

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

Second Amendment

THIS AMENDMENT (this “Amendment”) is made as of **October 1, 2022**, in San Francisco, California, by and between **Special Service for Groups, Inc** (“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 and increase the contract amount; and

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through multiple Requests for Proposals (“RFP”) and Request for Qualification (“RFQ”), RFP 1-2017, DCYF 2018-23 and RFQ 13-2017 issued on March 7, 2017, July 31, 2017 and September 28, 2017 respectively, in which City selected Contractor as the highest qualified scorer pursuant to the RFP and RFQ, and as per Administrative Code Section 21.42 through Sole Source granted on June 5, 2018; and

Whereas this extension is justified pursuant to Section 21.24 of the Admin Code (“Short-Term Contract Extensions and Amendments”) which authorizes contract extensions of up to 12 months of any contract that expires on or before July 1, 2023.

WHEREAS, approval for the original Agreement was obtained on June 19, 2017 from the Civil Service Commission under PSC number 46987 – 16/17 in the amount of \$75,000,000 for the period commencing July 1, 2017 and ending June 30, 2022; and

WHEREAS, approval for this Amendment was obtained on August 3, 2020 from the Civil Service Commission under PSC number 46987 – 16/17 in the amount of \$233,200,000 for the period commencing July 1, 2017 and ending June 30, 2027;

WHEREAS, approval for this Amendment Two was obtained when the Board of Supervisors approved Resolution number [REDACTED] on [REDACTED].

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 between Contractor and City, as amended by the:

First Amendment, dated July 01, 2022,

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

Article 2 Modifications to the Agreement.

The Agreement is hereby modified as follows:

2.1 **Term of the Agreement.** *Section 2.1 Term of Amendment 1 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, 2023, unless earlier terminated as otherwise provided herein.

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

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

2.2 **Payment.** *Section 3.3.1 Payment of Amendment 1 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 **Nine Million Nine Hundred Seventy Two Thousand Seven Hundred Thirteen Dollars (\$9,972,713)**. 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 **Thirty One Million Seven Hundred Thirty Thousand One Hundred Ninety One Dollars (\$31,730,191)**. 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.

2.3 **Appendices A-1 and A-3.** Appendices A-1 and A-3 (For Fiscal Year: 07/01/2022 - 06/30/2023) are hereby attached to this Amendment and fully incorporated within the Agreement.

2.4 **Appendix B.** Appendix B, dated October 1, 2022, is hereby 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, 2022.

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
Director of Health
Department of Public Health

CONTRACTOR

Special Service for Groups, Inc.

DocuSigned by:
Herbert K. Hatanaka 10/27/2022 | 7:09 PM EDT
9F3D6A063AB04F7...

Herbert K. Hatanaka
Executive Director

City Supplier number: 0000010665

Approved as to Form:

David Chiu
City Attorney

By: _____
Louise Simpson
Deputy City Attorney

Approved:

Sailaja Kurella
Director of the Office of Contract
Administration, and Purchaser

By: _____

Name: _____

1. Program Name: Occupational Therapy Training Program-Outpatient Services**Program address: 425 Divisadero Street, Suite 300****City, State, Zip Code: San Francisco, CA 94117****Program Director: Colleen Devine****Email Address: colleen.devine@ottp-sf.org****Telephone: (415) 551-0975****Website address: www.ottp-sf.org****Facsimile: (415) 551-1763****Program Code: 38KZ2 (OTTP-OP)****2. Nature of Document (check one)**

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement

Special Services for Groups/Occupational Therapy Training Program (SSG/OTTP) is equipped to serve all populations, but for this unique program, SSG/OTTP aims to provide cultural and age-appropriate interventions to school-aged children in order to reduce their symptomatic behaviors and improve their overall functioning in school, their homes, and community.

4. Priority Population

While SSG/OTTP welcomes and serves all ethnicities and populations designed to meet specific cultural and linguistic needs, for this unique contract, SSG/OTTP will target 200 clients between the ages of 5-21 or up to age 22 if the client is also an ERMHS client. All must meet medical necessity requirements and require specialty mental health services. All youth are Medi-Cal recipients who need these therapeutic services in order to address significant problems with functioning. SSG/OTTP services include individual, group, psychotherapy, case management and collateral services.

Youth will be referred from the Intensive Care Coordination (ICC) / Intensive Home Based Services (IHBS) committee, community partners, Community Mental Health Clinics including South East, Chinatown Child Development Center and Mission Family Center, and San Francisco Unified School district schools. These schools include Paul Revere Elementary, Harvey Milk Civic Rights Academy, Martin Luther King Elementary, Cesar Chavez Elementary, New Traditions Elementary, Willie Brown Elementary, Buena Vista Horace Mann, Longfellow Elementary, Everette Middle School, Visitacion Valley Middle, Roosevelt Middle, Booker T. Washington, Tenderloin Community School, Francisco Middle School, Presideo Middle School, RISE Institute, City Arts and Tech, McAuley, San Francisco City Academy (City Impact), Civic Center Secondary, KIPP Academy and KIPP College Prep, Ida. B. Wells High School, Thurgood Marshall, Burton High School, June Jordon High School, Independence High, Five Keys, Downtown High School and Mission High School. All of these children and youth are economically disadvantaged and enrolled in Medi-Cal. All youth have a DSM-V diagnosis and significant impairment in functioning in school, home, and community settings. Common diagnoses include attention deficit disorder, childhood depression, anxiety, and conduct and adjustment disorders.

SSG/OTTP's program is very unique in that it utilizes a multi-disciplinary team comprised of a licensed psychiatric mental health nurse practitioner, licensed and registered social workers, LPCCs, MFTs, Care Managers, and licensed occupational therapists who conduct community-based interventions. Therapists have extensive training in providing mental health therapy to children with the following disorders: ADHD, ADD, depression, suicide ideation, anxiety, bipolar disorders, impulse control disorders, post-traumatic stress disorder, and adjustment disorders. The

team will work closely with care managers, parents and school staff, and will serve as advocates for each child. Occupational therapists will consult with teachers on an ongoing basis to ensure that recommended behavioral strategies are carried over into the classroom environment and that adaptations and compensatory strategies are made as necessary to promote successful performance in all academic tasks. Each child will be viewed in a holistic manner and strength-based therapeutic interventions will be conducted to enable each child to achieve important developmental milestones.

SSG/OTTP's ultimate goal is to provide specialty mental health services that offer prevention by screening children for signs and symptoms of mental health problems and functional impairment, assessing children with psychiatric issues, providing interventions that address behavioral and emotional issues in order to significantly diminish impairments in functioning, and to improve overall functioning so that the child can remain at home and in school and successfully achieve developmental milestones to succeed academically, socially, and personally.

5. Modality(ies)/Interventions

SSG/OTTP will provide assessment, collateral, therapy, case management and mental health services, as defined below:

Assessment – “Assessment” means a service activity which may include a clinical analysis of the history and current status of a beneficiary’s mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

Medication Support Services – “Medication Support Services” means those services that include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of an alternatives for medication, and collateral and plan development related to the delivery of the service and/or assessment of the beneficiary.

Collateral – “Collateral” means a service activity to a significant support person in a beneficiary’s life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

Therapy – “Therapy” means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

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

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

assessment, plan development, therapy, rehabilitation and collateral, intensive home based services and intensive care coordination

SSG/OTTP provides both individual and group interventions that focus on symptom reduction as a means to improve functional impairments. All interventions are designed after the Child and Adolescent Needs and Strengths (CANS) and Plan of Care (POC) are completed, and each group focuses on reduction of a deficit that is common amongst all group members, in order to improve function in virtual, school, home, work and community settings.

6. Methodology

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

SSG/OTTP is working in partnership with the ICC/IHBS committee, South East Clinic, Chinatown Child Development Center, and Mission Family Center as well as the San Francisco Unified School District and community-based partners to identify and treat children and youth with medical necessity for WRAP, ERMHS, and Medi-Cal specialty mental health services and functional impairments. SSG/OTTP is working numerous elementary, middle, and high school settings in San Francisco. Outreach and recruitment are provided to the care managers and clinicians, principal, teachers and counselors at these clinics and schools and to the families and foster families of the participants. SSG/OTTP provides information and orientation sessions to the parents and guardians of youth enrolled in the program. SSG/OTTP publishes and distributes flyers and brochures that describe services and conducts outreach to other community-based organizations in order to promote services to identify additional children and families in need.

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

Many clients are referred by parents/guardians, principals, teachers, counselors, social workers, and professionals from community-based organizations. The intensive services committee SSG/OTTP assesses the child and family, determines Medi-Cal eligibility, determines medical necessity for Medi-Cal specialty mental health services and functional impairments, and begins treatment services, if appropriate. Each youth may then receive medication support services, individual therapy, group therapy, psychotherapy, and family therapy on a weekly basis. Type, level of intensity and duration of service is determined by the CANS and POC. Should a youth and their family require either more intensive or less intensive duration of services, each situation is addressed on an individual basis by the PURCQ committee to meet their plan of care goals. SSG/OTTP is a WRAP provider and receives referrals from the ICC/IHBS committee to serve youth who have high intensity needs that require a care coordinator to facilitate the client's care interventions. Clients referred by care managers at the Community Clinics may be eligible for occupational therapy individual intervention which may be added on to the Plan of Care. Clients may also be referred from the clinics for full scope mental health services at SSG/OTTP. Clients may also be referred internally for vocational services to be provided by OTTP's vocational specialists who are licensed occupational therapists and serve as MHRS on the care team. Services are held in person as well as virtually through Zoom and Google Classroom Platforms.

C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc. Discuss how CANS data is used to inform treatment and discharge.

SSG/OTTP works in collaboration with the principals at each school site, the student support professionals, teachers and counselors and staff from the Community Clinics and various community-based organizations. Specialty mental health services may be offered during the school day, when appropriate, or after school. SSG/OTTP's multidisciplinary team of PMHNP, clinical social workers and occupational therapists provide services to youth and their families aimed at reducing psychiatric symptoms and improving functioning at school, in work settings, in the community, and at home.

Services consist of weekly individual therapy and/or weekly group therapy, depending on the needs of the client, which consist of culturally sensitive interventions focusing on such skills as anger management, stress management, communication skills, social skills, and coping skills. Individual and group sessions vary in duration from half an hour up to two hours of therapeutic intervention. Additionally, SSG/OTTP makes classroom observations and interventions (done both in person and through virtual platforms), collaborates with school staff, participates in IEP meetings and SAP meetings, and provides referrals as needed to a variety of community resources. Ongoing communication with teachers is a critical component of the treatment process to educate school staff on the child's needs and to consult with them about suggested modifications to instruction. Likewise, clear communication with the parents/guardians occurs on an ongoing basis to enhance family relations and to increase the child's likelihood for successful achievement towards the goals established in the plan of care. Parent education/support groups are also formed/conducted on an as-needed basis. Case management and collateral services are also provided to employers to ensure that work environments are set up for success and adaptations are made to job functions to enhance performance. The information gathered in the CANS assessment (either by SSG/OTTP clinicians or the Community Clinic clinicians) is used to formulate the treatment plan of care and the discharge plan. Clients' problem areas and challenges are identified in the CANS assessment and a comprehensive summary is produced in a report. The summary identifies the areas of need, which are then translated into specific treatment plan goals. Once the client meets majority or all of their treatment plan goals, they are ready for discharge.

OTTP IHBS and ICC Service Description:

IHBS and ICC services are provided to The Katie A. Subclass, which is a group of children/youth, who are Medi-Cal eligible, meet medical necessity for Specialty Mental Health Services and are at risk of out of home placement or recently came out of out of home placement.

OTTP's Intensive Home Based Services (IHBS) are individualized, strength-based interventions to address mental health conditions that interfere with a child or youth's functioning. IHBS help the child or youth build skills necessary for successful functioning in the home, community and school. These services are provided by OTTP's Mental Health Rehabilitation staff and/or psychotherapists.

OTTP's Intensive Care Coordination (ICC) is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to beneficiaries under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service. ICC also includes Child Family Team (CFT) meetings which are facilitated by OTTP's care coordinator and include the client, family and treatment team.

D. Describe your program's discharge planning and exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

Throughout the treatment process, SSG/OTTP's multidisciplinary team meets regularly with the client, care managers, clinicians, teachers, school staff, and parents/guardians to monitor the client's behavior in all settings and to review progress made towards the goals identified in the client's plan of care. Client Occupational Performance Measures (COPM) and informal assessments along with clinical observations are utilized to determine each client's progress towards goals and decrease in psychiatric symptoms. Clients are discharged when they have met their goals in their plan of care and have demonstrated a decrease in functional impairment. Ultimately, it must be determined that functional impairments have less impact on the client's life and their families' life and that the goals in the plan of care have been met. When appropriate, SSG/OTTP may also refer internally to other programs as part of step down, including the Connective Services program and the TAY Employment Program. SSG/OTTP will follow SF BHS CYF SOC (Service Intensive Guidelines).

E. Describe your program's staffing.

Please see Appendix B

7. Objectives and Measurements

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Children, Youth and Families Performance Objectives FY22-23".

8. Continuous Quality Improvement

SSG/OTTP follows SFBHS QI plan to ensure the quality of service delivery. SSG/OTTP has developed a Continuous Quality Improvement (CQI) Committee composed of the Clinical Director and staff from all disciplines, including PMHNP, LCSW, LMFT, LPCC, MSW, and MS,OTR/L. This committee oversees the quality of services delivered on an ongoing basis and meets weekly to monitor the following:

A. Achievement of contract performance objectives and productivity

SSG/OTTP follows all Performance Objectives that are contained in the BHS document entitled "Children, Youth and Families Performance Objectives FY22-23". SSG/OTTP's Clinical Director ensures that each member of the CQI team has a copy of these performance objectives, which are reviewed on an ongoing basis to ensure contract compliance. Additionally, the CQI team receives an electronic productivity spreadsheet weekly to review units of service delivered to date to ensure that productivity standards are being upheld. The CYI team meets monthly to review PURQC and files all meeting notes.

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

To ensure quality documentation of all services rendered, SSG/OTTP's Clinical Director, LCSW, reviews documentation in AVATAR with the clinicians during weekly supervision. Furthermore, SSG/OTTP's team of clinicians review client charts on a monthly basis to ensure that all documentation is timely, in the file, meets Medical Necessity for specialty mental health services, and that signatures are complete. Policy and procedure updates are reviewed with all staff during weekly meetings.

The CQI Committee meets weekly to discuss progress towards meeting the established goals and objectives and identifies necessary modifications to program services based on data and feedback provided by program staff. The CQI Committee conducts an annual review of its activities and modifies its services based on feedback received from BHS during the annual site visit.

C. Measurement of cultural competency of staff and service

SSG/OTTP retains and promotes diverse staff that represents demographic and linguistic characteristics of the youth and families that serve and possess cultural competency skills. Staff attend a minimum of one cultural competency training annually and all have been trained in trauma informed care. Ongoing trainings include those offered through the San Francisco Department of Children, Youth and their Families, A Better Way, and other partner CBO agencies. Additionally, all staff members are licensed PMHNPs, occupational therapists and registered or licensed clinical social workers and marriage and family therapists that stay current in their practice by presenting at and attending state and national trainings that are offered through professional organizations, including the National Association of Social

Workers, the Psychiatric Occupational Therapy Action Coalition, the Occupational Therapy Association of California, and the American Occupational Therapy Association.

As needed, SSG/OTTP provides clients with linguistically competent material through translating documents and materials as well as offering interpretations services. SSG/OTTP obtains translation materials and interpretation services based on client need from the Language Line and through OTTP's employees who speak a variety of languages. SSG/OTTP also conducts focus groups as part of the efforts to remain culturally competent, to obtain feedback from the consumers/youth and their families served in SSG/OTTP mental health programs.

SSG/OTTP is committed to providing services to diverse populations as well as representing these populations in service providing roles such as the San Francisco Advisory Board, staff, and volunteers. This commitment is demonstrated in the diversity of language and culture of the current Board, staff, and volunteers as well as the mission of SSG/OTTP. SSG/OTTP strives to meet the language and cultural needs of the clients demonstrated by increasing the language capacity of clinical staff each year to include Mandarin, Cantonese, and Spanish.

D. Measurement of client satisfaction

SSG/OTTP administers client satisfaction surveys as a means in which to determine levels of satisfaction as part of its quality assurance procedures, and conducts focus groups to obtain feedback from the consumers/youth that are served. Several current procedures in place help the program understand the specific needs of the community and the clientele to ensure client satisfaction. SSG/OTTP administers client exit surveys for feedback on the program, and the program regularly assesses client outcomes and otherwise conducts general quality assurance activities. In addition, the program regularly incorporates the client and their families into assessment and treatment planning through the use of CANS and the POC. Such close consultation with families, along with the individualization of services, ensures that the program addresses specific beliefs, strengths, and areas of need for each participant. SSG/OTTP works closely with the Quality Assurance Manager for BHS to obtain important data on engagement and satisfaction of clients served in the program.

E. Measurement, analysis, and use of CANS

To obtain performance outcomes, program staff work closely with BHS staff and to review and analyze CANS data. Modifications to SSG/OTTP program services are made after analyzing data and determining improvements needed.

9. Required Language

- A. For BHS SOC ECMHCI: 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 for content, timelines, ensuring standards of practice and all reporting requirements as put forth by the BHS ECMHCI SOC Program Manager.
- 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 target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI SOC Program Manager of any changes.

**Special Service for Groups
SSG/OTTP-Family Mosaic Services**

**Appendix: A-3
07/01/22 – 06/30/23
BHS Mental Health (MHSA, CYF)**

**1. Program Name: Family Mosaic Services
Program Address: 425 Divisadero Street, Suite 300
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 551-0975
Website: www.SSG/OTTP-sf.org
Facsimile: (415) 551-1763
Program Code: 38KZ4 (SSG/OTTP-FMP)**

2. Nature of Document

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement

Special Services for Groups/Occupational Therapy Training Program (SSG/OTTP) is equipped to serve all populations, but for this unique program, SSG/OTTP aims to provide occupational therapy assessment and individual and group intervention focusing on life skills, social skills and vocational skills for children and youth enrolled in Family Mosaic Project who have mental health diagnosis.

4. Priority Population

While SSG/OTTP welcomes and serves all ethnicities and populations, OTTP-Family Mosaic Services (OTTP-FMP) are also designed to meet the cultural and linguistic needs of 20 youth with mental health diagnosis between the ages of 12 and 21 years of age who are clients of the Family Mosaic Project. SSG/OTTP may also serve the parents/guardians of FMP clients who are referred for services

5. Modality(ies)/Interventions

SSG/OTTP will provide assessment, collateral, case management, therapy, and mental health services, as defined below:

Assessment – “Assessment” means a service activity which may include a clinical analysis of the history and current status of a beneficiary’s mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

Collateral – “Collateral” means a service activity to a significant support person in a beneficiary’s life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

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

Therapy – “Therapy” means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

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

6. Methodology

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

SSG/OTTP conducts outreach via multiple methods, including flyers and other materials, presentations to other providers and families, and extensive referral relationships. First, SSG/OTTP publishes and distributes flyers and brochures that describe services and conducts outreach to other community-based organizations in order to promote services to identify additional children and families in need. SSG/OTTP also conducts frequent in-services and trainings for FMP and numerous school sites to provide education on occupational therapy (OT) intervention with youth who have experienced trauma, and frequently attends relevant coalition or other community meetings to promote services and enhance collaboration with other organizations.

In addition to the above outreach and promotional activities, SSG/OTTP recruits a significant number of participants through referral relationships with local school, agencies, and community organizations. SSG/OTTP has a current MOU with SFUSD, and works with schools throughout the district. SSG/OTTP collaborates with these school sites to identify and serve children and youth with medical necessity for Medi-Cal specialty mental health services and functional impairments. SSG/OTTP conducts outreach to the principal, teachers, and counselors at these schools and to the families and foster families of the participants to generate referrals. SSG/OTTP services are designed to maximize client engagement and retention.

The program provides most therapeutic services in the community and in locations convenient for children, youth, and their families, which alleviates the substantial barrier of transportation issues, and integrates services into regular daily lives. At the same time, the interventions themselves emphasize fully engaging youth and ultimately retaining them throughout the program. Individualized services are tailored to each participant's strengths and needs to enhance the relevance of the interventions to a participant's unique situation. Due to COVID-19, services are also offered in a virtual manner through Zoom and Google Classroom Platforms, as well as in the community and at the OTTP-SF office site whilst adhering to safety precautions and utilizing PPE.

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

SSG/OTTP has worked extensively with FMP administrative staff and care coordinators and has developed an internal process that is streamlined and effective. SSG/OTTP staff provide regular in-services to FMP staff to provide education on unique occupational therapy services and meet with care coordinators regularly to confer to determine if a client and his/her family may benefit from OT intervention. Once deemed a good candidate, the care coordinator initiates referral and completes a service authorization for SSG/OTTP services. The occupational therapist initiates a comprehensive strength/needs and interests OT assessment, and over a period of approximately 1 to 3 months, the student compiles a portfolio of strengths, interests, and goals. SSG/OTTP staff communicates with the care coordinator on a regular basis to discuss how authorized units of service should be either increased or decreased based on that unique youth and families' situation. SSG/OTTP staff also participates in ongoing plan of care meetings with the care manager, family members, and other wrap-around service provider members to meet the needs of the youth to respond to ever- changing family and client needs.

C. Describe your program’s service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc. Discuss how CANS data is used to inform treatment and discharge.

SSG/OTTP incorporates the underlying philosophy of wraparound services—building on the strengths of children, youth, and their families, and welcoming family input at every level in the wraparound process. Occupational therapy/vocational assessment, life skills and vocational training are the hallmarks of SSG/OTTP. The program operates on the principles of occupational therapy (OT), which emphasize that by engaging individuals in meaningful and purposeful activity, the individual can develop the skills needed to function most optimally in his/her life roles. SSG/OTTP’s wraparound service approach embodies a family and child centered, strength-focused, needs-driven, team based and collaborative approach to service planning and delivery. This multi-component, multi-contextual approach intervenes at family, school, and peer levels.

SSG/OTTP provides the following services: occupational/vocational assessment; individualized case plan; weekly individual life skills sessions; occupational/vocational exploration services; and work experience/job placement. Social work intervention is also offered to the youth and family members when requested by the FMP Care Manager. Services are offered in the youth’s school, home, and community sites. Since COVID, OTTP has been also providing services through virtual platforms.

Occupational/Vocational Assessment: This hands-on, participatory assessment includes a thorough examination of each of the occupational performance components: family interactions, independent living skills, school/work, emotional regulation skills, cognitive skills, communication and social skills, sensory-perceptual skills, play/leisure/recreation, and temporal adaptation. A battery of occupational therapy assessments is used to help determine individual strengths and limitations. Through an occupational therapy assessment, each student builds narratives of interests, strengths, and aspirations; develops a personal portfolio; and makes an oral presentation of their self-discoveries to the Care Manager, family members and service providers. The presentation serves as a “marker event” or jumping off point for the students, who then set goals they aspire to achieve.

Individualized case plan: Upon completion of the assessment and development of an individualized portfolio, SSG/OTTP staff works closely with clients to develop a highly individualized case plan wherein client strengths are highlighted, and concrete, measurable, realistic/attainable goals are established.

Weekly individual sessions. SSG/OTTP therapists work alongside clients to address functional impairments that prevent them from successful participation in developmental roles, including those of student, family, and community member. Through play activities, students develop cognitive and social/emotional skills, and begin to learn how to interact more adaptively and explore their world. Through activity analysis, occupational therapists address performance components that are crucial to mastery of age-appropriate tasks. Meeting the youth at their current level of performance, occupational therapists engage them in meaningful activities that provide just the right challenge for their cognitive, sensory, motor, social, and personal needs. Through clinical observation of each youth in the context of their environment, occupational therapists identify specific functional strengths and deficits that can be addressed through therapeutic activities. Each youth’s intrinsic motivation and drive is expressed through the engagement in these pleasurable activities. Activities that require positive self-expression, sharing and compromising, cooperating, sequencing, following rules, and building and creating products are conducted within the therapeutic milieu.

Pursuing occupational/ vocational goals. SSG/OTTP staff work with each client to explore personal and occupational/vocational goals. Students focus on specific performance skills with the occupational therapist and explore individual activities and community programs related to their interests and goals. Students may work on

personal, recreational, educational, or occupational goals. Depending on their age and priorities, they may choose to explore occupational interests, or prepare for "transition" as they turn 18. Whatever the goal, the occupational therapist guides youth to acquire positive experiences consistent with their values, strengths, and developmental readiness. Youth engage in structured opportunities to identify options and make occupational choices. The students often participate in a paid internship, work experience or community arts/recreation program of their choosing, with OT support initially, then independently. Small achievements, such as a first interview, are celebrated as valuable steps in the student's personal development.

Work experience/job placement. SSG/OTTP has partnered with the Japanese Community Youth Program (JCYC) Youth Works Program for the past twelve years to operate its Vocational Training and Employment Program (VTEP). Youth referred by FMP Care Coordinators for OT intervention and work placement are placed in work sites compatible with their interests, skills, and abilities. SSG/OTTP will work closely with mentors at each site to ensure a successful experience for both the supervisor and youth participant. SSG/OTTP also operates a TAY Employment Program funded by the Department of Rehabilitation and offers FMP clients Individualized Placement Support (IPS) services for rapid job search.

Social Work Intervention: As a certified Medi-Cal provider, SSG/OTTP employs licensed clinical social workers, Marriage and Family Therapists, and MSWs to serve youth participants and their family members. On occasion, FMP Care Coordinators have requested that youth served by SSG/OTTP work with social services staff in addition to occupational therapy clinicians to identify and access necessary community resources.

In addition to serving FMP youth, SSG/OTTP practitioners may also serve the families of clients. SSG/OTTP's occupational therapists can engage the families of FMP youth, with a focus of parents/guardians in six categories of services to strengthen their capacity to fulfill their role as caregiver and provider, detailed below. Clinicians will meet parents/guardians at the FMP office, SSG/OTTP office or other community location to provide services.

1.) Assessment activities to build self-awareness of their unique strengths and interests. Through engagement in assessment activities to identify their strengths, interests, values, career personality, learning style and sensory profile, parents/guardians can build their strengths-based personal narrative of their unique identity.

2.) Skill-building activities to strengthen self-management and coping strategies. Includes stress management, anger management, emotional regulation, assertive communication skills, conflict management, resume writing, interview preparation, time management.

3.) Case management and connection to community resources. This includes linkage to food and housing resources, career and job resources, support to apply for subsidized housing and other government benefits, support in advocating for and navigating services provided through SFUSD including support to understand the benefits and accommodations their youth are entitled to through the IEP and 504 plans.

4.) Facilitated weekly playgroup for youth ages 0-5 and their parents. SSG/OTTP's occupational therapists can provide regular playgroups for young children with developmental, mental health and behavioral needs. The play-based group will include the children and their parents/caregivers in an environment to promote sensory play, pretend play, literacy activities, art activities, gross motor and fine motor development and foster nurturing and growth-promoting attachment between the caregiver and their child. The occupational therapist will engage the caregivers in discovering and sharing joy together with their child.

D. Describe your program's discharge planning and exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

SSG/OTTP has built collaborative relationships with dozens of school and community organizations to help FMP youth achieve full participation in self-selected, age-appropriate occupations. Strong linkages with other community-based organizations help to ensure that clients' extensive needs are addressed in the most culturally sensitive and practical manner possible. SSG/OTTP's goal is to provide services in the least restrictive environment. Participation in SSG/OTTP leads to participation in the community. FMP youth gradually trade isolation or "pseudo independence" for healthy interdependence with teachers, coaches, artists, work supervisors, college and employment counselors, and career mentors. SSG/OTTP's collaboration with community organizations places the youth at the center. It provides options from which youth make occupational choices and acquire new skills and roles. SSG/OTTP staff fully participate in the Plan of Care Treatment meetings where goals and objectives are reviewed and progress is evaluated to ensure that the services continue to meet the individual needs of the youth. SSG/OTTP's ultimate goal is to assist clients in overcoming barriers and improving functional level to transition to much lower levels of care in the community. In order to provide a continuum of care, SSG/OTTP also periodically refers some FMP clients to the Out-Patient Mental Health Services Program upon consultation with all treatment team members. The information gathered in the CANS assessment is used to formulate the treatment plan of care and the discharge plan. Client's problem areas and challenges are identified in the CANS assessment and a summary of them are produced in a report. The summary identifies the areas of need, which are then translated into specific treatment plan goals. Once the client meets majority or all of their treatment plan goals, they are ready for discharge.

7. Objectives and Measurements

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Children, Youth and Families Performance Objectives FY22-23".

8. Continuous Quality Improvement

SSG/OTTP will follow SF BHS QI plan to ensure the quality of service delivery. SSG/OTTP's Continuous Quality Improvement (CQI) Committee is composed of staff from all disciplines including LCSW, LMFT, MSW, and OTR/L. The CQI works to (1) define and select specific indicators and measures of outcomes identified in the performance/outcome objectives, and (2) provide evaluation instruments to document progress towards these outcomes, including a satisfaction survey by which clients and their families can evaluate the services rendered by SSG/OTTP. The CQI meets monthly to discuss progress towards meeting the established goals and objectives and identifies necessary modifications to program services based on data and feedback provided by program staff. The CQI Committee conducts an annual review of its activities.

SSG/OTTP retains and promotes diverse staff that represents demographic and linguistic characteristics of the youth and families that we serve and possess cultural competency skills. SSG/OTTP staff must attend a minimum of one cultural competency training annually. All therapeutic services are conducted in a culturally sensitive manner.

To ensure quality documentation of all services rendered, SSG/OTTP's team of clinicians review client charts on a monthly basis to ensure that all documentation is timely, in the file, and that signatures are complete.

To obtain performance outcomes, program staff will (1) document proposed activities and outcomes derived from Plan of Care Treatment goals, with full participation of the client and his/her family and modified back on client's progress and their emerging needs, (2) document services and referral provided in case files, including dates, objectives, types, results, and next steps, and (3) track progress towards SSG/OTTP outcomes with evaluation instruments designated by SSG/OTTP's CQI Committee.

9. Required Language

- A. For BHS SOC ECMHCI: 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 for content, timelines, ensuring standards of practice and all reporting requirements as put forth by the BHS ECMHCI SOC Program Manager.

- 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 target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI SOC Program Manager of any changes.

Appendix B Calculation of Charges

1. Method of Payment

A. 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. Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner

(1) For contracted services reimbursable by 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) For contracted services reimbursable by 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) For contracted services reimbursable by 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) For contracted services reimbursable by 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. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY.

D. Upon the effective date of this Agreement, and 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 Mental Health Service Act (Prop 63) portions of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto:

Appendix B-1 Appendix B-1 Occupational Therapy Training Program (OTTP) – Outpatient Services (OP)

Appendix A-2 Occupational Therapy Training Program (OTTP) – Intensive Supervision & Clinical Services (ISCS) ---***This Program Ended 06/30/2019***

Appendix B-3 Occupational Therapy Training Program (OTTP) – Family Mosaic Services

B. CONTRACTOR understands that, of this maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$2,331,158** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement as specified in Section 3.7 Contract Amendments; Budgeting Revisions. 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 Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

C. 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.

D. The amount for each fiscal year, 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.

CONTRACTOR understands that the CITY may need to adjust funding sources and funding allocations and agrees that these needed adjustments will be executed in accordance with Section 3.7 of this Agreement. In event that such funding source or funding allocation 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 Section 3.7 section of this Agreement.

(1). Estimated Funding Allocations

July 1, 2018 through June 30, 2019	\$	1,092,188
July 1, 2019 through June 30, 2020	\$	1,880,701
July 1, 2020 through June 30, 2021	\$	2,189,186
FY 2020-2021 CODB DV	\$	62,898
July 1, 2021 through June 30, 2022	\$	2,863,161
July 1, 2022 through June 30, 2023	\$	3,769,157
July 1, 2023 through June 30, 2024	\$	3,963,658
July 1, 2024 through June 30, 2025	\$	3,685,659
July 1, 2025 through June 30, 2026	\$	3,833,085
July 1, 2026 through June 30, 2027	\$	3,986,408
July 1, 2027 through December 31, 2027	\$	2,072,932
Subtotal – July 1, 2018 through June 30, 2022	\$	29,399,033
Contingency	\$	2,331,158
TOTAL – July 1, 2018 through June 30, 2022	\$	31,730,191

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.