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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015 in San Francisco, California, by and between **Family Service Agency of San Francisco** ("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 amend the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses;

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

1. Definitions. The following definitions shall apply to this Amendment:

1a. Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 from RFP 23-2009, dated July 31, 2009, Contract Numbers BPHM11000033, between Contractor and City, as amended to a Sole Source by this First amendment.

1b. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

1c. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. Modifications to the Agreement. The Agreement is hereby amend as follows:

2a. Section 2 of the Agreement currently reads as follows:

2. Term of the Agreement

Subject to Section 2, the term of this Agreement shall be from July 1, 2010 through December 31, 2015.

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

2. Term of the Agreement

Subject to Section 2, the term of this Agreement shall be from July 1, 2010 through December 31, 2017.

2b. Section 5 of the Agreement currently reads as follows:

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Forty-Five Million Four Hundred Eighty-Three Thousand One Hundred Forty Dollars ($45,483,140)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No 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 Department of Public Health 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.

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:

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Sixty Million Four Hundred Sixty Thousand Forty-Nine Dollars ($60,460,049).** The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No 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 Department of Public Health 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.

In no event shall City be liable for interest or late charges for any late payments.

2c. Insurance. Section 15 is hereby replaced in its entirety to read as follows:

15. Insurance

a. 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:

1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than $1,000,000 each accident, injury, or illness; and

2) Commercial General Liability Insurance with limits not less than $1,000,000 each occurrence and $2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

3) 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.

4) Professional liability insurance, applicable to Contractor's profession, with limits not less than $1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.

5) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement

b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

2) 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 insurance applies separately to each insured against whom claim is made or suit is brought.

c. 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 the Section entitled "Notices to the Parties."

d. 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.

e. 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.

f. 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.

g. 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.

h. 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.

Notwithstanding the foregoing, the following insurance requirements are waived or modified in accordance with the terms and conditions stated in Appendix C Insurance.

2d. Replacing "Earned Income Credit (EIC) Forms" Section with "Consideration of Criminal History in Hiring and Employment Decisions" Section. Section 32 "Earned Income Credit (EIC) Forms" is hereby replaced in its entirety to read as follows:

32. Consideration of Criminal History in Hiring and Employment Decisions.

a. Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code (Chapter 12T), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at www.sfgov.org/olse/fco. A partial listing of some of Contractor's obligations under Chapter 12T is set forth in this Section. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

b. The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, shall apply only when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco, and shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant's or potential applicant for employment's, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a

Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection 32 above. Contractor or Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.

f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of $50 for a second violation and $100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.

2e. Protection of Private Information. Section 64 is hereby added to the Agreement, as follows:

64. Protection of Private Information. Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contactor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

2f. Health Care Accountability Ordinance. Section 44 is hereby replaced in its entirety to read as follows:

44. Health Care Accountability Ordinance.

Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. 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.

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than $25,000 ($50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach $75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than $75,000 in the fiscal year.

2g. Add Appendices A-1 through A-13 dated 7/1/15 to Agreement as amended.

2h. Delete Appendix B-Calculation of Charge and replace in its entirety with Appendix B-Calculation of Charge dated 7/1/15 to Agreement as amended.

2i. Add CBHS Budget Documents/Appendices B–1 through B-13 dated 7/1/15 to Agreement as amended.

2j. Delete Appendix D-Additional Terms and replace in its entirety with Appendix D- Additional Terms dated 7/1/15 to Agreement as amended.

2k. Delete Appendix E-HIPAA Business Associate Agreement and replace in its entirety with Appendix E- HIPAA Business Associate Agreement dated 5/19/15 to Agreement as amended.

3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2015.

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

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

CITY

Recommended by:

BARBARA A. GARCIA, MPA.
Director of Health

/ Date

Approved as to Form:

DENNIS J. HERRERA
City Attorney

By: KATHY MURPHY
Deputy City Attorney

/ Date

Approved:

JACI FONG
Director of the Office of Contract Administration, and Purchaser

/ Date

CONTRACTOR

Family Service Agency of San Francisco

ROBERT BENNETT
Executive Director
1500 Franklin Street
San Francisco, CA 94109

Date

City vendor number: 07426

1. **Identifiers:**
   Program Name: Geriatric Services West
   Program Address: 6221 Geary Blvd
   City, State, ZIP: San Francisco, CA 94121
   Telephone: 415-386-6600 FAX: 415-751-3226
   Website Address: www.felton.org

   Contractor Address: 1500 Franklin Street
   City, State, ZIP: San Francisco, CA 94109
   Person Completing this Narrative: Cathy Spensley, Senior Division Director
   Telephone: 415-474-7310, ext. 435
   Email Address: cspensley@felton.org

   Program Code: 89903

2. **Nature of Document:**
   ☐ New **Renewal** ☒ Modification

3. **Goal Statement:**
This program is part of FSA's full and seamless range of behavioral health services to older adults directly addressing the highest levels of need citywide by providing a Full Service Partnership, Intensive Case Management, Geriatric Outpatient Services, Older Adult Day Support Center/Community Integration, and a Senior Peer-Based Wellness and Recovery Center. This continuum of care enhances the capacity of older adult consumers, with an overall goal to assist clients to move out of specialty mental health services and into mainstream peer services and supports in the community. The Geriatric Services West provides outpatient services in Catchment Area 5, in close collaboration with other city/county and community-based programs. The clinic is located at 6221 Geary, and clients are seen in the clinic, as well as in their homes and in the community, as needed.

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

5. **Modality(s)/Intervention(s):**
   Targeted Case Management: means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, other community

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

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

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

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

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

6. Methodology:

A. Outreach, recruitment, promotion, and advertisement.

Outreach is conducted with all collaborative partners, including primary care clinics, substance abuse treatment providers, residential care providers, residential behavioral health providers, hospitals, homeless shelters and adult correctional system, emergency crisis services, and other partners. All levels of service conduct direct outreach to older adults in communities where service connection is needed the most and in locations where the various populations feel the safest, such as cultural centers, senior centers, religious organizations, and other formal and

informal support systems. Peer Case Aides, called Community Specialists are an essential part of outreach, engagement, and retention because of their direct experience as clients of the treatment system. Other outreach to the most fragile and disconnected consumers may be by a FSA Psychiatric Nurse Practitioner (PNP). Consumers otherwise distrustful of treatment services are often willing to receive health care, if it is offered in a non-institutional setting, so the PNP is an important element of the engagement strategy. The PNP provides health screening and first aid, dispenses minor medications (such as over-the-counter painkillers and analgesics, and topical skin medications), and unless already linked, will arrange for medical treatment through primary care partners. In addition to street outreach, referrals are accepted from multiple sources, including SF General, Project Homeless Connect, APS, senior centers, Project Open Hand, other mental health and substance abuse agencies, PES, Sheriff, SFPD, hospital emergency rooms, and family referrals. All outreach materials for FSA's Senior Division, including the agency website, include descriptions of these programs.

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

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

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

The Montreal Cognitive Assessment Scale: Administered annually as a test for cognitive impairment.

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

Overview of the Service Model:

The program provides older adults with a full and seamless range of behavioral health services, directly addressing the highest levels of need citywide, and in close partnership with the other two specialized geriatric mental health outpatient clinics, Central City and Southeast Mission. The program partners closely with Curry Senior Center, for specialized substance abuse outpatient services for older adults in the North of Market/Tenderloin/South of Market neighborhoods, as well as Golden Gate for Seniors residential substance abuse treatment. Primary Care Partnerships also exist with Curry Senior Center and other primary care clinics across the city. With these collaborating partners, services are dual diagnosis-competent at all levels and provide a full range of evidence-based, culturally and linguistically competent, recovery-oriented services throughout the spectrum of behavioral and physical health needs. The aim is to enhance the capacity of older adult consumers, so that as many as appropriate are able to move out of specialty mental health services and into mainstream, peer services, and supports in the community, including aging services. The levels of care are:

Screening and Assessment: Our Centralized Intake conducts appropriate risk assessments and other brief screenings; provides intake interviews in the clinics or in the home or in the

community; and develops an initial care plan to include additional psychiatric and medication assessments.

Care Planning, Care Management, and Services Linkage: After Intake, an assigned clinical case manager begins work with the client. At the core of all services is strength-based recovery-oriented care management. FSA has developed a rigorous approach to care management built on motivational interviewing and wrap-around principles. Each FSA team member (including community staff and medical staff) receives intensive training on assessment, care planning, and culturally competent service delivery, motivational interviewing, and working in a multidisciplinary team, as well as intensive training on outreach, engagement, and re-engagement. In addition, staff members who work in the senior programs receive ongoing specialized training in geriatric mental health. Each client has an assigned case manager as the primary point of contact, and together they develop a strength-based plan of care with measurable outcome objectives. Case management includes brokerage services, as well as brief, evidence-based treatment therapy, when appropriate. Daily living support services are offered as part of the care coordination process and may include problem solving, skills training, and assistance -- often by peers and case aides -- to help clients carry out personal hygiene and grooming tasks; perform household activities; housing supports including working with board and care operators; improving money-management skills; using available transportation; and finding and using healthcare services. Every client is linked to primary care through clinic partners.
Outpatient Case Management and Treatment: Outpatient treatment is in Catchment 5, including the use of peers and partnerships. This program serves individuals who require fewer than four visits per month, and offers integrated care management, medication management, and evidence-based mental health and substance abuse treatment.
Outcome-guided medication regimens: All clients needing medication management have access to an FSA psychiatrist or a nurse practitioner, who assesses, prescribes, monitors, treats, documents symptoms or side effects, and educates. All case managers assess and document client symptoms and behavior in response to medication. Medication policies and procedures identify all processes and safety procedures around medications.
Evidence based, integrated behavioral health treatment: Case managers and clients can access an extensive, organized system of treatments and supports to promote and sustain recovery. FSA, through its Felton Institute, provides national-caliber faculty to train, supervise, and certify staff in a range of evidence-based treatments that span the spectrum of diagnoses of clients. In most cases, FSA has staff with diverse linguistic competencies trained in each of these approaches. These include:
Substance Abuse: FSA clinicians are trained in Motivational Interviewing and offer adjunct substance abuse group therapy. In addition, FSA partners with Curry Senior Center and Golden Gate for Seniors to provide more extensive substance abuse outpatient and residential treatment. In collaboration, these partners continue to develop more accessible and effective treatment strategies for clients with substance abuse issues. **Other Evidence-Based Practices:** FSA has trained staff in numerous evidence-based practices including PST for depression, PST for psychosis, CBT for Depression, CBT for Psychosis, Trauma-focused CBT, DBT, Life Review, and Multifamily Psycho-education Groups. Many treatments are available in Spanish and Cantonese.
Peer Support and Volunteer Opportunities: Older consumers interested and able to participate in meaningful competitive employment are assisted in that effort. For many others, making a meaningful contribution remains important and is a key to maintaining robust physical and mental health throughout the lifespan. FSA offers its clients a range of volunteer opportunities both within the agency and at other partner programs throughout the community.

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

D. Discharge Planning and exit criteria and process.

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

E. Program Staffing

- Senior Division Director, provides administrative oversight and leadership of program operations and development.
- Director of Clinical Supervision and Internship Program, provides oversight of clinical supervision and interns, including direct supervision for clinician licensing hours.
- Centralized Intake Manager, provides centralized intake and timely access, as well as information and referral.
- Program Manager, provides operational oversight, as well as clinical case management and therapy.
- Clinical Case Manager, Provides clinical case management and therapy.
- Clinical Case Manager, Provides clinical case management and therapy.
- Clinical Case Manager, (Cantonese speaking) – Provides clinical case management and therapy.
- Clinical Case Manager, (Cantonese speaking) – Provides clinical case management and therapy.
- Clinical Case Manager, (Russian speaking) – Part-time, provides clinical case management and therapy.
- NP – Part-time, provides medical support services.
- NP (Cantonese, Mandarin, Vietnamese speaking) – Part-time, provides medication support services.
- MD – Part-time, provides medical support services.
- Office Manager, (Russian-speaking) – provides admin support.
- Program Administrator, (Mandarin, Cantonese – speaking) provides receptionist support.

7. Objectives and Measurements:

A. Standard Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS *Performance Objectives FY 15-16*..

8. Continuous Quality Improvement:

CQI activities follow the procedures established agency-wide at FSASF. The CQI overall coordinator for FSASF is Edward McCrone, PhD, Licensed Psychologist, and Quality Assurance Director, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all CBHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director and Compliance Officer, continuous quality improvement mechanisms for all Programs at FSASF first involve the FSA Division Directors, who oversee all aspects of Programs within Divisions. FSASF's Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. This committee reviews twice monthly (2nd Tuesday and 4th Thursday) utilization of services as projected in the contracts. The Division Directors, along with this committee, are responsible for establishing and maintaining overall contractual guidelines for CBHS Mental Health Contract Programs. The FSASF Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, COO, CFO, Controller, HR Director, IT Director, QA Director of FSASF as well as the Division Directors of FSASF responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

A. Achievement of contract performance objectives and productivity:

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

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monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets).

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* There is a Quality Assurance meeting with all program directors across the agency to review "Chart Health" metrics and productivity in each program. This meeting is also a forum to discuss policy changes and issues as they relate to the interface of CIRCE and AVATAR.
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reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

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

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9. Required Language:

N/A

1. **Identifiers:**
   Program Name: Geriatric Services Older Adult Day Support Center/Community Integration
   Program Address: 6221 Geary Blvd
   City, State, ZIP: San Francisco, CA 94121
   Telephone: 415-474-7310 FAX: 415-751-3226
   Website Address: www.felton.org

   Contractor Address: 1500 Franklin Street
   City, State, ZIP: San Francisco, CA 94109
   Person Completing this Narrative: Cathy Spensley, Senior Division Director
   Telephone: 415-474-7310, ext. 435
   Email Address: cspensley@felton.org

   Program Code: 89903MH

2. **Nature of Document:**
   ☐ New **Renewal** ☒ Modification

3. **Goal Statement:**
This program is part of FSA's full and seamless range of behavioral health services to older adults directly addressing the highest levels of need citywide by providing a Full Service Partnership, Intensive Case Management, Geriatric Outpatient Services, Older Adult Day Support Center/Community Integration, and a Senior Peer-Based Wellness and Recovery Center. This continuum of care enhances the capacity of older adult consumers, with an overall goal to assist clients to move out of specialty mental health services and into mainstream peer services and supports in the community. The Older Adult Day Support Center/Community Integration Program is located at 6221 Geary Boulevard, and it serves clients at that location

4. **Target Population:**
The target population for the Older Adult Day Support Center is clients aged 60 and older who need specialized geriatric mental health services beyond what is available through the Adult System of Care, and who can benefit from specialized group therapy for older adults, as well as community integration to reduce isolation. The program serves clients citywide. Clients can receive case management and medication support services from this program, if they do not have these services from other programs in the city. These clients may have multiple disabilities, complex medical needs, dual diagnoses, or other specialized needs related to mental health and aging, and are best served by clinicians with geriatric mental health expertise. The population also has additional needs related to engagement, language, cultural awareness, stigma, social isolation, substance abuse, or cognitive deficits. The program works in close coordination with the city's Older Adult System of Care.

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

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

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

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

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

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

6. Methodology:

A. Outreach, recruitment, promotion, and advertisement.

Outreach is conducted with other FSA Senior Division programs, as well as all collaborative partners, including other geriatric mental health programs, adult protective services, primary care clinics, substance abuse treatment providers, residential care providers, residential behavioral health providers, senior centers, hospitals, and homeless shelters. Direct outreach to older adults is conducted in communities where service connection is needed the most and in locations where the various populations feel the safest, such as cultural centers, senior centers, religious organizations, and other formal and informal support systems. Peer Case Aides, called Community Specialists are an essential part of outreach, engagement, and retention because of their direct experience as clients of the treatment system. Referrals are accepted from multiple sources, including the CBHS Older Adult System of Care, Office on Aging case managers, SF General, Project Homeless Connect, APS, senior centers, Project Open Hand, other mental health and substance abuse agencies, and family and self-referrals. All outreach materials for FSA's Senior Division, including the agency website, include descriptions of programs.

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

Intake occurs in the Geary Boulevard offices, at client homes, in hospitals, or wherever best meets a client's needs. At screening, it is determined if clients have case management services and medication support services or if they need these additional services from the program. It is also determined if clients need Paratransit transportation to get to the group site, or other transportation support. An assessment is conducted to determine which group therapy program the clients would best be served, as well as additional individual interests which match with community integration opportunities. The program follows a client-centered approach in all stages of engagement, assessment, and treatment planning. Clients may also get assistance with food, clothing needs, and primary care examinations, and pressing health needs are treated through FSA's primary care partners. With basic health and safety assured, clients receive comprehensive assessment using a strength-based, assessment tool designed to give care managers and consumers an understanding of the consumer's goals, aspirations, and challenges across all life domains. Elements of the toolkit include a number of evidence-based scales relevant to assessing a particular client, but all clients receive assessment with:

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

The Montreal Cognitive Assessment Scale: Administered annually as a test for cognitive impairment.

C. Service delivery model and how each service is delivered

Overview of the Service Model:

This program provides specialized group therapy and community integration services in conjunction with other mental health and case management programs. Partners may include specialized geriatric mental health outpatient clinics in CBHS's Older Adult System of Care, including FSA, Central City, and Southeast Mission, providing clinical case management and medication support services, or it may include other case management programs specializing in older adults. If clients are not receiving needed case management and medication support services from other city programs, OADSC will provide these services inside the program or connect the client with those services. Therefore, in collaboration with other partnering programs, OADSC provides older adults with a full and seamless range of behavioral health services, directly addressing the highest levels of need citywide.

Along with providing this specialized service in conjunction with other clinical case management programs, in its role of providing specialized group therapy and community integration services, OADSC provides a unique service in the city by offering a step-down from more intensive mental health services, as well as a step-up in mental health services for those fitting more appropriately in the SMI population. The program partners closely with FSA's Senior Drop-In Center, a Senior Peer-Based Wellness and Recovery Center at the Curry Senior Center, by offering supportive and welcoming access to mental health services. In addition, over the years many clients from specialized SMI case management programs have been able to step down their clients to this group therapy program, thus providing the appropriate level of services and saving significant resources in our system of care.

For 2014-15, OADSC will operate at 6221 Geary on Thursdays from 9:30-2:30, and 280 Turk on Mondays from 9:30am-2:30pm. Both days include 2 group therapy sessions, a hot lunch, and community integration activities. It is anticipated that in early 2015, OADSC will begin operating a similar schedule 1-2 days a week at 1099 Sunnydale, in Visitation Valley. Additional group therapy community integration activities are currently occurring at San Francisco Senior Center, and in several residential care facilities.

In addition, the program partners closely with Curry Senior Center and specialized substance abuse outpatient services for older adults in the North of Market/Tenderloin/South of Market neighborhoods, as well as Golden Gate for Seniors residential substance abuse treatment. Primary Care Partnerships also exist with Curry Senior Center and other primary care clinics across the city. With these collaborating partners, services are dual diagnosis-competent at all levels and provide a full range of evidence-based, culturally and linguistically competent, recovery-oriented services throughout the spectrum of behavioral and physical health needs. The aim is to enhance the capacity of older adult consumers, so that as many as appropriate are able to move out of specialty mental health services and into mainstream, peer services, and supports in the community, including aging services. The levels of care are:

Screening and Assessment: Our Centralized Intake conducts appropriate risk assessments and other brief screenings; provides intake interviews in the clinics or in the home or in the community; and develops an initial care plan to include additional psychiatric and medication assessments. When appropriate, clients will be referred to the Older Adult Day Support Center for group therapy and case management, instead of a higher level of care in our Geriatric Outpatient Mental Health Services.

Care Planning, Care Management, and Services Linkage: After Intake, if the client does not have case management through other services, an OADSC assigned clinical case manager begins work with the client. At the core of all services is strength-based recovery-oriented care management. FSA has developed a rigorous approach to care management built on motivational interviewing and wrap-around principles. Each FSA team member (including community staff and medical staff) receives intensive training on assessment, care planning, and culturally competent service delivery, motivational interviewing, and working in a multidisciplinary team, as well as intensive training on outreach, engagement, and re-engagement. In addition, staff members who work in the senior programs receive ongoing specialized training in geriatric mental health. Case management includes brokerage services, as well as brief, evidence-based treatment therapy, when appropriate. Daily living support services are offered as part of the care coordination process and may include problem solving, skills training, and assistance -- often by peers and case aides -- to help clients carry out personal hygiene and grooming tasks; perform household activities; housing supports including working with board and care operators; improving money-management skills; using available transportation; and finding and using healthcare services. Clients may also receive medication support services from FSA, and every client is linked to primary care through clinic partners.

Peer Support and Volunteer Opportunities: Older consumers interested and able to participate in meaningful competitive employment are assisted in that effort. For many others, making a meaningful contribution remains important and is critical to maintaining robust physical and mental health throughout the lifespan. FSA offers its clients a range of volunteer opportunities both within the agency and at other partner programs throughout the community. Many graduates of OADSC, as well as clients from other FSA programs, volunteer with OADSC to assist with the center programming and other community integration opportunities.

Community Integration Services and Wellness Promotion: Participants in all levels of care are offered opportunities in community integration and wellness promotion as an integral part of the recovery process. These services are designed to help clients transition to other support systems in the community, as well as provide effective outreach and engagement for individuals who are socially isolated, need mental health services, and benefit from evidence-based and innovative group therapy. Full assessments, preventive screening, and care plans lead to appropriate transitions and treatment options. Transition and escort services, often by case aides and peer volunteers, help clients feel comfortable going to senior centers, or make appointments at primary care clinics. Other services include education and assistance for more

healthy living, including smoking cessation assistance and exercise, and meaningful joint activities in the community. To assist older adult clients overcome social isolation, improve social and personal skills, and become better integrated in their communities, a variety of opportunities are available in the Older Adult Day Support Center, partnering senior centers, and adult day health care centers, and other senior programs in the city, including connections to natural supports and peer opportunities. Group therapy is a large part of this model, as research has shown it offers additional benefits to older adults, such as mutual aid and a sense of belonging.

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

D. Discharge Planning and exit criteria and process.

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

E. Program staffing

- Senior Division Director, provides administrative oversight and leadership of program operations and development.
- Director of Clinical Supervision and Internship Program, provides oversight of clinical supervision and interns, including direct supervision for clinician licensing hours.
- Program Director, provides operational oversight, as well as clinical case management, group therapy, community integration services, and oversight of volunteers.
- Clinical Case Manager, provides clinical case management, group therapy, and community integration services.
- Community Specialist, provides peer support and community integration services.

7. Objectives and Measurements:

A. Standard Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16.

B. Continuous Quality Improvement (CQI):

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

Contractor Address: 1500 Franklin Street
City, State, ZIP: San Francisco, CA 94109
Person Completing this Narrative: Cathy Spensley, Senior Division Director
Telephone: 415-474-7310, ext. 435
Email Address: cspensley@felton.org

Program Code: 38223MH and 382213

2. Nature of Document:

3. ☐ New **Renewal** [X] Modification

4. Goal Statement:

This program is part of FSA's full and seamless range of behavioral health services to older adults directly addressing the highest levels of need citywide by providing a Full Service Partnership, Intensive Case Management, Geriatric Outpatient Services, Older Adult Day Support Center/Community Integration, and a Senior Peer-Based Wellness and Recovery Center. This continuum of care enhances the capacity of older adult consumers, with an overall goal to assist clients to move out of specialty mental health services and into mainstream peer services and supports in the community. The Geriatric Outpatient Services at 1500 Franklin provides outpatient services in Catchment Area 2, in close collaboration with other city/county and community-based programs. The Geriatric Outpatient Intensive Case Management program provides services citywide, with the overall goal to stabilize and provide step-down transitions to a lower level of care. The Community Aftercare Psychiatrist support provides medication support to a population of clients living in residential care homes that need this level of medication oversight, including injections, to remain living successfully in the community.

5. Target Population:

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

hospitalizations, homelessness, and other high risk criteria. The Community Aftercare Psychiatrist support provides medication support to a population of clients living in residential care homes that need this level of medication oversight, including injections, to remain living successfully in the community.

6. Modality(s)/Intervention(s)

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

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

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

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

Crisis intervention: is an emergency service (unplanned). Crisis intervention is an immediate therapeutic response, which includes a face-to-face contact when an individual exhibits acute

psychiatric symptoms to alleviate problems, which, if untreated, present an imminent threat to the individual or others.

7. Methodology:

A. Outreach, recruitment, promotion, and advertisement.

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

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

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

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

The Mini Mental Status Exam or Blessed Roth Dementia Scale: Administered annually as a test for cognitive impairment.

C. Service delivery model and how each service is delivered

Overview of the Service Model:

The program provides older adults with a full and seamless range of behavioral health services, directly addressing the highest levels of need citywide, and in close partnership with the other two specialized geriatric mental health outpatient clinics, Central City and Southeast Mission.

The program partners closely with Curry Senior Center, for specialized substance abuse outpatient services for older adults in the North of Market/Tenderloin/South of Market neighborhoods, as well as Golden Gate for Seniors residential substance abuse treatment. Primary Care Partnerships also exist with Curry Senior Center, Lakeside, and other primary care clinics across the city. With these collaborating partners, services are dual diagnosis-competent at all levels and provide a full range of evidence-based, culturally and linguistically competent, recovery-oriented services throughout the spectrum of behavioral and physical health needs. The aim is to enhance the capacity of older adult consumers, so that as many as appropriate are able to move out of specialty mental health services and into mainstream, peer services, and supports in the community, including aging services. The levels of care are:

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

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

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

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

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

Substance Abuse: FSA clinicians are trained in Motivational Interviewing and offer adjunct

substance abuse group therapy. In addition, FSA partners with Curry Senior Center and Golden Gate for Seniors to provide more extensive substance abuse outpatient and residential treatment. In collaboration, these partners continue to develop more accessible and effective treatment strategies for clients with substance abuse issues. **Other Evidence-Based Practices:** FSA has trained staff in numerous evidence-based practices including PST for depression, PST for psychosis, CBT for Depression, CBT for Psychosis, Trauma-focused CBT, DBT, Life Review, and Multifamily Psycho-education Groups. Many treatments are available in Spanish and Cantonese.

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

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

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

D. Discharge Planning and exit criteria and process.

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

E. Program staffing.

- Senior Division Director, provides administrative oversight and leadership of program operations and development.
- Director of Clinical Supervision and Internship Program, provides oversight of clinical supervision and interns, including direct supervision for clinician licensing hours.
- Centralized Intake Manager, provides centralized intake and timely access, as well as information and referral.
- Program Manager, provides operational oversight of GOS and ICM programs, as well as clinical case management and therapy.
- Clinical Case Manager, provides clinical case management and therapy for ICM program.
- Clinical Case Manager, provides clinical case management and therapy for ICM program.
- Clinical Case Manager, (Polish-speaking) – provides clinical case management and therapy for GOS program.
- Clinical Case Manager (Spanish-speaking) – provides clinical case management and therapy for GOS Program.
- Clinical Case Manager, (Spanish-speaking) – provides clinical case management and therapy for GOS Program.
- Clinical Case Manager, (Mandarin-speaking) – Part-time, provides clinical case management and therapy for GOS Program.
- Lead Community Specialist, provides peer services for ICM and GOS program.
- Senior Division Medical Director, Part-time, provides oversight of medical staff, as well as medication support services.
- NP, Part-time, provides medication support services.
- Administrative Manager & QA, Part-time, provides oversight of program admin support across the Senior Division.
- Administrative Assistant, part-time, provides billing and admin support across the Senior Division.

8. Objectives and Measurements:

A. Standard Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16.

B. Continuous Quality Improvement (CQI):

CQI activities follow the procedures established agency-wide at FSASF. The CQI overall coordinator for FSASF is Edward McCrone, PhD, Licensed Psychologist, and Quality Assurance Director, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all CBHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director and Compliance Officer, continuous quality improvement mechanisms for all Programs at FSASF first involve the FSA Division Directors, who oversee all aspects of Programs within Divisions. FSASF's Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. This committee reviews twice monthly (2nd Tuesday and 4th Thursday) utilization of services as projected in the contracts. The Division Directors, along with this committee, are responsible for establishing and maintaining overall contractual guidelines for CBHS Mental Health Contract Programs. The FSASF Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, COO, CFO, Controller, HR Director, IT Director, QA Director of FSASF as well as the Division Directors of FSASF responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

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

Program staff meets monthly, on the first Tuesday of every month, for a FSA Operations Meeting with Ed McCrone, Marvin Davis, CFO, and Treedeen Tether, Compliance Officer to review program progress relative to CBHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g., productivity, units delivered, caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets).

In another meeting, FSASF QA Director meets monthly for QA/IT Meeting (4th Thursday) with FSASF Compliance Officer, IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives.

B. Quality of documentation, including a description of the frequency and scope of internal chart audits:
FSA continues to utilize its own in house data system, called 'CIRCE' which stands for Cloud-based Integrated Reporting and Charting Environment. CIRCE gives up to the minute program dashboards on productivity, lapse of time between service rendered and service documented, and PURQC minutes utilized. It also alerts program directors and line staff to upcoming due

dates for assessments, plans of care, yearly HIPAA rights review and documentation, and PURQC. Programs also have a monthly meeting to PURQC clients on their anniversary dates with new Tx POC, Reassessment, and CANS or ANSA.

Each month (on the 3rd Tuesday), Dr. McCrone meets with Treedeen Tether Compliance Officer, Adrienne Abad Administrative Manager, and all FSASF Administrative staff, to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

FSASF has designed a 3-Tiered QA audit process which is conducted as follows:
Monthly:
* There is a Quality Assurance meeting with all program directors across the agency to review "Chart Health" metrics and productivity in each program. This meeting is also a forum to discuss policy changes and issues as they relate to the interface of CIRCE and AVATAR.
* Program directors are required to audit charts at least yearly, when charts are opened, closed, or reviewed for annual TxPOC and PURQC. This audit includes a review of all chart components for quality, Medi-Cal compliance, as well as timeliness of signatures and dates. The attached internal audit sheet is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.
* All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

Quarterly:
All program directors facilitate a quarterly peer review audit of a random selection of charts in which line staff applies attached audit forms to review each other's charts. Time is spent reviewing the findings at the end of the peer review.

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

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

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

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

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

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

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

9. Required Language:

N/A

1. **Identifiers:**
   Program Name: **Older Adult Full Service Partnership at Turk**
   Program Address: 280 Turk Street
   City, State, ZIP: San Francisco, CA 94102
   Telephone: 415-474-7310 FAX: 415-474-9934
   Website Address: www.felton.org

   Contractor Address: 1500 Franklin Street
   City, State, ZIP: San Francisco, CA 94109
   Person Completing this Narrative: Cathy Spensley, Senior Division Director
   Telephone: 415-474-7310, ext. 435
   Email Address: cspensley@felton.org

   Program Code(s): 38JWFSP

2. **Nature of Document:**
   ☐ New **Renewal** ☒ Modification

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

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

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

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

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

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

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

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

6. Methodology:

A. Outreach, recruitment, promotion, and advertisement.

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

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

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

Intake occurs in the 280 Turk Street offices, or anywhere in the community that best meets a client's needs. At screening, it is determined if clients have a safe place to live, enough to eat, and medical care for acute conditions, before proceeding to assessment. Those who cannot be placed in housing immediately receive temporary housing while the assessment and housing placement process continues. Clients may also get assistance with food, clothing needs, and primary care examinations, and pressing health needs are treated through FSASF's primary care partners. Once the client is engaged in services, the clinical case manager will conduct a clinical assessment (ANSA), which will form a foundation of knowledge about the client's psychosocial history. Those that are flagged by the CAGE screen for substance abuse issues will also be referred on for additional substance abuse assessment and treatment focus. After the assessment, the clinical case manager will meet with the client to discuss treatment goals. The finalized treatment plan will be a collaborative effort between the client, the primary case manager, and the rest of the multidisciplinary team, including the Community Specialists and the Psychiatric Nurse Practitioner. This plan will follow a strengths based, client centered approach, in which the client is the primary driver of the treatment goals. In addition to the ANSA, The Mini Mental Status Exam or Blessed Roth Dementia Scale, administered annually as a test for cognitive impairment.

C. Service delivery model and how each service is delivered

Overview of the Service Model:

The Older Adult Full Service Partnership (FSP) offers FSASF's Senior Division's highest level of care within the continuum of care, which also includes Intensive Case Management, Geriatric Outpatients Services, an Older Adult Day Support Center/Community Integration Services, and a Senior Peer-Based Wellness and Recovery Center. The FSP program's key components include Peer Outreach and Engagement, Targeted Case Management, Mental Health Services, Medication Support Services, Crisis Intervention, Vocational Training, and Wellness and Recovery, with the overall goal to pursuing recovery goals and facilitating graduation from the program to successful transition to a lower level of service and supports.

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

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

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

Levels of care include:

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

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

3. ***Outpatient Case Management and Treatment:*** Outpatient treatment in at 280 Turk or in the community and consists of integrated care management, medication management, and evidence-based mental health and substance abuse treatment.

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

5. ***Evidence based, integrated behavioral health treatment:*** Case managers and clients can access an extensive, organized system of treatments and supports to promote and sustain recovery. FSASF, through its Felton Institute, provides national-caliber faculty to train, supervise, and certify staff in a range of evidence-based treatments that span the spectrum of diagnoses of clients. In most cases, FSASF has staff with diverse linguistic competencies trained in each of these approaches. These include: **Substance Abuse:** FSASF clinicians are trained in Motivational Interviewing and offer adjunct substance abuse group therapy. In addition, FSASF partners with Curry Senior Center and Golden Gate for Seniors to provide more extensive substance abuse outpatient and residential treatment. In collaboration, these partners continue to develop more accessible and effective treatment strategies for clients with substance abuse issues.

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

7. ***Older Adult Day Support Center/Community Integration Services and Wellness Promotion:*** Participants in the FSP Program are offered opportunities in community integration and wellness promotion as an integral part of the recovery process. The Older Adult Day Support Service currently operates one day a week at the 280 Turk Street location, and this co-location has allowed many of the FSP participants to engage in group therapy, as well as other socialization activities. Research has shown that group therapy offers additional benefits to older adults, such as mutual aid and a sense of belonging.
   The Community Integration Services helps participants access other formal and informal supports and socialization opportunities in the city, such as senior centers. Wellness promotion includes education and assistance for more healthy living, including smoking cessation assistance and exercise, and meaningful joint activities in the community. To assist older adult clients overcome social isolation, improve social and personal skills, and become better integrated in their communities, a variety of opportunities are shared with participants, including connections to natural supports and peer opportunities.

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

FSASF's Senior Programs participate in the CBHS Advanced Access initiative, including timely ddata measurement at the site and reporting of data to CBHS as required. They provide and document the initial risk assessment using the CBHS IRA form within 24-48 hours of request for service, and adhere to CBHS guidelines regarding assessment and treatment of uninsured clients. All services are ADA compliant. Clinic services are provided in the client's home, other

senior sites (health clinics, Adult Day Health, senior centers, etc.), and at FSASF offices.

D. Discharge Planning and exit criteria and process.

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

E. Program's staffing.

- Senior Division Director, provides administrative oversight and leadership of program operations and development.
- Director of Clinical Supervision and Internship Program, provides oversight of clinical supervision and interns, including direct supervision for clinician licensing hours.
- Program Manager, provides operational oversight, as well as clinical case management and therapy.
- Korean-speaking Lead Clinical Case Manager, provides clinical case management and therapy.
- Mandarin-speaking Clinical Case Manager, provides clinical case management and therapy.
- Russian-speaking Clinical Case Manager, provides clinical case management and therapy.
- Lead Community Specialist, provides peer support and outreach.
- Spanish Speaking Community, provides peer support and outreach.
- Community Specialist – Provides peer support and outreach.
- NP – Part-time, provides medication support.
- Administrative Assistant, Part-time, provides admin support.

F. Mental Health Service Act Program Modalities

Indirect Services.

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

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

7. Objectives and Measurements:

A. Standard Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS *Performance Objectives FY* 15-16..

8. Continuous Quality Improvement:

CQI activities follow the procedures established agency-wide at FSASF. The CQI overall coordinator for FSASF is Edward McCrone, PhD, Licensed Psychologist, and Quality Assurance Director, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all CBHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director and Compliance Officer, continuous quality improvement mechanisms for all Programs at FSASF first involve the FSA Division Directors, who oversee all aspects of Programs within Divisions. FSASF's Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. This committee reviews twice monthly (2nd Tuesday and 4th Thursday) utilization of services as projected in the contracts. The Division Directors, along with this committee, are responsible for establishing and maintaining overall contractual guidelines for CBHS Mental Health Contract Programs. The FSASF Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, COO, CFO, Controller, HR Director, IT Director, QA Director of FSASF as well as the Division Directors of FSASF responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

A. Achievement of contract performance objectives and productivity:

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

Program staff meets monthly, on the first Tuesday of every month, for a FSA Operations Meeting with Ed McCrone, Marvin Davis, CFO, and Treedeen Tether, Compliance Officer to review program progress relative to CBHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g., productivity, units delivered, caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets).

In another meeting, FSASF QA Director meets monthly for QA/IT Meeting (4th Thursday) with FSASF Compliance Officer, IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives.

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

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

Each month (on the 3rd Tuesday), Dr. McCrone meets with Treedeen Tether Compliance Officer, Adrienne Abad Administrative Manager, and all FSASF Administrative staff, to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

FSASF has designed a 3-Tiered QA audit process which is conducted as follows:
Monthly:
* There is a Quality Assurance meeting with all program directors across the agency to review "Chart Health" metrics and productivity in each program. This meeting is also a forum to discuss policy changes and issues as they relate to the interface of CIRCE and AVATAR.
* Program directors are required to audit charts at least yearly, when charts are opened, closed, or reviewed for annual TxPOC and PURQC. This audit includes a review of all chart components for quality, Medi-Cal compliance, as well as timeliness of signatures and dates. The attached internal audit sheet is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.
* All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

Quarterly:
All program directors facilitate a quarterly peer review audit of a random selection of charts in which line staff applies attached audit forms to review each other's charts. Time is spent reviewing the findings at the end of the peer review.

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

C. Cultural competency of staff and services

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

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

D. Satisfaction with services

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

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

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

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

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

9. Required Language:

N/A

1. **Identifiers:**
   Program Name: Senior Drop-In Center at Curry Senior Center
   Program Address: 333 Turk Street
   City, State, ZIP: San Francisco, CA 94102
   Telephone: 415-292-1081
   Website Address: www.felton.org

   Contractor Address: 1500 Franklin Street
   City, State, ZIP: San Francisco, CA 94109
   Person Completing this Narrative: Cathy Spensley, Senior Division Director
   Telephone: 415-474-7310, ext. 435
   Email Address: cspensley@felton.org

   Program Code(s): 3822SD

2. **Nature of Document**

   ☐ New **Renewal** ☒ Modification

3. **Goal Statement**
   FSA's Senior Drop-In Center is a Senior Peer-Based Wellness and Recovery Center that links older adults with treatment, medical care, support services, and resources in the community, while providing a supportive, low-threshold, non-judgmental environment in which elders proceed at their own pace. The aim is to connect elders to the support they need. This program is part of FSA's full and seamless range of behavioral health services to older adults directly addressing the highest levels of need citywide by providing a Full Service Partnership, Intensive Case Management, Geriatric Outpatient Services, Older Adult Day Support Center/Community Integration, and the Senior Peer-Based Wellness and Recovery Center. This continuum of care enhances the capacity of older adult consumers, with an overall goal to assist clients to move out of specialty mental health services and into mainstream peer services and supports in the community.

4. **Target Population:**
   The target population is older adults 60 and older who currently have mental health and/or substance abuse issues, who may be homeless or episodically homeless, and who may or may not have been connected to the behavioral health services before. Some may have cognitive impairments, severe disabilities, chronic health conditions, substance abuse issues, or may be living with HIV/AIDS. The Tenderloin and surrounding neighborhood in San Francisco have large numbers of isolated older adults, with severe mental illness and co-occurring disorders. The center serves an average of 40 clients per day in FY 2014/15. About 30% are white, 34% African American, 15% Asian/Pacific Islander; 9% Latino/a, and 12% Other, with 15% estimated to be LGBTQ. About 20% are women. The center is located in the 94102 zip code. Outreach and service delivery is conducted citywide, but participants tend to come from the immediate area, including South of Market and the Western Addition neighborhoods.

5. Modality(s)/Intervention(s)

The Drop-In Center offers a gathering place, peer-based support, resources to help guests access services and advocacy. The following MHSA modalities best describe the work of the program.

Outreach and Engagement: The program establishes and maintains relationships with individuals and introduces them to available services; or facilitate referrals and linkages to health and social services. Last year a new weekly coaching component to outreach and engagement was introduced, that focused on following up on specific tasks as identified by guests and staff together. A specific focus was also around meeting housing needs. Staff also reviews monthly housing lists with guests and has regular coaching sessions around housing and housing issues, including assistance with submitting applications. By the end of the current fiscal year.

- FSA will conduct 12 outreach presentations at SRO hotels and Project Homeless Connect to reach 50 staff and 25 older adults, as documented by outreach signed-in sheets stored in the Outreach Binder.

Wellness Promotion: Increase problem-solving capacities; or develop or strengthen networks that community members trust. This includes activities for individuals or groups intended to enhance protective factors, reduce risk factors and/or support individuals in their recovery.

- By the end of the current fiscal year, this promotion will reach 150 unduplicated individuals. This will be implemented before center activities with the highest level of attendance. On the 'Social Connected' scale, as evidenced by question 1 and 2 on the guest feedback form. 30% of the consumers will report an increase in 'social connectedness.

Service Linkage: Staff goes to SROs, Project Homeless Connect, and mental health and social services agencies, providing information about our services, and learning about those. This information will be disseminated to guests before bingo and other activities.

- By the end of FY, 30 guests will be connected to behavioral health services, and 50 guests included in the care management binder will have a care plan.

6. Methodology

A. Outreach, recruitment, engagement, and retention.

Outreach and Community Speakers: Staff contact community agencies and arrange outreach visits a minimum of twice a month, and community agencies are encouraged to speak at the Center from two to four times a month. Staff makes appointments with community based agencies to conduct outreach up to three times per month. These efforts can lead to new guests attending the center, getting new ideas for groups, and lead to agencies sending out guest speakers to the Drop-In Center.

Recruitment: The Senior Peer Recovery Center operates in conjunction with the Curry Senior Center. The first point of recruitment is the meal program and its attraction of regular attendees. Through regular contact with both staff and peer counselors, the program builds rapport and engages the participants in Recovery Center programming. FSA also recruits via flyers, brochures, and through direct connection with the many agencies serving elderly clients, and information passed through external peer networks. Because guests have a need for housing the program offers applications for housing lists that TNDC, CHP and other housing

non-profits offer on a regular basis. By addressing their needs, the program ensures that guests are more likely to return and engage. The Drop In Center also uses peer staff who hear about issues that guest have on an informal basis. The Center works with Project Open Hand and Project Homeless Connect and conducts repeated engagement to identify potential participants. The Center has established a non-threatening, ultra-low threshold of service free of intrusive sign-in practices. Staff use logs (such as peer assistance or referral logs) to track participation.

Engagement: Peer staff and their supervisor at the meal site introduce themselves and engage with the clients to establish a trusting relationship, recognizing that trust and rapport take time and require skills and sensitivity. As recommended by the focus groups, a friendly system has been developed by peer staff and volunteers that allow people to be introduced warmly when they "drop in," and a great amount of effort is made to make everyone feel welcome and comfortable. There are group activities in the meal room between breakfast and lunch that allows participants to feel that they are part of a community. Repeated attempts are made to engage clients, without imposing value judgments on those individuals who choose not to participate.

Retention: Retention is the goal only if the participant continues to gain benefit from the community, but efforts toward community integration are pursued for all participants, so that they can meet their needs and find greater fulfillment within the neighborhood community or beyond.

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

Admission: Based on low threshold engagement to bring the targeted population into a comfortable area of engagement, so that services can be offered and more easily accepted.
Assessment: Staff provides a Welcome Packet. The packet includes the monthly activities calendar, the center rules, and a Curry Center brochure. Staff and volunteers use this time to engage, listen, and assess through an informal welcoming interview process. Staff are encouraged to "meet the client where they are" when assessing for service needs. Even if a new guest declines services, the individual knows when they have questions or are ready for services that staff are happy to meet and help them get services they need. Service delivery model and how each service is delivered.

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

Since 2007, FSA has been providing a drop-in senior peer-based wellness and recovery center at the Curry Senior Center at 333 Turk Street, in the Tenderloin section of the city, in conjunction with the congregate meal program provided by Project Open Hand for breakfast and lunch. The Senior Drop-In offers programming Wednesday through Friday, from 9am-3pm, and Saturday and Sunday, from 9am-1pm. Essential to this program are the weekend hours, when little is available for troubled and isolated seniors in the Central City. The program provides group and one-to-one activities, peer support mentoring and assistance, socialization, and skill development, as well as a safe place to be with friends. The program works to link seniors with treatment, medical care, support services, and other resources in the community, while providing a supportive, low-threshold, non-judgmental environment in which elders can proceed at their own pace. A range of volunteer, stipend, and regular employment opportunities are provided for consumers. Consumers offer ideas that are then integrated into operation by program staff. Volunteers help to set up and run the groups with constant staff over-site with most of the activities being planned and carried out by consumers themselves, including self-help support groups. The program conducts extensive outreach to recruit participants, as well as peer counselors and other volunteers. Peer support provides assistance with activities of daily living as well as other necessary and beneficial supports.

An average of **Twenty participants** attend the center daily, participating in various capacities. Core services include the above descriptions of outreach and assessment, and:

Case Management: Staff will refer to appropriate services upon request. Peers can escort to appointments, when appropriate, either on foot or on MUNI.

Treatment: Staff utilizes a Harm Reduction approach coupled with Motivational Interviewing techniques to engage the individual where they are in their decision to seek out treatment services. If needed, staff or volunteers meet individually with a client on a regular basis to build report and support the client in their decision to seek out appropriate treatment services. Wellness and Recovery is always promoted during the process.

Individual Advocacy: Through the process of building group and individual supportive relationships with guests, staff and peers promote and encourage individual advocacy to guests. This is done through monthly Community meetings, as well as through encouraging guests to approach staff and/or volunteers with questions, concerns and needs they may have. By encouraging and supporting individual and group advocacy, the Peer-Based Wellness Center is helping to reduce the individual's feeling of stigma through Strength-Based empowerment.
Policy and Systemic Advocacy: Reduction of stigma and the promotion of ideas incorporated in wellness and recovery. This contributes to a systems change in service delivery, particularly in reaching underserved and unidentified older persons in need.

A Welcoming Hub to Services
All older adults in the city, aged 60 and older are welcomed into the Wellness and Recovery Center. Following the "Every Door is the Right Door" approach, one of the goals of this project is to encourage older adults to seek treatment for mental health or substance abuse issues, as well as be provided medical services at a primary care home. All new participants are given an orientation to the center on an individual basis, including information about activities, Curry Center rules and guidelines, and a tour of the center and the Project Open Hands meal site. If the consumer expresses a desire for case management or mental health services, they are referred to appropriate services at Family Service Agency, Curry Senior Center, or other partnering agencies. All participants who do not already have a primary care home are connected to Curry Senior Center's medical clinic or to another appropriate primary care clinic. Participants requesting assistance with substance abuse are connected to Curry Senior Center's substance abuse program or other partnering treatment providers. Those needing housing services are connected to Curry Senior Center's Housing Services, or other housing services provided by partnering agencies. All participants are offered these connections to services in a non-threatening, low-key approach; In addition, the door remains open to revisit the discussion towards connecting to services at any time. All participants are asked to sign a log sheet for attendance for safety reasons, as well as program tracking purposes, and these records are used to track unduplicated attendance each quarter

The Recovery Model
Although some view recovery from a more traditional medical definition of the absence of illness, the psych-rehabilitative recovery model definition is understood as an ongoing, individualized process for persons with mental illness to be able to live their lives as fully as possible, even while enduring the symptoms and issues involved with their illness. The Wellness and Recovery Center fully embraces this second model and seeks to assist participants in locating jobs, meaningful activities and hope in their lives.

Peer Volunteers
The Peer Volunteer Program is an essential component of the center. Volunteers support the needs of the all participants of the center. The program helps the volunteers reach goals in building self-confidence, esteem, and other aspects of the Recovery Model. Monthly meetings are held with the Peer Volunteer Staff for planning and information sharing. Basic training in Motivational Interviewing is offered to give peers greater skills for assisting center participants. Peer Volunteers also help plan group activities. The Peer Volunteers solicit feedback from guests around activities they would like to see implemented at the Center and report back to staff.

Group Activities
Group activities are available for outreach, socialization, education, community integration, health and wellness at the Older Adult Day Support Center, connected to the FSP Program, across the street at 280 Turk, as well as the group activities at the Curry Senior Center. Hospitality House is another referral source. Accessible, low-key therapeutic groups begin to address mental health, co-occurring disorders and substance abuse from a Harm Reduction perspective.

Activities that assist with Outreach
Peer volunteers and center participants, through focus groups, decide what activities they would like to attend at the center. So far, these have included Music Appreciation, Current Events, Cooking with a Microwave, and Educational Documentaries with Post-Film Discussion.

Socialization
Participants enjoy interactive games, allowing opportunities to develop interpersonal skills, make friends, and have fun. Many of the participants do not live in housing that promotes a sense of well-being and relaxation. Following the Recovery Model, hope and joy are a goal that the center strives to promote by providing a safe, friendly, and warm environment. The games and opportunities for socialization help increase motivation for on-going attendance. Games have included various organized board games, memory games, historical quizzes, "Do You Remember" discussions, arts and crafts, etc.

Education
The center's lead peer case aide has been very active in soliciting other programs and resources in the neighborhood to come to the center and present opportunities. These guest speakers provide information about resources, health issues, and community opportunities, including:
- Curry Nursing Staff: Education about important health issues
- Tom Waddell: Education about healthy eating
- RAMS: About job opportunities in their HireAbility Program
- Hospitality House, where participants are linked to creative expression through the arts
- Office on Aging, Case Manager: To provide information about housing opportunities
- The Living Room, for socialization opportunities

Substance Abuse Treatment
The center strives to provide greater access to service needs by the participants. It is the Wellness and Recovery Center's goal to create an environment that emphasizes awareness of substance abuse issues and encourages entry into treatment, but does not stigmatize or drive away those participants who are not ready to address their substance abuse problems. Education is offered about co-occurring issues (including smoking), from guest speakers and videos, which follow with open discussions and encourage individuals to accept referrals for treatment. Participants are informed and encouraged to attend AA and NA groups when they

are ready to attend treatment, as well as Curry Senior Center's range of substance abuse treatment programs on-site. The Center requires sobriety among participants and asks obviously intoxicated or participants under the influence of substances to leave the premises immediately. Participants are allowed to return to the Center, however, at which time attempts are made to provide clients with targeted outreach and follow-up with additional linkages to other services.

Community Integration
Community Integration of the mentally ill is viewed as a benchmark for success of community mental health. The Wellness and Recovery Center fosters community integration with opportunities to engage in activities outside the center. Outside activities have included:
- Joint parties with Family Service Agency's Day Support Center
- Participating in an elder abuse awareness rally at City Hall or another advocacy effort on behalf of older adults
- Joining an art class at Hospitality House - Free museum outings, cultural activities in the community like the African American Cultural Center, and community plays like Night Out At the Black Hawk
Providing additional meaningful opportunities for community integration will continue to be an important goal for the Center.

Health and Wellness
Many studies have shown that exercise is important for improving mental health as well as higher medical outcomes and longevity of life. The Center strives to connect all clients to primary care services, but to also provide opportunities for more healthy living, including a daily exercise program, walking, healthy eating, and relaxation methods. There are also trips to the Farmers' Market at Civic Center, where consumers are encouraged to explore where they can get fresh green vegetables in the community.

Ongoing Training for FSA Staff, including Peer Case Aides
All Center staff and peer case aides will take part in FSA's extensive training offered through the FSA's Felton Institute. FSA has placed a high priority on training staff in evidence-based practices to meet the needs of their clients. In collaboration with experts at UCSF, UC Berkeley, UC San Diego, clinicians working with older adults have been trained in Strengths-Based Care Management, Problem-Solving Therapy, Motivational Interviewing, and Cognitive Behavioral Therapy. Through the Felton Institute, FSA has been offering geriatric training for its clinicians and other older adult mental health providers. Topics include issues around delirium, depression and dementia; medical conditions and complications; substance abuse; elder abuse, cognitive impairment, and cultural diversity.

In addition, FSA has been a leader in providing services to clients with hoarding and cluttering issues through its work on the Hoarding and Cluttering Task Force, as well as support group. The Center's staff will continue to attend hoarding and cluttering conferences and training.

D. Discharge Planning and exit criteria and process
The goal of this program is to connect participants to whatever services can meet their needs, and, rather than devising an exit process, the program continues to welcome participants on an ongoing basis.

E. Program staffing

- Senior Division Director, provides administrative oversight and leadership of program operations and development.

- Program Director, Part-time, provides operational oversight.
- Lead Community Specialist, Part-time, provides peer leadership, including programming and outreach.
- Community Specialist, Part-time, provides peer support.
- Community Specialist, Part-time, provides peer support.
- Community Specialist, on-call, provides peer support.
- Community Specialist, on-call, provides peer support.

F. MHSA Programs – Additional requirements.

1. Consumer participation and engagement

   FSA's Drop-In Center @ The Curry gets feedback and evaluation of our programs by doing at least two(2) consumer surveys' during the fiscal year. The survey is used to ask questions about what they like and dislike about the Drop-In Center programs. We also have a suggestion box in the room that they can use to give us feedback without talking to us. We discuss these findings with the guests by having a discussion with them before BINGO, printing all of their suggestions and results and putting it up on the community billboard in the room. We write down their feedback from the discussion group to get clarity about what responses we got from them.

2. MHSA Principles:

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

   - *FSA's Drop-In Center staff and volunteers present ideas and programs to our guest through presentations from other programs and providers. If they are interested in the presentations and want to hear more, we make a list of guests who want to hear more information in order to make it their personal goal to either access their services or take part in their programs. We help them walk each step they need to do and document every successful step they take in order to accomplish their identified goal.*

   Principle: Collaboration with different systems to increase opportunities for jobs, education, housing, etc.

   - *FSA's Staff and volunteers identify and recruit different programs that offer job's, educational opportunities and housing to present at our morning meetings before our program's activities. We maintain an ongoing relationship with these presenting programs to get materials like a monthly housing list that compiles any new listing for senior and/or disabled housing or educational opportunities, like an ongoing group on computer literacy for seniors or art classes and other workshops offered in the community. These collaborations have been happening on an ongoing basis and we sometimes make visits to their programs and have a personal contact within their staff in case we have any questions from guest that need to be answered.*

7. Objectives and Measurements

A. Standardized Objectives

N/A

B. Individualized Objectives

Objective Goal 1, Outreach and Engagement: *N/A. It was decided in the Quality Assurance group that an outcome was not need for this goal.*

Objective Goal 2, Wellness Promotion: *By the end of the Current FY. 30% of BINGO participants will report that they have maintained or increased feelings of social connectedness as evidenced by social connectedness items on the guest feedback form, and analyzed and summarized in the activities binder and MHSA Year End Report.*

Objectives for Goal 3, Service Linkage: *By the end of the current FY. 20 guests receiving case management services will have accomplished at least one care plan goal.*

8. Continuous Quality Improvement (CQI):

CQI activities follow the procedures established agency-wide at FSASF. The CQI overall coordinator for FSASF is Edward McCrone, PhD, Licensed Psychologist, and Quality Assurance Director, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all CBHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director and Compliance Officer, continuous quality improvement mechanisms for all Programs at FSASF first involve the FSA Division Directors, who oversee all aspects of Programs within Divisions. FSASF's Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. This committee reviews twice monthly (2nd Tuesday and 4th Thursday) utilization of services as projected in the contracts. The Division Directors, along with this committee, are responsible for establishing and maintaining overall contractual guidelines for CBHS Mental Health Contract Programs. The FSASF Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, COO, CFO, Controller, HR Director, IT Director, QA Director of FSASF as well as the Division Directors of FSASF responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

A. Achievement of contract performance objectives and productivity:

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

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

Program staff meets monthly, on the first Tuesday of every month, for a FSA Operations Meeting with Ed McCrone, Marvin Davis, CFO, and Treedeen Tether, Compliance Officer to review program progress relative to CBHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g., productivity, units delivered, caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets).

In another meeting, FSASF QA Director meets monthly for QA/IT Meeting (4th Thursday) with FSASF Compliance Officer, IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives.

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

Each month (on the 3rd Tuesday), Dr McCrone meets with Treedeen Tether Compliance Officer, Adrienne Abad Administrative Manager, and all FSASF Administrative staff, to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

FSASF has designed a 3-Tiered QA audit process which is conducted as follows:
Monthly:
* There is a Quality Assurance meeting with all program directors across the agency to review "Chart Health" metrics and productivity in each program. This meeting is also a forum to discuss policy changes and issues as they relate to the interface of CIRCE and AVATAR.
* Program directors are required to audit charts at least yearly, when charts are opened, closed, or reviewed for annual TxPOC and PURQC. This audit includes a review of all chart components for quality, Medi-Cal compliance, as well as timeliness of signatures and dates. The attached internal audit sheet is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.

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

Quarterly:
All program directors facilitate a quarterly peer review audit of a random selection of charts in which line staff applies attached audit forms to review each other's charts. Time is spent reviewing the findings at the end of the peer review.

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

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

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

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

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

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

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

9. Required Language:
N/A

1. **Identifiers:**
   Program Name: Adult Care Management and Adult Full Service Partnership (FSP)
   Program Address: 1500 Franklin Street
   City, State, Zip Code: SAN FRANCISCO, CA 94109
   Telephone: (415)-474-7310 **FAX:** (415)-922-9418
   Website Address: www.felton.org

   Contractor Address: 1500 Franklin Street
   City, State, ZIP: San Francisco, CA 94109
   Person Completing this Narrative: Charles Brigham, LCSW, Adult Division Director
   Telephone: (415) 474-7310 ext. 480
   Email Address: cbrigham@felton.org

   Program Codes: 3822A3 and 3822OP

2. **Nature of Document**
   ☐ New **Renewal** ☒ Modification

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

4. **Target Population**
   The target population is adults ages 18 to 60 with severe mental illness and/or substance abuse problems. Some will have HIV/AIDS; some may be homeless. We work with family members, significant others, and support persons in the clients' lives. FSASF Adult Full Service Partnership FSP-CARE provides an integrated recovery and treatment approach to vvulnerable adult San Franciscans living with serious mental illness or dual/multiple diagnoses.

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

   Mental Health Services: means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provide as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment intensive Service activities may include are not limited to assessment, plan development, therapy, rehabilitation and collateral.
   - Assessment: "Assessment" means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or

behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

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

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

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

Indirect Services:
In addition to the above direct services, the program conducts staff training and community outreach (promotion) activities as indirect services.
The FSP program can also utilize **Mode 60** functions, either services provided to clients that do not meet Medi-Cal standards for reimbursement, such as, transportation, shopping, or socialization activities; in addition to in-kind services that are purchased for clients out of this program's flex fund budget.

6. Methodology

A. Outreach, recruitment, promotion, and advertisement.

Members of the program team may conduct street outreach to homeless encampments, parks, homeless shelters and food programs, and other service locations. Primary responsibility for outreach resides with the team's consumer-professional Outreach Workers and Clinical Case Managers. The Outreach Workers have personal experience with mental health or substance abuse issues, and may be currently in recovery. They work in conjunction with the Clinical Case Managers to engage the client and begin to build a therapeutic relationship. Engagement with clients includes careful, systematic attempts to engage the most difficult and wary clients, involving multiple contacts and a willingness to serve clients on whatever level they are willing to receive assistance. In addition to street outreach, referrals are accepted from multiple

sources, including SF General, Project Homeless Connect, other homeless programs, other mental health and substance abuse agencies, PES, Sheriff, SFPD, hospital emergency rooms, and self and family referrals. The availability of FSASF's FSP-CARE/ACM services is publicized to these referral sources and to the public through the FSA website, the FSA newsletter, and literature on the program. All referrals are authorized by CBHS.

B. Admission, enrollment and/or intake criteria.

Once the client is engaged in services, the clinical case manager will conduct a clinical assessment (ANSA) which will form a foundation of knowledge about the client's psychosocial history. Those that are flagged by the CAGE screen for substance abuse issues will also be referred on for additional substance abuse assessment and treatment focus. After the assessment, the clinical case manager will meet with the client to discuss treatment goals. The finalized treatment plan will be a collaborative effort between the client, the primary case manager, and the rest of the multidisciplinary team. This plan will follow a strengths based, client centered approach, in which the client is the primary driver of the treatment goals. FSP program criteria require that clients have an SMI diagnosis and are currently underserved or unserved by mental health services.

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

General Model Description

Family Service Agency of San Francisco's *Adult Full Service Partnership Integrated Full Service Outpatient* (FSP-CARE/ACM) provides an integrated recovery and treatment approach for vulnerable San Franciscans, between the ages of 18 and 60. FSASF will serve 135 unduplicated client slots utilizing an AB34 model of intensive service provision. A staff team will work with clients 24/7 to provide a comprehensive array of recovery-oriented services and supports. Services include securing housing and basic needs, linking to assistance (utilizing a housing first/harm reduction model), strength-based individualized care planning and care management, referrals to physical health care, benefits assistance, vocational rehabilitation, employment services, peer support, and integrated mental health and substance abuse treatment services. Actual levels of client service are determined by each client's needs and desires, with service intensity being extremely high in the beginning and reduced as the client is stabilized. At a minimum, clients receive one weekly contact from the team. Additional services will be purchased through flexible funding or as part of the in-kind services each partner brings to this program. FSASF Adult FSP has mental health treatment, medication management, substance abuse treatment, employment assistance, benefits assistance and advocacy, and peer support integrated into a single service team. Housing will be provided through Tenderloin Neighborhood Development Corporation and through Community Housing Partnership. We will continue to work with property management and on site social workers to ensure our clients are successful in housing. The Adult FSP Team will have a substantial pool of flexible funding to purchase specialized services and supports, including support services for HIV+ individuals, for victims of violence and sexual exploitation, for LGBT clients, and for developmentally or physically disabled clients.

PHASES OF TREATMENT

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

Interventions during this phase:

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

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

Interventions during this phase:

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

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

Interventions during this phase:

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

ADULT FSP PROGRAM INTERVENTION DETAIL

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

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

Mental Health Treatment: Dual-Diagnosis: The Adult FSP Team will be prepared to identify and address a range of substance abuse issues and multiple mental health disorders, ranging from moderate depression to schizophrenia. Our team has trained and/or certified in several different modalities, including Problem Solving Therapy, Dialectical Behavioral Therapy, and Cognitive Behavioral Therapy. Treatment for mental illness will include:

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

Substance Abuse Treatment: Adult FSP provides both one-to-one and group substance abuse treatment, integrated with mental health treatment. The Adult FSP team provides substance abuse treatment in stages throughout the service period, depending on the client's level of readiness for treatment. Staff is continuously trained in Treatment planning appropriate to the stage of recovery our partner is in. Clients will also be referred to and encouraged to participate in NA and AA. They will also be referred for residential substance abuse treatment when appropriate through our partnership with Walden House/Haight Ashbury.

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

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

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

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

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

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

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

Gender-Related and Sexual Orientation Issues: The Adult FSP has a LGBT Support Group. This is a safe place for members of the LGBT community a safe place for clients to discuss trauma issues and to build supportive relationships with one another, and the group is

facilitated by staff. LGBT identified Case Managers are available for assignment when clients prefer.

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

OPERATIONAL DETAILS

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

Location: most services are provided at the FSASF building at 1010 Gough Street, San Francisco. FSASF's partnering programs are located throughout the city and clients may be receiving services at their sites in addition.

Average Length of Stay: There is a range of length of stay depending on the individual needs of the client. The FSPs have only been around for about five years and there are some clients that have been with us since the beginning, but the average length of stay in CARE appears to be 2-3 years; clients in ACM have had considerably longer lengths of stay, but more focus is being directed toward increasing stabilization and referring clients when possible to maintain this to a lower level of outpatient care.

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

D. Discharge Planning and exit criteria and process.

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

E. Program's staffing.

- Case Manager, duties include individual, group therapy, and intensive case management.
- Adult Division Director, administrative oversight of MAP/CARE programs, including clinical oversight of programs, & clinical supervision of staff.
- Case Manager, duties include individual, group therapy, and intensive case management

- Case Manager, MAP/CARE duties include individual, group therapy, and intensive case management.
- Program Manager, CARE/MAP supervisor of case manager's, oversight, administrative of MAP/CARE program, including clinical supervision of these programs.
- Case Manager, provides intensive case management, individual, and group therapy.
- Program Manager, provides leadership oversight of ACM program, including clinical supervision duties.
- Case Manager, CARE/MAP duties include individual, group, and intensive case management.
- Case Manager, CARE/MAP duties include individual, group and intensive case management.
- Case Manager, CARE/MAP duties include intensive case management, individual, and group therapy.
- Case Manager, CARE/MAP duties include intensive case management, individual, and group therapy to clients.
- MSW, Case Manager, ACM provides intensive case management, individual, and group therapy.
- Case Manager, CARE/MAP provides intensive case management, individual, and group therapy.
- Outreach, vocational program coordinator, CARE provides leadership of FSA Works program, and duties include outreaching to potential clients.
- Nurse Practitioner, CARE provides psychiatric assessment, evaluation, and medication monitoring.
- TBD-Register Nurse provides medication management, medical evaluation of clients.
- Consultant Psychiatrist- MD, CARE provides psychiatric evaluation, assessment, and medication management.
- TBD- Case Manager Position to hire

F. Indirect Services.

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

The FSP program can also utilize **Mode 60** functions. Examples of Mode 60 services purchased and delivered for clients include: dental and vision assistance, which are contracted from local providers; housing assistance (e.g., first/last/deposit), which is paid directly to

landlords; and occasional clothing and food assistance, paid directly to vendors. In all cases indirect services are paid from MHSA flex funds directly to service providers, and service delivery is followed up on by care coordinators.

7. Objectives and Measurements

A. Standard Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS *Performance Objectives FY 15-16*..

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

CQI activities follow the procedures established agency-wide at FSASF. The CQI overall coordinator for FSASF is Edward McCrone, PhD, Licensed Psychologist, and Quality Assurance Director, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all CBHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director and Compliance Officer, continuous quality improvement mechanisms for all Programs at FSASF first involve the FSA Division Directors, who oversee all aspects of Programs within Divisions. FSASF's Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. This committee reviews twice monthly (2nd Tuesday and 4th Thursday) utilization of services as projected in the contracts. The Division Directors, along with this committee, are responsible for establishing and maintaining overall contractual guidelines for CBHS Mental Health Contract Programs. The FSASF Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, COO, CFO, Controller, HR Director, IT Director, QA Director of FSASF as well as the Division Directors of FSASF responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

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

Program staff meets monthly, on the first Tuesday of every month, for a FSA Operations Meeting with Ed McCrone, Marvin Davis, CFO, and Treedeen Tether, Compliance Officer to review program progress relative to CBHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g., productivity, units delivered, caseload, UDC); to

monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets).

In another meeting, FSASF QA Director meets monthly for QA/IT Meeting (4th Thursday) with FSASF Compliance Officer, IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives.

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

Each month (on the 3rd Tuesday), Dr. McCrone meets with Treedeen Tether Compliance Officer, Adrienne Abad Administrative Manager, and all FSASF Administrative staff, to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

FSASF has designed a 3-Tiered QA audit process which is conducted as follows:
Monthly:
* There is a Quality Assurance meeting with all program directors across the agency to review "Chart Health" metrics and productivity in each program. This meeting is also a forum to discuss policy changes and issues as they relate to the interface of CIRCE and AVATAR.
* Program directors are required to audit charts at least yearly, when charts are opened, closed, or reviewed for annual TxPOC and PURQC. This audit includes a review of all chart components for quality, Medi-Cal compliance, as well as timeliness of signatures and dates. The attached internal audit sheet is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.
* All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

Quarterly:
All program directors facilitate a quarterly peer review audit of a random selection of charts in which line staff applies attached audit forms to review each other's charts. Time is spent reviewing the findings at the end of the peer review.

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

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

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

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

E. Timely completion and use of outcome data, including CANS and/or ANSA.
FSASF works with canstraining.com, SFDPH/CBHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. Ed McCrone is the ANSA liaison and Min Tan MFT, Program Director for Full Circle Family Program, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment

reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

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

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

9. **Required Language**

N/A

Appendix D
Additional Terms

1. PROTECTED HEALTH INFORMATION AND BAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information.

The parties acknowledge that CONTRACTOR is one of the following:

☒ CONTRACTOR will render services under this contract that include possession or knowledge of identifiable Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY. Specifically, CONTRACTOR will:

- Create PHI
- Receive PHI
- Maintain PHI
- Transmit PHI and/or
- Access PHI

The Business Associate Agreement (BAA) in Appendix E is required. Please note that BAA requires attachments to be completed.

☐ CONTRACTOR will not have knowledge of, create, receive, maintain, transmit, or have access to any Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY.

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

1. **Program Name: Transitional Age Youth (TAY) Full Service Partnership (FSP)**
   Program Address: 1500 Franklin Street
   City, State, Zip Code: SAN FRANCISCO, CA 94109
   Telephone: (415)-474-7310 **FAX:** (415)-922-9418
   Website Address: www.felton.org

   Contractor Address: 1500 Franklin Street
   City, State, Zip: San Francisco, CA 94109
   Person Completing this Narrative: Charles Brigham, LCSW, Adult Division Director
   Telephone: (415) 474-7310 ext. 480
   Email Address: cbrigham@felton.org

   Program Code: 3822T3

2. **Nature of Document**
   ☐ New **Renewal** ☒ Modification

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

4. **Target Population**
   Approximately 46 transitional-age youth, ages 16 to 25, with significant mental illness, substance abuse, homelessness, HIV/AIDS or other serious impediments which result in frequent referrals for inpatient, residential or PES services, receive specialized and targeted assistance to help them stabilize and make transitions to satisfying and constructive adulthood. The program also works with family members, significant others, and support-persons in the clients' lives. Program services are provided citywide.

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

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

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

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

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

INDIRECT SERVICES:
In addition to the above direct services, the program conducts staff training and community outreach (promotion) activities as indirect services.
The FSP program can also utilize **Mode 60** functions, either services provided to clients that do not meet Medi-Cal standards for reimbursement, such as, transportation, shopping, or socialization activities; in addition to in-kind services that are purchased for clients out of this program's flex fund budget.

6. Methodology

A. Referrals, Outreach, recruitment, and Promotion.

FSASF receives predominately Referrals from CBHS TAY, including collaboration between CBHS, and FSA that leads to Assessment by FSASF. CBHS and FSASF ascertain if the client requires Outreach for engage the client to utilize services. In addition, members of the program team may conduct street outreach to homeless encampments, parks, homeless shelters and food programs, and other service locations. Primary responsibility for outreach resides with the team's consumer-professional Outreach Workers and Clinical Case Managers. The Outreach Workers have personal experience with mental health or substance abuse issues,

and may be currently in recovery. They work in conjunction with the Clinical Case Managers to engage the client and begin to build a therapeutic relationship. Engagement with clients includes careful, systematic attempts to engage the most difficult and wary clients, involving multiple contacts and a willingness to serve clients on whatever level they are willing to receive assistance. In addition to street outreach, referrals are accepted from multiple sources, including SF General, Project Homeless Connect, other homeless programs, other mental health and substance abuse agencies, PES, Sheriff, SFPD, hospital emergency rooms, and self and family referrals. The availability of FSASF's FSP-CARE/ACM services is publicized to these referral sources and to the public through the FSA website, the FSA newsletter, and literature on the program. All referrals are authorized by CBHS.

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

Once the client is engaged in services, the clinical case manager conducts a clinical assessment (ANSA) which forms a foundation of knowledge about the client's psychosocial history. Those that are flagged by the CAGE screen for substance abuse issues are also referred on for additional substance abuse assessment with an FSA substance abuse counselor. After the assessment, the clinical case manager meets with the client to discuss treatment goals. Following the FSP model, the program criteria require that clients have an SMI diagnosis and are currently underserved or unserved by mental health services. If a potential client meets these criteria, he or she is admitted into the program. If the client does not meet these criteria, he or she is referred to other FSA programs that meet his or her needs.

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

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

GENERAL MODEL DESCRIPTION

Family Service Agency of San Francisco's *TAY Full Service Partnership* provides an integrated recovery and treatment approach for vulnerable San Franciscan transitional age youth, between the ages of 16 and 25. FSASF will serve at least 43 unduplicated client slots utilizing an AB34 model of intensive service provision. A staff team will work with clients 24/7 to provide a comprehensive array of recovery-oriented services and supports. Services include securing housing and basic needs, linking to assistance (utilizing a housing first/harm reduction model), strength-based individualized care planning and care management, referrals to physical health care, benefits assistance, vocational rehabilitation, employment services, peer support, and integrated mental health and substance abuse treatment services. Actual levels of client service are determined by each client's needs and desires, with service intensity being extremely high in the beginning and reduced as the client is stabilized. At a minimum, clients receive one weekly contact from the team. Additional services are purchased through flexible funding or as part of the in-kind services each partner brings to this program. FSASF TAY FSP has mental health treatment, medication management, substance abuse treatment, employment assistance, benefits assistance and advocacy, and peer support integrated into a single service team. Housing is provided through Larkin Street Youth Services, Routz Program. Program staff also works with property management and on site social workers to ensure clients are successful in housing. The TAY FSP Team will have a substantial pool of flexible funding to purchase specialized services and supports, including support services for HIV+

individuals, for victims of violence and sexual exploitation, for LGBT clients, and for developmentally or physically disabled clients.

PHASES OF TREATMENT

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

Interventions during this phase:

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

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

Interventions during this phase:

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

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

Interventions during this phase:

- Review of the client's progress, and reviewing what they have learned, praise
- Linkage to community supports (e.g., drop in center, AA/NA)
- Planning for financial self sufficiency

- Linkage to step down program (if necessary), or other supports (therapist)
- Processing feelings about the end of services at FSASF
- Celebration and graduation ritual

TAY FSP PROGRAM INTERVENTION DETAIL

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

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

Mental Health Treatment: The TAY FSP Team is prepared to identify and address a range of substance abuse issues and multiple mental health disorders, ranging from moderate depression to schizophrenia. The team has trained and/or certified in several different modalities, including Problem Solving Therapy, Dialectical Behavioral Therapy, and Cognitive Behavioral Therapy. Treatment for mental illness includes:

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

Substance Abuse Treatment: TAY FSP provides both one-to-one and group substance abuse treatment, integrated with mental health treatment. The TAY FSP team provides substance abuse treatment in stages throughout the service period, depending on the client's level of readiness for treatment. Staff is trained in treatment planning appropriate to the stage of recovery. Clients will also be referred to and encouraged to participate in NA and AA. They will also be referred for residential substance abuse treatment when appropriate through FSA's partnership with Walden House/Haight Ashbury.

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

symptoms and behavior in response to medication and monitor for medication side effects. The FSP program also has medication policies and procedures that identify processes to: record physician orders; order medication; arrange for all clients' medications to be organized by the team and integrated into clients' weekly schedules and daily staff assignment schedules; and provide security for medications. FSASF's partnership with Walden House/Haight Ashbury.

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

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

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

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

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

Gender-Related and Sexual Orientation Issues: The TAY FSP has a Women's Group, Safe and Strong, based on the Seeking Safety Curriculum. This is a safe place for female clients to discuss trauma issues and to build supportive relationships with one another, and the group is facilitated by female staff. TAY FSP has had an LGBT support group, run by a peer outreach employee; this group has currently been suspended, but three LGBT identified Case Managers are available for assignment when clients prefer this, and this support group will be restarted when the interest and need arises again.

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

OPERATIONAL DETAILS

Hours of operation: FSASF at 1010 Gough opens at 8:30 AM to 7:00 PM for staff and operates from 9:00 AM to 5:00 PM (or other times as needed for assisting clients for appointments or responding to emergencies) for client care. Two Adult FSP staff (for both CARE and ACM) is open to deal with consumer emergencies 24 hours a day, 7 days per week. Clients can reach an on-call clinician by calling an emergency phone number.
Location: most services are provided at the FSASF building at 1010 Gough Street, San Francisco. FSASF's partnering programs are located throughout the city and clients may be receiving services at their sites in addition.
Average Length of Stay: There is a range of length of stay depending on the individual needs of the client. The FSPs have only been around for about five years and there are some clients that have been with us since the beginning, but the average length of stay here appears to be 2-3 years.
Strategies for service delivery: The theory of change is that with the appropriate treatment and support clients' quality of life will improve. Additionally, as clients' lives improve so do the lives of each member of the larger community.

D. Discharge Planning and exit criteria and process.

FSASF's TAY FSP treatment consists of three phases: basic needs and engagement phase, a treatment phase, and a transition phase. The transition phase begins when clients have completed and demonstrated capacity for maintaining their treatment goals. This phase fosters and reinforces clients' strengths, highlighting all they have accomplished in treatment, helping them to link with the wider community, and includes referral to lower level of care when appropriate. FSASF's TAY FSP follows discharge guidelines as established by DPH. Typical guidelines for discharge include CBHS definitions of medical necessity, stabilization of

debilitating psychiatric symptoms, resolving of problems on plan of care, and successfully linking clients to alternative services for care. As stated above, clients can also receive up to 6 months of aftercare services post discharge for support.

E. Program Staffing.

- Program Director, responsible for oversight of TAY program including evaluation of case manager's clinical duties, clinical supervision, and other administrative duties of the TAY program.
- Lead -Case Manager, duties include individual, group therapy, provides clinical support, ensures compliance, and documentation standards, and represents the program with CBHS partners.
- Case Manager, duties include individual, group therapy, may assist with family, parenting, marital problems provides case management, mental health services, and including crisis intervention for mentally ill clients. Maintains accurate detailed clinical records for electronic billing/data entry
- Case Manager, duties include individual, group therapy, crisis intervention may assist with family, parenting, marital problems, case management, mental health services, and including crisis intervention for mentally ill clients. Maintains accurate detailed clinical records for electronic billing/data entry
- Outreach Worker- provides outreach to target difficult to engaged clientele, may assist with client advocacy, and helping client apply for social services needs. Maintains accurate records detailed in progress notes.
- Case Manager, duties include individual, group therapy; crisis intervention may assist with family, parenting, and marital problems, case management, mental health services, including crisis intervention for mentally ill clients. Maintains accurate detailed clinical records for electronic billing/data entry
- Case Manager, duties include individual, group therapy, may assist with family, parenting, marital problems. Case management, mental health services, including crisis intervention for mentally ill clients. Maintains accurate detailed clinical records for electronic billing/data entry
- Case Manager, duties include individual, group therapy, may assist with family, parenting, marital problems, case management, mental health services, and including crisis intervention for mentally ill clients. Maintains accurate detailed clinical records for electronic billing/data entry

F. Indirect Services.

Indirect services for this program include outreach and ongoing staff training. Outreach is conducted according to methods described in this document Section 6A. Outreach activities are not billable in the way that other client-level services are, but they are an important element in program design as they help to ensure that needed services reach the highest-risk, most vulnerable, un-served, and underserved populations. FSA also conducts regular staff training in evidence-based practices, strengths-based approaches, cultural competency, and other skill sets that help ensure that services are delivered according to the state of the art. Much staff development and training is provided by FSASF's Felton Institute; and staff also regularly take SF DPH/CBHS/SOC sponsored trainings (e.g., HIPAA, Compliance, Cultural Competency). This work is also not billable, but is essential to maintaining high quality service

and promoting positive client outcomes. Hours required for both outreach and training are a written into job descriptions and part of a full-time employee's expected 1055 hours of work per year.

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

7. Objectives and Measurements

A. Standardized Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 15-16.

8. Continuous Quality Improvement (CQI)

CQI activities follow the procedures established agency-wide at FSASF. The CQI overall coordinator for FSASF is Edward McCrone, PhD, Licensed Psychologist, and Quality Assurance Director, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all CBHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director and Compliance Officer, continuous quality improvement mechanisms for all Programs at FSASF first involve the FSA Division Directors, who oversee all aspects of Programs within Divisions. FSASF's Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. This committee reviews twice monthly (2nd Tuesday and 4th Thursday) utilization of services as projected in the contracts. The Division Directors, along with this committee, are responsible for establishing and maintaining overall contractual guidelines for CBHS Mental Health Contract Programs. The FSASF Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, COO, CFO, Controller, HR Director, IT Director, QA Director of FSASF as well as the Division Directors of FSASF responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

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

Program staff meets monthly, on the first Tuesday of every month, for a FSA Operations Meeting with Ed McCrone, Marvin Davis, CFO, and Treedeen Tether, Compliance Officer to review program progress relative to CBHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g., productivity, units delivered, caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets).

In another meeting, FSASF QA Director meets monthly for QA/IT Meeting (4th Thursday) with FSASF Compliance Officer, IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives.

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

Each month (on the 3rd Tuesday), Dr. McCrone meets with Treedeen Tether Compliance Officer, Adrienne Abad Administrative Manager, and all FSASF Administrative staff, to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

FSASF has designed a 3-Tiered QA audit process which is conducted as follows:
Monthly:
* There is a Quality Assurance meeting with all program directors across the agency to review "Chart Health" metrics and productivity in each program. This meeting is also a forum to discuss

policy changes and issues as they relate to the interface of CIRCE and AVATAR.
* Program directors are required to audit charts at least yearly, when charts are opened, closed, or reviewed for annual Typo and PURQC. This audit includes a review of all chart components for quality, Medi-Cal compliance, as well as timeliness of signatures and dates. The attached internal audit sheet is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.
* All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

Quarterly:
All program directors facilitate a quarterly peer review audit of a random selection of charts in which line staff applies attached audit forms to review each other's charts. Time is spent reviewing the findings at the end of the peer review.

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

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

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

D. Satisfaction with services
FSASF Programs participate in twice-yearly CBHS Client Satisfaction / Mental Health Consumer Perception Surveys. FSASF staff makes a concerted effort to encourage clients to participate and make their opinions known, and staff works to get help for clients who need it to complete surveys (e.g., reading or writing from peers). Clients are encouraged at all times to discuss concerns or ideas for improvement with their therapist/case manager, program manager, division director, or

FSASF executive management. Several times per year, clients are offered group events and transitional gatherings during which they are informally surveyed for how well they feel their programs are meeting their needs. At least yearly, therapists review this formally with clients as part of their developing a new Treatment Plan of Care. Survey results and client suggestions are reviewed at Agency, Division, Program, and individual case levels, and practices are adjusted when possible to meet the hopes and expectations of clients.

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

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

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

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

9. Required Language
N/A

1. **Program Name: Provider Outpatient Psychiatric Services/Administrative Service Organization (POPS/ASO)**
Program Address: 1500 Franklin Street
City, State, Zip Code: San Francisco, CA 94109
Telephone: (415)-474-7310 **FAX:** (415)-922-9418
Website address: www.felton.org

Contractor Address: 1500 Franklin Street
City, State, Zip: San Francisco, CA 94109
Person Completing this Narrative: Charles Brigham, LCSW, Adult Division Director
Telephone: (415) 474-7310 ext. 480
Email Address: cbrigham@felton.org

Program Code: FI

2. **Nature of Document** (check one)

☐ New **Renewal** ☒ Modification

3. **Goal Statement**
The primary goals set for this program are of two folds: 1) To provide high quality administrative support to the Department of Public Health Compliance Office (DPH Compliance) in the areas of verification, credentialing, assigning of Staff IDs to enable Community Programs/Community Behavioral Health Services System of Care (CBHS/SOC) and their contractors to service and treat clients and bill appropriately, in accordance with the Office of Inspector General (OIG), Centers of Medicare Services (CMS), Department of Health Care Services (DHCS) and Medicaid mandates. Verification and Credentialing is also done for DPH Primary Care and DPH Population Health Staff. 2) To provide on-site, cost-efficient, high quality mental health clerical support to the San Francisco Department of Public Health Private Provider Network (PPN) staff, with a focus on intake and referral of patients to the PPN providers to be done in a timely manner. Staff matches qualified providers with client referral sources that equates to high satisfaction with referral and treatment experiences among consumers.

4. **Target Population**
The target population includes consumers of all ages living in San Francisco in need of mental health services, including youth and adults, children and seniors, men/women, LGBTQQ, homeless, multiply diagnosed, and all clients served by the San Francisco Department of Public Health, which includes Primary Care, Population Health Prevention, Community Programs/ Community Behavioral Health Services. Providers are San Francisco area Clinicians and Institutions providing primary care, prevention, mental health and substance abuse services through DPH Community Programs, and Population Health. POPS/ASO program serves thousands of clients and thousands of providers yearly.

5. **Modality(ies)/Interventions**
POPS/ASO provides on-site quality administrative support services to the DPH Compliance Office, CBHS (Provider Relations) and SFMHP (ACCESS) with several focus: Credentialing,

verification, assignment of Staff IDs and clinical privileges; Provider Relations intake and referral of patients to the Preferred Providers Network (PPN) and overall administrative and clerical support to the SF-DPH Compliance Office and Community Programs Provider Relations office staff.

6. Methodology

A. Outreach, recruitment, promotion, and advertisement.

POPS/ASO staff supports the work of SF-DPH Provider Relations and Credentialing and SFMHP ACCESS. SF-DPH maintains websites to outreach to clients through Treatment ACCESS Program (TAP) and providers through SFMHP Providers Manual. FSASF POPS/ASO is not otherwise responsible for outreach, recruitment, promotion or advertisement.

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

POPS/ASO's PPN Placement Coordinator receives referrals of clients who have been authorized for care and matches these clients with certified preferred providers within the SFMHP Provider Network, based on the clients' specialty mental health needs and the skills, availability of locations, accessibility, and clinical knowledge of the preferred providers. The Coordinator works closely with SFMHP Provider Relations, Central Access Team and Provider Systems to assure effective and rapid placement of clients in treatment with providers who have openings in their practice and relevant clinical skills.

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

Administration

The administrative offices for the POPS/ASO program are located in the Family Service Agency of San Francisco at 1500 Franklin Street, San Francisco, California, 94109. POPS/ASO staff perform hiring, supervision and administrative responsibilities. The FSA Adult Division Director and Program Director oversee this contract and report to the Executive Director.

PPN Placement Coordination

The POPS/ASO program provides for a staff person to work at 1380 Howard St, San Francisco, CA 94103 to refer clients who have been authorized for care through the SFMHP and match them with certified preferred providers in the SFMHP network. This position requires familiarity and understanding of the referral needs of psychiatric clients and with the SFMHP Provider Network. The position requires a minimum of one year experience performing the above, knowledge of clinical psychiatric terminology, excellent telephone skills, and knowledge of computer programs inclusive of Microsoft Word, Excel, and a data base program such as Access. This position requires the ability to work with multidisciplinary personnel, both internally and externally, establishing and maintaining "customer-focused" relationships.

Credentialing Coordination

POPS/ASO also provides for a credentialing coordinator to work at the 1380 Howard location. This person assists in tracking, verifying and entering provider credentials in accordance with National Credential Quality Association (NCQA) standards in accordance with all SFMHP credential requirements by the SFMHP. This includes querying various institutions, facilities, licensing boards and insurance companies to verify the credentials of providers. This involves data entry into the SFMHP's credentialing software and provider

tracking software, mass mailings, and frequent contact with providers, and continuous updating of provider electronic and paper files. Minimum requirements to fill this position include familiarity with NCQA credentialing and re-credentialing standards, understanding of managed care certification and re-certification procedures, and knowledge, experience and use of credentialing software.

Administrative Assistance/Credentialing Coordination
POPS/ASO includes clerical support to the Provider System's office staff at 1380 Howard. This includes answering telephones, filing, research, problem solving with providers, word processing and data entry. This also includes credentialing work for individual providers.

D. Discharge Planning and exit criteria and process.
For POPS/ASO, clients are Professionals and Institutions seeking to be credentialed by SF-DPH and consumers seeking to be matched to mental health/substance abuse services. Because POPS/ASO does not deliver treatment services, program exit and discharge are not applicable.

E. Program staffing
Credentialing Coordinator - Enrolls new Providers for SFMHP Provider Pool. Maintains provider profiles in database on the SFMHP Providers Pool, including sub-contractor agreements, providers referral information, provider survey information, Licensure, DEA and ADA related information.
Credentialing Coordinator - Enrolls new Providers for SFMHP Provider Pool. Maintains provider profiles in database on the SFMHP Providers Pool, including sub-contractor agreements, providers referral information, provider survey information, Licensure, DEA and ADA related information.
Intake and referral Coordinator – Handles the various aspects of intake and referrals to Private Providers in the Providers Network

F. Indirect Services - N/A

7. **Objectives and Measurements –** N/A - Fiscal Intermediary

8. **Continuous Quality Improvement (CQI) -** N/A - Fiscal Intermediary

9. **Required Language -** N/A - Fiscal Intermediary

1. **Identifiers**

Program Name: Prevention and Recovery in Early Psychosis - PREP
Program Address: 6221 Geary Blvd.
City, State, ZIP: San Francisco, CA 94121
Telephone: (415) 386-6600 FAX: (415) 751-3226
Website Address: prepwellness.org

Contractor Address: 1500 Franklin St.
City, State, ZIP: San Francisco, CA 94104
Person Completing this Narrative: Adriana Furuzawa, MFTI, PREP Division Director
Telephone: (209) 483-3670
Email Address: afuruzawa@felton.org

Program Code: 8990EP

2. **Nature of Document**

☐ New **Renewal** X☐ Modification

3. **Goal Statement**

The Prevention and Recovery in Early Psychosis (PREP) Partnership delivers comprehensive, conscientious, and evidence-based services to individuals and families suffering from signs and symptoms of schizophrenia and early psychosis. It supports symptom remission, active recovery, and full engagement in their community and with co-workers, peers, and family members. PREP has a significant outreach component designed to reduce the stigma of schizophrenia and psychotic disorders, promote awareness that psychosis is treatable, and obtain referrals.

4. **Target Population**

The priority target population for the PREP Program consists of individuals ages 14-35 who have had their first psychotic episode within the previous five years or who, as identified in the PREP diagnostic assessment, are at high risk for having their first episode within two years. Within this group, PREP will serve transitional age youth (ages 16-24), reflecting the ethnical, cultural, and socio-economic diversity of the City and County of San Francisco, with focused outreach to increase services to low-income youth and families. PREP will provide services on-site or at off-site locations (e.g. client's home, school, etc.) throughout the city, meeting clients where they are.

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

Outreach and Engagement (MHSA Activity Category)

- Revise and distribute printed informational materials to a minimum of 125 programs and community stakeholder groups
- Conduct a minimum of 24 outreach presentations (2 per month) during FY 2015-2016

Screening and Assessment (MHSA Activity Category)

- Conduct at least 50 phone screens and 25 diagnostic assessments to determine PREP eligibility.

Training and Coaching (MHSA Activity Category)

- Conduct cognitive-behavioral therapy for early psychosis (CBTp) training and coach staff to clinical competence in CBTp techniques as evidenced by a score of 50% or great on the Revised Cognitive Behavioral Therapy Scale (CTS-R) on 3 consecutive taped CBTp sessions.

***Individual* Therapeutic Services** (MHSA Activity Category)

- Provide 2000 hours of direct and indirect treatment services annually.

***Group* Therapeutic Services** (MHSA Activity Category)

- Enroll 2 new cohorts of families in year-long Multi-Family Groups (MFGs).

6. Methodology

Direct Client Services

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

The PREP outreach efforts targets San Francisco's diverse communities providing education about the PREP program, behavioral health, stigma, wellness, and signs of early psychosis, as well as eligible referrals. Extensive outreach will continue to be conducted across San Francisco, consisting of outreach presentations, distribution of brochures and/or promotional materials, as well as through the PREP website.

Outreach presentations will be conducted in settings including neighborhood centers, schools, churches, after-school organized sports activities, libraries, and shopping centers. Special efforts will be taken to engage and reach out to traditionally underserved population groups through our partnership with Sojourner Truth – reaching out to those who would not typically receive or who would experience a delay in services due to such factors as limited access, stigma, poverty, and cultural and linguistic barriers.

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

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

All individuals are screened by phone to determine appropriateness for PREP services. Those who are clearly not appropriate for, or in need of, early psychosis services will receive support to connect with needed services. Appropriate referrals (individuals age 14-35 experiencing signs and symptoms of psychosis within the previous five years) will receive a comprehensive diagnostic assessment, the Structural Clinical Interview for DSM Diagnosis (SCID) to determine eligibility for PREP services. The comprehensive assessment will also include collateral information from family, existing service providers (if applicable), and others involved in the individual's recovery process as designated by client and/or family. In addition, a strengths-based assessment of the biological, psychological, and social factors that affect the individual's ability to interact with his or her environment will be completed.

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

C. *Service delivery model*

The PREP Program provides an integrated package of evidence-based treatments designed for remission of early psychosis. There is a strong evidence base for this array of treatments in promoting positive outcomes for people suffering from early psychosis. Collectively, they address the spectrum of impacts caused by psychosis. Core services include:

- **Algorithm based medication management:** Algorithm developed by Dr. Demian Rose, adapted from the Texas Medication Algorithm to focus specifically on medication for young adults in the early stages of psychosis. PREP does not prescribe antipsychotic medication for clients who have not yet experienced full-onset of schizophrenia; however, PREP will provide medication to treat other conditions that may co-occur, such as depression.
- **Cognitive Rehabilitation**: Computer-based cognitive rehabilitation program developed by nationally renowned UCSF brain plasticity researcher, Dr. Michael Merzenich. With this software, clients are actually rehabilitating brain function that has been lost to the disease.
- **Cognitive Behavioral Therapy for Psychosis:** Evidence-based approach offered to all PREP clients to teach coping techniques for specific symptom clusters (positive symptoms, negative symptoms, depression, skills for emotion regulation, etc.).
- **Multifamily Groups (MFG):** Multifamily group therapy, based on the PIER model of early intervention treatment for young adults. Individual family therapy based on this model (problem-solving skills, psycho education and support) will be provided to individual families whose cultural values prohibit sharing family problems in a group setting.
- **Strength-based care management:** Intensive care management will ensure that the broad spectrum of clients and family needs are addressed.
- **Education and vocational services:** Individual Placement and Support (IPS) is an evidence-based approach of supported employment for individuals with severe mental illness. An IPS specialist will support clients in returning to work, school, or volunteer activities.

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

D. Discharge planning and exit criteria and process.

PREP exit criteria differ based on the service modalities employed in the treatment. Discharge planning is a collaborative process between PREP staff and the youth and, when possible, the family. Process is determined by intervention outcomes identified throughout the clients' treatment and measured against an array of baseline measures taken during the assessment. Treatment aims to integrate clients to a functioning status, either working or in school, and ensures that, at discharge, each youth and his or her family have a thorough contingency plan and are able to transition from the program to other levels of care (as indicated).

E. Program staffing

- Felton Training and Research Institute Director: The PREP program is a component of the Felton Training and Research Institute at FSA. Dr. Moore is also adjunct faculty for the UCSF CARTA Project.
- PREP Division Director- Provides administrative oversight and leadership of program operations, program development, training, and fidelity to PREP model.
- Felton Research Director - Provides Oversight of PREP research objectives and reporting.
- PREP Lead RA – Supervises RAs and PREP data collection and reporting
- Medical Director and Psychiatrist: serves as 25% time Medical Director and psychiatrist on the PREP Project.
- PREP Associate Director - Provides operational oversight.
- UCSF Director of the PART program: assists with program development and ensures adherence to evidence-based treatment approaches
- Clinical Director: oversees clinical coordination across the PREP sites and oversees CBT for Psychosis training.
- SF PREP Program Manager: Provides administrative oversight, as well as individual therapy and case coordination.
- Spanish Speaking – Nurse Practitioner: provides medication support at PREP under the supervision of MD.
- Spanish Speaking – Clinical Supervisor at PREP SF: responsible to ensure staff adherence to the PREP model, facilitate MFG, provides individual psychotherapy, care coordination, and case management.
- Part time therapist at PREP, CBTp Trainer & consultant. Provides individual therapy, case coordination, and case management.
- PREP Therapist, CBTp Trainer & consultant. Provides individual therapy, case coordination, and case management.
- Part time Therapist at PREP, CBT for Bipolar Trainer & consultant. Provides individual therapy, case coordination, and case management.
- Care Advocate (lived experience). Provides peer support, individual, group rehabilitation, from a strength-based and recovery-oriented perspective.
- Vocational Case Manager – Provides individualized educational and vocational support, under the IPS (Individual Placement and Support) Model for supported employment adapted for youth.
- TBD- Family Partner (lived experience). Provides support to families from a peer perspective, as well as linkage to community resources.

- Research Assistant, Coordinates evaluations, collects outcome data.

Throughout the year, PREP will have volunteer trainees, clinical interns on licensure track (PhD/Speed, ASW, MFTI), as well as volunteer research assistants. Through partnership with Sojourner Truth, one part-time therapist/case manager will provide support with engaging youth coming from the Foster Care system.

F. MHSA Programs – Additional requirements.

1) Consumer participation and engagement

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

PREP is integrating individuals with lived experience in the team (care advocate and family partner), to enhance recovery-oriented views and role-model consumer engagement in system transformation.

2) MHSA Principles:

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

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

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

- CBT goals are set collaboratively and frequently include age-appropriate goals (e.g. attending school, gaining employment, dealing with family conflict, etc.) for any TAY.
- The IPS model emphasizes that the vocational choices of the client should reflect their interests and supports clients to make steps to return to work, or school, at the earliest possible point.

7. Objectives and Measurements

A. Standardized Objectives
N/A

B. Individualized Objectives

MHSA Goal: Increased identification of emerging mental health issues, especially the earliest possible identification of potentially severe and disabling mental illness.

- **Individualized Performance Objective:** At least 70% of new clients will maintain engagement for at least 60 days so that clients and families are at minimum, aware of resources and have developed support and safety plans, as evidenced by documentation in CIRCE and AVATAR records.

MHSA Goal: Increased ability to manage symptoms and/or achieve desired quality-of-life-goals as set by program participants.

- **Individualized Performance Objective:** In FY 15/16, at least 40% of clients enrolled in the program for 12 months or more will be engaged in new employment or education, as measured by enrollments documented in CIRCE and AVATAR records.

- **Individualized Performance Objective:** In FY 15/16, at least 50% of clients enrolled in the program for 12 months or more will demonstrate at least 30% decrease in total number of acute inpatient setting episodes and/or decrease in acute inpatient setting days, compared to the number of acute inpatient setting episodes and/or days by these same clients in the 12 months prior to PREP, as documented by Avatar and CIRCE records.

- **Individualized Performance Objective:** In FY 15/16, at least 40% of clients enrolled in the program for 6 months or more will demonstrate improved well-being, as evidenced by a reduction in symptoms related to depression, measured by the PHQ-9 scale improvement definition, assessed in semi-annual consumer evaluations.

- **Individualized Performance Objective:** In FY 15/16, at least 40% of clients enrolled in the program for 12 months or more will build capacity to cope with challenges they encounter, as measured by the increase of at least 1 PCI (Standardized Performance Change Index) point on clinician ratings on the ANSA in Life Domain Functioning or

Strengths domains OR as measured by the decrease of at least 1PCI on Behavioral Health Needs or Risk Behaviors domains; assessed semi-annually.

MHSA Goal: Participant Satisfaction:

- **Individualized Performance Objective:** In FY 14/15, at least 60% of clients enrolled in the program for 6 months or more will report high levels of satisfaction and engagement with services as measured by average scores of 3.5 or greater on the Service Satisfaction Scale, and 5 or greater on the Working Alliance Inventory, assessed in semi-annual consumer evaluations.

8. Continuous Quality Improvement (CQI)

CQI activities follow the procedures established agency-wide at FSASF. The CQI overall coordinator for FSASF is Edward McCrone, PhD, Licensed Psychologist, and Quality Assurance Director, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all CBHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director and Compliance Officer, continuous quality improvement mechanisms for all Programs at FSASF first involve the FSA Division Directors, who oversee all aspects of Programs within Divisions. FSASF's Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. This committee reviews twice monthly (2nd Tuesday and 4th Thursday) utilization of services as projected in the contracts. The Division Directors, along with this committee, are responsible for establishing and maintaining overall contractual guidelines for CBHS Mental Health Contract Programs. The FSASF Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, COO, CFO, Controller, HR Director, IT Director, QA Director of FSASF as well as the Division Directors of FSASF responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

A. Achievement of contract performance objectives and productivity:

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

Program staff meets monthly, on the first Tuesday of every month, for a FSA Operations Meeting with Ed McCrone, Marvin Davis, CFO, and Treedeen Tether, Compliance Officer to review program progress relative to CBHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g., productivity, units delivered, caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets).

In another meeting, FSASF QA Director meets monthly for QA/IT Meeting (4th Thursday) with FSASF Compliance Officer, IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives.

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

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

Each month (on the 3rd Tuesday), Dr. McCrone meets with Treedeen Tether Compliance Officer, Adrienne Abad Administrative Manager, and all FSASF Administrative staff, to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

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

Monthly:

* There is a Quality Assurance meeting with all program directors across the agency to review "Chart Health" metrics and productivity in each program. This meeting is also a forum to discuss policy changes and issues as they relate to the interface of CIRCE and AVATAR.
* Program directors are required to audit charts at least yearly, when charts are opened, closed, or reviewed for annual TxPOC and PURQC. This audit includes a review of all chart components for quality, Medi-Cal compliance, as well as timeliness of signatures and dates. The attached internal audit sheet is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.
* All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

Quarterly:

All program directors facilitate a quarterly peer review audit of a random selection of charts in which line staff applies attached audit forms to review each other's charts. Time is spent reviewing the findings at the end of the peer review.

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

C. Cultural competency of staff and services

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

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

D. Satisfaction with services

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

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

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

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

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

9. Required Language

N/A

1. Identifiers

Program Name: Full Circle Family Program (FCFP) Outpatient (OP)
Program Address: 1500 Franklin Street
City, State, Zip Code: San Francisco, CA 94109
Telephone: (415) 474-7310 **FAX:** (415) 673-2488
Website Address: www.felton.org

Contractor Address: 1500 Franklin Street
City, State, ZIP: San Francisco, CA 94109
Person Completing this Narrative: Min Tan, Program Director
Telephone: (415) 474-7310 ext 457
Email Address: mtan@felton.org

Program Code: 382201

2. Nature of Document

☐ New ■ **Renewal** X ☐ Modification

3. Goal Statement

The overall goal of the Full Circle Family Program (FCFP) is to assist minors experiencing challenges (including but not limited to: child neglect and abuse situations, acting out at school and/or at home, depression, low self-esteem, trauma exposure, etc.) through outpatient mental health services (including individual, group and family therapy, diagnostic evaluation, consultation, case management, and medication evaluation/management) and assistance in accessing supportive services to help maintain them within the community.

4. Target Population

The target population includes children and adolescents up to 21 years old (and their families) whose mental health problems meet medical necessity criteria for specialty mental health services, who are San Francisco residents residing, for the most part, in Tenderloin, Western Addition, or South of Market, Mission, Bayview-Hunters Point and Visitation Valley neighborhoods, and who do not carry private insurance (clients have Medi-Cal, ERMHS, Healthy Kids, or no insurance).

5. Modality(ies)/Interventions

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

Mental Health Services: means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not 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 are not limited to assessment, plan development, therapy, rehabilitation and collateral.

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

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

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

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

6. Methodology

A. Outreach, recruitment, promotion, and advertisement.
Outreach is conducted through networking (e.g., regular Provider meetings) and site visits to various schools, community based organizations. Recruitment is also conducted internally, within FSASF's Children, Youth and Family Services Division, for those participants who will be pregnant and parenting and/or adjudicated during this new contract year. Additionally, staff routinely utilizes health fairs and other such events for outreach, recruitment, and promotion and advertisement purposes.

B. Admission, enrollment and/or intake criteria and process.
Eligibility for FCFP program's admission, enrollment and/or intake criteria is predicated on whether the potential participant is age 4-21 (and at the time of entering program younger

than 18 or ERMHS cases within SFUSD), an SF resident, and meets medical necessity for specialty mental health services. The intake process is initiated when a parent, youth, family friend, or agency worker calls FCFP for a brief phone screening to determine eligibility. Only clients who have private insurance as their primary payer source are not eligible; these applicants are referred back to their health provider for services. For clients whose Medi-Cal coverage is secondary, they are also referred back to their primary health insurance provider. An intake/assessment session is scheduled within 24-48 hours to assess client presenting problems, needs, resources, priorities, and so forth, to determine disposition.

C. Service delivery model.

FCFP provides individual, group and family therapy, including play therapy, and sand tray therapy. Some FCFP staff is trained in Functional Family Therapy, and a focus on Family Systems assessment and interventions predominates. Case management and medication support services are provided as well (e.g. targeted case management program, ERMHS Unit, Human Services Agency).

Regular hours of operation are nine to five, Monday through Friday; services are provided at main clinic site (1010 Gough Street), and at local schools; home visits are conducted as needed. Services are additionally provided on-site and in the community, as warranted, outside of these hours, generally between 8 am and 9 pm.

Typical service protocol includes weekly family-based therapy including individual therapy, parent meetings, collateral contacts and interventions, and medication appointments as appropriate. Length of stay is dependent on client needs and progress towards meeting the plan of care goals.

FCFP also provide psychiatric evaluation and medication services to needed clients. The referrals are coming from two sources. One is our own client base. For needed client, assigned clinician fills out a psychiatric referral form and helps coordinate the appointment with our child psychiatrist. The other is medication-only clients from CYF SOC. FCFP accept such referrals and requires that such client has an assigned therapist from other programs. Once such referral is made and the above requirement is satisfied, FCFP makes every effort to make an appointment with that client in a week.

FCFP clinicians routinely consult with child psychiatrist to triage the case on the needs of psychiatric evaluation and medication services. That effort should result in appropriate amount of medication service referrals. FCFP also routinely advertise our medication-only services to CYF SOC, so the medication support units can be accrued productively from that referral stream as well.

FCFP clinicians make every effort to meet our clients and families wherever they are in order to engage them into services. Those options include schools, homes, and community centers. Our clinicians also use evidence-based practices to structure the initial 2 to 3 sessions, so specific engagement and motivation strategies can be implemented through individual and family sessions. Those practices include change-focus oriented reframing and relabeling and change-meaning oriented strength-based relational statements and theme discussion before recommending behavior-change strategies.

D. Discharge Planning and exit criteria and process.

Discharge criteria include client/family attainment of plan of care goals, mutual agreement to discontinue services, or lack of participation which precludes progress. The Child Adolescent Needs and Strengths (CANS) assessment is utilized as a measurement tool to examine and inform treatment decisions. Clinicians discuss discharge with the family as well as with the FCFP clinical supervisor as part of the treatment plan. If the case status is to change (i.e., step-down, transfer, referral, or closure) the clinician consults with the program director. The FCFP Provider enters an appropriate code for "Reason for Discharge" in the BIS Insyst database when a client case is closed in the BIS Insyst. The FCFP Program Utilization Review Quality Committee (PURQC) reviews all cases after the initial 42 days after opening and annually thereafter, and status updates including continuance of services.

E. Program staffing.

- Children, Youth & Family Division Director – provides overall administrative oversight and leadership of program operations and development
- Program Director – responsible for oversight of the program, including evaluation of staff's clinical duties and other administrative duties
- Supervisor - provides clinical supervision
- Family Clinician – provides case management and family therapy
- Family Clinician – provides case management and family therapy
- Family Clinician – provides case management and family therapy
- Family Clinician - provides case management and family therapy
- Office manager/Intake Outreach Coordinator – provides billing and administrative support
- Administrative Assistant – provides part-time additional administrative support
- Nurse Practitioner – provides medication support

F. Indirect Services.

Indirect services for this program include outreach and ongoing staff training. Outreach is conducted according to methods described in this document Section 6A. Outreach activities are not billable in the way that other client-level services are, but they are an important element in program design as they help to ensure that needed services reach the highest-risk, most vulnerable, un-served, and underserved populations. FSA also conducts regular staff training in evidence-based practices, strengths-based approaches, cultural competency, and other skill sets that help ensure that services are delivered according to the state of the art. This staff development and training is provided by the Felton Institute and is essential to maintaining high quality service and promoting positive client outcomes. Hours required for both outreach and training are written into job descriptions and part of a full-time employee's expected 1056 hours of work per year.

7. Objectives and Measurements

A. Standardized Objectives

All objectives, and descriptions of how objectives are measured, are contained in the CBHS document entitled Performance Objectives FY 15-16.

8. Continuous Quality Improvement (CQI)

CQI activities follow the procedures established agency-wide at FSASF. The CQI overall coordinator for FSASF is Edward McCrone, PhD, Licensed Psychologist, and Quality Assurance Director, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all CBHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

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A. Achievement of contract performance objectives and productivity:

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

Program staff meets monthly, on the first Tuesday of every month, for a FSA Operations Meeting with Ed McCrone, Marvin Davis, CFO, and Treedeen Tether, Compliance Officer to review program progress relative to CBHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g., productivity, units delivered, caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are

completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets).

In another meeting, FSASF QA Director meets monthly for QA/IT Meeting (4th Thursday) with FSASF Compliance Officer, IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives.

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

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

Each month (on the 3rd Tuesday), Dr McCrone meets with Treedeen Tether Compliance Officer, Adrienne Abad Administrative Manager, and all FSASF Administrative staff, to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

FSASF has designed a 3-Tiered QA audit. Full Circle Family Program adopts this agency wide audit process and includes specific steps that are unique to our child/youth and family client population.

a. Basic Audit form- The FCFP, a children's program uses a form called the CHART REVIEW CHECKLIST that makes sure that all the necessary components are in the hard chart. It is the same form that is used for our Staff Peer Review. (see attachment) In addition, the FCFP uses the Medi-Cal CHART REVIEW-NON-HOSPITAL SERVICES checklist.

b. Qualitative Audit form – The FCFP does not have a qualitative audit form other than the Program Director/Clinical Supervisor review of all the initial/reassessment, CAN assessments, and PLANS OF CARE (POC) through AVATAR. The review utilizes the AVATAR CANS ASSESSMENT and TREATMENT PLAN guidelines including the Progress Notes. The guidelines are as follows:

- Quantitative: Initial Assessment/Poc - within 60 calendar days of episode opening.
  Subsequent Re-Assessment/PoC – anniversary date of episode opening.
- Qualitative: Document severity of symptoms/impairments;
  DSM IV-R notation, all five Axis; Clients
  Strength; progress notes use PIRP format.

The procedure for review of the charts is as follows:

New charts: All initial CANs/POC are qualitatively reviewed by the Program Director / Clinical Supervisor signed even if all staff is waivered.

Weekly: Staff is aware of the timelines and submits charts for PURQC on a weekly basis, if applicable. A Request for PURQC form is filled out and submitted.(attached)

Monthly: Staff Peer Review occurs using the CHART REVIEW CHECKLIST/MEDI-CAL form. For FY 14/15, FCFP staff will be participating in a qualitative review of the charts as well as quantitative.

Quarterly: All program directors facilitate a quarterly peer review audit of a random selection of charts in which line staff applies attached audit forms to review each other's charts. Time is spent reviewing the findings at the end of the peer review.

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

C. Cultural competency of staff and services

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

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

D. Satisfaction with services

FSASF Programs participate in twice-yearly CBHS Client Satisfaction / Mental Health Consumer Perception Surveys. FSASF staff makes a concerted effort to encourage clients to participate and

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

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

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

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

FCFP has been actively participating in the work group discussion around proper clinical flow and equal access for clients in CYF SOC. Our program director and admin staff participated in every work group meeting and made tangible contribution to the proposed clinical flow model presented to the provider meeting. FCFP is experimenting with brief treatment model that can treat significant portion of our clients within three months with options for booster sessions later.

9. Required Language:

N/A

1. **Identifiers:**

Program Name: Full Circle Family Program (FCFP) EPSDT
Program Address: 1500 Franklin Street
City, State, Zip Code: San Francisco, CA 94109
Telephone: (415) 474-7310 FAX: (415) 673-2488
Website Address: www.felton.org

Contractor Address: 1500 Franklin Street
City, State, ZIP: San Francisco, CA 94109
Person Completing this Narrative: Min Tan, Program Director
Telephone: (415) 474-7310 ext 457
Email Address: mtan@felton.org

Program Code: 382203

2. **Nature of Document**

☐ New **Renewal** X ☐ Modification

3. **Goal Statement**

The Full Circle Family Program (FCFP) EPSDT seeks to make outpatient mental health services more accessible to San Francisco residents by targeting EPSDT eligible residents who are not currently served by the San Francisco community mental health system.

4. **Target Population**

San Francisco residents under the age of 21 who are eligible to receive the full scope of Medi-Cal service and meet medical necessity criteria for specialty mental health services, but who are not currently enrolled as clients in San Francisco County's outpatient mental health system, are eligible for EPSDT (full-scope Medi-Cal) services. Full Circle Family Program focuses on serving target populations of greatest need, including foster care children, dually diagnosed, LGBTQQ identified, children and adolescents who have serious emotional problems but not currently at risk for out-of-home placement, homeless children/youth, and other underserved populations.

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

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

Mental Health Services: means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not 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 are not limited to assessment, plan development, therapy, rehabilitation and collateral.

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

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

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

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

Total Unit of Service (UOS) Description:
4.5 FTE * 37.5 hrs/wk * 45 wks * 33% = 2449 UOS

6. Methodology

A. Outreach, recruitment, promotion, and advertisement.

Outreach is conducted through networking (e.g., regular Provider meetings) and site visits to various schools, community based organizations. Recruitment is also conducted internally, within FSASF's Children, Youth and Family Services Division, for those participants who will be pregnant and parenting and/or adjudicated during this new contract year. Additionally, staff routinely utilize health fairs and other such events for outreach, recruitment, and promotion and advertisement purposes.

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

Eligibility for FCFP EPSDT program's admission, enrollment and/or intake criteria is predicated on whether the potential participant is age 4-21, an SF resident, and meets medical necessity for specialty mental health services. This contract serves only children with full-scope Medi-Cal. The intake process is initiated when a parent, youth, family friend, or agency worker calls FCFP for a brief phone screening to determine eligibility. Clients who are not eligible for EPSDT are either served under FCFP OP or, if they hold private insurance as their primary coverage, they are referred back to their health provider for services. An intake session is scheduled within 24-48 hours to assess client presenting problems, needs, resources, priorities, and so forth, to determine disposition.

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

FCFP provides individual, group and family therapy, including play therapy, and sand tray therapy. Some FCFP staff are trained in Functional Family Therapy, and a focus on Family Systems assessment and interventions predominates. Case management and medication support services are provided as well (e.g. targeted case management program, AB3632 Unit, Human Services Agency).

Regular hours of operation are nine to five, Monday through Friday; services are provided at main clinic site (1010 Gough Street), and at local schools; home visits are conducted as needed. Services are additionally provided on-site and in the community, as warranted, outside of these hours, generally between 8 am and 9 pm.

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

D. Discharge Planning and exit criteria and process.

Discharge criteria include client/family attainment of plan of care goals, mutual agreement to discontinue services, or lack of participation which precludes progress. The Child Adolescent Needs and Strengths (CANS) assessment is utilized as a measurement tool to examine and inform treatment decisions. Clinicians discuss discharge with the family as well as with the FCFP clinical supervisor as part of the treatment plan. If the case status is to change (i.e., step-down, transfer, referral, or closure) the clinician consults with the program director. The FCFP Provider enters an appropriate code for "Reason for Discharge" in the BIS Insyst database when a client case is closed in the BIS Insyst. The FCFP Program Utilization Review Quality Committee (PURQC) reviews all cases at one year anniversary dates for status updates including continuance of services.

E. Program staffing.

- Children, Youth & Family Division Director – provides overall administrative oversight and leadership of program operations and development
- Program Director – responsible for oversight of the program, including evaluation of staff's clinical duties and other administrative duties
- Family Clinician – provides case management and family therapy
- Family Clinician – provides case management and family therapy
- Family Clinician – provides case management and family therapy
- Family Clinician - provides case management and family therapy

- Office manager/Intake Outreach Coordinator – provides billing and administrative support
- Administrative Assistant – provides part-time additional administrative support
- Nurse Practitioner – provides medication support

F. Indirect Services.

Indirect services for this program include outreach and ongoing staff training. Outreach is conducted according to methods described in this document Section 6A. Outreach activities are not billable in the way that other client-level services are, but they are an important element in program design as they help to ensure that needed services reach the highest-risk, most vulnerable, un-served, and underserved populations. FSA also conducts regular staff training in evidence-based practices, strengths-based approaches, cultural competency, and other skill sets that help ensure that services are delivered according to the state of the art. This staff development and training is provided by the Felton Institute and is essential to maintaining high quality service and promoting positive client outcomes. Hours required for both outreach and training are written into job descriptions and part of a full-time employee's expected 1056 hours of work per year.

7. Objectives and Measurements

A. Standardized Objectives

All objectives, and descriptions of how objectives are measured, are contained in the CBHS document entitled Performance Objectives FY 15-16.

8. Continuous Quality Improvement (CQI)

CQI activities follow the procedures established agency-wide at FSASF. The CQI overall coordinator for FSASF is Edward McCrone, PhD, Licensed Psychologist, and Quality Assurance Director, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all CBHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director and Compliance Officer, continuous quality improvement mechanisms for all Programs at FSASF first involve the FSA Division Directors, who oversee all aspects of Programs within Divisions. FSASF's Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. This committee reviews twice monthly (2nd Tuesday and 4th Thursday) utilization of services as projected in the contracts. The Division Directors, along with this committee, are responsible for establishing and maintaining overall contractual guidelines for CBHS Mental Health Contract Programs. The FSASF Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior Management Team is composed of CEO, COO, CFO, Controller, HR Director, IT Director, QA Director of FSASF as well as the Division Directors of FSASF responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and

training.

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

Program staff meets monthly, on the first Tuesday of every month, for a FSA Operations Meeting with Ed McCrone, Marvin Davis, CFO, and Treedeen Tether, Compliance Officer to review program progress relative to CBHS contract deliverables and performance objectives. Operations staff are provided Spreadsheets to review overall Contract Performance and specific program staff's progress in hitting targets (e.g., productivity, units delivered, caseload, UDC); to monitor procedural and documentation standards (e.g., reviewing HIPAA with clients annually and renewing HIPAA documentation; monitoring that assessments and treatment plans of care are completed within required parameters; monitoring that progress notes are completed within 24 hours of services being rendered); and monitoring progress on performance objectives throughout the year (monthly status given to staff per program on spreadsheets).

In another meeting, FSASF QA Director meets monthly for QA/IT Meeting (4th Thursday) with FSASF Compliance Officer, IT, Clinical and Administrative staff to review progress on Performance Objectives, to identify impediments toward progress, and to remediate and solve any problems staff encounters in the documentation of services, meeting or exceeding deadlines, and achieving all Performance Objectives.

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

Each month (on the 3rd Tuesday), Dr McCrone meets with Treedeen Tether Compliance Officer, Adrienne Abad Administrative Manager, and all FSASF Administrative staff, to assure that uploads from CIRCE to AVATAR of billing for service entries are correct, and to develop standards for the sometimes complex and multiple procedures which assure continuous calibration and reconciliation of the Electronic Health Records of CIRCE and AVATAR.

FSASF has designed a 3-Tiered QA audit. Full Circle Family Program adopts this agency wide audit process and includes specific steps that are unique to our child/youth and family client

population.

a. Basic Audit form- The FCFP, a children's program uses a form called the CHART REVIEW CHECKLIST that makes sure that all the necessary components are in the hard chart. It is the same form that is used for our Staff Peer Review. (see attachment) In addition, the FCFP uses the Medi-Cal CHART REVIEW-NON-HOSPITAL SERVICES checklist.

b. Qualitative Audit form – The FCFP does not have a qualitative audit form other than the Program Director/Clinical Supervisor review of all the initial/reassessment, CAN assessments, and PLANS OF CARE (POC) through AVATAR. The review utilizes the AVATAR CANS ASSESSMENT and TREATMENT PLAN guidelines including the Progress Notes. The guidelines are as follows:

- Quantitative: Initial Assessment/Poc - within 60 calendar days of episode opening.
  Subsequent Re-Assessment/PoC – anniversary date of episode opening.
- Qualitative: Document severity of symptoms/impairments;
  DSM IV-R notation, all five Axis; Clients
  Strength; progress notes use PIRP format.

The procedure for review of the charts is as follows:

New charts: All initial CANs/POC are qualitatively reviewed by the Program Director / Clinical Supervisor signed even if all staff is waivered.

Weekly: Staff is aware of the timelines and submits charts for PURQC on a weekly basis, if applicable. A Request for PURQC form is filled out and submitted.

Monthly: Staff Peer Review occurs using the CHART REVIEW CHECKLIST/MEDI-CAL form. For 2013, FCFP staff will be participating in a qualitative review of the charts as well as quantitative.

Quarterly: All program directors facilitate a quarterly peer review audit of a random selection of charts in which line staff applies attached audit forms to review each other's charts. Time is spent reviewing the findings at the end of the peer review.

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

C. Cultural competency of staff and services

All staff working on CBHS-contracted programs are required yearly to attend at least two trainings geared toward increasing their cultural competency (e.g., recent trainings have focused on unique backgrounds of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street worker, Senior, LGBTQ Youth, Transgender

Adults, and SMI client groups, among many others). FSASF also has been participating in the multi-year CBHS Community Advisory Board Project and submitting formal Reports yearly in September.

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

D. Satisfaction with services

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

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

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

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

FCFP has been actively participating in the work group discussion around proper clinical flow and equal access for clients in CYF SOC. Our program director and admin staff participated in every work group meeting and made tangible contribution to the proposed clinical flow model presented to the provider meeting. FCFP is experimenting with brief treatment model that can treat significant portion of our clients within three months with options for booster sessions later.

9. Required Language

N/A

1. Identifiers

Program Name: Severe Emotional Disturbance(SED)/Success, Opportunity, Achievement and Resilience Academy (SOAR) Mental Health Partnership
Program Address: 1500 Franklin Street, San Francisco, CA 94109
City, State, Zip Code: San Francisco, CA 94109
Telephone: (415) 474-7310 **FAX:** (415) 673-2488
Website Address: www.felton.org

Contractor Address: 1500 Franklin Street
City, State, ZIP: San Francisco, CA 94109
Person Completing this Narrative: Min Tan, Program Director
Telephone: (415) 474-7310 ext 457
Email Address: mtan@felton.org

Program Code: 3822SED

2. Nature of Document

☐ New **Renewal** X ☐ Modification

3. Goal Statement

The Full Circle Family Program (FCFP) provides quality mental health services in several (San Francisco Unified School District) SED or SLI classrooms to assist the students in those classrooms to meet their educational goals and provides direct services and consultation to the classroom teacher, the school principal, and to the school as a whole aimed at improving student performance.

4. Target Population

SED, PDD, LH or SLI children enrolled in the identified classrooms.

5. Modalities/Interventions

Targeted Case Management: means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, other community services. The 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: means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provide as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment intensive Service activities may include are not limited to assessment, plan development, therapy, rehabilitation and collateral.

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

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

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

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

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

6. Methodology

A. Outreach: Partnership classrooms are selected by SFUSD and CBHS. Partnerships complete a yearly memorandum of understanding outlining responsibilities of each Party.

Schools must meet the following criteria (SFUSD is responsible for consultation readiness):

a. The Principal is committed to accept a mental health component in the school
b. The teachers accept consultation from the mental health clinicians.
c. The teachers attend required interagency training or planning activities
d. There is space within the school that is appropriate and available on a regular basis for pull-out counseling services.

B. Admission Criteria: Students in identified classrooms are assessed for need for services, financial and ERMHS status.

C. Service Delivery Model:

a. Mental health services to SED children in the classroom.

FCFP provides the following scope of services:

b. Pull-out individual therapy services
c. Group activities
d. Consultation to teaching staff and the school principal
e. Attendance at IEP meeting when appropriate.
f. Outreach and services to parents and families.
g. Partnerships are 6-8 hours per week during school hours.

D. Exit Criteria: Students exit program when IEP team agrees goals have been accomplished or student graduates or leaves classroom. Clinician works with team regarding discharge planning and follow-up services.

E. Program Staffing:

- Children, Youth & Family Division Director – provides overall administrative oversight and leadership of program operations and development
- Program Director – responsible for oversight of the program, including evaluation of staff's clinical duties and other administrative duties
- Supervisor - provides clinical supervision
- Family Clinician – provides case management and therapy
- Office manager/Intake Outreach Coordinator – provides billing and administrative support

F. Indirect services are provided to students in the identified classroom or as indicated by the school for children not eligible for direct services.

7. Objectives and Measurements

B. Standardized Objectives

All objectives, and descriptions of how objectives are measured, are contained in the CBHS document entitled Performance Objectives FY 15-16.

8. Continuous Quality Improvement (CQI)

CQI activities follow the procedures established agency-wide at FSASF. The CQI overall coordinator for FSASF is Edward McCrone, PhD, Licensed Psychologist, and Quality Assurance Director, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all CBHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director and Compliance Officer, continuous quality improvement mechanisms for all Programs at FSASF first involve the FSA Division Directors, who oversee all aspects of Programs within Divisions. FSASF's Senior Management Team oversees agency planning, policy development, and the ethical conduct of all staff. This committee reviews twice monthly (2nd Tuesday and 4th Thursday) utilization of services as projected in the contracts. The Division Directors, along with this committee, are responsible for establishing and maintaining overall contractual guidelines for CBHS Mental Health Contract Programs. The FSASF Senior Management Team reviews the practice patterns in the respective contractual programs using the following standards: quality of services, patient satisfaction, and treatment outcomes. The Senior

Management Team is composed of CEO, COO, CFO, Controller, HR Director, IT Director, QA Director of FSASF as well as the Division Directors of FSASF responsible for the mental health contracts. Changes or additions to program policy, protocol, and procedures are distributed to staff via written information through weekly Program meetings and email, orientations, and training.

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

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FSASF has designed a 3-Tiered QA audit. Full Circle Family Program adopts this agency wide audit process and includes specific steps that are unique to our child/youth and family client population.

a. Basic Audit form- The FCFP, a children's program uses a form called the CHART REVIEW CHECKLIST that makes sure that all the necessary components are in the hard chart. It is the same form that is used for our Staff Peer Review. (see attachment) In addition, the FCFP uses the Medi-Cal CHART REVIEW-NON-HOSPITAL SERVICES checklist.

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New charts: All initial CANs/POC are qualitatively reviewed by the Program Director / Clinical Supervisor signed even if all staff is waivered.

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C. Cultural competency of staff and services

All staff working on CBHS-contracted programs are required yearly to attend at least two trainings geared toward increasing their cultural competency (e.g., recent trainings have focused

on unique backgrounds of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street worker, Senior, LGBTQ Youth, Transgender Adults, and SMI client groups, among many others). FSASF also has been participating in the multi-year CBHS Community Advisory Board Project and submitting formal Reports yearly in September.

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

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

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

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

FCFP has been actively participating in the work group discussion around proper clinical flow and equal access for clients in CYF SOC. Our program director and admin staff participated in every work group meeting and made tangible contribution to the proposed clinical flow model presented to the provider meeting. FCFP is experimenting with brief treatment model that can treat significant portion of our clients within three months with options for booster sessions later.

9. Required Language
N/A

1. **Identifiers**

Program Name:
Program Address: 315 Franklin Street
City, State, Zip Code: San Francisco, CA 94108
Telephone: (415)-474-7310 **FAX:** (415)-931-0972
Website Address: www.felton.org

Contractor Address: 1500 Franklin Street
City, State, ZIP: San Francisco, CA 94109
Person Completing this Narrative: Marvin Davis, Chief Financial Officer
Telephone: (415) 474-7310 ext 418
Email Address: mdavis@felton.org

Program Code: Fiscal Intermediary

2. **Nature of Document**

☐ New **Renewal** **X** ☐ Modification

3. **Goal Statement**

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

4. **Target Population**

As an administrative function, there is no target population.

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

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

6. **Methodology**

As an administrative function, all appropriate policies of both Family Service Agency of SF and SFDPH apply.

7. **Objectives and Measurements**

N/A - Fiscal Intermediary

8. **Continuous Quality Assurance and Improvement**

N/A - Fiscal Intermediary

9. **Required Language**

N/A - Fiscal Intermediary

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 5, 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 Fund of the CONTRACTOR'S allocation for the applicable fiscal year.

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

2. Program Budgets and Final Invoice

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

Budget Summary CRDC B1 – B13	
Appendix B-1	Geriatrics West – Community After Care Medication Geriatric Support
Appendix B-2	Geriatric Services at Gough
Appendix B-3	Older Adult Full Service Partnership at Gough (ICM&FP)
Appendix B-4	Older Adult Peer-Based Wellness and Recovery – Curry Senior Drop-In Center
Appendix B-5	Adult Full Service Partnership (FSP)/CARE/ACM
Appendix B-6	Transitional –Age Youth (TAY) Full Service Partnership (FSP)
Appendix B-7	Provider Outpatient Psychiatric Services/Administrative Service Organization
Appendix B-8	Prevention and Recovery in Early Intervention (PREP) Project
Appendix B-9	Full Circle Family Program (FCFP)
AppendixB-10	Full Circle Family Program /Early Periodic Screening, Diagnosis and Treatment
Appendix B-11	SED Mental Health Partnership
Appendix B-12	Early Childhood Mental Health
Appendix B-13	Fiscal Intermediary for SFDPH-Maternal Child and Adolescent Health (MCAH) - California Homes Visiting Program (CHVP)

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 **Sixty Million Four Hundred Sixty Thousand Forty-Nine Dollars ($60,460,049)** for the period of **July 1, 2010 through December 31, 2017.**

CONTRACTOR understands that, of this maximum dollar ob ligation, **$2,034,095** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through December 31, 2010	**$3,412,014 (BPHM07000084)**
July 1, 2010 through June 30, 2011	**$4,114,657**
July 1, 2011 through June 30, 2012	**$7,052,900**
July 1, 2012 through June 30, 2013	**$7,272,194**
July 1, 2013 through June 30, 2014	**$7,285,177**
July 1, 2014 through June 30, 2015	**$8,225,481**
July 1, 2015 through June 30, 2016	**$8,225,481**
July 1, 2016 through June 30, 2017	**$8,600,352**
July 1, 2017 through December 31, 2017	**$4,237,698**
Sub.Total of July 1, 2010 through December 31, 2017	**$58,425,954**
Contingency Available	**$2,034,095**
Total of July 1, 2010 through December 31, 2017	**$60,460,049**

(3) 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.

(4) CONTRACTOR further understands that, **$3,412,014** of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000084 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000084 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix **B** in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. 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.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. 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.

CBHS BUDGET DOCUMENTS

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH):	00337			Prepared By/Phone #: M Gaston / M Davis 415-474-7310		Fiscal Year:	2015-16
DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco			Document Date: 7/1/2015		Summary Page:	1 of 3
Contract CMS # (CDTA use only):	6974						
Contract Appendix Number:	B-1	B-2	B-3	B-3a	B-4	B-5	
Appendix A/Provider Name:	Geriatrics Services West	Geriatric Services OADSC	Geriatric Services at Franklin	Geriatric Intensive Case Mgmt at Franklin	Older Adult FSP at Turk (MHSA)	Senior Drop-In Center at Curry Senior Center	
Provider Number	8990	8990	3822	3822	38JW	3822	
Program Code(s)	89903	89903MH	38223MH	382213	38JWFSP	3822SD	**PAGE TOTAL**
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	
FUNDING USES							
Salaries & Employee Benefits:	710,264	131,370	521,250	285,015	653,862	121,667	**2,423,428**
Operating Expenses:	139,350	68,856	128,819	42,120	158,877	59,456	**597,478**
Capital Expenses:							-
Subtotal Direct Expenses:	**849,614**	**200,226**	**650,069**	**327,135**	**812,739**	**181,123**	**3,020,906**
Indirect Expenses:	124,893	29,433	95,560	48,089	119,472	26,625	**444,072**
Indirect %:	**14.70%**	**14.70%**	**14.70%**	**14.70%**	**14.70%**	**14.70%**	**14.70%**
TOTAL FUNDING USES	**974,507**	**229,659**	**745,629**	**375,224**	**932,211**	**207,748**	**3,464,978**
					Employee Fringe Benefits %:		**29.99**
BHS MENTAL HEALTH FUNDING SOURCES							
MH FED - SDMC Regular FFP (50%)	370,164	67,929	200,198	173,678	152,077		964,046
MH STATE - MHSA (CSS)					759,359		759,359
MH STATE - MHSA (PEI)						194,825	194,825
MH STATE - SAMHSA SOC Grant							-
MH 3RD PARTY - Medicare	13,331	728	13,652	3,396	963		32,070
MH STATE - 2011 PSR Managed Care							-
MH STATE - 1991 MH Realignment	284,096	80,017	247,909	116,553	11,698		740,273
MH COUNTY - General Fund	299,051	80,202	251,344	80,833	8,114	6,157	725,701
MH COUNTY - General Fund - CODB (Children)							-
MH COUNTY - General Fund - CODB (ADULT)	7,865	783	32,526	764		6,766	48,704
MH STATE - 2011 PSR EPSDT							-
MH STATE - Family Mosaic Capitated Medi-Cal							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	**974,507**	**229,659**	**745,629**	**375,224**	**932,211**	**207,748**	**3,464,978**
BHS SUBSTANCE ABUSE FUNDING SOURCES							
							-
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES							-
							-
Maternal Child Health / Calfornia Homes Visiting Program - Title V							-
							-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	**974,507**	**229,659**	**745,629**	**375,224**	**932,211**	**207,748**	**3,464,978**
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	**974,507**	**229,659**	**745,629**	**375,224**	**932,211**	**207,748**	**3,464,978**

CBHS BUDGET DOCUMENTS

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH):	00337		Prepared By/Phone #: M Gaston / M Davis 415-474-7310			Fiscal Year:	2015-16
DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco			Document Date: 7/1/2015		Summary Page:	2 of 3
Contract CMS # (CDTA use only):	6974						
Contract Appendix Number:	B-6	B-6a	B-7	B-8	B-9	B-9a	
Appendix A/Provider Name:	ACM (Non-MHSA)	ADULT FSP (MHSA)	TAY FSP (MHSA)	POPS ASO	PREP - CR	PREP - FFS	
Provider Number	3822	3822	3822	3822	8990	8990	
Program Code(s)	3822OP	3822A3	3822T3	FI	8990EP	8990EP	**PAGE TOTAL**
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	
FUNDING USES							
Salaries & Employee Benefits:	488,315	626,396	386,903	174,687	477,478	405,689	**2,559,468**
Operating Expenses:	137,736	137,638	118,536	2,761	210,050	118,647	**725,368**
Capital Expenses:							-
Subtotal Direct Expenses:	**626,051**	**764,034**	**505,439**	**177,448**	**687,528**	**524,336**	**3,284,836**
Indirect Expenses:	92,029	112,313	74,300	26,084	94,925	77,076	**476,727**
Indirect %:	**14.70%**	**14.70%**	**14.70%**	**14.70%**	**13.81%**	**14.70%**	**14.51%**
TOTAL FUNDING USES	**718,080**	**876,347**	**579,739**	**203,532**	**782,453**	**601,412**	**3,761,563**
					Employee Fringe Benefits %:		29.99
BHS MENTAL HEALTH FUNDING SOURCES							
MH FED - SDMC Regular FFP (50%)	318,968	336,870	196,458			145,586	997,882
MH STATE - MHSA (CSS)		539,477	383,281		707,290	455,826	2,085,874
MH STATE - MHSA (PEI)							-
MH STATE - SAMHSA SOC Grant					75,163		75,163
MH 3RD PARTY - Medicare							-
MH STATE - 2011 PSR Managed Care				166,094			166,094
MH STATE - 1991 MH Realignment	142,225						142,225
MH COUNTY - General Fund	254,747			37,366			292,113
MH COUNTY - General Fund - CODB (Children)							-
MH COUNTY - General Fund - CODB (ADULT)	2,140			72			2,212
MH STATE - 2011 PSR EPSDT							-
MH STATE - Family Mosaic Capitated Medi-Cal							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	**718,080**	**876,347**	**579,739**	**203,532**	**782,453**	**601,412**	**3,761,563**
BHS SUBSTANCE ABUSE FUNDING SOURCES					-	-	
							-
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES							-
							-
Maternal Child Health / Calfornia Homes Visiting Program - Title V							-
							-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	718,080	876,347	579,739	203,532	782,453	601,412	3,761,563
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	718,080	876,347	579,739	203,532	782,453	601,412	3,761,563

CBHS BUDGET DOCUMENTS

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH):	00337		Prepared By/Phone #: M Gaston / M Davis 415-474-7310			Fiscal Year:	2015-16
DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco			Document Date: 7/1/2015		Summary Page:	3 of 3
Contract CMS # (CDTA use only):	6974						
Contract Appendix Number:	B-10	B-11	B-12	B-13			
Appendix A/Provider Name:	Full Circle OP	Full Circle EPSDT	SED / SOAR MH Partnership	MCAH-CHVP			
Provider Number	3822	3822	3822	3822			
Program Code(s)	3822O1	3822O3	3822SED	FI		PAGE TOTAL	GRAND TOTAL
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16			
FUNDING USES							
Salaries & Employee Benefits:	188,741	255,845	86,558	-		531,144	5,514,040
Operating Expenses:	103,239	111,094	27,793	97,646		339,772	1,662,618
Capital Expenses:						-	-
Subtotal Direct Expenses:	**291,980**	**366,939**	**114,351**	**97,646**	-	**870,916**	7,176,657
Indirect Expenses:	42,922	53,939	16,809	14,354	-	**128,024**	1,048,823
Indirect %:	**14.70%**	**14.70%**	**14.70%**	**14.70%**		**14.7%**	**14.6%**
TOTAL FUNDING USES	**334,902**	**420,878**	**131,160**	**112,000**	-	**998,940**	8,225,481
					Employee Fringe Benefits %:		**29.99**
BHS MENTAL HEALTH FUNDING SOURCES							
MH FED - SDMC Regular FFP (50%)	107,778	206,610				314,388	2,276,316
MH STATE - MHSA (CSS)						-	2,845,233
MH STATE - MHSA (PEI)						-	194,825
MH STATE - SAMHSA SOC Grant						-	75,163
MH 3RD PARTY - Medicare						-	32,070
MH STATE - 2011 PSR Managed Care						-	166,094
MH STATE - 1991 MH Realignment	98,579		32,455			131,034	1,013,532
MH COUNTY - General Fund	103,476	23,223	98,705			225,404	1,243,218
MH COUNTY - General Fund - CODB (Children)	8,016	5,091				13,107	13,107
MH COUNTY - General Fund - CODB (ADULT)						-	50,916
MH STATE - 2011 PSR EPSDT	9,300	185,954				195,254	195,254
MH STATE - Family Mosaic Capitated Medi-Cal	7,753					7,753	7,753
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	**334,902**	**420,878**	**131,160**	-	-	886,940	8,113,481
BHS SUBSTANCE ABUSE FUNDING SOURCES							
						-	-
						-	-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES							-
						-	-
Maternal Child Health / Calfornia Homes Visiting Program - Title V				112,000		112,000	112,000
						-	-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	**112,000**	-	112,000	112,000
TOTAL DPH FUNDING SOURCES	**334,902**	**420,878**	**131,160**	**112,000**	-	**998,940**	**8,225,481**
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	**334,902**	**420,878**	**131,160**	**112,000**	-	**998,940**	**8,225,481**

FY 14-15 BHS APPENDIX B
BUDGET DOCUMENTS

DPH 7: Contract-Wide Indirect Detail

Contractor Name/Program Name:	Family Service Agency of San Francisco
Document Date:	7/1/2015
Fiscal Year:	2015-16

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Chief Executive Officer	0.327	$ 72,398
Chief Operating Officer	0.374	$ 66,585
Director of Human Resources	0.374	$ 42,668
Chief Financial Officer	0.421	$ 50,930
Information Technology Director	0.421	$ 31,953
Controller	0.336	$ 27,672
Board Liason, Admin Asst. CEO	0.327	$ 14,854
QA Monitor/Admin Coordinator	0.421	$ 22,513
Human Resources Recruiter	0.374	$ 22,635
Human Resources Coordinator	0.421	$ 20,407
Payroll Manager	0.512	$ 30,423
Senior Accountant	0.374	$ 19,618
AP Manager	0.512	$ 30,580
Accounting Clerk	0.319	$ 11,261
Information Technology Supervisor	0.330	$ 20,804
Information Technology Specialist	0.327	$ 12,775
Facilities Manager	0.234	$ 11,424
Front Desk & Safety Supervisor	0.327	$ 11,709
SUBTOTAL SALARIES		$ 521,209
EMPLOYEE FRINGE BENEFITS	29.99%	$ 156,311
TOTAL SALARIES & BENEFITS		$ 677,520

2. OPERATING COSTS

Expense line item:	Amount
Occupancy (Space, Utilities, Security, Maint, Repairs, Garbage, Cleaning)	$ 108,376
Materials & Supplies	$ 34,912
Equipment (Rental & Maintenance)	$ 12,172
Admin & Management Fees (Payroll & Benefit Processing)	$ 39,069
Audit Fees	$ 27,892
Travel	$ 20,469
Professional Services (Legal & Consultants)	$ 92,397
Communications (landline, mobile, fax & internet)	$ 30,440
Insurance	$ 4,181
Training & Staff Development	$ 1,395
TOTAL OPERATING COSTS	$ 371,303

TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)	$	1,048,823

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco					Appendix/Page #:	B-1, pg-1
Provider Name:	Geriatrics Outpatient Services West					Document Date:	7/1/2015
Provider Number:	8990					Fiscal Year:	2015-16
Program Name:	**Geriatrics Services West**						
Program Code (formerly Reporting Unit):	89903	89903	89903	89903	89903		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29		
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs		**TOTAL**
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16		
FUNDING USES							
Salaries & Employee Benefits:	93,878	395,049	173,598	12,564	35,175		**710,264**
Operating Expenses:	18,418	77,507	34,059	2,465	6,901		**139,350**
Capital Expenses (greater than $5,000):							-
Subtotal Direct Expenses:	**112,296**	**472,556**	**207,657**	**15,029**	**42,076**	-	**849,614**
Indirect Expenses:	16,507	69,466	30,526	2,209	6,185		**124,893**
TOTAL FUNDING USES:	**128,803**	**542,022**	**238,183**	**17,238**	**48,261**	-	**974,507**
BHS MENTAL HEALTH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**						-
							-
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	50,815	216,847	95,595	6,907		370,164
MH 3RD PARTY - Medicare	HMHMCC730515	1,830	7,809	3,443	249		13,331
MH STATE - 1991 MH Realignment	HMHMCC730515	35,774	152,665	67,301	4,863	23,493	284,096
MH COUNTY - General Fund - CODB (Adult)	HMHMCC730515	2,726	4,000	1,000	100	39	7,865
MH COUNTY - General Fund	HMHMCC730515	37,658	160,701	70,844	5,119	24,729	299,051
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**128,803**	**542,022**	**238,183**	**17,238**	**48,261**	- 974,507
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**						-
							-
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	- -
OTHER DPH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**						-
							-
							-
							-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	- -
TOTAL DPH FUNDING SOURCES		**128,803**	**542,022**	**238,183**	**17,238**	**48,261**	- **974,507**
NON-DPH FUNDING SOURCES							
							-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	- -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		128,803	542,022	238,183	17,238	48,261	- 974,507
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS		
DPH Units of Service:	59,356	192,890	45,893	4,124	470	-	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.17	2.81	5.19	4.18	102.60		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.17	2.81	5.19	4.18	102.60	0.00	
Published Rate (Medi-Cal Providers Only):	2.52	3.26	6.01	4.83	118.46		**Total UDC:**
Unduplicated Clients (UDC):	44	143	34	3			224

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco						Appendix/Page #:	B-2, pg-1
Provider Name:	Older Adult Day Support Center / Community Integration						Document Date:	7/1/2015
Provider Number:	8990						Fiscal Year:	2015-16
Program Name:	**Geriatric Services - Older Adult Day Support - Community Integration (OADSC)**							
Program Code (formerly Reporting Unit):	89903MH	89903MH	89903MH	89903MH	89903MH			
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29			
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs			**TOTAL**
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16			
FUNDING USES								
Salaries & Employee Benefits:	20,605	98,845	5,344	119	6,457			**131,370**
Operating Expenses:	10,800	51,809	2,801	63	3,383			**68,856**
Capital Expenses (greater than $5,000):								-
Subtotal Direct Expenses:	**31,405**	**150,654**	**8,145**	**182**	**9,840**	-		**200,226**
Indirect Expenses:	4,617	22,146	1,197	27	1,446			**29,433**
TOTAL FUNDING USES:	**36,022**	**172,800**	**9,342**	**209**	**11,286**	-		**229,659**
BHS MENTAL HEALTH FUNDING SOURCES / **Index Code/Project Detail/CFDA#:**								-
								-
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	11,246	53,702	2,916	65			67,929
MH 3RD PARTY - Medicare	HMHMCC730515	121	572	30	5			728
MH STATE - 1991 MH Realignment	HMHMCC730515	12,313	58,805	3,194	69	5,636		80,017
MH COUNTY - General Fund - CODB (Adult)	HMHMCC730515		783					783
MH COUNTY - General Fund	HMHMCC730515	12,342	58,938	3,202	70	5,650		80,202
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**36,022**	**172,800**	**9,342**	**209**	**11,286**	-	229,659
BHS SUBSTANCE ABUSE FUNDING SOURCES / **Index Code/Project Detail/CFDA#:**								-
								-
								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES / **Index Code/Project Detail/CFDA#:**								-
								-
								-
								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**36,022**	**172,800**	**9,342**	**209**	**11,286**	-	**229,659**
NON-DPH FUNDING SOURCES								
								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		36,022	172,800	9,342	209	11,286	-	229,659
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS			
DPH Units of Service:	16,600	61,495	1,800	50	110	-		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.17	2.81	5.19	4.18	102.60			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.17	2.81	5.19	4.18	102.60	0.00		
Published Rate (Medi-Cal Providers Only):	2.52	3.26	6.01	4.83	118.46			**Total UDC:**
Unduplicated Clients (UDC):	8	31	1	1				40

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco						Appendix/Page #:	B-3, pg-1
Provider Name:	Family Service Agency Opt. Srvs of SF						Document Date:	7/1/2015
Provider Number:	3822						Fiscal Year:	2015-16
Program Name:	**Geriatric Services at Franklin**							
Program Code (formerly Reporting Unit):	38223MH	38223MH	38223MH	38223MH	38223MH			
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29			
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs			TOTAL
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16			
FUNDING USES								
Salaries & Employee Benefits:	92,184	208,715	183,604	12,246	24,501			**521,250**
Operating Expenses:	22,782	51,581	45,375	3,027	6,054			**128,819**
Capital Expenses (greater than $5,000):								-
Subtotal Direct Expenses:	**114,966**	**260,296**	**228,979**	**15,273**	**30,555**	-		**650,069**
Indirect Expenses:	16,900	38,264	33,660	2,245	4,491			**95,560**
TOTAL FUNDING USES:	**131,866**	**298,560**	**262,639**	**17,518**	**35,046**	-		**745,629**
BHS MENTAL HEALTH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	37,152	84,116	73,995	4,935			200,198
MH 3RD PARTY - Medicare	HMHMCC730515	2,533	5,736	5,046	337			13,652
MH STATE - 1991 MH Realignment	HMHMCC730515	43,036	97,438	85,715	5,717	16,003		247,909
MH COUNTY - General Fund - CODB (Adult)	HMHMCC730515	6,006	13,598	11,962	798	162		32,526
MH COUNTY - General Fund	HMHMCC730515	43,139	97,672	85,921	5,731	18,881		251,344
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**131,866**	**298,560**	**262,639**	**17,518**	**35,046**	-	745,629
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**131,866**	**298,560**	**262,639**	**17,518**	**35,046**	-	**745,629**
NON-DPH FUNDING SOURCES								
								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		131,866	298,560	262,639	17,518	35,046	-	745,629
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS			
DPH Units of Service:	60,768	106,249	50,605	4,191	342	-		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.17	2.81	5.19	4.18	102.60	1.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.17	2.81	5.19	4.18	102.60	0.00		
Published Rate (Medi-Cal Providers Only):	2.52	3.26	6.01	4.83	118.46			**Total UDC:**
Unduplicated Clients (UDC):	43	76	36	3				158

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco						Appendix/Page #:	B-3a,pg-1
Provider Name:	Family Service Agency Opt. Srvs of SF						Document Date:	7/1/2015
Provider Number:	3822						Fiscal Year:	2015-16
Program Name:	**Geriatric Intensive Case Management at Franklin (Non-MHSA)**							
Program Code (formerly Reporting Unit):	382213	382213	382213	382213				
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79				
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention				**TOTAL**
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16				
FUNDING USES								
Salaries & Employee Benefits:	75,976	82,771	110,360	15,908				**285,015**
Operating Expenses:	11,228	12,232	16,309	2,351				**42,120**
Capital Expenses (greater than $5,000):								-
Subtotal Direct Expenses:	**87,204**	**95,003**	**126,669**	**18,259**	-	-		**327,135**
Indirect Expenses:	12,819	13,966	18,620	2,684				**48,089**
TOTAL FUNDING USES:	**100,023**	**108,969**	**145,289**	**20,943**	-	-		**375,224**
BHS MENTAL HEALTH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							
								-
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	46,297	50,438	67,249	9,694			173,678
MH 3RD PARTY - Medicare	HMHMCC730515	905	986	1,315	190			3,396
MH STATE - 1991 MH Realignment	HMHMCC730515	31,070	33,848	45,130	6,505			116,553
MH COUNTY - General Fund - CODB (Adult)	HMHMCC730515	203	222	296	43			764
MH COUNTY - General Fund	HMHMCC730515	21,548	23,475	31,299	4,511			80,833
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**100,023**	**108,969**	**145,289**	**20,943**	-	-	375,224
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**100,023**	**108,969**	**145,289**	**20,943**	-	-	**375,224**
NON-DPH FUNDING SOURCES								
								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		100,023	108,969	145,289	20,943	-	-	375,224
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS				
DPH Units of Service:	46,094	38,779	27,994	5,010	-	-		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.17	2.81	5.19	4.18				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.17	2.81	5.19	4.18	0.00	0.00		
Published Rate (Medi-Cal Providers Only):	2.52	3.26	6.01	4.83				**Total UDC:**
Unduplicated Clients (UDC):	19	16	11	2				48

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco						Appendix/Page #:	B-4,pg-1
Provider Name:	Family Service Agency Opt. Srvs of SF						Document Date:	7/1/2015
Provider Number:	38JW						Fiscal Year:	2015-16
Program Name:	**Older Adult Full Service Partnership at Turk (MHSA)**							
Program Code (formerly Reporting Unit):	38JWFSP	38JWFSP	38JWFSP	38JWFSP	38JWFSP	38JWFSP		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29	60/72		
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs	SS-Client Flexible Support Exp	**TOTAL**	
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16		
FUNDING USES								
Salaries & Employee Benefits:	210,289	216,505	77,297	67,802	59,760	22,209	**653,862**	
Operating Expenses:	38,372	39,506	14,105	12,372	10,906	43,616	**158,877**	
Capital Expenses (greater than $5,000):							-	
Subtotal Direct Expenses:	**248,661**	**256,011**	**91,402**	**80,174**	**70,666**	**65,825**	**812,739**	
Indirect Expenses:	36,553	37,634	13,436	11,786	10,388	9,675	**119,472**	
TOTAL FUNDING USES:	**285,214**	**293,645**	**104,838**	**91,960**	**81,054**	**75,500**	**932,211**	
BHS MENTAL HEALTH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	55,920	57,572	20,555	18,030			152,077
MH 3RD PARTY - Medicare	HMHMCC730515	354	365	130	114			963
MH STATE - MHSA (CSS)	HMHMPROP63/PMHS63-1506	222,602	229,185	81,823	71,774	78,475	75,500	759,359
MH STATE - 1991 MH Realignment	HMHMCC730515	3,742	3,851	1,376	1,206	1,523		11,698
MH COUNTY - General Fund	HMHMCC730515	2,596	2,672	954	836	1,056		8,114
								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**285,214**	**293,645**	**104,838**	**91,960**	**81,054**	**75,500**	932,211
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**285,214**	**293,645**	**104,838**	**91,960**	**81,054**	**75,500**	**932,211**
NON-DPH FUNDING SOURCES								
								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		285,214	293,645	104,838	91,960	81,054	75,500	932,211
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	CR		
DPH Units of Service:	131,435	104,500	20,200	22,000	790	75,500		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour or Client Day, depending on contract.		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.17	2.81	5.19	4.18	102.60	1.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.17	2.81	5.19	4.18	102.60	1.00		
Published Rate (Medi-Cal Providers Only):	2.52	3.26	6.01	4.83	118.46		**Total UDC:**	
Unduplicated Clients (UDC):	29	23	4	5			61	

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):		Family Service Agency of San Francisco					Appendix/Page #:	B-5,pg-1
Provider Name:		Family Service Agency Opt. Srvs of SF					Document Date:	7/1/2015
Provider Number:		3822					Fiscal Year:	2015-16
Program Name:		**Senior Drop-In Center at Curry Senior Center**						
Program Code (formerly Reporting Unit):		3822SD						
Mode/SFC (MH) or Modality (SA)		60/78						
Service Description:		SS-Other Non-MediCal Client Support Exp						TOTAL
FUNDING TERM:		7/01/15 _ 6/30/16						
FUNDING USES								
Salaries & Employee Benefits:		121,667						**121,667**
Operating Expenses:		59,456						**59,456**
Capital Expenses (greater than $5,000):								-
Subtotal Direct Expenses:		**181,123**	-	-	-	-	-	**181,123**
Indirect Expenses:		26,625						**26,625**
TOTAL FUNDING USES:		**207,748**	-	-	-	-	-	**207,748**
BHS MENTAL HEALTH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							
								-
MH STATE - MHSA (PEI)	HMHMPROP63 / PMHS63-1510	194,825						194,825
MH COUNTY - General Fund	HMHMCC730515	6,157						6,157
MH COUNTY - General Fund - CODB (Adult)	HMHMCC730515	6,766						6,766
								-
								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**207,748**	-	-	-	-	-	207,748
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**207,748**	-	-	-	-	-	**207,748**
NON-DPH FUNDING SOURCES								
								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		207,748	-	-	-	-	-	207,748
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):		CR						
DPH Units of Service:		207,748	-	-	-	-	-	
Unit Type:		Staff Hour or Client Day, depending on contract.	0	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		1.00						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		1.00	0.00	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):		N/A						**Total UDC:**
Unduplicated Clients (UDC):		150						150

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco					Appendix/Page #:	B-6,pg-1
Provider Name:	Family Service Agency Opt. Srvs of SF					Document Date:	7/1/2015
Provider Number:	3822					Fiscal Year:	2015-16
Program Name:	**Adult Care Management (ACM) (Non-MHSA)**						
Program Code (formerly Reporting Unit):	3822OP	3822OP	3822OP	3822OP	3822OP	3822OP	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29	60/72	
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs	SS-Client Flexible Support Exp	**TOTAL**
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	
FUNDING USES							
Salaries & Employee Benefits:	186,953	118,625	146,887	6,981	23,669	5,200	**488,315**
Operating Expenses:	47,264	29,989	37,134	1,765	5,984	15,600	**137,736**
Capital Expenses (greater than $5,000):							-
Subtotal Direct Expenses:	**234,217**	**148,614**	**184,021**	**8,746**	**29,653**	**20,800**	**626,051**
Indirect Expenses:	34,429	21,846	27,051	1,286	4,359	3,058	**92,029**
TOTAL FUNDING USES:	**268,646**	**170,460**	**211,072**	**10,032**	**34,012**	**23,858**	**718,080**
BHS MENTAL HEALTH FUNDING SOURCES / **Index Code/Project Detail/CFDA#:**							
							-
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	129,454	82,141	102,539	4,834		318,968
MH STATE - 1991 MH Realignment	HMHMCC730515	49,869	31,642	39,500	1,862	12,186	7,166	142,225
MH COUNTY - General Fund	HMHMCC730515	89,323	56,677	69,033	3,336	21,826	14,552	254,747
MH COUNTY - General Fund - CODB (Adult)	HMHMCC730515						2,140	2,140
								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**268,646**	**170,460**	**211,072**	**10,032**	**34,012**	**23,858**	718,080
BHS SUBSTANCE ABUSE FUNDING SOURCES / **Index Code/Project Detail/CFDA#:**							
							-
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES / **Index Code/Project Detail/CFDA#:**							
							-
							-
							-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**268,646**	**170,460**	**211,072**	**10,032**	**34,012**	**23,858**	**718,080**
NON-DPH FUNDING SOURCES							
							-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		268,646	170,460	211,072	10,032	34,012	23,858	718,080
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	CR	
DPH Units of Service:	123,800	60,662	40,669	2,400	332	23,858	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour or Client Day, depending on contract.	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.17	2.81	5.19	4.18	102.60	1.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.17	2.81	5.19	4.18	102.60	1.00	
Published Rate (Medi-Cal Providers Only):	2.52	3.26	6.01	4.83	118.46		**Total UDC:**
Unduplicated Clients (UDC):	45	22	15	8			82

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco					Appendix/Page #:	B-6a,pg-1	
Provider Name:	Family Service Agency Opt. Srvs of SF					Document Date:	7/1/2015	
Provider Number:	3822					Fiscal Year:	2015-16	
Program Name:	**Adult Full Service Partnership (MHSA)**							
Program Code (formerly Reporting Unit):	3822A3	3822A3	3822A3	3822A3	3822A3	3822A3		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29	60/72		
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs	SS-Client Flexible Support Exp	**TOTAL**	
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16		
FUNDING USES								
Salaries & Employee Benefits:	147,643	262,646	128,548	11,729	62,571	13,259	**626,396**	
Operating Expenses:	24,378	43,367	21,225	1,937	10,331	36,400	**137,638**	
Capital Expenses (greater than $5,000):							-	
Subtotal Direct Expenses:	**172,021**	**306,013**	**149,773**	**13,666**	**72,902**	**49,659**	**764,034**	
Indirect Expenses:	25,287	44,984	22,016	2,009	10,717	7,300	**112,313**	
TOTAL FUNDING USES:	**197,308**	**350,997**	**171,789**	**15,675**	**83,619**	**56,959**	**876,347**	
BHS MENTAL HEALTH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							
								-
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	89,314	161,370	78,980	7,206			336,870
MH STATE - MHSA (CSS)	HMHMPROP63/PMHS63-1505	107,994	189,627	92,809	8,469	83,619	56,959	539,477
								-
								-
								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**197,308**	**350,997**	**171,789**	**15,675**	**83,619**	**56,959**	876,347
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							
								-
								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**197,308**	**350,997**	**171,789**	**15,675**	**83,619**	**56,959**	**876,347**
NON-DPH FUNDING SOURCES								
								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		197,308	350,997	171,789	15,675	83,619	56,959	876,347
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	CR		
DPH Units of Service:	90,925	124,910	33,100	3,750	815	56,959		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour or Client Day, depending on contract.		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.17	2.81	5.19	4.18	102.60	1.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.17	2.81	5.19	4.18	102.60	1.00		
Published Rate (Medi-Cal Providers Only):	2.52	3.26	6.01	4.83	118.46		**Total UDC:**	
Unduplicated Clients (UDC):	29	40	10	4			80	

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco					Appendix/Page #:	B-7,pg-1	
Provider Name:	Family Service Agency Opt. Srvs of SF					Document Date:	7/1/2015	
Provider Number:	3822					Fiscal Year:	2015-16	
Program Name:	**Transitional Age Youth (TAY) Full Service Partnership**							
Program Code (formerly Reporting Unit):	3822T3	3822T3	3822T3	3822T3	3822T3	3822T3		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/20-29	60/72		
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-Cmmty Client Svcs	SS-Client Flexible Support Exp	**TOTAL**	
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16		
FUNDING USES								
Salaries & Employee Benefits:	109,842	162,923	58,486	3,817	38,836	12,999	**386,903**	
Operating Expenses:	24,247	35,964	12,910	842	8,573	36,000	**118,536**	
Capital Expenses (greater than $5,000):							-	
Subtotal Direct Expenses:	**134,089**	**198,887**	**71,396**	**4,659**	**47,409**	**48,999**	**505,439**	
Indirect Expenses:	19,711	29,236	10,495	685	6,969	7,203	**74,299**	
TOTAL FUNDING USES:	**153,800**	**228,123**	**81,891**	**5,344**	**54,378**	**56,202**	**579,738**	
BHS MENTAL HEALTH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	64,403	95,526	34,291	2,238			196,458
MH STATE - MHSA (CSS)	HMHMPROP63/PMHS63-1504	89,397	132,598	47,600	3,106	54,378	56,202	383,281
								-
								-
								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**153,800**	**228,124**	**81,891**	**5,344**	**54,378**	**56,202**	579,739
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**					**37,695**	**48,999**	86,694
								-
								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**153,800**	**228,124**	**81,891**	**5,344**	**54,378**	**56,202**	**579,739**
NON-DPH FUNDING SOURCES								
								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		153,800	228,124	81,891	5,344	54,378	56,202	579,739
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	CR		
DPH Units of Service:	70,876	81,183	15,779	1,278	530	56,202		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour or Client Day, depending on contract.		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.17	2.81	5.19	4.18	102.60	1.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.17	2.81	5.19	4.18	102.60	1.00		
Published Rate (Medi-Cal Providers Only):	2.52	3.26	6.01	4.83	118.46	1.00	**Total UDC:**	
Unduplicated Clients (UDC):	39	45	27	7			56	

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):		Family Service Agency of San Francisco					Appendix/Page #:	B-8,pg-1
Provider Name:		Family Service Agency Opt. Srvs of SF					Document Date:	7/1/2015
Provider Number:		3822					Fiscal Year:	2015-16
Program Name:		POPS / ASO						
Program Code (formerly Reporting Unit):		Fiscal Intermediary						
Mode/SFC (MH) or Modality (SA)		00-20						
Service Description:		Administration Support (i.e. check Writing, hired staff to work for Admin)						TOTAL
FUNDING TERM:		7/01/15 _ 6/30/16						
FUNDING USES								
Salaries & Employee Benefits:		174,687						**174,687**
Operating Expenses:		2,761						**2,761**
Capital Expenses (greater than $5,000):								-
Subtotal Direct Expenses:		**177,448**	-	-	-	-	-	**177,448**
Indirect Expenses:		26,084						**26,084**
TOTAL FUNDING USES:		**203,532**	-	-	-	-	-	**203,532**
BHS MENTAL HEALTH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
MH STATE - 2011 PSR Managed Care	HMHMOPMGDCAR/PHMGDC15	166,094						166,094
MH COUNTY - General Fund	HMHMCC730515	37,366						37,366
MH COUNTY - General Fund - CODB (Adult)	HMHMCC730515	72						72
								-
								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**203,532**	-	-	-	-	-	203,532
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**203,532**	-	-	-	-	-	**203,532**
NON-DPH FUNDING SOURCES								
								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		203,532	-	-	-	-	-	203,532
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):		CR						
DPH Units of Service:		203,532	-	-	-	-	-	
Unit Type:		Not Applicable	0	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		1.00						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		1.00	0.00	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):		N/A						**Total UDC:**
Unduplicated Clients (UDC):		N/A						N/A

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco						Appendix/Page #:	B-9,pg-1
Provider Name:	Geriatrics Services West						Document Date:	7/1/2015
Provider Number:	8990						Fiscal Year:	2015-16
Program Name:	**Prevention & Recovery in Early Psychosis (PREP) - Cost Reimbursement**							
Program Code (formerly Reporting Unit):		8990EP	8990EP					
Mode/SFC (MH) or Modality (SA)		60/78	60/78					
Service Description:		SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp					**TOTAL**
FUNDING TERM:		7/01/15 _ 6/30/16	7/01/15 _ 6/30/16					
FUNDING USES								
Salaries & Employee Benefits:		406,593	70,885					**477,478**
Operating Expenses:		210,050						**210,050**
Capital Expenses (greater than $5,000):								-
Subtotal Direct Expenses:	-	**616,643**	**70,885**	-	-	-		**687,528**
Indirect Expenses:		90,647	4,278					**94,925**
TOTAL FUNDING USES:	-	**707,290**	**75,163**	-	-	-		**782,453**
BHS MENTAL HEALTH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
MH STATE - MHSA (CSS)	HMHMPROP63/PMHS63-1504		707,290					707,290
MH STATE - SAMHSA SOC Grant	HMHMRCGRANTS / HMM007-1501			75,163				75,163
								-
								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	**707,290**	**75,163**	-	-	-	782,453
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		-	**707,290**	**75,163**	-	-	-	**782,453**
NON-DPH FUNDING SOURCES								
								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		-	707,290	75,163	-	-	-	782,453
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):			CR	CR				
DPH Units of Service:	-		707,290	75,163	-	-	-	
Unit Type:	0		Staff Hour or Client Day, depending on contract.	Staff Hour or Client Day, depending on contract.	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)			1.00	1.00				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	0.00		1.00	1.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):			N/A	N/A				**Total UDC:**
Unduplicated Clients (UDC):			N/A	N/A				N/A

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco						Appendix/Page #:	B-9a,pg-1
Provider Name:	Geriatrics Services West						Document Date:	7/1/2015
Provider Number:	8990						Fiscal Year:	2015-16
Program Name:	**Prevention & Recovery in Early Psychosis (PREP) - Fee For Service**							
Program Code (formerly Reporting Unit):	8990EP	8990EP	8990EP	8990EP	8990EP			
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19			
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion			**TOTAL**
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16			
FUNDING USES								
Salaries & Employee Benefits:	23,645	263,287	93,472	5,076	20,209			**405,689**
Operating Expenses:	6,915	77,000	27,337	1,484	5,911			**118,647**
Capital Expenses (greater than $5,000):								-
Subtotal Direct Expenses:	**30,560**	**340,287**	**120,809**	**6,560**	**26,120**	-		**524,336**
Indirect Expenses:	4,492	50,022	17,759	964	3,839			**77,076**
TOTAL FUNDING USES:	**35,052**	**390,309**	**138,568**	**7,524**	**29,959**	-		**601,412**
BHS MENTAL HEALTH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	8,930	99,437	35,302	1,917			145,586
MH STATE - MHSA (CSS)	HMHMPROP63/PMHS63-1504	26,122	290,872	103,266	5,607	29,959		455,826
								-
								-
								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**35,052**	**390,309**	**138,568**	**7,524**	**29,959**	-	601,412
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
		-	-	-	-			-
								-
								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**35,052**	**390,309**	**138,568**	**7,524**	**29,959**	-	**601,412**
NON-DPH FUNDING SOURCES								
								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		35,052	390,309	138,568	7,524	29,959	-	601,412
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS			
DPH Units of Service:	16,153	138,900	26,699	1,800	292	-		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.17	2.81	5.19	4.18	102.60			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.17	2.81	5.19	4.18	102.60	0.00		
Published Rate (Medi-Cal Providers Only):	2.52	3.26	6.01	4.83	118.46			**Total UDC:**
Unduplicated Clients (UDC):	10	50	18	5				55

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco						Appendix/Page #:	B-10,pg-1
Provider Name:	Family Service Agency Opt. Srvs of SF						Document Date:	7/1/2015
Provider Number:	3822						Fiscal Year:	2015-16
Program Name:	**Full Circle Family Program - OP**							
Program Code (formerly Reporting Unit):	3822O1	3822O1	3822O1	3822O1	3822O1			
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19			
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion			**TOTAL**
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16			
FUNDING USES								
Salaries & Employee Benefits:	8,969	111,184	33,549	1,279	33,760			**188,741**
Operating Expenses:	4,792	61,803	17,924	683	18,037			**103,239**
Capital Expenses (greater than $5,000):								-
Subtotal Direct Expenses:	**13,761**	**172,987**	**51,473**	**1,962**	**51,797**	-		**291,980**
Indirect Expenses:	2,023	25,429	7,567	288	7,615			**42,922**
TOTAL FUNDING USES:	**15,784**	**198,416**	**59,040**	**2,250**	**59,412**	-		**334,902**
BHS MENTAL HEALTH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	2,480	82,598	22,140	560			107,778
MH STATE - 1991 MH Realignment	HMHMCP751594	2,479	50,620	22,140	560	22,780		98,579
MH STATE - 2011 PSR EPSDT	HMHMCP751594		9,300					9,300
MH COUNTY - General Fund	HMHMCP751594	5,562	45,392	14,760	1,130	36,632		103,476
MH COUNTY - General Fund - CODB (Children)	HMHMCP751594	5,263	2,753					8,016
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH		7,753					7,753
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**15,784**	**198,416**	**59,040**	**2,250**	**59,412**	-	334,902
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**							-
								-
								-
								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**15,784**	**198,416**	**59,040**	**2,250**	**59,412**	-	**334,902**
NON-DPH FUNDING SOURCES								
								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		15,784	198,416	59,040	2,250	59,412	-	334,902
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS			
DPH Units of Service:	7,274	70,611	11,376	538	579	-		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.17	2.81	5.19	4.18	102.60			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.17	2.81	5.19	4.18	102.60	0.00		
Published Rate (Medi-Cal Providers Only):	2.52	3.26	6.01	4.83	118.46			**Total UDC:**
Unduplicated Clients (UDC):	7	30	12	3				30

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco					Appendix/Page #:	B-11,pg-1
Provider Name:	Family Service Agency Opt. Srvs of SF					Document Date:	7/1/2015
Provider Number:	3822					Fiscal Year:	2015-16
Program Name:	Full Circle Family Program - EPSDT						
Program Code (formerly Reporting Unit):	382203	382203	382203	382203			
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/60-69	15/70-79			
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention			TOTAL
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16			
FUNDING USES							**0**
Salaries & Employee Benefits:	25,214	219,065	10,859	707			**255,845**
Operating Expenses:	10,948	95,124	4,715	307			**111,094**
Capital Expenses (greater than $5,000):							-
Subtotal Direct Expenses:	**36,162**	**314,189**	**15,574**	**1,014**	-	-	**366,939**
Indirect Expenses:	5,316	46,186	2,288	149			**53,939**
TOTAL FUNDING USES:	**41,478**	**360,375**	**17,862**	**1,163**	-	-	**420,878**
BHS MENTAL HEALTH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**						-
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	20,361	176,909	8,769	571		206,610
MH STATE - 1991 MH Realignment	HMHMCP751594						-
MH STATE - 2011 PSR EPSDT	HMHMCP751594	18,326	159,222	7,892	514		185,954
MH COUNTY - General Fund	HMHMCP751594	2,289	19,885	985	64		23,223
MH COUNTY - General Fund - CODB (Children)	HMHMCP751594	502	4,359	216	14		5,091
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**41,478**	**360,375**	**17,862**	**1,163**	-	-	420,878
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**						-
							-
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**						-
							-
							-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**41,478**	**360,375**	**17,862**	**1,163**	-	-	**420,878**
NON-DPH FUNDING SOURCES							-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		41,478	360,375	17,862	1,163	-	-	420,878
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS				
DPH Units of Service:	19,114	128,247	3,442	278	-	-		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.17	2.81	5.19	4.18				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.17	2.81	5.19	4.18	0.00	0.00		
Published Rate (Medi-Cal Providers Only):	2.52	3.26	6.01	4.83				**Total UDC:**
Unduplicated Clients (UDC):	15	30	4	2				30

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco						Appendix/Page #:	B-12,pg-1
Provider Name:	Family Service Agency Opt. Srvs of SF						Document Date:	7/1/2015
Provider Number:	3822						Fiscal Year:	2015-16
Program Name:	SED / SOAR Mental Health Partnership (Cost Reimbursement)							
Program Code (formerly Reporting Unit):	3822SED	3822SED	3822SED					
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	45/10-19					
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OS-MH Promotion					TOTAL
FUNDING TERM:	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16	7/01/15 _ 6/30/16					
FUNDING USES								
Salaries & Employee Benefits:	1,154	56,551	28,853					**86,558**
Operating Expenses:	371	18,158	9,264					**27,793**
Capital Expenses (greater than $5,000):								-
Subtotal Direct Expenses:	**1,525**	**74,709**	**38,117**	-	-	-		**114,351**
Indirect Expenses:	224	10,982	5,603	-	-	-		**16,809**
TOTAL FUNDING USES:	**1,749**	**85,691**	**43,720**	-	-	-		**131,160**
BHS MENTAL HEALTH FUNDING SOURCES / **Index Code/Project Detail/CFDA#:**								-
								-
MH STATE - 1991 MH Realignment / HMHMCP751594	433	21,204	10,818					32,455
MH COUNTY - General Fund / HMHMCP751594	1,316	64,487	32,902					98,705
								-
								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	**1,749**	**85,691**	**43,720**	-	-	-		131,160
BHS SUBSTANCE ABUSE FUNDING SOURCES / **Index Code/Project Detail/CFDA#:**								-
								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-		-
OTHER DPH FUNDING SOURCES / **Index Code/Project Detail/CFDA#:**								-
								-
								-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-		-
TOTAL DPH FUNDING SOURCES	**1,749**	**85,691**	**43,720**	-	-	-		**131,160**
NON-DPH FUNDING SOURCES								
								-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,749	85,691	43,720	-	-	-		131,160
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS					
DPH Units of Service:	806	30,495	426	-	-	-		
Unit Type:	Staff Minute	Staff Minute	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.17	2.81	102.60					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.17	2.81	102.60					
Published Rate (Medi-Cal Providers Only):	2.52	3.26	118.46					**Total UDC:**
Unduplicated Clients (UDC):	9	9	30					9

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):	Family Service Agency of San Francisco					Appendix/Page #:	B-13,pg-1
Provider Name:	Family Service Agency Opt. Srvs of SF					Document Date:	7/1/2015
Provider Number:	3822					Fiscal Year:	2015-16
Program Name:	**Maternal, Child & Adolescent Health / California Homes Visiting Program**						
Program Code (formerly Reporting Unit):	Fiscal Intermelary						
Mode/SFC (MH) or Modality (SA)	00-20						
Service Description:	Administration Support (i.e. check Writing, hired staff to work for Admin)						TOTAL
FUNDING TERM:	7/01/15 _ 6/30/16						
FUNDING USES							
Salaries & Employee Benefits:	-						-
Operating Expenses:	97,646						**97,646**
Capital Expenses (greater than $5,000):							-
Subtotal Direct Expenses:	**97,646**	-	-	-	-		**97,646**
Indirect Expenses:	14,354						**14,354**
TOTAL FUNDING USES:	**112,000**	-	-	-	-		**112,000**
BHS MENTAL HEALTH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**						-
							-
							-
							-
							-
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**						-
							-
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Index Code/Project Detail/CFDA#:**						-
Maternal Child Health / California Homes Visiting Program - Title V	HCHPMMCHADGR HCMC02	112,000					112,000
							-
TOTAL OTHER DPH FUNDING SOURCES		**112,000**	-	-	-	-	112,000
TOTAL DPH FUNDING SOURCES		**112,000**	-	-	-	-	**112,000**
NON-DPH FUNDING SOURCES							-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		112,000	-	-	-	-	112,000
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR						
DPH Units of Service:	112,000	-	-	-	-		
Unit Type:	Not Applicable	0	0	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	1.00						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	1.00	0.00	0.00	0.00	0.00		
Published Rate (Medi-Cal Providers Only):	N/A						**Total UDC:**
Unduplicated Clients (UDC):	N/A						N/A

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 89903
Program Name: Geriatrics Services West
Document Date: 7/1/15

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	TOTAL		General Fund		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:	7/01/15 to 6/30/16	Term:	7/01/15 to 6/30/16	Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Manager	4.96	243,370	4.96	243,370								
Nurse Practitioner	0.30	35,700	0.30	35,700								
Psychiatric Nurse Practitioner	0.32	42,022	0.32	42,022								
Director Clinical Supervision	0.19	14,693	0.19	14,693								
Psychiatrist	0.18	42,232	0.18	42,232								
Intake Manager	0.28	14,840	0.28	14,840								
QA & Program Monitor	0.45	23,680	0.45	23,680								
Program Administrator	0.54	18,005	0.54	18,005								
Office Manager	1.00	37,968	1.00	37,968								
Program Director	0.80	43,632	0.80	43,632								
Division Director	0.29	26,257	0.29	26,257								
On Call Stipend	0.00	4,000		4,000								
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
Totals:	9.31	546,399	9.31	$546,399	0.00	$0	0.00	$0	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	163,865	29.99%	$ 163,865	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ 710,264		$ 710,264		$ -		$ -		$ -		$ -

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 89903MH
Program Name: Geriatric Services - Older Adult Day Support - Community Integration (OADSC)
Document Date: 7/1/15

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Page #: 2

	TOTAL		General Fund		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/01/15 to 6/30/16		Term: 7/01/15 to 6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Manager	0.67	$ 30,000	0.67	30,000								
Director Clinical Supervision	0.05	$ 2,099	0.05	2,099								
Senior Division Medical Director / Psychiatrist	0.06	$ 13,824	0.06	13,824								
Peer Case Aides & Community Specialists	0.27	$ 10,125	0.27	10,125								
Administrative Assistant/Activity Coornidator	0.60	$ 23,410	0.60	23,410								
Program Administration & QA	0.04	$ 2,120	0.04	2,120								
Program Director	0.17	$ 12,139	0.17	12,139								
Division Director	0.08	$ 7,345	0.08	7,345								
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
Totals:	1.94	$ 101,062	1.94	$101,062	0.00	$0	0.00	$0	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	$ 30,308	29.99%	$ 30,308	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ 131,370		$ 131,370		$ -		$ -		$ -		$ -

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38223MH
Program Name: Geriatric Services at Franklin
Document Date: 7/1/15

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	TOTAL		General Fund		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/01/15 to 6/30/16		Term: 7/01/15 to 6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Managers	3.88	$ 188,008	3.880	$ 188,008								
Psychiatric Nurse Practitioner	0.58	$ 75,898	0.58	$ 75,898								
Director Clinical Supervision	0.11	$ 8,396	0.11	$ 8,396								
Senior Division Medical Director / Psychiatrist	0.13	$ 29,808	0.13	$ 29,808								
Peer Case Aides & Community Specialists	0.38	$ 13,630	0.38	$ 13,630								
Administrative Assistant	0.54	$ 21,748	0.54	$ 21,748								
Program Administration & QA	0.11	$ 5,600	0.11	$ 5,600								
Program Director	0.68	$ 39,827	0.68	$ 39,827								
Division Director	0.14	$ 12,477	0.14	$ 12,477								
On Call Stipend	0.00	$ 5,600		$ 5,600								
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
Totals:	6.54	$ 400,992	6.54	$400,992	0.00	$0	0.00	$0	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	$ 120,258	29.99%	$ 120,258	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ 521,250		$ 521,250		$ -		$ -		$ -		$ -

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 382213
Program Name: Geriatric Intensive Case Management at Franklin
Document Date: 7/1/15

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	TOTAL		General Fund		General Fund CR - Mode 60 Services		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/01/15 to 6/30/16		Term: 7/01/15 to 6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Managers	2.07	$ 93,073	2.07	$ 93,073								
Psychiatric Nurse Practitioner	0.33	$ 42,327	0.33	$ 42,327								
Director Clinical Supervision	0.11	$ 8,396	0.11	$ 8,396								
Senior Division Medical Director / Psychiatrist	0.01	$ 2,340	0.01	$ 2,340								
Peer Case Aides & Community Specialists	0.17	$ 6,255	0.17	$ 6,255								
Intake Manager	0.24	$ 12,720	0.24	$ 12,720								
Program Administration & QA	0.09	$ 4,770	0.09	$ 4,770								
Program Manager	0.40	$ 22,600	0.40	$ 22,600								
Program Director	0.21	$ 15,210	0.21	$ 15,210								
Division Director	0.13	$ 11,568	0.13	$ 11,568								
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
Totals:	3.75	219,259	3.75	$219,259	0.00	$0	0.00	$0	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	$ 65,756	29.99%	$ 65,756	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ 285,015		$ 285,015		$ -		$ -		$ -		$ -

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38JWFSP
Program Name: Older Adult FSP at Turk
Document Date: 7/1/15

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	TOTAL		General Fund		MHSA-CSS HMHMPROP63 PMHS63-1506 Fee For Service		MHSA-CSS HMHMPROP63 PMHS63-1506 CR - Mode 60/72 Services		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/01/15 to 6/30/16		Term: 7/01/15 to 6/30/16		Term: 7/01/15 to 6/30/16		Term: 7/01/15 to 6/30/16		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Manager	4.46	206,178	0.86	39,858	3.45	159,433	0.149	6,887				
Psychiatric Nurse Practitioner	0.50	65,764	0.10	12,714	0.39	50,854	0.017	2,196				
Director Clinical Supervision	0.08	6,297	0.02	1,217	0.06	4,870	0.003	210				
Senior Division Medical Director / Psychiatrist	0.06	14,040	0.01	2,714	0.05	10,572	0.003	754				
Peer Case Aides & Community Specialists	3.08	116,031	0.60	22,431	2.38	89,725	0.103	3,875				
Administrative Assistant	0.46	18,526	0.09	3,581	0.36	14,326	0.015	619				
Program Administration & QA	0.12	6,590	0.02	1,274	0.10	5,096	0.004	220				
Program Manager	0.84	44,255	0.16	8,555	0.65	34,222	0.028	1,478				
Program Director	0.10	7,141	0.02	1,380	0.08	5,522	0.003	239				
Division Director	0.20	18,187	0.04	3,516	0.15	14,064	0.007	607				
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
Totals:	9.90	503,009	1.91	$97,242	7.65	$388,682	0.33	$17,085	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	$ 150,853	29.99%	$ 29,163	29.99%	$ 116,566	29.99%	$ 5,124	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		**$ 653,862**		**$ 126,405**		**$ 505,248**		**$ 22,209**		**$ -**		**$ -**

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3822SD
Program Name: Senior Drop-In Center at Curry Senior Center
Document Date: 7/1/15

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	TOTAL		General Fund		MHSA-CSS HMHMPROP63 PMHS63-1406		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:	Term: 1/15 to 6/30		7/01/14 to 6/30/15	Term:	7/01/14 to 6/30/15	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Peer Case Aides	1.66	$ 54,518			1.66	54,518						
Community Specialist	0.21	$ 7,283			0.21	7,283						
Admin Manager	0.01	$ 530			0.01	530						
Program Director	0.43	$ 30,348			0.43	30,348						
Division Director	0.01	$ 918			0.01	918						
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
Totals:	2.31	$ 93,597	0.00	$0	2.31	$93,597	0.00	$0	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	$ 28,070	#DIV/0!	$ -	29.99%	$ 28,070	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ 121,667		$ -		$ 121,667		$ -		$ -		$ -

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3822OP
Program Name: Adult Care Management (ACM)
Document Date: 7/1/15

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	TOTAL		General Fund Fee for Service		General Fund CR - Mode 60/72 Services		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:	Term: 7/01/15 to 6/30/16			7/01/15 to 6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Managers	5.99	212,853	5.92	210,538	0.065	2,315						
Registered Nurse	0.18	8,591	0.18	8,498	0.002	93						
Psychiatric Nurse Practitioner	0.35	32,196	0.35	31,846	0.004	350						
Psychiatrist	0.20	54,691	0.20	54,096	0.002	595						
Outreach Worker	0.19	6,238	0.19	6,171	0.002	68						
ASL Interpreter / Office Assistant	0.37	14,800	0.37	14,639	0.004	161						
Office Manager	0.08	4,298	0.08	4,251	0.001	47						
Program Director	0.47	28,193	0.46	27,886	0.005	307						
Division Director	0.06	5,949	0.06	5,884	0.001	65						
On-Call Stipend	0.00	7,846	0.00	7,846								
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
Totals:	7.89	375,656	7.80	$371,656	0.09	$4,000	0.00	$0	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	112,660	29.99%	$ 111,460	30.00%	$ 1,200	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ 488,315		$ 483,115		$ 5,200		$ -		$ -		$ -

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3822A3
Program Name: Adult FSP
Document Date: 7/1/15

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	TOTAL		General Fund Fee for Service		MHSA-CSS HMHMPROP63 PMHS63-1505 Fee For Service		MHSA-CSS HMHMPROP63 PMHS63-1505 CR - Mode 60/72 Services		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:	7/01/15 to 6/30/16	Term:	7/01/15 to 6/30/16	Term:	7/01/15 to 6/30/16	Term:	7/01/15 to 6/30/16	Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Managers	2.75	172,162	1.03	64,272	1.66	104,117	0.0602	3,774				
Registered Nurse	0.65	30,914	0.24	11,541	0.39	18,696	0.0143	678				
Psychiatric Nurse Practitioner	0.45	41,580	0.17	15,522	0.27	25,146	0.0099	912				
Psychiatrist	0.45	123,082	0.17	45,949	0.27	74,435	0.0099	2,698				
Outreach Worker	0.56	21,500	0.21	8,026	0.34	13,002	0.0122	471				
ASL Interpreter / Office Assistant	0.03	1,230	0.01	459	0.02	744	0.0007	27				
Office Manager	0.02	1,152	0.01	430	0.01	697	0.0005	25				
Program Director	0.60	33,200	0.22	12,394	0.36	20,078	0.0131	728				
Division Director	0.40	40,537	0.15	15,134	0.24	24,515	0.0088	888				
On-Call Stipend	0.00	16,523	0.00	6,351	0.00	10,172						
	0.00	-										
	0.00	-										
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	0.00	-										
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	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
	0.00	-										
Totals:	5.91	481,880	2.21	$180,080	3.58	$291,601	0.13	$10,200	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	144,516	29.99%	$ 54,006	29.99%	$ 87,451	29.99%	$ 3,059	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ 626,396		$ 234,085		$ 379,052		$ 13,259		$ -		$ -

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3822T3
Program Name: Transitional Age Youth (TAY) FSP
Document Date: 7/1/15

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Page #: 2

	TOTAL		General Fund		MHSA-CSS HMHMPROP63 PMHS63-1504 Fee For Service		MHSA-CSS HMHMPROP63 PMHS63-1504 CR - Mode 60/72 Srvs		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:	7/01/15 to 6/30/16	Term:	7/01/15 to 6/30/16	Term:	7/01/15 to 6/30/16	Term:	7/01/15 to 6/30/16	Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Manager	3.40	$ 150,162	1.12	49,176	2.18	95,941	0.114	5,045				
Registered Nurse	0.27	$ 25,198	0.09	8,252	0.17	16,099	0.009	847				
Nurse Practioner	0.20	$ 18,270	0.07	5,983	0.13	11,673	0.007	614				
Psychiatrist	0.20	$ 53,423	0.06	17,495	0.13	34,133	0.007	1,795				
Outreach Worker	0.25	$ 9,673	0.08	3,168	0.16	6,180	0.008	325				
ASL Interpreter / Office Assistant	0.05	$ 3,151	0.02	1,032	0.03	2,013	0.002	106				
Office Manager	0.15	$ 6,000	0.05	1,965	0.10	3,834	0.005	202				
Program Director	0.40	$ 22,153	0.13	7,255	0.25	14,154	0.013	744				
Division Director	0.10	$ 9,611	0.03	3,147	0.06	6,141	0.003	323				
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
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	0.00	$ -										
	0.00	$ -										
Totals:	5.01	$ 297,641	1.64	$97,474	3.20	$190,167	0.17	$10,000	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	$ 89,262	29.99%	$ 29,232	29.99%	$ 57,031	29.99%	$ 2,999	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ 386,903		$ 126,706		$ 247,198		$ 12,999		$ -		$ -

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: Fiscal Intermediary
Program Name: POPS / ASO
Document Date: 7/1/15

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	TOTAL		General Fund		Managed Care HMHMOPMGDCAR/ PHMGDC15		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:	7/01/15 to 6/30/16		7/01/15 to 6/30/16		7/01/15 to 6/30/16	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Intake and Referral Coordinator	1.00	$ 43,166	0.18	7,966	0.82	35,200						
Credential Coordinator	2.00	$ 84,979	0.37	15,682	1.63	69,297						
Program Manager	0.10	$ 6,240	0.02	1,152	0.08	5,088						
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
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	0.00	$ -										
Totals:	3.10	$ 134,385	0.57	$24,800	2.52	$109,585	0.00	$0	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	$ 40,302	29.99%	$ 7,437	29.99%	$ 32,865	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ 174,687		$ 32,237		$ 142,450		$ -		$ -		$ -

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 8990EP
Program Name: PREP - Cost Reimbursement
Document Date: 7/1/15

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	TOTAL		General Fund		MHSA-CSS HMHMPROP63 PMHS63-1504		SAMHSA SOC #93.958 HMHMRCGRANTS HMM007-1501		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/01/15 to 6/30/16		Term: 7/01/15 to 6/30/16		Term: 7/01/15 to 6/30/16		Term: 7/01/15 to 6/30/16		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Research	0.01	$ 756			0.01	756						
Research Assistant	0.47	$ 19,616			0.47	19,616						
Training Coordinator	0.01	$ 620			0.01	620						
Staff Therapist	1.77	$ 95,299			1.77	95,299						
Bi-Lingual Staff Therapist	0.19	$ 9,794			0.19	9,794						
Clinical Case Manager	0.28	$ 13,819			0.28	13,819						
Psychiatric Nurse Practitioner	0.47	$ 57,425			0.47	57,425						
Clinical Supervisor	0.47	$ 29,850			0.47	29,850						
Vocational Case Manager	1.00	$ 54,527					1.00	54,527				
Care Advocate	0.49	$ 19,000			0.49	19,000						
Program Manager	0.47	$ 29,376			0.47	29,376						
Office Manager	0.47	$ 17,329			0.47	17,329						
Associate Director	0.10	$ 10,476			0.10	10,476						
Division Director	0.10	$ 9,428			0.10	9,428						
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
Totals:	6.32	$ 367,315	0.00	$0	5.32	$312,788	1.00	$54,527	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	$ 110,163	#DIV/0!	$ -	29.99%	$ 93,805	30.00%	$ 16,358	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		**$ 477,478**		**$ -**		**$ 406,593**		**$ 70,885**		**$ -**		**$ -**

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 8990EP
Program Name: PREP - Fee-For-Service
Document Date: 7/1/15

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	TOTAL		General Fund		MHSA-CSS HMHMPROP63 PMHS63-1504		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:	7/01/15 to 6/30/16	Term:	7/01/15 to 6/30/16	Term:	7/01/15 to 6/30/16	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Research	0.01	$ 840	0.00	263	0.005	577						
Research Assistant	0.53	$ 21,784	0.16	6,816	0.362	14,968						
Training Coordinator	0.01	$ 336	0.00	105	0.004	231						
Staff Therapist	1.18	$ 63,803	0.37	19,962	0.814	43,841						
Bi-Lingual Staff Therapist	0.21	$ 10,876	0.07	3,403	0.144	7,473						
Clinical Case Manager	0.31	$ 15,348	0.10	4,802	0.211	10,546						
Psychiatric Nurse Practitioner	0.53	$ 63,775	0.16	19,953	0.362	43,822						
Clinical Supervisor	0.53	$ 33,150	0.16	10,372	0.362	22,778						
Vocational & Educational Specialist	0.33	$ 12,219	0.10	3,824	0.227	8,395						
Care Advocate	0.51	$ 19,995	0.160	6,256	0.352	13,739						
Program Manager	0.53	$ 32,624	0.16	10,207	0.362	22,417						
Office Manager	0.53	$ 19,246	0.16	6,022	0.362	13,224						
Associate Director	0.10	$ 9,524	0.03	2,980	0.065	6,544						
Division Director	0.10	$ 8,572	0.03	2,682	0.065	5,890						
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
Totals:	5.38	$ 312,092	1.68	$97,645	3.69	$214,447	0.00	$0	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	$ 93,597	29.99%	$ 29,284	29.99%	$ 64,313	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ 405,689		$ 126,929		$ 278,760		$ -		$ -		$ -

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3822O1
Program Name: Full Circle OP
Document Date: 7/1/15

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	TOTAL		General Fund (HMHMCP751594)		Family Mosaic Cap Medi-Cal (HMHMCP8828CH)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:	7/01/15 to 6/30/16	Term:	7/01/15 to 6/30/16	Term:	7/01/15 to 6/30/16	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Family Clinicians	1.07	$ 46,604	1.03	44,935	0.0382	1,669						
Bi-lingual Family Clinicians	0.80	$ 36,756	0.77	35,440	0.0286	1,316						
Psychiatrist	0.01	$ 1,516	0.01	1,462	0.0004	54						
Clinical Supervisor	0.06	$ 5,241	0.05	5,053	0.0020	188						
Administrative Assistant	0.12	$ 5,151	0.12	4,967	0.0044	184						
Intake Outreach Coordinator	0.40	$ 21,014	0.39	20,261	0.0143	753						
Program Director	0.41	$ 26,815	0.40	25,855	0.0148	960						
Division Director	0.02	$ 2,100	0.02	2,025	0.0007	75						
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
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	0.00	$ -										
Totals:	2.89	$ 145,197	2.79	$139,998	0.10	$5,199	0.00	$0	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	$ 43,544	29.99%	$ 41,985	29.99%	$ 1,559	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ 188,741		$ 181,983		$ 6,758		$ -		$ -		$ -

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3822O3
Program Name: Full Circle - EPSDT
Document Date: 7/1/15

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	TOTAL		General Fund (HMHMCP751594)		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/01/15 to 6/30/16		Term: 7/01/15 to 6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Family Clinicians	1.46	$ 64,031	1.464	64,031								
Bi-lingual Family Clinicians	1.20	$ 55,159	1.200	55,159								
Psychiatrist	0.03	$ 8,675	0.032	8,675								
Clinical Supervisor	0.08	$ 5,240	0.081	5,240								
Administrative Assistant	0.30	$ 8,566	0.30	8,566								
Intake Outreach Coordinator	0.40	$ 21,013	0.40	21,013								
Program Director	0.49	$ 31,685	0.487	31,685								
Division Director	0.02	$ 2,450	0.024	2,450								
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
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Totals:	3.99	$ 196,819	3.99	$196,819	0.00	$0	0.00	$0	0.00	$0	0.00	$0
Employee Fringe Benefits:	29.99%	$ 59,026	29.99%	$ 59,026	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ 255,845		$ 255,845		$ -		$ -		$ -		$ -

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3822SED
Program Name: SED / SOAR Partnership
Document Date: 7/1/15

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	TOTAL		General Fund (HMHMCP751594)		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:	7/01/15 to 6/30/16	Term:	7/01/15 to 6/30/16	Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Family Clinician	1.00	$ 45,000	1.00	45,000								
Intake Outreach Coordinator	0.20	$ 10,508	0.20	10,508								
Program Director	0.10	$ 6,500	0.10	6,500								
Division Director	0.05	$ 4,580	0.05	4,580								
	0.00	$ -										
	0.00	$ -										
	0.00	$ -										
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Totals:	1.35	$ 66,588	1.35	$ 66,588	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 19,970	29.99%	$ 19,970	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ 86,558		$ 86,558		$ -		$ -		$ -		$ -

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: Fiscal Intermediary
Program Name: SFDPH MCAH / California Homes Visiting Program - Fiscal Intermediary
Document Date: 7/1/15

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	TOTAL		General Fund (Include all Funding Sources with this Index Code)		Federal Title V Block Grant (HCHPMMCHADGR HCMC02)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/01/15 to 6/30/16		Term: 7/01/15 to 6/30/16		Term: 7/01/15 to 6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Totals:	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -	#DIV/0!	$ -
TOTAL SALARIES & BENEFITS		$ -		$ -		$ -		$ -		$ -		$ -

DPH 4: Operating Expenses Detail

Program Code: 89903
Program Name: Geriatrics Services West
Document Date: 7/1/15

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Page #: 3

Expenditure Category	TOTAL	General Fund	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term:	Term:	Term:	Term:
Occupancy:						
Rent & Utilities	$ 94,300	$ 94,300				
Communications (landline, mobile, fax, internet)	$ 10,552	$ 10,552				
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ 1,180	$ 1,180				
Photocopying	$ -					
Printing	$ 100	$ 100				
Program Supplies	$ 900	$ 900				
Computer hardware/software	$ 150	$ 150				
General Operating:						
Training/Staff Development	$ 500	$ 500				
Insurance	$ 9,060	$ 9,060				
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ 12,888	$ 12,888				
Staff Travel:						
Local Travel	$ 6,500	$ 6,500				
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -					
Other:						
Program Related: Water ($600), Coffee ($240), Snacks/Food ($360)	$ 1,200	$ 1,200				
Organizational Dues	$ 500	$ 500				
Subscriptions / Publications	$ 600	$ 600				
Client Related: Food ($240), Transportation ($300), Clothing ($180), Housing ($200)	$ 920	$ 920				
TOTAL OPERATING EXPENSE	**$ 139,350**	**$ 139,350**	**$ -**	**$ -**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: 89903MH
Program Name: Geriatric Services - Older Adult Day Support - Community Integration (O.
Document Date: 7/1/15

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Page #: 3

Expenditure Category	TOTAL	General Fund	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term:	Term:	Term:	Term:
Occupancy:						
Rent & Utilities	$ 30,881	$ 30,881				
Communications (landline, mobile, fax, internet)	$ 2,748	$ 2,748				
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ 600	$ 600				
Photocopying	$ -					
Printing	$ 348	$ 348				
Program Supplies	$ -					
Computer hardware/software	$ 294	$ 294				
General Operating:						
Training/Staff Development	$ 600	$ 600				
Insurance	$ 2,040	$ 2,040				
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ 2,474	$ 2,474				
Staff Travel:						
Local Travel	$ 3,100	$ 3,100				
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
CONSULTANT - John McDonald, Peer Case Aide $20.00/hr x 52 hrs/month x 10 months	$ 10,400	$ 10,400				
CONSULTANT - Linda Fong, Peer Case Aide $24.17/hr x 24 hrs/month x 9 months	$ 5,221	$ 5,221				
Other:						
Program Related: Water ($600), Coffee ($240), Snacks/Food ($360), Misc. Supplies - Art & Crafts ($600)	$ 1,800	$ 1,800				
Organizational Dues	$ 250	$ 250				
Subscriptions / Publications	$ 300	$ 300				
Client Related: Food ($240), Transportation ($300), Clothing ($180), Housing ($200)	$ 3,600	$ 3,600				
Volunteer Stipends	$ 4,200	$ 4,200				
TOTAL OPERATING EXPENSE	**$ 68,856**	**$ 68,856**	**$ -**	**$ -**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: 38223MH
Program Name: Geriatric Services at Franklin
Document Date: 7/1/15

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Page #: 3

Expenditure Category	TOTAL	General Fund	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term:	Term:	Term:	Term:
Occupancy:						
Rent & Utilities	$ 72,872	$ 72,872				
Communications (landline, mobile, fax, internet)	$ 6,000	$ 6,000				
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ 1,873	$ 1,873				
Photocopying	$ -					
Printing	$ 914	$ 914				
Program Supplies	$ 900	$ 900				
Computer hardware/software	$ 456	$ 456				
General Operating:						
Training/Staff Development	$ 1,254	$ 1,254				
Insurance	$ 12,832	$ 12,832				
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ 13,418	$ 13,418				
Staff Travel:						
Local Travel	$ 13,600	$ 13,600				
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -					
Other:						
Program Related: Water ($360), Coffee ($240), Snacks/Food ($780).	$ 1,380	$ 1,380				
Organizational Dues	$ 500	$ 500				
Subscriptions / Publications	$ 900	$ 900				
Client Related: Food ($600), Transportation ($420), Clothing ($360), Housing ($540)	$ 1,920	$ 1,920				
TOTAL OPERATING EXPENSE	**$ 128,819**	**$ 128,819**	**$ -**	**$ -**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: 382213 / 3822G3
Program Name: Geriatric Intensive Case Management at Franklin
Document Date: 7/1/15

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Page #: 3

Expenditure Category	TOTAL	General Fund	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term:	Term:	Term:	Term:
Occupancy:						
Rent & Utilities	$ 30,000	$ 30,000				
Communications (landline, mobile, fax, internet)	$ 2,300	$ 2,300				
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ 1,267	$ 1,267				
Photocopying	$ -					
Printing	$ -					
Program Supplies	$ -					
Computer hardware/software	$ 100	$ 100				
General Operating:						
Training/Staff Development	$ 400	$ 400				
Insurance	$ 857	$ 857				
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ 1,700	$ 1,700				
Staff Travel:						
Local Travel	$ 3,000	$ 3,000				
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -					
Other:						
Program Related: Water ($264), Coffee ($180), Snacks/Food ($300).	$ 744	$ 744				
Organizational Dues	$ 250	$ 250				
Subscriptions / Publications	$ 150	$ 150				
Client Related: Food ($240), Transportation ($264), Clothing ($168), Housing ($180)	$ 852	$ 852				
Staff Recognition	$ 500	$ 500				
TOTAL OPERATING EXPENSE	**$ 42,120**	**$ 42,120**	**$ -**	**$ -**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: 38JWMH
Program Name: Older Adult FSP at Turk
Document Date: 7/1/15

Appendix: B-4
Page #: 3

Expenditure Category	TOTAL	General Fund	MHSA-CSS HMHMPROP63 PMHS63-1506 Fee For Service	MHSA-CSS HMHMPROP63 PMHS63-1506 CR Mode 60/72 Services	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term:	Term:
Occupancy:						
Rent & Utilities	$ 47,640	$ 10,630	$ 37,010			
Communications (landline, mobile, fax, internet)	$ 30,115	$ 6,720	$ 23,395			
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ 2,334	$ 357	$ 1,977			
Photocopying	$ -					
Printing	$ 35	$ 11	$ 24			
Program Supplies	$ 396	$ 132	$ 264			
Computer hardware/software	$ 1,445	$ 37	$ 1,408			
General Operating:						
Training/Staff Development	$ 2,958	$ 558	$ 2,400			
Insurance	$ 1,838	$ 276	$ 1,562			
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ 960	$ 170	$ 790			
Staff Travel:						
Local Travel	$ 10,200	$ 1,740	$ 8,460			
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
Nurse Practitioner ($75/hrs x 40 /hrs over 5.0 months)	$ 15,000	$ 3,347	$ 11,653			
Other:						
Program Related: Water ($480), Coffee ($240), Snacks/Food ($420).	$ 1,140	$ 198	$ 942			
Organizational Dues	$ 250	$ 17	$ 233			
Subscriptions / Publications	$ 450	$ 45	$ 405			
Client Flexible Support Expenses - Food & Groceries	$ 26,130			$ 26,130		
Client Flexible Support Expenses - Housing	$ 4,355			$ 4,355		
Client Flexible Support Expenses - Transportation	$ 10,887			$ 10,887		
Client Flexible Support Expenses - Clothing including shoes	$ 2,244			$ 2,244		
Staff Recognition	$ 500	$ 56	$ 444			
TOTAL OPERATING EXPENSE	**$ 158,877**	**$ 24,294**	**$ 90,967**	**$ 43,616**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: 3822SD
Program Name: Senior Drop-In Center at Curry Senior Center
Document Date: 7/1/15

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Page #: 3

Expenditure Category	TOTAL	General Fund	MHSA-CSS HMHMPROP63 PMHS63-1506	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term:	Term:	Term:
Occupancy:						
Rent & Utilities	$ -					
Communications (landline, mobile, fax, internet)	$ 636		$ 636			
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ 214		$ 214			
Photocopying	$ -					
Printing	$ 100		$ 100			
Program Supplies	$ -					
Computer hardware/software	$ 100		$ 100			
General Operating:						
Training/Staff Development	$ 600		$ 600			
Insurance	$ 720		$ 720			
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ 450		$ 450			
Staff Travel:						
Local Travel	$ 1,440		$ 1,440			
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
Subcontractor - Curry Senior Center - (Facility / space & staff support @ $3,950/month)	$ 47,400		$ 47,400			
Other:						
Program Related: Snacks/Food ($600), Misc. Supplies - Art & Crafts ($396).	$ 996		$ 996			
Organizational Dues	$ 150		$ 150			
Subscriptions / Publications	$ 50		$ 50			
Volunteer Stipends	$ 6,600		$ 6,600			
TOTAL OPERATING EXPENSE	**$ 59,456**	**$ -**	**$ 59,456**	**$ -**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: 3822OP
Program Name: Adult Care Management
Document Date: 7/1/15

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Page #: 3

Expenditure Category	TOTAL	General Fund	General Fund CR - Mode 60/72 Srvs	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term:	Term:	Term:
Occupancy:						
Rent & Utilities	$ 52,722	$ 52,722				
Communications (landline, mobile, fax, internet)	$ 15,000	$ 15,000				
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ 2,384	$ 2,384				
Photocopying	$ -					
Printing	$ -					
Program Supplies	$ -					
Computer hardware/software	$ 500	$ 500				
General Operating:						
Training/Staff Development	$ 144	$ 144				
Insurance	$ 7,600	$ 7,600				
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ 8,500	$ 8,500				
Staff Travel:						
Local Travel	$ 12,500	$ 12,500				
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
Extra Clerical Support - provided by Office Team $27.00 /hr X 44.0 / hr/month X 12 /months	$ 14,256	14,256.00				
		-				
Other:						
Program Related: Water ($360), Coffee ($240), Snacks/Food ($480).	$ 1,080	$ 1,080				
Organizational Dues	$ 625	$ 625				
Subscriptions / Publications	$ 525	$ 525				
Volunteer Stipends	$ 5,800	$ 5,800				
Client Flexible Support Expenses - Food & Groceries	$ 10,140		$ 10,140			
Client Flexible Support Expenses - Housing	$ 468		$ 468			
Client Flexible Support Expenses - Transportation	$ 3,900		$ 3,900			
Client Flexible Support Expenses - Clothing including shoes	$ 1,092		$ 1,092			
Staff Recognition	$ 500	$ 500				
TOTAL OPERATING EXPENSE	**$ 137,736**	**$ 122,136**	**$ 15,600**	**$ -**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: 3822A3
Program Name: Adult FSP
Document Date: 7/1/15

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Page #: 3

Expenditure Category	TOTAL	General Fund	MHSA-CSS HMHMPROP63 PMHS63-1505 Fee For Service	MHSA-CSS HMHMPROP63 PMHS63-1505 CR - Mode 60/72 Srvs	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term:	Term:
Occupancy:						
Rent & Utilities	$ 47,200	$ 27,792	$ 19,408			
Communications (landline, mobile, fax, internet)	$ 14,400	$ 8,479	$ 5,921			
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ 2,734	$ 1,603	$ 1,131			
Photocopying	$ -					
Printing	$ 200	$ 118	$ 82			
Program Supplies	$ -					
Computer hardware/software	$ 500	$ 294	$ 206			
General Operating:						
Training/Staff Development	$ 120	$ 71	$ 49			
Insurance	$ 4,800	$ 2,826	$ 1,974			
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ 5,200	$ 3,062	$ 2,138			
Staff Travel:						
Local Travel	$ 7,960	$ 4,706	$ 3,254			
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
Extra Clerical Support - provided by Office Team $27.00 /hr X 34.0 / hr/month X 12 /months	$ 11,016	$ 6,493	$ 4,523			
Other:						
Program Related: Water ($360), Coffee ($240), Snacks/Food ($468).	$ 1,068	$ 642	$ 426			
Organizational Dues	$ 500	$ 275	$ 225			
Subscriptions / Publications	$ 300	$ 165	$ 135			
Volunteer Stipends	$ 4,740	$ 2,791	$ 1,949			
Client Flexible Support Expenses - Food & Groceries	$ 23,660			$ 23,660		
Client Flexible Support Expenses - Housing	$ 1,092			$ 1,092		
Client Flexible Support Expenses - Transportation	$ 9,100			$ 9,100		
Client Flexible Support Expenses - Clothing including shoes	$ 2,548			$ 2,548		
Staff Recognition	$ 500	$ 294	$ 206			
TOTAL OPERATING EXPENSE	**$ 137,638**	**$ 59,611**	**$ 41,627**	**$ 36,400**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: 3822T3
Program Name: Transitional Age Youth (TAY) FSP
Document Date: 7/1/15

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Expenditure Category	TOTAL	General Fund	MHSA-CSS HMHMPROP63 PMHS63-1504 Fee For Service	MHSA-CSS HMHMPROP63 PMHS63-1504 CR - Mode 60/72 Srvs	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term: 7/01/15 - 6/30/16	Term:	Term:
Occupancy:						
Rent & Utilities	$ 38,744	$ 20,924	$ 17,820			
Communications (landline, mobile, fax, internet)	$ 9,100	$ 4,915	$ 4,185			
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ 2,497	$ 1,302	$ 1,195			
Photocopying	$ -					
Printing	$ 664	$ 359	$ 305			
Program Supplies	$ -					
Computer hardware/software	$ 1,410	$ 761	$ 649			
General Operating:						
Training/Staff Development	$ 1,844	$ 996	$ 848			
Insurance	$ 2,000	$ 1,080	$ 920			
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ 5,500	$ 2,970	$ 2,530			
Staff Travel:						
Local Travel	$ 8,000	$ 4,321	$ 3,679			
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
Extra Clerical Support - provided by Office Team $27.00 /hr X 25.0 / hr/month X 12 /months	$ 8,100	$ 4,537	$ 3,563			
Other:						
Program Related: Water ($300), Coffee ($192), Snacks/Food ($420).	$ 912	$ 587	$ 325			
Organizational Dues	$ 625	$ 162	$ 463			
Subscriptions / Publications	$ 300	$ 126	$ 174			
Volunteer Stipends	$ 2,340	$ 1,264	$ 1,076			
Client Flexible Support Expenses - Food & Groceries	$ 23,000			$ 23,000		
Client Flexible Support Expenses - Housing	$ 1,480			$ 1,480		
Client Flexible Support Expenses - Transportation	$ 9,000			$ 9,000		
Client Flexible Support Expenses - Clothing including shoes	$ 2,520			$ 2,520		
Staff Recognition	$ 500	$ 270	$ 230			
TOTAL OPERATING EXPENSE	**$ 118,536**	**$ 44,574**	**$ 37,962**	**$ 36,000**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: Fiscal Intermediary - FI
Program Name: POPS / ASO
Document Date: 7/1/15

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Expenditure Category	TOTAL	General Fund	Managed Care HMHMOPMGDCAR/ PHMGDC15	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 06/30/16	Term: 7/01/15 - 06/30/16	Term: 7/01/15 - 06/30/16	Term:	Term:	Term:
Occupancy:						
Rent & Utilities	$ -					
Communications (landline, mobile, fax, internet)	$ -					
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ -					
Photocopying	$ -					
Printing	$ -					
Program Supplies	$ 840		$ 840			
Computer hardware/software	$ -					
General Operating:						
Training/Staff Development	$ -					
Insurance	$ 1,921	$ 404	$ 1,517			
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ -					
Staff Travel:						
Local Travel	$ -					
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -					
Other:						
TOTAL OPERATING EXPENSE	**$ 2,761**	**$ 404**	**$ 2,357**	**$ -**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: 8990EP
Program Name: PREP - Cost Reimbursement
Document Date: 7/1/15

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Page #: 3

Expenditure Category	TOTAL	General Fund	MHSA-CSS HMHMPROP63 PMHS63-1504	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 06/30/16	Term: 7/01/15 - 06/30/16	Term: 7/01/15 - 06/30/16	Term:	Term:	Term:
Occupancy:						
Rent & Utilities	$ 36,600		$ 36,600			
Communications (landline, mobile, fax, internet)	$ 6,300		$ 6,300			
Building Repair/Maintenance	$ 2,250		$ 2,250			
Materials & Supplies:						
Office Supplies & Postage	$ 1,810		$ 1,810			
Photocopying	$ -		$ -			
Printing	$ 1,350		$ 1,350			
Program Supplies	$ -		$ -			
Computer hardware/software	$ 895		$ 895			
General Operating:						
Training/Staff Development	$ 1,350		$ 1,350			
Insurance	$ 1,760		$ 1,760			
Professional License	$ -		$ -			
Permits	$ -		$ -			
Equipment Lease & Maintenance	$ 2,520		$ 2,520			
Staff Travel:						
Local Travel	$ 3,600		$ 3,600			
Out-of-Town Travel	$ -		$ -			
Field Expenses	$ -		$ -			
Consultant/Subcontractor:						
University of California, San Francisco - Subcontract	$ 119,412		$ 119,412			
Sojourner Truth Foster Family Agency - Subcontract	$ 19,638		$ 19,638			
Extra Clerical Support - provided by Office Team $27.00 /hr X 20 / hr/month X 12 /months	$ 5,840		$ 5,840			
Other:						
Program Related: Water ($420), Coffee ($360), Snacks/Food ($600).	$ 1,260		$ 1,260			
Subscriptions / Publications	$ 1,285		$ 1,285			
Meeting Costs	$ 1,800		$ 1,800			
Client Related: Food ($600), Transportation ($480), Clothing ($540), Housing ($240)	$ 1,680		$ 1,680			
Staff Recognition	$ 700		$ 700			
TOTAL OPERATING EXPENSE	**$ 210,050**	**$ -**	**$ 210,050**	**$ -**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: 8990EP
Program Name: PREP - Fee-For-Service
Document Date: 7/1/15

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Page #: 3

Expenditure Category	TOTAL	General Fund	MHSA-CSS HMHMPROP63 PMHS63-1504	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 06/30/16	Term: 7/01/15 - 06/30/16	Term: 7/01/15 - 06/30/16	Term:	Term:	Term:
Occupancy:						
Rent & Utilities	$ 39,516		$ 39,516			
Communications (landline, mobile, fax, internet)	$ 8,080		$ 8,080			
Building Repair/Maintenance	$ 3,500		$ 3,500			
Materials & Supplies:						
Office Supplies & Postage	$ 2,200		$ 2,200			
Photocopying	$ -		$ -			
Printing	$ 2,540		$ 2,540			
Program Supplies	$ -		$ -			
Computer hardware/software	$ 3,127		$ 3,127			
General Operating:						
Training/Staff Development	$ 4,100		$ 4,100			
Insurance	$ 4,800		$ 4,800			
Professional Fees - Staff Recruitment	$ 2,500		$ 2,500			
Permits	$ -		$ -			
Equipment Lease & Maintenance	$ 5,000		$ 5,000			
Staff Travel:						
Local Travel	$ 12,000		$ 12,000			
Out-of-Town Travel	$ -		$ -			
Field Expenses	$ -		$ -			
Consultant/Subcontractor:						
Clinical Director (Michael Minzenberg - $115 hrly rate x 20.25 hrs/month x 12 mos	$ 27,945		$ 27,945			
			$ -			
Other:						
Program Related: Water ($420), Coffee ($360), Snacks/Food ($444).	$ 1,224		$ 1,224			
Subscriptions / Publications	$ 675		$ 675			
Client Related: Food ($480), Transportation ($360), Clothing ($360), Housing ($240)	$ 1,440		$ 1,440			
TOTAL OPERATING EXPENSE	**$ 118,647**	**$ -**	**$ 118,647**	**$ -**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: 3822O1
Program Name: Full Circle OP
Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund (HMHMCP751594)	Family Mosaic Cap Medi-Cal (HMHMCP8828CH)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 06/30/16	Term: 7/01/15 - 06/30/16	Term: 7/01/15 - 06/30/16	Term:	Term:	Term:
Occupancy:						
Rent & Utilities	$ 45,067	$ 45,067				
Communications (landline, mobile, fax, internet)	$ 7,295	$ 7,295				
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ 1,612	$ 1,612				
Photocopying	$ -					
Printing	$ 230	$ 230				
Program Supplies	$ 264	$ 264				
Computer hardware/software	$ 500	$ 500				
General Operating:						
Training/Staff Development	$ 2,508	$ 2,508				
Insurance	$ 2,300	$ 2,300				
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ 5,620	$ 5,620				
Staff Travel:						
Local Travel	$ 6,547	$ 6,547				
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
Sojourner Truth Foster Family Agency - Subcontract	$ 30,000	$ 30,000				
Other:						
Program Related: Water ($240), Coffee ($144), Snacks/Food ($300), Misc. Supplies - Games, Toys, Crafts ($312).	$ 996	$ 996				
Subscriptions / Publications	$ 300	$ 300				
TOTAL OPERATING EXPENSE	**$ 103,239**	**$ 103,239**	**$ -**	**$ -**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: 3822O3
Program Name: Full Circle EPSDT
Document Date: 7/1/15

Appendix: B-11
Page #: 3

Expenditure Category	TOTAL	General Fund (HMHMCP751594)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 06/30/16	Term: 7/01/15 - 06/30/16	Term:	Term:	Term:	Term:
Occupancy:						
Rent & Utilities	$ 56,035	$ 56,035				
Communications (landline, mobile, fax, internet)	$ 3,950	$ 3,950				
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ 600	$ 600				
Photocopying	$ -					
Printing	$ 300	$ 300				
Program Supplies	$ 869	$ 869				
Computer hardware/software	$ 1,000	$ 1,000				
General Operating:						
Training/Staff Development	$ 2,100	$ 2,100				
Insurance	$ 2,680	$ 2,680				
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ 5,490	$ 5,490				
Staff Travel:						
Local Travel	$ 3,810	$ 3,810				
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
Sojourner Truth Foster Family Agency - Subcontract	$ 30,392	$ 30,392				
Clinical Director (8 weeks x 10Hrs X $40/hr)	$ 3,200	$ 3,200				
Other:						
Program Related: Water ($120), Coffee ($72), Snacks/Food ($192), Misc. Supplies - Games, Toys, Crafts ($144).	$ 528	$ 528				
Subscriptions / Publications	$ 140	$ 140				
TOTAL OPERATING EXPENSE	**$ 111,094**	**$ 111,094**	**$ -**	**$ -**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: 3822SED
Program Name: SED / SOAR Partnership
Document Date: 7/1/15

Appendix: B-12
Page #: 3

Expenditure Category	TOTAL	General Fund (HMHMCP751594)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 06/30/16	Term: 7/01/15 - 06/30/16	Term:	Term:	Term:	Term:
Occupancy:						
Rent & Utilities	$ 19,476	$ 19,476				
Communications (landline, mobile, fax, internet)	$ 1,660	$ 1,660				
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ 442	$ 442				
Photocopying	$ -					
Printing	$ -					
Program Supplies	$ -					
Computer hardware/software	$ -					
General Operating:						
Training/Staff Development	$ -					
Insurance	$ 1,950	$ 1,950				
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ 2,400	$ 2,400				
Staff Travel:						
Local Travel	$ 1,745	$ 1,745				
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -					
Other:						
Program Related: Misc. School Supplies ($120).	$ 120	$ 120				
TOTAL OPERATING EXPENSE	**$ 27,793**	**$ 27,793**	**$ -**	**$ -**	**$ -**	**$ -**

DPH 4: Operating Expenses Detail

Program Code: Fiscal Intermediary
Program Name: SFDPH MCAH / California Homes Visiting Program - Fiscal Intermediary
Document Date: 7/1/15

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Page #: 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	Federal Title V Block Grant (HCHPMMCHADGR HCMC02)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/01/15 - 06/30/16	Term: 7/01/15 - 06/30/16	Term: 7/01/15 - 06/30/16	Term:	Term:	Term:
Occupancy:						
Rent & Utilities	$ -					
Communications (landline, mobile, fax, internet)	$ -					
Building Repair/Maintenance	$ -					
Materials & Supplies:						
Office Supplies & Postage	$ -					
Photocopying	$ -					
Printing	$ -					
Program Supplies	$ -					
Computer hardware/software	$ -					
General Operating:						
Training/Staff Development	$ -					
Insurance	$ -					
Professional License	$ -					
Permits	$ -					
Equipment Lease & Maintenance	$ -					
Staff Travel:						
Local Travel	$ -					
Out-of-Town Travel	$ -					
Field Expenses	$ -					
Consultant/Subcontractor:						
SFDPH Maternal, Child & Adolescent Health / California Homes Visiting Program - FSA as fiscal intermediary	$ 97,646		$ 97,646			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	$ -					
Other:						
TOTAL OPERATING EXPENSE	**$ 97,646**	**$ -**	**$ 97,646**	**$ -**	**$ -**	**$ -**

Appendix D
Additional Terms

1. PROTECTED HEALTH INFORMATION AND BAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information.

The parties acknowledge that CONTRACTOR is one of the following:

☒ CONTRACTOR will render services under this contract that include possession or knowledge of identifiable Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY. Specifically, CONTRACTOR will:

- Create PHI
- Receive PHI
- Maintain PHI
- Transmit PHI and/or
- Access PHI

The Business Associate Agreement (BAA) in Appendix E is required. Please note that BAA requires attachments to be completed.

☐ CONTRACTOR will not have knowledge of, create, receive, maintain, transmit, or have access to any Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY.

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

In order to access SFDPH Systems, BA must have their employees/agents sign and retain in their files the ***User Agreement for Confidentiality, Data Security and Electronic Signature*** form located at https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf

During the term of this contract, the BA will be required to complete the ***SFDPH Privacy, Data Security and Compliance Attestations*** located at https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf and the ***Data Trading Partner Request [to Access SFDPH Systems]*** located at https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf

RECITALS

A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the CONTRACT in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").
C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Agreement.
D. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this Agreement to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the HIPAA Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this Agreement, the parties agree as follows:

1. **Definitions.**

   a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section

17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
c. **Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
d. **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
f. **Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this Agreement, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECT Act, including, but not limited to, 42 U.S.C. Section 17921.
i. **Health Care Operations** means any of the following activities: i) conducting quality assessment and improvement activities; ii) reviewing the competence or qualifications of health care professionals; iii) underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits; iv) conducting or arranging for medical review, legal services, and auditing functions; v) business planning development; vi) business management and general administrative activities of the entity. This shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103

and 164.501. For the purposes of this Agreement, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

m. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.

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

o. **Unsecured PHI** means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. **Permitted Uses.** BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].

b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Agreement and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. k. of the Agreement, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains

satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.

d. **Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Contract or this Agreement, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and

(iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

h. **Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

i. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

j. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

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

l. **Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information;** any use or disclosure of Protected Information not permitted by the Agreement; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been,

or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

m. **Breach Pattern or Practice by Business Associate's Subcontractors and Agents.** Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this Agreement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. **BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this Agreement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.**

3. **Termination.**

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

b. **Judicial or Administrative Proceedings.** CE may terminate the CONTRACT and this Agreement, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

c. **Effect of Termination.** Upon termination of the CONTRACT and this Agreement for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Agreement to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

d. **Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

e. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this Agreement, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. **Amendment to Comply with Law.**

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the CONTRACT or this Agreement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Agreement embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Contract upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the CONTRACT or this Agreement when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Contract or this Agreement providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. **Reimbursement for Fines or Penalties.**

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days.

Attachments (links)

- ***Privacy, Data Security, and Compliance Attestations*** located at https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf
- ***Data Trading Partner Request to Access SFDPH Systems and Notice of Authorizer*** located at https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf
- ***User Agreement for Confidentiality, Data Security and Electronic Signature Form*** located at https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf

Appendix E
San Francisco Department of Public Health
Business Associate Agreement

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Office email: compliance.privacy@sfdph.org
Office telephone: 415-554-2787
Confidential Privacy Hotline (Toll-Free): 1-855-729-6040
Confidential Compliance Hotline: 415-642-5790

FAMIL-9 OP ID: OS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/14/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Farallone Pacific Insurance Services, License# 0F84441 859 Diablo Avenue Novato, CA 94947 Daniel J. Costello Phone: 415-493-2500 Fax: 415-493-2505	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED Family Service Agency of San Francisco 1500 Franklin Street San Francisco, CA 94109	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Cypress Insurance Company INSURER B : Philadelphia Insurance Co. INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
B	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Sex Abuse 1M/1M [X] Prof Liab 1M/2M GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC	X		PHPK1349638	07/01/2015	07/01/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG EEBenefit	$ $ $ $ $ $ $	1,000,000 1,000,000 50,000 1,000,000 2,000,000 2,000,000 $1M/$1M
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			PHPK1349638	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $ $	1,000,000
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			PHUB502855	07/01/2015	07/01/2016	EACH OCCURRENCE AGGREGATE	$ $ $	5,000,000 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	FAWC601150	01/01/2015	01/01/2016	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
B	Medical Malpractic			PHPK1349638	07/01/2015	07/01/2016	Med Mal		Incl with Prof Liab

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City and County of San Francisco, Department of Public Health, its Officers, Agents, and Employees are named as Additional Insureds with respects to Named Insured's operations, per attached form PI-GLD-HS 10/11. Workers Compensation Waiver of Subrogation applies per attached form WC 99 04 02C (Ed. 9-14). SEE NOTEPAD FOR OTHER COVERAGES.

CERTIFICATE HOLDER

City & County of San Francisco
Department of Public Health
Attn: Ada Ling
1380 Howard Street, Room 419b
San Francisco, CA 94103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CRIME COVERAGE/EMPLOYEE DISHONESTY:
COMPANY: Philadelphia Indemnity Insurance Company
POLICY NUMBER: PHSD1041020
EFFECTIVE: 05/06/15 to 07/01/16
LIMIT: $1,000,000
DEDUCTIBLE: $ 10,000

MEDICAL MALPRACTICE/PROFESSIONAL LIABILITY - NOSE/PRIOR ACTS:
COMPANY: Tokio Marine Specialty Insurance Company
POLICY NUMBER: PPK1351153
EFFECTIVE: 07/01/15 to 07/01/20
LIMIT: $1,000,000 - Each Professional Incident
$3,000,000 - Aggregate
RETROACTIVE DATE: 07/01/86 (policy covers 07/01/86 to 06/30/15)
REPORTING PERIOD: 07/01/15 to 07/01/20

CYBER LIABILITY:
COMPANY: Philadelphia Indemnity Insurance Company
POLICY NUMBER: PHSD1056470
EFFECTIVE: 07/01/15 to 07/01/16
LIMITS:
$1,000,000 - Security Event Costs
$1,000,000 - Network Security and Privacy Liability Coverage
$1,000,000 - Employee Privacy Liability Coverage
$ 500,000 - Special Expenses Aggregate Limit
$ 500,000 - Customer Notification Expenses Sublimit
$ 500,000 - Public Relations Expenses Sublimit
$1,000,000 - Policy Aggregate Limit of Insurance
DEDUCTIBLE: $ 25,000
RETROACTIVE DATE: 07/01/15

VOLUNTEER & DAY CARE ACCIDENT:
COMPANY: Federal Insurance Company/Chubb
POLICY NUMBER: 9907-79-53
EFFECTIVE: 07/01/15 to 07/01/16
LIMITS: $ 50,000 - Accident Medical - Students & Volunteers
$ 10,000 - Accidental Death & Dismemberment - Per Person
$500,000 - AD&D Policy Aggregate - Per Accident
$ 1,000 - Dental
DEDUCTIBLE: $ 25