2021	07/01/2020-06/30/2021	(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	$ -						
Utilities (telephone, electricity, water, gas)	$ 3,100.00	$ 3,100.00					
Building Repair/Maintenance	$ 20,000.00	$ 20,000.00					
Occupancy Total:	**$ 23,100.00**	**$ 23,100.00**	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ 715.00	$ 715.00					
Photocopying	$ -						
Program Supplies	$ -						
Computer Hardware/Software	$ -						
Materials & Supplies Total:	**$ 715.00**	**$ 715.00**	$ -	$ -	$ -	$ -	$ -
Training/Staff Development	$ 1,969.00	$ 1,969.00					
Insurance	$ 3,243.00	$ 3,243.00					
Professional License	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ -						
General Operating Total:	**$ 5,212.00**	**$ 5,212.00**	$ -	$ -	$ -	$ -	$ -
Local Travel	$ -						
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -						
	$ -						
Consultant/Subcontractor Total:	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 29,027.00**	**$ 29,027.00**	$ -	$ -	$ -	$ -	$ -

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

DHCS Legal Entity Number: 00273
Provider Name: Edgewood Center for Children and Families
Provider Number: 8858
Contract ID Number: 1000010030

Appendix Number: B-8a
Page Number: 1
Fiscal Year: 2020-2021

Program Name		Edgewood Diversion						
Program Code		8858H2	8858H2	8858H2	8858H2			
Mode/SFC (MH) or Modality (SUD)		15/10-57, 59	15/01-09	15/70-79	15/60-69			
Service Description		OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention	OP-Medication Support			
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21			
FUNDING USES								**TOTAL**
Salaries & Employee Benefits		$ 337,437	$ 8,428	$ 777	$ 6,507			$ 353,149
Operating Expenses		$ 3,507	$ 88	$ 8	$ 68			$ 3,670
Capital Expenses		$ -	$ -	$ -	$ -			$ -
Subtotal Direct Expenses		**$ 340,944**	**$ 8,515**	**$ 785**	**$ 6,574**	**$ -**	**$ -**	**$ 356,819**
Indirect Expenses		$ 51,142	$ 1,277	$ 118	$ 986			$ 53,523
Indirect %		**15.0%**	**15.0%**	**15.0%**	**15.0%**	**0.0%**	**0.0%**	**15.0%**
TOTAL FUNDING USES		**$ 392,086**	**$ 9,793**	**$ 903**	**$ 7,561**	**$ -**	**$ -**	**$ 410,342**
BHS MENTAL HEALTH FUNDING SOURCES	**Dept-Auth-Proj-Activity**							
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	$ 191,102	$ 4,773	$ 440	$ 3,685			$ 200,000
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	$ 191,102	$ 4,773	$ 440	$ 3,685			$ 200,000
MH CYF State 1991 Realignment	251962-10000-10001670-0001	$ -	$ -	$ -	$ -			$ -
MH CYF County General Fund	251962-10000-10001670-0001	$ -	$ -	$ -	$ -			$ -
MH WO HSA GF Match	251962-10002-10001803-0006	$ -	$ -	$ -	$ -			$ -
MH CYF Family Mosaic Capitated Medi-Cal	251962-10000-10001794-0001	$ -	$ -	$ -	$ -			$ -
MH WO HSA Pre-School for All	251962-10002-10001803-0008	$ -	`	$ -	$ -			$ -
MH WO HSA Childcare	251962-10002-10001803-0001	$ -	$ -	$ -	$ -			$ -
MH WO DCYF Child Care	251962-10002-10001799-0007	$ -	$ -	$ -	$ -			$ -
MH WO CFC School Readiness	251962-10002-10001800-0003	$ -	$ -	$ -	$ -			$ -
MH MHSA (PEI)	251984-17156-10031199-0035	$ -	$ -	$ -	$ -			$ -
MH CYF County General Fund	251962-10000-10001670-0001	$ -	$ -	$ -	$ -			$ -
MCO	251962-10000-10001670-0001	$ -	$ -	$ -	$ -			$ -
MH CYF COUNTY General Fund CODB	251962-10000-10001670-0001	$ 9,882	$ 247	$ 23	$ 191			$ 10,342
MH CYF County GF WO CODB	251962-10000-10001670-0001	$ -	$ -	$ -	$ -			$ -
This row left blank for funding sources not in drop-down list		$ -	$ -	$ -	$ -			$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**$ 392,086**	**$ 9,793**	**$ 903**	**$ 7,561**	**$ -**	**$ -**	**$ 410,342**
BHS SUD FUNDING SOURCES	**Dept-Auth-Proj-Activity**							
								$ -
								$ -
This row left blank for funding sources not in drop-down list								$ -
TOTAL BHS SUD FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
OTHER DPH FUNDING SOURCES	**Dept-Auth-Proj-Activity**							
								$ -
This row left blank for funding sources not in drop-down list								$ -
TOTAL OTHER DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL DPH FUNDING SOURCES		**$ 392,086**	**$ 9,793**	**$ 903**	**$ 7,561**	**$ -**	**$ -**	**$ 410,342**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								$ -
TOTAL NON-DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**392,086**	**9,793**	**903**	**7,561**	**-**	**-**	**410,342**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased								
SUD Only - Number of Outpatient Group Counseling Sessions								
SUD Only - Licensed Capacity for Narcotic Treatment Programs								
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service		124,078	4,030	195	1,288	#DIV/0!		
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 3.16	$ 2.43	$ 4.63	$ 5.87		$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 3.16	$ 2.43	$ 4.63	$ 5.87		$ -	
Published Rate (Medi-Cal Providers Only)		$ 3.30	$ 2.55	$ 4.90	$ 6.09			**Total UDC**
Unduplicated Clients (UDC)		20	20	20	20			30

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number: 1000010030
Program Name: Edgewood Diversion
Program Code: 8858H

Appendix Number: B-8a
Page Number: 2
Fiscal Year: 2020-2021

	TOTAL		General Fund 251962-10000-10001670-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2020-06/30/2021		07/01/2020-06/30/2021		(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**
Milieu Manager	0.10	$ 6,000.00	0.10	$ 6,000.00										
Clinician	3.29	$ 213,850.00	3.29	$ 213,850.00										
Counselors	1.00	$ 47,753.00	1.00	$ 47,752.68										
Administrative Support (for medical authorizations/intake episode entries into avatar)	0.09	$ 4,050.00	0.09	$ 4,050.00										
	0.00	$ -												
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Totals:	4.48	$ 271,653.00	4.48	$ 271,652.68	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	30.00%	$ 81,496.00	30.00%	$ 81,495.80	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		**$ 353,149.00**		**$ 353,148.00**		**$ -**		**$ -**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number: 1000010030
Program Name: Edgewood Diversion
Program Code: 8858H

Appendix Number: B-8a
Page Number: 3
Fiscal Year: 2020-2021

Expense Categories & Line Items	TOTAL	General Fund 251962-10000-10001670-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2020-06/30/2021	07/01/2020-06/30/2021	(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	$ -						
Utilities (telephone, electricity, water, gas)	$ -						
Building Repair/Maintenance	$ 3,217.00	$ 3,217.00					
Occupancy Total:	**$ 3,217.00**	**$ 3,217.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 453.00	$ 453.00					
Photocopying	$ -						
Program Supplies	$ -						
Computer Hardware/Software	$ -						
Materials & Supplies Total:	**$ 453.00**	**$ 453.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ -						
Insurance	$ -						
Professional License	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ -						
General Operating Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ -						
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -						
	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 3,670.00**	**$ 3,670.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**

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

DHCS Legal Entity Number: 00273
Provider Name: Edgewood Center for Children and Families
Provider Number: 8858
Contract ID Number: 1000010030

Appendix Number: B-8b
Page Number: 1
Fiscal Year: 2020-2021

Program Name		Edgewood Crisis Stabilization Unit					
Program Code		8858CS	8858CS	8858CS			
Mode/SFC (MH) or Modality (SUD)		10/25-29	10/25-29	10/25-29			
Service Description		DS-Crisis Stab Urgent Care	DS-Crisis Stab Urgent Care	DS-Crisis Stab Urgent Care			
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/19 - 12/31/2019	7/1/19 - 12/31/2019	1/1/2020 - 6/30/2020			
FUNDING USES							**TOTAL**
Salaries & Employee Benefits		$ 782,113	$ 48,826	$ 146,978			$ 977,917
Operating Expenses		$ 91,940	$ 5,740	$ 17,278			$ 114,957
Capital Expenses		$ -	$ -	$ -			$ -
Subtotal Direct Expenses		**$ 874,053**	**$ 54,565**	**$ 164,256**	**$ -**	**$ -**	**$ 1,092,874**
Indirect Expenses		$ 131,108	$ 8,185	$ 24,638			$ 163,931
Indirect %		**15.0%**	**15.0%**	**15.0%**	**0.0%**	**0.0%**	**15.0%**
TOTAL FUNDING USES		**$ 1,005,161**	**$ 62,750**	**$ 188,895**	**$ -**	**$ -**	**$ 1,256,805**
BHS MENTAL HEALTH FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001		$ 25,541	$ 64,215			$ 89,756
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001		$ 31,502	$ 79,202			$ 110,704
MH CYF State 1991 Realignment	251962-10000-10001670-0001		$ -	$ -			$ -
MH CYF County General Fund	251962-10000-10001670-0001		$ 5,706	$ 14,346			$ 20,052
MH WO HSA GF Match	251962-10002-10001803-0006						$ -
MH CYF Family Mosaic Capitated Medi-Cal	251962-10000-10001794-0001	$ -	$ -	$ -			$ -
MH WO HSA Pre-School for All	251962-10002-10001803-0008						$ -
MH WO HSA Childcare	251962-10002-10001803-0001						$ -
MH WO DCYF Child Care	251962-10002-10001799-0007						$ -
MH WO CFC School Readiness	251962-10002-10001800-0003						$ -
MH MHSA (PEI)	251984-17156-10031199-0035						$ -
MH CYF County General Fund	251962-10000-10001670-0001	$ 995,529		$ 21,501			$ 1,017,030
MCO	251962-10000-10001670-0001	$ -		$ -			$ -
MH CYF COUNTY General Fund CODB	251962-10000-10001670-0001	$ 9,632		$ 9,632			$ 19,263
MH CYF County GF WO CODB	251962-10000-10001670-0001	$ -	$ -	$ -			$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**$ 1,005,161**	**$ 62,750**	**$ 188,895**	**$ -**	**$ -**	**$ 1,256,805**
BHS SUD FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
							0%
							$ -
							$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL BHS SUD FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
OTHER DPH FUNDING SOURCES	**Dept-Auth-Proj-Activity**						
							$ -
This row left blank for funding sources not in drop-down list							$ -
TOTAL OTHER DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL DPH FUNDING SOURCES		**$ 1,005,161**	**$ 62,750**	**$ 188,895**	**$ -**	**$ -**	**$ 1,256,805**
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							$ -
TOTAL NON-DPH FUNDING SOURCES		**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**1,005,161**	**62,750**	**188,895**	**-**	**-**	**1,256,805**
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Cost Reimbursement (CR)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service		3,923	245	737			
Unit Type		Client Hour	Client Hour	Client Hour	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 256.25	$ 256.25	$ 256.25	$ -	$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 256.25	$ 256.25	$ 256.25	$ -	$ -	
Published Rate (Medi-Cal Providers Only)							**Total UDC**
Unduplicated Clients (UDC)		120	120	120			120

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number: 1000010030
Program Name: Edgewood Crisis Stabilization Unit
Program Code: 8858CS

Appendix Number: B-8b
Page Number: 2
Fiscal Year: 2020-2021

	TOTAL		General Fund 251962-10000-10001670-0001		General Fund 251962-10000-10001670-0001		General Fund 251962-10000-10001670-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2020-06/30/2021		07/01/2020-06/30/2021		07/01/2020-06/30/2021		07/01/2020-06/30/2021		(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**
Milieu Manager	1.00	$ 65,001.00	0.80	$ 51,986.14	0.05	$ 3,245.38	0.15	$ 9,769.48						
Clinician	2.00	$ 130,000.00	1.60	$ 103,970.68	0.10	$ 6,490.66	0.30	$ 19,538.66						
Family Partner 2	0.98	$ 48,959.00	0.78	$ 39,156.16	0.05	$ 2,444.43	0.15	$ 7,358.41						
Administrative Support (for medical authorizations/intake episode entries into avatar)	0.19	$ 9,960.00	0.15	$ 7,965.75	0.01	$ 497.28	0.03	$ 1,496.96						
Per Diem Counselors	0.85	$ 43,380.00	0.68	$ 34,694.21	0.04	$ 2,165.88	0.13	$ 6,519.90						
Nurse	1.94	$ 160,951.00	1.55	$ 128,724.49	0.10	$ 8,035.99	0.29	$ 24,190.51						
Clinical Manager	0.65	$ 55,486.00	0.52	$ 44,376.28	0.03	$ 2,770.32	0.10	$ 8,339.40						
Residential Counselor	1.58	$ 75,706.00	1.27	$ 60,547.72	0.08	$ 3,779.86	0.24	$ 11,378.41						
Crisis Counselor	1.60	$ 83,318.00	1.28	$ 66,635.61	0.08	$ 4,159.92	0.24	$ 12,522.48						
Program Director	0.74	$ 79,483.00	0.59	$ 63,568.47	0.04	$ 3,968.44	0.11	$ 11,946.09						
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Totals:	11.54	$ 752,244.00	9.23	$ 601,625.51	0.58	$ 37,558.18	1.73	$ 113,060.30	0.00	$ -	0.00	$ -	0.00	$ -
Employee Benefits:	30.00%	$ 225,673.00	30.00%	$ 180,487.65	30.00%	$ 11,267.45	30.00%	$ 33,918.09	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		**$ 977,917.00**		**$ 782,113.00**		**$ 48,826.00**		**$ 146,978.00**		**$ -**		**$ -**		**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number: 1000010030
Program Name: Edgewood Crisis Stabilization Unit
Program Code: 8858CS

Appendix Number: B-8b
Page Number: 3
Fiscal Year: 2020-2021

Expense Categories & Line Items	TOTAL	General Fund 251962-10000-10001670-0001	General Fund 251962-10000-10001670-0001	General Fund 251962-10000-10001670-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	$ -						
Utilities (telephone, electricity, water, gas)	$ 11,617.00	$ 9,290.98	$ 580.02	$ 1,746.00			
Building Repair/Maintenance	$ 25,000.00	$ 19,994.36	$ 1,248.20	$ 3,757.43			
Occupancy Total:	**$ 36,617.00**	**$ 29,285.34**	**$ 1,828.22**	**$ 5,503.44**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 1,000.00	$ 799.77	$ 49.93	$ 150.30			
Photocopying	$ -						
Program Supplies	$ 1,000.00	$ 799.77	$ 49.93	$ 150.30			
Computer Hardware/Software	$ 1,000.00	$ 799.77	$ 49.93	$ 150.30			
Materials & Supplies Total:	**$ 3,000.00**	**$ 2,399.32**	**$ 149.78**	**$ 450.89**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ -						
Insurance	$ -						
Professional License	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ -						
General Operating Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ -						
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Dr. Robin Randall, Psychiatric Services July 1 - 12/31/2019, $165/hour totalling $50,000	$ 75,340.00	$ 60,254.65	$ 3,761.50	$ 11,323.50			
	$ -						
Consultant/Subcontractor Total:	**$ 75,340.00**	**$ 60,255.00**	**$ 3,762.00**	**$ 11,324.00**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
	$ -						
	$ -						
Other Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 114,957.00**	**$ 91,940.00**	**$ 5,740.00**	**$ 17,278.00**	**$ -**	**$ -**	**$ -**

Appendix F

Invoice

Appendix J

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

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

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

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

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

Reference Documents

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

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

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

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

Document 1G: Perinatal Services Network Guidelines 2016

Document 1H(a): Service Code Descriptions

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

Document 1J(b): DMC Audit Appeals Process

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

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

Document 1T: CalOMS Prevention Data Quality Standards

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Document 3S CalOMS Treatment Data Compliance Standards

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

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

Document 5A : Confidentiality Agreement

FOR CONTRACTS WITH DRUG MEDI-CAL, FEDERAL SAPT OR STATE FUNDS:

I. Subcontractor Documentation

The provider shall require its subcontractors that are not licensed or certified by DHCS to submit organizational documents to DHCS within thirty (30) days of execution of an initial subcontract, within ninety (90) days of the renewal or continuation of an existing subcontract or when there has been a change in subcontractor name or ownership. Organizational documents shall include the subcontractor's Articles of Incorporation or Partnership Agreements (as applicable), and business licenses, fictitious name permits, and such other information and documentation as may be requested by DHCS.

Records

Contractor shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. Contractor will make these records available to State, upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allowability, and allocability of costs incurred by Contractor.

1. Contracts with audit firms shall have a clause to permit access by State to the working papers of the external independent auditor, and copies of the working papers shall be made for State at its request.

2. Providers shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.

3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.

4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.

5. Provider's shall require that all subcontractors comply with the requirements of this Section A.

6. Should a provider discontinue its contractual agreement with subcontractor, or cease to conduct business in its entirety, provider shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.

If provider cannot physically maintain the fiscal and program records of the subcontractor, then arrangements shall be made with State to take possession and maintain all records.

7. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, Contractor shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of State funds.

II Patient Record Retention

Provider agrees to establish, maintain, and update as necessary, an individual patient record for each beneficiary admitted to treatment and receiving services.

Drug Medi-Cal contracts are controlled by applicable provisions of: (a) the W&I, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

Established by DMC status and modality of treatment, each beneficiary's individual patient record shall include documentation of personal information as specified in either AOD Standards; Title 22; and Title 9. Contractor agrees to maintain patient records in accordance with the provision of treatment regulations that apply.

Providers, regardless of DMC certification status, shall maintain all of the documentation in the beneficiary's individual patient record for a minimum of seven (7) years from the date of the last face-to-face contact between the beneficiary and the provider.

In addition providers shall maintain all of the documentation that the beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause results from beneficiary-related delays, for a minimum of seven (7) years from the date of the last face-to-face contact. If an audit takes place during the three year period, the contractor shall maintain records until the audit is completed.

III. Control Requirements

1) Performance under the terms of this Exhibit A, Attachment I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol combined program allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall: (i) establish, and shall require its providers to establish, written policies and procedures consistent with the following requirements; (ii) monitor for compliance with the written procedures; and (iii) be held accountable for audit exceptions taken by DHCS against the Contractor and its contractors for any failure to comply with these requirements:

a) HSC, Division 10.5, commencing with Section 11760;

b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000;

c) Government Code Section 16367.8;

d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;

e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-65 and 66;

f) The Single Audit Act Amendments of 1996 (Title 31, USC Sections 7501-7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.

g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137;

h) Title 42, CFR, Sections 8.1 through 8.6;

i) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances; and,

j) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

K) Medi-Cal Eligibility Verification
http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx

Providers shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.

2) The provisions of this Exhibit A, Attachment I are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Intergovernmental Agreement.

3) Providers shall adhere to the applicable provisions of Title 45, CFR, Part 96, Subparts C and L, as applicable, in the expenditure of the SABG funds. Document 1A, 45 CFR 96, Subparts C and L, is incorporated by reference.

4) Documents 1C incorporated by this reference, contains additional requirements that shall be adhered to by those Contractors that receive Document 1C. This document is:

a) Document 1C, Driving-Under-the-Influence Program Requirements;

C. In accordance with the Fiscal Year 2011-12 State Budget Act and accompanying law(Chapter 40, Statues of 2011 and Chapter 13, Statues of 2011, First ExtraordinarySession), providers that provide Women and Children's Residential TreatmentServices shall comply with the program requirements (Section 2.5, RequiredSupplemental/Recovery Support Services) of the Substance Abuse and Mental HealthServices Administration's Grant Program for Residential Treatment for Pregnant and Postpartum Women, RFA found at http://www.samhsa.gov/grants/grantannouncements/ti-14-005.

IV Provider's Agents and Subcontractors

a. To enter into written agreements with any agents, including subcontractors and vendors to whom Contractor provides Department PHI, that impose the same restrictions and conditions on such agents, subcontractors and vendors that apply to providers with respect to such Department PHI under this Exhibit F, and that require compliance with all applicable provisions of HIPAA, the HITECH Act and the HIPAA regulations, including the requirement that any agents, subcontractors or vendors implement reasonable and appropriate administrative, physical, and technical safeguards to protect such PHI. As required by HIPAA, the HITECH Act and the HIPAA regulations, including 45 CFR Sections 164.308 and 164.314, Provider shall incorporate, when applicable, the relevant provisions of this Exhibit F-1 into each subcontract or subaward to such agents, subcontractors and vendors, including the requirement that any security incidents or breaches of unsecured PHI be reported to provider. In accordance with 45 CFR Section 164.504(e)(1)(ii), upon Contractor's knowledge of a material breach or violation by its subcontractor of the agreement between Provider and the subcontractor, Provider shall:

i) Provide an opportunity for the subcontractor to cure the breach or end the violation and terminate the agreement if the subcontractor does not cure the breach or end the violation within the time specified by the Department; or

ii) Immediately terminate the agreement if the subcontractor has breached a material term of the agreement and cure is not possible.

V Breaches and Security Incidents

During the term of this Agreement, Provider agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps:

a. Initial Notice to the Department

(1) To notify the Department **immediately by telephone call or email or fax** upon the discovery of a breach of unsecured PHI in electronic media or in any other media if the PHI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person.

(2) To notify the Department **within 24 hours (one hour if SSA data) by email or fax** of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement or this Exhibit F-1, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by provide as of the first day on which the 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, officer or other agent of provider.
Notice shall be provided to the Information Protection Unit, Office of HIPAA Compliance. If the incident occurs after business hours or on a weekend or holiday and involves electronic PHI, notice shall be provided by calling the Information Protection Unit (916.445.4646, 866-866-0602) or by emailing privacyofficer@dhcs.ca.gov). Notice shall be made using the DHCS "Privacy Incident Report" form, including all information known at the time. Provider shall use the most current version of this form, which is posted on the DHCS Information Security Officer website (www.dhcs.ca.gov, then select "Privacy" in the left column and then "Business Partner" near the middle of the page) or use this link: http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx
Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of Department PHI, Provider shall take:

i) Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and
ii) Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

b. Investigation and Investigation Report.

To immediately investigate such suspected security incident, security incident, breach, or unauthorized access, use or disclosure of PHI. Within 72 hours of the discovery, Provider shall submit an updated "Privacy Incident Report" containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the Information Protection Unit.

c. Complete Report.

To provide a complete report of the investigation to the Department Program Contract Manager and the Information Protection Unit within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall be submitted on the "Privacy Incident Report" form and

shall include an assessment of all known factors relevant to a determination of whether a breach occurred under applicable provisions of HIPAA, the HITECH Act, and the HIPAA regulations. The report shall also include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure. If the Department requests information in addition to that listed on the "Privacy Incident Report" form, provider shall make reasonable efforts to provide the Department with such information. If, because of the circumstances of the incident, provider needs more than ten (10) working days from the discovery to submit a complete report, the Department may grant a reasonable extension of time, in which case provider shall submit periodic updates until the complete report is submitted. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "Privacy Incident Report" form. The Department will review and approve the determination of whether a breach occurred and whether individual notifications and a corrective action plan are required.

d. **Responsibility for Reporting of Breaches**

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors, provider is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary (after obtaining prior written approval of DHCS). If a breach of unsecured Department PHI involves more than 500 residents of the State of California or under its jurisdiction, Contractor shall first notify DHCS, then the Secretary of the breach immediately upon discovery of the breach. If a breach involves more than 500 California residents, provider shall also provide, after obtaining written prior approval of DHCS, notice to the Attorney General for the State of California, Privacy Enforcement Section. If Contractor has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents or vendors may report the breach or incident to the Department in addition to provider, provider shall notify the Department, and the Department and provider may take appropriate action to prevent duplicate reporting.

e. Responsibility for Notification of Affected Individuals

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors and notification of the affected individuals is required under state or federal law, provider shall bear all costs of such notifications as well as any costs associated with the breach. In addition, the Department reserves the right to require provider to notify such affected individuals, which notifications shall comply with the requirements set forth in 42U.S.C. section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days after discovery of the breach. The Department Privacy Officer shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made. The Department will provide its review and approval expeditiously and without unreasonable delay.

f. Department Contact Information

To direct communications to the above referenced Department staff, the provider shall initiate contact as indicated herein. The Department reserves the right to make changes to the contact information below by giving written notice to the provider. Said changes shall not require an amendment to this Addendum or the Agreement to which it is incorporated.

VI Additional Provisions for Substance Abuse Block Grant (SABG)

A. Additional Intergovernmental Agreement Restrictions

This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner including, but not limited to, 42 CFR 438.610(c)(3).

B. Nullification of DMC Treatment Program SUD services (if applicable)

The parties agree that if the Contractor fails to comply with the provisions of W&I Code, Section 14124.24, all areas related to the DMC Treatment Program SUD services shall be null and void and severed from the remainder of this Intergovernmental Agreement.
In the event the DMC Treatment Program Services component of this Intergovernmental Agreement becomes null and void, an updated Exhibit B, Attachment I shall take effect reflecting the removal of federal Medicaid funds and DMC State General Funds from this Intergovernmental Agreement. All other requirements and conditions of this Intergovernmental Agreement shall remain in effect until amended or terminated.

C. Hatch Act

Provider agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

D. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Provider agrees that information produced through these funds, and which pertains to drug and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol- related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Intergovernmental Agreement, Contractor agrees that it shall enforce**,** and shall require its subcontractors to enforce, these requirements.

E. Noncompliance with Reporting Requirements

Provider agrees that DHCS has the right to withhold payments until provider has submitted any required data and reports to DHCS, as identified in this Exhibit A, Attachment I or as identified in Document 1F(a), Reporting Requirement Matrix for Counties.

F. **Debarment and Suspension**

Contractor shall not subcontract with any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.
The Contractor shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42

CFR Part 1001.

G. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Intergovernmental Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

H. Restriction on Distribution of Sterile Needles

No Substance Abuse Block Grant (SABG) funds made available through this Intergovernmental Agreement shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

I. Health Insurance Portability and Accountability Act (HIPAA) of 1996

If any of the work performed under this Intergovernmental Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit G, DHCS and provider shall cooperate to assure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit G for additional information.

1) **Trading Partner Requirements**

a) No Changes. Provider hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a))

b) No Additions. Provider hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))

c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications. (45 CFR Part 162.915 (c))

d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not hange the meaning or intent of any of the HHS Transaction Standard’s implementation specification. (45 CFR Part 162.915 (d))

2) **Concurrence for Test Modifications to HHS Transaction Standards**

Provider agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Provider agrees that it shall participate in such test modifications.

3) **Adequate Testing**

Provider is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Provider has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4) **Deficiencies**

The Provider agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the provider is acting as a clearinghouse for that provider. If the provider is a clearinghouse, the provider agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5) **Code Set Retention**

Both Parties understand and agree to keep open code sets being processed or used in this Intergovernmental Agreement for at least the current billing period or any appeal period, whichever is longer.

6) **Data Transmission Log**

Both Parties shall establish and maintain a Data Transmission Log, which shall record any and all Data Transmission taking place between the Parties during the term of this Intergovernmental Agreement. Each Party shall take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the Parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

I. Nondiscrimination and Institutional Safeguards for Religious Providers

Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

J. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, CCR, Division 4, Chapter 8. (Document 3H).

K. Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Intergovernmental Agreement shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

L. Intravenous Drug Use (IVDU) Treatment

Provider shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo SUD treatment (42 USC 300x-23 and 45 CFR 96.126(e)).

M. Tuberculosis Treatment

Provider shall ensure the following related to Tuberculosis (TB):

1) Routinely make available TB services to each individual receiving treatment for SUD use and/or abuse;

2) Reduce barriers to patients' accepting TB treatment; and,

3) Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

N. Trafficking Victims Protection Act of 2000

Provider and its subcontractors that provide services covered by this Intergovernmental Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to: http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim

O. Tribal Communities and Organizations

Provider shall regularly assess (e.g. review population information available through Census, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight in potential barriers) the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the Contractor's geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness and accessibility of services available to AI/NA communities within the Provider's county.

P. Participation of County Behavioral Health Director's Association of California.

1) The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director's Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services.

2) The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

Q. Youth Treatment Guidelines

Provider shall follow the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal

amendment of this Intergovernmental Agreement is required for new guidelines to be incorporated into this Intergovernmental Agreement.

R. Perinatal Services Network Guidelines

Contractor must comply with the perinatal program requirements as outlined in the Perinatal Services Network Guidelines. The Perinatal Services Network Guidelines are attached to this contract as Document 1G, incorporated by reference. The Contractor must comply with the current version of these guidelines until new Perinatal Services Network Guidelines are established and adopted. The incorporation of any new Perinatal Services Network Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Services Network Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

S. Restrictions on Grantee Lobbying – Appropriations Act Section 503

1) No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress or any State legislative body itself.

2) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any Intergovernmental Agreement recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

T. Byrd Anti-Lobbying Amendment (31 USC 1352)

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

U. Nondiscrimination in Employment and Services

By signing this Intergovernmental Agreement, provider certifies that under the laws of the United States and the State of California, incorporated into this Intergovernmental Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

V. Federal Law Requirements:

1) Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.

2) Title IX of the education amendments of 1972 (regarding education and programs and activities), if applicable.

3) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.

4) Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.

5) Age Discrimination in Employment Act (29 CFR Part 1625).

6) Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.

7) Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.

8) Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.

9) Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.

10) Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than $10,000 funded by federal financial assistance.

11) Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.

12) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.

13) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

W. State Law Requirements:

1) Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).

2) Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.

3) Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 10800.

4) No state or federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.

5) Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Intergovernmental Agreement or terminate all, or any type, of funding provided hereunder.

X. Additional Contract Restrictions

1. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

Y. Information Access for Individuals with Limited English Proficiency

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

2. Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials plaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

Z. Investigations and Confidentiality of Administrative Actions

1) Provider acknowledges that if a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to W&I Code, Section 14043.36(a). Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved. The DHCS may also issue a Payment Suspension to a provider pursuant to W&I Code, Section 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a Payment Suspension is in effect.

2) Provider shall execute the Confidentiality Agreement, attached as Document 5A. The Confidentiality Agreement permits DHCS to communicate with Contractor concerning subcontracted providers that are subject to administrative sanctions.

W. This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner.

A1. Subcontract Provisions

Provider shall include all of the foregoing provisions in all of its subcontracts.

B1. Conditions for Federal Financial Participation

1) Provider shall meet all conditions for Federal Financial Participation, consistent with 42 CFR 438.802, 42 CFR 438.804, 42 CFR 438.806, 42 CFR 438.808, 42 CFR 438.810, 42 CFR 438.812.

2) Pursuant to 42 CFR 438.808, Federal Financial Participation (FFP) is not available to the Contractor if the Contractor:

a) Is an entity that could be excluded under section 1128(b)(8) as being controlled by a sanctioned individual;

b) Is an entity that has a substantial contractual relationship as defined in section 431.55(h)(3), either directly or indirectly, with an individual convicted of certain crimes described in section 1128(8)(B); or

c) Is an entity that employs or contracts, directly or indirectly, for the furnishing of health care utilization review, medical social work, or administrative services, with one of the following:

i. Any individual or entity excluded from participation in federal health care programs under section 1128 or section 1126A; or

ii. An entity that would provide those services through an excluded individual or entity.

Providers shall include the following requirements in their subcontracts with providers:

1. In addition to complying with the sub contractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.

2. Each subcontract shall:

i. Fulfill the requirements of 42 CFR Part 438 that are appropriate to the service or activity delegated under the subcontract.
ii. Ensure that the Contractor evaluates the prospective subcontractor's ability to perform the activities to be delegated.

iii. Require a written agreement between the Contractor and the subcontractor that specifies the activities and report responsibilities delegated to the subcontractor; and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.

iv. Ensure that the Contractor monitor the subcontractor's performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

v. Ensure that the Contractor identifies deficiencies or areas for improvement, the subcontractor shall take corrective actions and the Contractor shall ensure that the subcontractor implements these corrective actions.

3. The Contractor shall include the following provider requirements in all subcontracts with providers:

i. Culturally Competent Services: Providers are responsible to provide culturally competent services. Providers shall ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services shall be available for beneficiaries, as needed.

ii. Medication Assisted Treatment: Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.

iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. Counties will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews.

The required EBPs include:

a. Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.
b. Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

c. Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

d. Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

e. Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psychoeducational groups provide information designed to have a direct application to beneficiaries' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

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

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

(3) If the Provider fails to comply, the Contractor will take corrective action.

C1. Beneficiary Problem Resolution Process

1. The Contractor shall establish and comply with a beneficiary problem resolution process.

2. Contractor shall inform subcontractors and providers at the time they enter into a subcontract about:

i. The beneficiary's right to a state fair hearing, how to obtain a hearing and the representation rules at the hearing.
ii. The beneficiary's right to file grievances and appeals and the requirements and timeframes for filing.
iii. The beneficiary's right to give written consent to allow a provider, acting on behalf of the beneficiary, to file an appeal. A provider may file a grievance or request a state fair hearing on behalf of a beneficiary, if the state permits the provider to act as the beneficiary's authorized representative in doing so.

iv. The beneficiary may file a grievance, either orally or in writing, and, as determined by DHCS, either with DHCS or with the Contractor.
v. The availability of assistance with filing grievances and appeals.
vi. The toll-free number to file oral grievances and appeals.
vii. The beneficiary's right to request continuation of benefits during an appeal or state fair hearing filing although the beneficiary may be liable for the cost of any continued benefits if the action is upheld.
viii. Any state determined provider's appeal rights to challenge the failure of the Contractor to cover a service.

3. The Contractor shall represent the Contractor's position in fair hearings, as defined in 42 CFR 438.408 dealing with beneficiaries' appeals of denials, modifications, deferrals or terminations of covered services. The Contractor shall carry out the final decisions of the fair hearing process with respect to issues within the scope of the Contractor's responsibilities under this Agreement. Nothing in this section is intended to prevent the Contractor from pursuing any options available for appealing a fair hearing decision.

i. Pursuant to 42 CFR 438.228, the Contractor shall develop problem resolution processes that enable beneficiary to request and receive review of a problem or concern he or she has about any issue related to the Contractor's performance of its duties, including the delivery of SUD treatment services.

4. The Contractor's beneficiary problem resolution processes shall include:
i. A grievance process;
ii. An appeal process; and,
iii. An expedited appeal process.

Additional Provisions DMC-ODS

1. Additional Intergovernmental Agreement Restrictions

i. This Agreement is subject to any additional restrictions, limitations, conditions, or statutes enacted or amended by the federal or state governments, which may affect the provisions, terms, or funding of this Agreement in any manner.

2. Voluntary Termination of DMC-ODS Services

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

3. Notification of DMC-ODS Services

i. The parties agree that failure of the Contractor, or its subcontractors, to comply with W&I section 14124.24, the Special Terms and Conditions, and this Agreement, shall be deemed a breach that results in the termination of this Agreement for cause.

ii. In the event of a breach, the DMC-ODS services shall terminate. The Contractor shall immediately begin providing DMC services to the beneficiaries in accordance with the State Plan.

4. Subcontract Termination - Intergovernmental Agreement Exhibit A, Attachment I, III, JJ, 1

I. The Contractor shall notify the Department of the termination of any subcontractor with a certified provider, and the basis for termination of the subcontractor, within two business days. The Contractor shall submit the notification by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov.

II. BHS shall notify the DHCS of the termination of any subcontractor with a certified provider, and the basis for termination of the subcontractor, within two business days. The Contractor shall submit the notification by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov.

III. BHS shall notify the DHCS-PED by email at DHCSDMCRecert@dhcs.ca.gov within two business days of learning that a contractor's license, registration, certification, or approval to operate an SUD program or provide a covered service is revoked, suspended, modified, or not renewed by entities other than DHCS. The Contractor shall submit the notification by secure email.