File No. 180660 Committee Item No. 2
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget & Finance Sub-Committee **Date** September 27, 2018

Board of Supervisors Meeting **Date** _____

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Completed by: Linda Wong **Date** September 21, 2018
Completed by: Linda Wong **Date** _____

[Contract Agreement - Family Service Agency of San Francisco dba Felton Institute - Behavioral Health Services for Children and Families - Not to Exceed $36,533,164]

Resolution retroactively approving a contract agreement between the Department of Public Health and Family Service Agency of San Francisco dba Felton Institute, for behavioral health services for children and families in an amount not to exceed $36,533,164 for a contract term of four years, from July 1, 2018, through June 30, 2022, with one five-year option to extend.

WHEREAS, The Department of Public Health, in order to provide behavioral health services for children and families residing in of San Francisco, conducted Requests for Proposals (RFPs) in 2017 for Mental Health Outpatient Treatment Services and Optional Specialized Mental Health Treatment Services, Intensive Case Management Modality Services Full Service Partnerships and Non-Full Service Partnership Programs, Transition Age Youth System of Care, and Mental Health Outpatient Programs for Adults/Older Adults System of Care; and

WHEREAS, The Department of Public Health awarded a contract under these RFPs to Family Service Agency of San Francisco dba Felton Institute; and

WHEREAS, That contract agreement term exercises the first option to renew the contract anticipated in the aforementioned RFPs, with one five-year option to renew remaining; and

WHEREAS, A copy of the original agreement is on file with the Clerk of the Board of Supervisors in File No.180660, which is hereby declared to be a part of this resolution as if set forth fully herein; and

WHEREAS, In order to ensure continuity of services, under San Francisco Administrative Code, Section 21.42, the Department of Public Health has established an

interim contract agreement with Family Service Agency of San Francisco dba Felton Institute ("Contractor") for a contract term which partially overlaps the term of this contract agreement; and

WHEREAS, Until the final FY2018-2019 Department of Public Health budget is approved by the Board of Supervisors, Contractor is unable develop its final FY2018-2019 budget, this contract agreement contains FY2017-2018 budget documents, which will be revised to reflect the Department of Public Health's FY2018-2019 budget as approved by the Board of Supervsiors, and which will not exceed the maximum compensation specified in this contract agreement; and

WHEREAS, That interim contract shall terminate and be replaced by this agreement, effective the first day of the month following the date upon which the Controller's Office certifies as to the availability of funds for this agreement; and

WHEREAS, That interim contract shall be extended only to allow for reconciliation and payment for services provided during the period not replaced by this contract agereement; now, therefore, be it

RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public Health and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and County of San Francisco, to execute a contract with Family Service Agency of San Francisco dba Felton Institute in the amount of $36,533,164 for a total term of July 1, 2018, through June 30, 2022; and, be it

FURTHER RESOLVED, That the Board of Supervisors authorizes the Department of Public Health to enter into any amendments or modifications to the contract, prior to its final execution by all parties, that the Department determines, in consultation with the City Attorney, are in the best interest of the City, do not otherwise materially increase the

obligations or liabilities of the City, are necessary or advisable to effectuate the purposes of the contract, and are in compliance with all applicable laws; and, be it

FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed by all parties, the Director of Heath and/or the Director of the Office of Contract Administration/Purchaser shall provide the final contracts to the Clerk of the Board for inclusion into the official file (File No. 180660).

RECOMMENDED:

Barbara A. Garcia
Director of Health

Item 2 File 18-0660	Department: Department of Public Health (DPH)

EXECUTIVE SUMMARY

Legislative Objectives

- The proposed resolution would approve a new contract between the Department of Public Health (DPH) and Family Service Agency of San Francisco for behavioral health services for children and families in an amount not to exceed $36,533,164 for a contract term of four years from July 1, 2018 through June 30, 2022, with one five-year option to extend to June 30, 2027.

Key Points

- The Family Service Agency was awarded a contract by DPH following a competitive solicitation in 2017 to provide mental health services to children and families, transitional age youth, and adults and older adults. The Family Service Agency had a prior contract with DPH for these services that expired on December 31, 2017. DPH entered into an interim contract with the Family Service Agency to continue providing services from January 1, 2018 through December 31, 2018 while new contract negotiations were finalized. The term of the interim contract and the term of the proposed new contract include a six-month overlap, but the proposed legislation contains specific language stating that the interim contract will terminate and be replaced by this new contract.

Fiscal Impact

- Under the proposed new contract between DPH and the Family Service Agency, the Family Service Agency will provide DPH will support thirteen programs for total annual budget of $8,154,724. The four year budget of $36,533,164 is based on annual expenditures of approximately $8,154,724 and a 12 percent contingency.

Policy Consideration

- DPH issued 20 competitive solicitations for new behavioral health service contracts between March 2017 and August 2017 to replace the contracts expiring on December 31, 2017. Due to delays in solicitations, awards, and negotiations, DPH was not able to enter into new contracts with the behavioral health service providers by the planned start date of January 1, 2018. In order to continue services, DPH entered into interim contracts for the one-year period between January 1, 2018 through December 31, 2018 with existing behavioral health service providers who had been awarded new contracts through the new solicitation. According to DPH, the Department is undertaking process improvements to address delays in soliciting and awarding future contracts, including filling vacant positions, developing solicitation schedules and issuing solicitations at an earlier date in the process, and coordinating with the Controller's Office to rout contract documents electronically.

Recommendations

- Amend the proposed resolution to specify that the approval is retroactive to July 1, 2018.
- Approve the proposed resolution as amended.

MANDATE STATEMENT

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of $10 million or more, or (3) requires a modification of more than $500,000 is subject to Board of Supervisors approval.

BACKGROUND

The Department of Public Health (DPH) solicited for new behavioral health providers between March 2017 and August 2017 for the following services:

1. Children, Youth and Family System of Care, Mental Health Outpatient Treatment Services, and Optional Specialized Mental Health Treatment Services.
2. Mental Health Outpatient Programs for Adult/ Older Adult System of Care
3. Intensive Case Management Full Services Partnerships[1] (FSP) and Non-Full Service Partnerships (Non-FSP) Programs
4. Transition Age Youth System of Care.

The Family Service Agency of San Francisco (doing business as Felton Institute), which proposed services under these four RFPs/RFQs, was one of 39 providers selected to provide services in response to these four RFP/RFQs.

DETAILS OF PROPOSED LEGISLATION

The proposed resolution would approve a new contract between the Department of Public Health and Family Service Agency of San Francisco (Family Service Agency) for behavioral health services for children and families in an amount not to exceed $36,533,164 for a contract term of four years from July 1, 2018 through June 30, 2022, with one five-year option to extend to June 30, 2027.

Interim Contract

The Family Service Agency had a prior contract with DPH for these services that expired on December 31, 2017. Because DPH and the Family Service Agency had not completed negotiations on the new contract when the prior contract expired, DPH entered into an interim contract with the Family Service Agency to continue providing services from January 1, 2018 through December 31, 2018 in the amount of $7,165,759. According to the contract, the City's Office of Contract Administration approved the interim contract as a sole source contract per Administrative Code Section 21.42.

[1] Full Service Partnership programs are an intensive and comprehensive model of case management based on a client-and family-centered philosophy of doing "whatever it takes" to assist individuals diagnosed with severe mental illness or severe emotional disturbance to lead independent, meaningful, and productive lives.

The term of the interim contract and the term of the proposed new contract overlap for the six month period from July 1, 2018 through December 31, 2018. The proposed legislation contains specific language stating that the interim contract will terminate and be replaced by this new contract, effective the first day of the month following the date that the Controller's Office certifies as to the availability of funds.

Services under Proposed New Contract

According to the contract, the Family Service Agency will provide a variety of services to DPH clients, including:

- Targeted case management: assisting clients to access medical, educational, social, vocational, rehabilitative, and other needed services.
- Mental health services: individual and group therapy and interventions to reduce mental disability and improve functioning, including assessing clients, developing a plan for services, and providing therapy and other services to assist clients.
- Medication support: Prescribing, administering, dispensing, and monitoring the use of medications.
- Crisis intervention: Providing immediate therapeutic response when clients exhibit acute psychiatric symptoms.

FISCAL IMPACT

Under the proposed new contract between DPH and the Family Service Agency, the Family Service Agency will provide DPH will support thirteen programs for total annual budget of $8,154,724, as shown in Table 1 below.

Table 1: Estimated Annual Contract Budget

Program	Program Budget
Geriatrics West - Older Adult	$ 1,011,528
Geriatric Services Older Adult Day Support Center	246,616
Geriatric Outpatient Services at Franklin - Older Adult	807,060
Geriatric Outpatient Services at Franklin - Older Adult ICM	404,450
Older Adult Full Service Partnership at Turk	982,826
Adult Care Management	804,726
Adult Full Service Partnership	906,328
Transitional Age Youth Full Service Partnership	596,804
Provider Outpatient Psychiatric Services/Administrative Service Organization	217,238
Prevention and Recovery in Early Psychosis	1,356,802
Full Circle Family Program at Franklin	719,080
Fiscal Intermediary Healing Circle	46,266
Fiscal Intermediary Maternal Child and Adolescent Health	55,000
Total Annual Contract Budget	**$ 8,154,724**

The four year budget of $36,533,164 is based on annual expenditures of approximately $8,154,724 and a 12 percent contingency, as shown in Table 2 below.

Table 2: Total Contract Budget

Term	Not to Exceed Amount
July 1, 2018 - June 30, 2019	$ 8,154,724
July 1, 2019 - June 30, 2020	8,154,724
July 1, 2020 - June 30, 2021	8,154,724
July 1, 2021 - June 30, 2022	8,154,724
Subtotal	**$ 32,618,896**
12% Contingency	3,914,268
Total	**$ 36,533,164**

Funding for the proposed contract comes from State Realignment and General Fund monies.

POLICY CONSIDERATION

In 2010 the Board of Supervisors approved new contracts between DPH and 19 community-based providers[2] and the University of California San Francisco (UCSF) to provide behavioral

[2] According to the Budget and Legislative Analyst's report to the December 1, 2010 Budget and Finance Committee meeting, these 19 community-based providers included: Alternative Family Services, Asian American Recovery Services, Baker Places, Bayview Hunters Point Foundation, Central City Hospitality House, Community Awareness and Treatment Services, Community Vocational Enterprises, Conard House, Edgewood Center for Children and Families, Family Service Agency, Haight Ashbury Free Clinics, Hyde Street Community Service, Instituto Familiar de la Raza, Progress Foundation, Richmond Area Multi-Services (RAMS), San Francisco Study Center, Seneca Center,

health services to DPH clients from July 2010 through December 2015. In June 2015, DPH informed the Board of Supervisors of their intention to request two-year contract extensions in order to meet the requirements of the Affordable Care Act, including integrating community based services into DPH's San Francisco Health Network. The Board of Supervisors approved increasing contract amounts and extending contract terms through December 31, 2017 for 17 community-based providers[3] and UCSF.

DPH issued 20 competitive solicitations for new behavioral health service contracts between March 2017 and August 2017 to replace the contracts expiring on December 31, 2017[4]. According to Ms. Michelle Ruggels, DPH Director of Business Operations, due to delays in solicitations, awards, and negotiations, DPH was not able to enter into new contracts with the behavioral health service providers selected through the competitive solicitation by the planned start date of January 1, 2018. In order to continue services, DPH entered into interim contracts for the one-year period between January 1, 2018 through December 31, 2018 with existing behavioral health service providers who had been awarded new contracts through the new solicitation.

According to Ms. Ruggels, DPH is undertaking process improvements to address delays in soliciting and awarding future contracts, including filling vacant positions, developing solicitation schedules and issuing solicitations at an earlier date in the process, and coordinating with the Controller's Office to rout contract documents electronically.

RECOMMENDATIONS

1. Amend the proposed resolution to specify that the approval is retroactive to July 1, 2018.
2. Approve the proposed resolution as amended.

Walden House, and Westside Community Mental Health Center. Walden House and Haight Ashbury Free Clinics subsequently combined to form HealthRight360.

[3] According to the Budget and Legislative Analyst's reports to the December 2, 2015 and December 9, 2015 Budget and Finance Committee meetings, these 17 community-based providers included: A Better Way, Alternative Family Services, Baker Places, Central City Hospitality House, Community Awareness and Treatment Services, Conard House, Edgewood Center for Children and Families, Family Service Agency, HealthRight360, Hyde Street Community Service, Instituto Familiar de la Raza, Larkin Street Youth Services, Oakes Children's Center, Progress Foundation, Richmond Area Multi-Services (RAMS), Seneca Center, and Westside Community Mental Health Center.

[4] These 20 solicitations included the four RFPs/RFQ to which the Family Services Agency responded and was awarded a contract.

City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685

Agreement between the City and County of San Francisco and Family Service Agency (DBA: Felton Institute)

This Agreement is made this **1st day of July, 2018**, in the City and County of San Francisco, State of California, by and between **Family Service Agency (DBA: Felton Institute),** 1500 Franklin Street, San Francisco, CA 94109 ("Contractor") and City.

Recitals

WHEREAS, the Department of Public Health ("Department") wishes to provide mental health and substance abuse treatment services; and,

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through a Request for Proposal ("RFP") RFP1-2017 issued on 3/7/17, RFP 8-2017 issued on 8/17/17, RFP 11-2017 issued on 6/12/17 and RFQ 15-2017 issued on 7/31/17 in which City selected Contractor as the highest qualified scorer pursuant to the RFP or RFQ; and

WHEREAS, approval for this Agreement was obtained when the Board of Supervisors approved Resolution number _____ on _____; and

WHEREAS, there is no Local Business Entity ("LBE") subcontracting participation requirement for this Agreement; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the Services required by City as set forth under this Agreement; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 46987-16/17 on June 19, 2017 and 40587-17/18 & 49279-17/18 on November 20, 2017

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

1.1 "Agreement" means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements which are specifically incorporated into this Agreement by reference as provided herein.

1.2 "City" or "the City" means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing" and Department of Public Health."

1.3 "CMD" means the Contract Monitoring Division of the City.

1.4 "Contractor" or "Consultant" means Family Service Agency (DBA: Felton Institute), 1500 Franklin Street, San Francisco, CA 94109.

1.5 "Deliverables" means Contractor's work product resulting from the Services that are provided by Contractor to City during the course of Contractor's performance of the Agreement, including without limitation, the work product described in the "Scope of Services" attached as Appendix A.

1.6 "Effective Date" means the date upon which the City's Controller certifies the availability of funds for this Agreement as provided in Section 3.1.

1.7 "Mandatory City Requirements" means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws, that impose specific duties and obligations upon Contractor.

1.8 "Party" and "Parties" mean the City and Contractor either collectively or individually.

1.9 "Services" means the work performed by Contractor under this Agreement as specifically described in the "Scope of Services" attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

Article 2 Term of the Agreement

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

2.2 The City has remaining option(s) to renew the Agreement for a period of six more years. The City may extend this Agreement beyond the expiration date by exercising this option(s) at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

Article 3 Financial Matters

3.1 **Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.** This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

3.2 **Guaranteed Maximum Costs.** The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period

stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

3.3 **Compensation.**

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Thirty-Six Million Five Hundred Thirty-Three Thousand One Hundred Sixty-Four Dollars ($36,533,164).** The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

3.3.2 **Payment Limited to Satisfactory Services.** Contractor is not entitled to any payments from City until Department of Public Health approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

3.3.3 **Withhold Payments.** If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

3.3.4 **Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City specified in Section 3.3.6, or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 **Reserved. (LBE Payment and Utilization Tracking System)**

3.3.6 **Getting paid for goods and/or services from the City.**

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House

(ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 **Grant Funded Contracts.**

(a) **Disallowance.** If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement between Contractor and City.

(b) **Grant Terms.** The funding for this Agreement is provided in full or in part by a Federal or State Grant to the City. As part of the terms of receiving the funds, the City is required to incorporate some of the terms into this Agreement. The incorporated terms may be found in Appendix K, "Grant Terms." To the extent that any Grant Term is inconsistent with any other provisions of this Agreement such that Contractor is unable to comply with both the Grant Term and the other provision(s), the Grant Term shall apply.

(c) Contractor shall insert each Grant Term into each lower tier subcontract. Contractor is responsible for compliance with the Grant Terms by any subcontractor, lower-tier subcontractor or service provider.

3.4 **Audit and Inspection of Records.** Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends $750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

If Contractor expends less than $750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

3.5 **Submitting False Claims.** The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

3.6 **Reserved. (Payment of Prevailing Wages)**

Article 4 Services and Resources

4.1 **Services Contractor Agrees to Perform.** Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services

beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

4.2 **Qualified Personnel.** Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.3 **Subcontracting.** Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.4 **Independent Contractor; Payment of Employment Taxes and Other Expenses.**

4.4.1 **Independent Contractor.** For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

4.4.2 **Payment of Employment Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.

4.5 **Assignment.** The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

4.6 **Warranty**. Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

Article 5 Insurance and Indemnity

5.1 **Insurance.**

5.1.1 **Required Coverages.** Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

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

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

(c) Commercial Automobile Liability Insurance with limits not less than $1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

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

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

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

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

(b) 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.

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

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

5.1.5 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

5.1.6 Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

5.1.7 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

5.1.8 The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

5.1.9 If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

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

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

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

Article 6 Liability of the Parties

6.1 **Liability of City**. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "PAYMENT," OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING

OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT

6.2 **Liability for Use of Equipment.** City shall not be liable for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City.

6.3 **Liability for Incidental and Consequential Damages.** Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions.

Article 7 Payment of Taxes

7.1 Except for any applicable California sales and use taxes charged by Contractor to City, Contractor shall pay all taxes, including possessory interest taxes levied upon or as a result of this Agreement, or the Services delivered pursuant hereto. Contractor shall remit to the State of California any sales or use taxes paid by City to Contractor under this Agreement. Contractor agrees to promptly provide information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.

7.2 Contractor acknowledges that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

7.2.1 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.

7.2.2 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

7.2.3 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

7.2.4 Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

Article 8 Termination and Default

8.1 Termination for Convenience

8.1.1 City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

(a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.

(b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.

(c) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

(d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

(e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.

(f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

(a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

(b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.

8.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

8.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

8.2 **Termination for Default; Remedies.**

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

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

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information		

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.

(c) Contractor (i) is generally not paying its debts as they become due; (ii) files, or consents by answer or otherwise to the filing against it of a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction; (iii) makes an assignment for the benefit of its creditors; (iv) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property; or (v) takes action for the purpose of any of the foregoing.

(d) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.

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

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

8.3 **Non-Waiver of Rights.** The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

8.4 **Rights and Duties upon Termination or Expiration.**

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

3.5	Submitting False Claims		11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity		11.8	Construction
6.1	Liability of City		11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages		11.10	Compliance with Laws
Article 7	Payment of Taxes		11.11	Severability
8.1.6	Payment Obligation		13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information		13.3	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

Article 9 Rights In Deliverables

9.1 **Ownership of Results**. Any interest of Contractor or its subcontractors, in the Deliverables, including any drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors for the purposes of this agreement, shall become the property of and will be transmitted to City. However, unless expressly prohibited elsewhere in this Agreement, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

9.2 **Works for Hire**. If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

Article 10 Additional Requirements Incorporated by Reference

10.1 **Laws Incorporated by Reference**. The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference

in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/

10.2 **Conflict of Interest.** By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 *et seq.*), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 *et seq.*), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.

10.3 **Prohibition on Use of Public Funds for Political Activity.** In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

10.4 **Reserved.**

10.5 **Nondiscrimination Requirements**

10.5.1 **Non Discrimination in Contracts.** Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

10.5.2 **Nondiscrimination in the Provision of Employee Benefits.** San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section12B.2.

10.6 **Local Business Enterprise and Non-Discrimination in Contracting Ordinance.** Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

10.7 **Minimum Compensation Ordinance.** Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

10.8 **Health Care Accountability Ordinance.** Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.

10.9 **First Source Hiring Program.** Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.

10.10 **Alcohol and Drug-Free Workplace.** City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of 1988 (41 U.S.C. § 701) [or California Drug-Free Workplace Act of 1990 Cal. Gov. Code, § 8350 et seq., if state funds involved].

10.11 **Limitations on Contributions.** By executing this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

10.12 **Reserved. (Slavery Era Disclosure)**

10.13 **Working with Minors.** In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from

hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this section and Section 10.14, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

10.14 **Consideration of Criminal History in Hiring and Employment Decisions**

10.14.1 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 http://sfgov.org/olse/fco. 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.

10.14.2 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, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T 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.

10.15 **Public Access to Nonprofit Records and Meetings.** If Contractor receives a cumulative total per year of at least $250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

10.16 **Food Service Waste Reduction Requirements.** Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

10.17 **Reserved. (Sugar-Sweetened Beverage Prohibition.)**

10.18 **Reserved. (Tropical Hardwood and Virgin Redwood Ban).**

10.19 **Reserved. (Preservative Treated Wood Products)**

Article 11 General Provisions

11.1 **Notices to the Parties.** Unless otherwise indicated in this Agreement, all written communications sent by the Parties may be by U.S. mail or e-mail, and shall be addressed as follows:

To CITY:	Office of Contract Management and Compliance Department of Public Health		
	1380 Howard Street, Room 419 San Francisco, California 94103	FAX: e-mail:	(415) 252-3088 ada.ling@sfdph.org
And:	Hilda M. Jones, Program Manager Contract Development & Technical Assistance		
	Department of Public Health 1380 Howard Street, 5/F San Francisco, California 94103	FAX: e-mail:	(415) 255-3567 Hilda.jones@sfdph.org
To CONTRACTOR:	Family Service Agency (DBA: 1500 Franklin Street San Francisco, CA 94109	FAX: e-mail:	(415)563-2097 agibert@felton.org

Any notice of default must be sent by registered mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

11.2 **Compliance with Americans with Disabilities Act.** Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

11.3 **Reserved.**

11.4 **Sunshine Ordinance.** Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

11.5 **Modification of this Agreement.** This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement.

11.6 **Dispute Resolution Procedure.**

11.6.1 **Negotiation; Alternative Dispute Resolution.** The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this section.

11.6.2 **Government Code Claim Requirement.** No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.

11.6.3 **Health and Human Service Contract Dispute Resolution Procedure.** The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.

11.7 **Agreement Made in California; Venue**. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

11.8 **Construction.** All paragraph captions are for reference only and shall not be considered in construing this Agreement.

11.9 **Entire Agreement**. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

11.10 **Compliance with Laws**. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

11.11 **Severability**. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or

unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

11.12 **Cooperative Drafting.** This Agreement has been drafted through a cooperative effort of City and Contractor, and both Parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No Party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the Party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

11.13 **Order of Precedence.** Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the Sole Source Waiver, and Contractor's proposal dated February 14, 2017. The Sole Source Waiver and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the Sole Source Waiver and the Contractor's proposal.

Article 12 Department Specific Terms

12.1 **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.

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

12.3 **Certification Regarding Lobbying.**

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

12.4 Materials Review.

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

12.5 **Emergency Response.**

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service site. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

Article 13 Data and Security

13.1 **Nondisclosure of Private, Proprietary or Confidential Information.**

13.1.1 If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

13.1.2 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or confidential information.

13.2 **Reserved. (Payment Card Industry ("PCI") Requirements.**

13.3 **Business Associate Agreement.**

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, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act").

The parties acknowledge that CONTRACTOR will:

1. ☒ Do **at least one** or more of the following:
A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or

B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or

C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

a. **Appendix E** SFDPH Business Associate Agreement (BAA) (04-12-2018)
   1. SFDPH Attestation 1 PRIVACY (06-07-2017)
   2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. ☐ **NOT do any of the activities listed above in subsection 1;**
Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

13.4 **Protected Health Information.** Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

Article 14 MacBride And Signature

14.1 **MacBride Principles -Northern Ireland.** The provisions of San Francisco Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By signing this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.

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
Department of Public Health

Approved as to Form:

Dennis J. Herrera
City Attorney

By: _____
Deputy City Attorney

Approved:

Jaci Fong
Director of the Office of Contract Administration, and
Purchaser

CONTRACTOR

Family Service Agency (DBA: Felton Institute)

MARVIN DAVIS
Chief Financial Officer
1500 Franklin Street
San Francisco, CA 94109

Contract ID#: 0000020256

Appendices

A:	Scope of Services
B:	Calculation of Charges
C:	Reserved
D:	Reserved
E:	HIPAA Business Associate Agreement
F:	Reserved
G:	Dispute Resolution Procedure
H:	San Francisco Department of Public Health Privacy Policy Compliance Standard
I:	The Declaration of Compliance
K:	Grant Term

Appendix A
Scope of Services – DPH Behavioral Health Services

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

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

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Hilda Jones**, Contract Administrator for the City, or his / her designee.

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

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

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

N. Patients' Rights:

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

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

(1) Staff evaluations completed on an annual basis.

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

(3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

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

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

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

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

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

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1	Geriatrics West – Older Adult
Appendix A-2&2a	Geriatric Services Older Adult Day Support Center (OADSC)
Appendix A-3	Geriatric Outpatient Services at Franklin – Older Adult
Appendix A-3a	Geriatric Outpatient Services at Franklin – Oder Adult ICM
Appendix A-4	Older Adult Full Service Partnership at Turk
Appendix A-5	Adult Care Management (ACM)
Appendix A-5a	Adult Full Service Partnership (FSP)
Appendix A-6	Transitional –Age Youth (TAY) Full Service Partnership (FSP)
Appendix A-7	Provider Outpatient Psychiatric Services/Administrative Service Organization (POPS/ASO)
Appendix A-8 & 8a	Prevention and Recovery in Early Psychosis (PREP) Services
Appendix A-9	Full Circle Family Program (EPSDT) at Franklin
Appendix A-10	Fiscal Intermediary Healing Circle
Appendix A-11	Fiscal Intermediary Maternal Child and Adolescent Health

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

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

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

   Program Code(s): 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. These clients may have multiple disabilities, complex medical needs, dual diagnoses, or other specialized needs related to mental health and aging, and are best served by clinicians with geriatric mental health expertise. The population also has additional needs related to engagement, language, cultural awareness, stigma, social isolation, substance abuse, or cognitive deficits. The program works in close coordination with the city's Older Adult System of Care providing psychiatric services and clinical case management services. This clinic also specializes in serving monolingual Cantonese, Mandarin, 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.

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

6. Methodology:

A. Outreach, recruitment, promotion, and advertisement.

Outreach is conducted with all collaborative partners, including primary care clinics, substance abuse

treatment providers, residential care providers, residential behavioral health providers, hospitals, homeless shelters, adult correctional system, emergency crisis services, and other partners. All levels of service conduct direct outreach to older adults in communities where service connection is needed the most and in locations where the various populations feel the safest, such as cultural centers, senior centers, religious organizations, and other formal and informal support systems. Peer Case Aides, called Community Specialists, are an essential part of outreach, engagement, and retention because of their direct experience as clients of the treatment system. Other outreach to the most fragile and disconnected consumers may be conducted by FSA Psychiatric Nurse Practitioners (PNP). Consumers distrustful of treatment services are often willing to receive health care, if it is offered in a non-institutional setting, so the PNP is an important element of the engagement strategy. The PNP provides health screening and first aid, dispenses minor medications (such as over-the-counter painkillers and analgesics, and topical skin medications), and unless already linked, will arrange for medical treatment through primary care partners. In addition to street outreach, referrals are accepted from multiple sources, including SF General, Project Homeless Connect, APS, senior centers, Project Open Hand, other mental health and substance abuse agencies, PES, Sheriff, SFPD, hospital emergency rooms, and family referrals. All outreach materials for 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: Program Manager and/or Officers of the Day conduct appropriate risk assessments and other brief screenings; provide intake interviews in the clinics or in the home or in the community; and develop an initial care plan to include additional psychiatric and medication assessments.

Care Planning, Care Management, and Services Linkage: After Intake, an assigned clinical case manager begins work with the client. At the core of all services is strength-based recovery-oriented care management. 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 will assess, prescribe, monitor, treat, document symptoms or side effects, and educate. All case managers assess and document client symptoms and behavior in response to medication. Medication policies and procedures identify all processes and safety procedures around medications.

Evidence based, integrated behavioral health treatment: Case managers and clients can access an extensive, organized system of treatments and supports to promote and sustain recovery. 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

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

- Office Manager (Russian-speaking): provides administrative support.
- Administrative Coordinator (Mandarin, Cantonese – speaking): provides receptionist support.
- Program Administration & QA: provides oversight of program admin & QA support.

7. Objectives and Measurements:

A. Standard Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the SFDPH BHS document entitled Performance Objectives FY 18-19 (Currently in DRAFT).

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 and Compliance Officer, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director / 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. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS 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, CFO, Controller, VP of HR, 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 SFDPH BHS Contracted Client Service Programs. Performance Objectives are revisited, including plan to achieve them and where achievement is recorded (e.g., AVATAR, CIRCE, DCR, other). Some objectives are monitored as often as weekly in program meetings, and most are monitored monthly in regular meetings (Operations and QA, PURQC, QA/IT, and Roundtable Management meetings). At the end of the Fiscal Year, FSASF will prepare reports on progress on any Performance Objectives not directly measured by AVATAR, DCR, or other directly accessible data source to SFDPH BHS.

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

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

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

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 Administrative Manager Adrienne Abad 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 audit sheet designed by SFDPH BHS for PURQC is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.

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

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

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

Dr McCrone and Ms Abad lead a monthly (3rd Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

C. Cultural competency of staff and services

All staff working on SFDPH BHS-contracted programs are required yearly to attend trainings geared toward increasing their cultural competency (e.g., recent trainings have focused on unique backgrounds of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street worker, Senior, LGBTQ Youth, Transgender Adults, and SMI client groups, Adult Transgender Sensitivity, among many others). FSASF also has been participating in the multi-year BHS 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 SFDPH BHS 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/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. Ed McCrone is the ANSA liaison and Michelle Mayberry LMFT, Acting 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:

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

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

1. **Identifiers:**

Program Name: Older Adult Day Support Center/Community Integration
Program Address: 1099 Sunnydale Avenue
City, State, ZIP: San Francisco, CA 94134
Telephone: 415-474-7310 FAX: 415-4479805
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@fsasf.org

Program Code(s): 89903MH, 38KKOA

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 based at 1099 Sunnydale Avenue, in Visitacion Valley, in the SFDPH managed "The Village" building. The program serves clients at that location; at 280 Turk, in collaboration with the Senior Full Service Wellness Program (older adult FSP); at 6221 Geary Blvd and 1500 Franklin St in collaboration with Geriatric Outpatient Services, as well as in other community-based settings.

Guided by principles of the mental health Recovery Model, OADSC offers older adults with mental health struggles the opportunity to achieve meaningful life goals with support from a community of peers.

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. 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.

In particular, OADSC focuses on clients who seek to utilize a group therapy modality to complement existing case management services (through FSA and BHS geriatric outpatient clinics including Southeast Mission and Central City). OADSC also provides an important bridge to stepped down services for clients of the older adult FSP.

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

6. Methodology:

A. Outreach, recruitment, promotion, and advertisement.

OADSC outreach targets clients of geriatric mental health programs including other FSA Senior Division programs as well as Southeast Mission and Central City. In particular, outreach to clients of the Senior Full Service Wellness Program (Older Adult FSP) helps provide support to clients preparing for step down to less intensive services. OADSC offers a bridge to FSP clients to help them maintain peer supports with decreased case management contacts. OADSC produces promotional materials that include the schedule of groups available each month (i.e. Mind and Body Exercise, Understanding Positive and Negative Thinking, Battling the Blues, Telling Our Stories, Mindfulness Through Arts).

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

The OADSC program manager conducts intake interviews based on referrals from case managers or psychiatric providers. Clients must be 60 years or older with a diagnosis of SMI. At screening, it is determined if clients have case management services and medication support services, and if not then referral is made to FSA or BHS geriatric outpatient clinics. Assessment and treatment planning focus on ways that OADSC groups can support mental health recovery, particular symptoms that clients would like to reduce, long term goals and barriers to achieving goals, and strengths that support goal acquisition. Participants must be willing to actively engage in group discussions and activities, and must be able to participate independently, including being able to independently move, use the restroom, eat, drink, verbally share thoughts and feelings, and regulate emotions.

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:

OADSC offers people aged 60 and older the chance to learn and practice wellness activities in a community of peers. Utilizing group therapy modality, OADSC helps participants set and achieve their own goals for their lives, while decreasing stress and isolation that can interfere with wellness. Guided by principles of the mental health Recovery Model, this program is an important component of the continuum of FSA's mental health services for older adults in the agency's Senior Division.

Five key recovery-based wellness concepts provide the foundation of effective holistic health and guide the OADSC program structure:

- **Hope** – Seniors (particularly those who may have faced significant struggles in their lives) get well, stay well and go on to meet their life dreams and goals. Contentment and satisfaction are possible at any age.
- **Empowerment** – A key to wellness is learning all one can about oneself and what helps each individual maintain wellness so they can make good decisions about all aspects of their lives.
- **Self Responsibility & Self Advocacy** – It's up to each individual to take action and do what needs to be done to keep themselves well. And... no one can do it alone. With support participants can build skills to effectively identify and communicate what they need to support wellness.
- **Achieving Meaningful Roles** – Seniors feel best when they set and achieve goals for their lives in the community of their choice.
- **Support** – While working toward wellness is up to each individual, receiving support from others, and giving support to others, will help participants feel better and enhance the quality of their lives.

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.

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 2016-17, OADSC will operate at 280 Turk on Mondays from 9:30am-2:30pm, at 1099 Sunnydale on Wednesdays, from 9:30-2:30pm, and at 6221 Geary on Thursdays from 9:30-2:30. All three days include 3 group therapy sessions, a hot lunch, and community integration activities. In fall 2016 OADSC will begin offering discreet groups, without lunch, at 1500 Franklin St and at the Curry Senior Center. Additional community integration activities will also be scheduled throughout the year.

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: The OADSC program manager 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. The program manager works case managers and medication support providers to ensure clients' ability to fully participate in a group therapy modality.

Care Planning, Care Management, and Services Linkage: Care management in OADSC serves to ensure continuity of care with existing clinical case management, medication support, primary care and residential services. 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 received 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.

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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

- Division Director: provides administrative oversight and leadership of program operations and development.
- Program Manager: provides operational oversight, as well as group therapy, clinical case management, community integration services, and oversight of volunteers.
- Group Coordinator: provides group therapy, clinical case management, and community integration services.

- Senior Companion/Peer Counselor: provides peer support and community integration services.
- Program Administration & QA: provides oversight of program admin & QA support.

7. Objectives and Measurements:

A. Standard Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the SFDPH BHS document entitled Performance Objectives FY 18-19 (Currently in DRAFT).

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 and Compliance Officer, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director / 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. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS 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, CFO, Controller, VP of HR, 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 SFDPH BHS Contracted Client Service Programs. Performance Objectives are revisited, including plan to achieve them and where achievement is recorded (e.g., AVATAR, CIRCE, DCR, other). Some objectives are monitored as often as weekly in program meetings, and most are monitored monthly in regular meetings (Operations and QA, PURQC, QA/IT, and Roundtable Management meetings). At the end of the Fiscal Year, FSASF will prepare reports on progress on any Performance Objectives not directly measured by AVATAR, DCR, or other directly accessible data source to SFDPH BHS.

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

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

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

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.

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

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

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

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

Dr McCrone and Ms Abad lead a monthly (3rd Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

C. Cultural competency of staff and services

All staff working on SFDPH BHS-contracted programs are required yearly to attend trainings geared toward increasing their cultural competency (e.g., recent trainings have focused on unique backgrounds of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street worker, Senior, LGBTQ Youth, Transgender Adults, and SMI client groups, Adult Transgender Sensitivity, among many others). FSASF also has been participating in the multi-year BHS 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 SFDPH BHS 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/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. Ed McCrone is the ANSA liaison and Michelle Mayberry LMFT, Acting Program Director for Full Circle Family Program, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

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

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

9. Required Language:

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

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

1. Identifiers:

Program Name: Geriatric Outpatient Services 1500 Franklin, Geriatric Outpatient Intensive Case Management, and Community Aftercare Program
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(s): 38223MH, 382213

2. Nature of Document:

☐ **New** X **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 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.

4. 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. This program also specializes in serving

monolingual Spanish, Mandarin, and Korean 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.

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

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

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

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

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

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

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

6. Methodology:

A. Outreach, recruitment, promotion, and advertisement.

Outreach for Geriatric Outpatient Services at 1500 Franklin is conducted with all collaborative partners, including primary care clinics, substance abuse treatment providers, residential care providers, residential behavioral health providers, hospitals, homeless shelters and adult correctional system, emergency crisis services, and other partners. All levels of service conduct direct outreach to older adults in communities where service connection is needed the most and in locations where the various populations feel the safest, such as cultural centers, senior centers, religious organizations, and other formal and informal support systems. Peer Case Aides, called Community Specialists are an essential part of outreach, engagement, and retention because of their direct experience as clients of the treatment system. Other outreach to the most fragile and disconnected consumers may be by a 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 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, 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 will assess, prescribe, monitor, treat, document symptoms or side effects, and educate. All case managers assess and document client symptoms and behavior in response to medication. Medication policies and procedures identify all processes and safety procedures around medications.

Evidence based, integrated behavioral health treatment: Case managers and clients can access an extensive, organized system of treatments and supports to promote and sustain recovery. 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.

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E. Program staffing:

- Division Director: provides administrative oversight and leadership of program operations and development.
- Clinical Director: overseeing all mental health clinical services.
- Clinical Supervisor: provides direct clinical supervision and training.
- Program Director: provides operational oversight of GOS/ICM program, as well as clinical case management and therapy.
- Multi-lingual Clinicians: providing clinical case management and therapy in Polish, Spanish, Mandarin and Korean.
- Clinician: provides clinical case management and therapy.
- Lead Peer Case Aide: provides peer services.
- Medical Director/Psychiatrist: provides oversight of medical staff, as well as medication support services across SF MH programs.
- Multi-lingual Nurse Practitioners: providing medication support services in Mandarin, Cantonese and Spanish.
- Nurse Practitioner: provides medication support services.
- Program Administration & QA: provides oversight of program admin support.
- Administrative Assistant: provides administrative support.

7. Objectives and Measurements:

A. Standard Objectives

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8. Continuous Quality Improvement (CQI):

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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.

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FSASF Programs participate in twice-yearly SFDPH BHS 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.

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

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

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

9. Required Language:

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

1. **Identifiers:**
   Program Name: Older Adult Full Service Partnership
   Program Address: 1500 Franklin Street
   City, State, ZIP: San Francisco, CA 94109
   Telephone: 415-474-7310 FAX: 415-474-9934
   Website Address: www.felton.org

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

   Program Code(s): 3822G3

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

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

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

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

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

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

6. Methodology:

A. Outreach, recruitment, promotion, and advertisement.

Referrals for the Older Adult FSP Program come from 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 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. 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, in hospitals, or anywhere in the community that best meets a client's needs. Prior to screening referents are sought out for engagement and building trust and therapeutic alliance with relationship with FSP team members. At screening, it is determined if clients have a safe place to live, enough to eat, and medical care for acute conditions, before proceeding to assessment. Those who cannot be placed in housing immediately receive temporary housing while the assessment and housing placement process continues. Clients may also get assistance with food, clothing needs, and primary care examinations, and pressing health needs are treated through 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.

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

C. Service delivery model and how each service is delivered

Overview of the Service Model:

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

lower level of service and supports.

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

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

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

Levels of care include:

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

Care Planning, Care Management, and Services Linkage: After Intake, an assigned clinical case manager begins work with the client, along with an assigned community specialist (peer case aide) and the nurse practitioner. At the core is strength-based, recovery-oriented care management. 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. 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.

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.

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

Evidence based, integrated behavioral health treatment: Case managers and clients can access an extensive, organized system of treatments and supports to promote and sustain recovery. 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, and Life Review.

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.

Vocational Training: A number of FSP participants have benefitted from FSA Works, which provides vocational training for those who have identified this as part of their recovery process. The participants develop the specifics of the training with their treatment team and receive a small

stipend while in training. Often this is an important part of their recovery, and provides the structure that allows the participant to graduate and pursue workforce or other training opportunities in the community.

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, graduated (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. Graduation is an important part of the FSP Program and recovery process, and the entire treatment team celebrates with the graduate along with invited peers by the participant.

E. Program's staffing.

- Division Director: provides administrative oversight and leadership of program operations and development.
- Clinical Director: oversees all mental health clinical services.
- Clinical Supervisor: provides direct supervision and training
- Medical Director/Psychiatrist: provides oversight of medical staff, as well as medication support services.
- Program Manager: provides operational oversight, as well as clinical case management and therapy.
- Psychiatric Nurse Practitioner: provides medication support.
- Program Administration & QA: provides oversight of program admin support.
- Clinical Case Managers: provide clinical case management and therapy.
- Multi-lingual Case Manager: provides case management support in Spanish.
- Lead Community Specialist: provides peer support and outreach.
- Community Specialists: provides peer support and outreach.
- Administrative Assistant: provides admin support.

F. Mental Health Service Act Program Modalities

Indirect Services.

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

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

7. Objectives and Measurements:

1. Standard Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the SFDPH BHS document entitled Performance Objectives FY 18-19 (Currently in DRAFT).

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 and Compliance Officer, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director / 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. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS

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

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

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

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

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

9. Required Language:

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

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

1. Identifiers:
   Program Name: ACM / ADULT FSP-CARE
   Program Address: 1500 Franklin Street
   City, State, Zip Code: SAN FRANCISCO, CA 94109
   Telephone: (415)-474-7310
   Facsimile: (415)-922-9418

   Contractor Address: 1500 Franklin Street
   City, State, ZIP: San Francisco, CA 94109
   Name of Person Completing Form: Miguel Mercado (ACM) & Jordon Pont
   Telephone: (415) 474-7310 (ext. 482 - Mercado) & (ext. 496 - Pont)
   Email Address: mmercado@felton.org (ACM) & jpont@felton.org (Adult FSP)
   Program Codes: 3822OP and 3822A3

2. Nature of Document

   ☒ **New** ☐ **Renewal** ☐ **Modification**

3. Goal Statement
   The primary goal of FSASF Adult FSP-CARE/ACM 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 dual/multiple diagnoses. 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/ACM will provide an integrated recovery and treatment approach for approximately 200 vulnerable 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, and other community services. The service deliverer ensures beneficiary access to services and the service delivery system, monitoring of the beneficiary's progress, and plan development.

   Mental Health Services: means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential

treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment. Intensive service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

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

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

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

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

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

6. Methodology
   A. Outreach, recruitment, promotion, and advertisement.

Members of the program team may conduct street outreach to homeless encampments, parks, homeless shelters and food programs, and other service locations. Primary responsibility for outreach resides with the team's consumer-professional 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.

Intensive Case Management Services - Admission Criteria

1. INITIAL CRITERIA:

Client has SMI diagnosis and complex needs that meet at least 1 of the following criteria:

- 3 Crisis/PES (including Mobile Crisis) visits within the past 60 days.
- 2 acute hospitalizations in the past 12 months.
- Discharge from an IMD/MHRF during the past 3 months
- Discharge from Laguna Honda Hospital during the past 3 months (Meet medical necessity)
- Referral from Jail/Prison Psychiatric Services.
- Referral from Project Homeless Connect.

AND clients must have at least 3 of the following criteria:

- $35,000 of mental health services (including meds, case management, and crisis) within the past 12 months.
- High risk during the past 3 months (demonstrated by client being assaultive or threatening, having been 5150'd for involuntary treatment due to danger to self, danger to others, or grave disability).
  - Loss of key components of stability in the community within the past 3 months, such as entitlements or housing, as documented in Progress Notes.
- Client exhibits one or more of the following:
  a. A lack of motivation for treatment or refusal of mental health treatment.
  b. Non-adherence to treatment plan within the past 6 months.
  c. He/she is too disorganized to use clinic-based case management services (as documented in Progress Notes).

- Client has no linkage to ongoing care within the past month (not including Citywide Linkage Team).

2. SPECIAL CIRCUMSTANCES:

- Client could be authorized by CBHS Central PURQC due to special circumstances.

Full Service Partnership (FSP) Program - Admissions Criteria

1. CLIENT MUST MEET THE BASIC CRITERIA:

Client has SMI diagnosis and meets one of the following criteria:

- Client has never been known/new to Community Behavioral Health Services (CBHS).
- Client has an inactive status in the CBHS system.
- Client is currently homeless.
- Client is dually diagnosed
- Client is currently enrolled but underserved (must meet one of the following criteria):
  1) Client has had mental health episodes but has not received the appropriate services in the past as evidenced by a history of frequent hospitalizations or ER encounters.
  2) Client is involved with multiple public agencies.
  3) Client is stepping down from acute or other higher level services.

2. SPECIAL CIRCUMSTANCES:

- Client could be authorized by CBHS Central PURQC due to special circumstances.

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 200 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, Community Housing Partnership, Direct Access to Housing, among other housing programs. We will continue to work with property management and on site social workers to ensure our clients are successful in housing. 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, Motivational Interviewing, and Cognitive Behavioral Therapy. Treatment for mental illness will include:
-Ongoing assessment of the client's mental illness symptoms and his/her response to treatment;
-Education of the client regarding his/her illness and the effects and side effects of prescribed medications, where appropriate;
-Symptom-management efforts directed to help each client identify the symptoms and occurrence patterns of his/her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen their effects; and -Psychological support to clients, both on a planned and as-needed basis, to help them accomplish their personal goals and to cope with the stresses of day-to-day living;
-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, to Walden House/Health Right 360, Progress Foundation, and Baker Places.

Medication Prescription, Administration, Monitoring, and Documentation: Our psychiatric nurse practitioner and/or psychiatrist will assess each client's mental illness and prescribe appropriate medication; 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.

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, DBT, 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) are 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 1500 Franklin 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 since 2007 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.

EXIT CRITERIA (ACM & FSP)

Return to Routine Outpatient Case Management Status

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

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

Treatment consists of three phases: basic needs and engagement phase, a treatment phase, and a transition phase. The transition phase begins when clients have completed and demonstrated capacity for maintaining their treatment goals. This phase fosters and reinforces clients' strengths, 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.

SFDPH - BHS PURQC AUTHORIZATION PROCEDURE

I. AUTHORIZATION TIMELINE:

1. INITIAL AUTHORIZATION:

(Within the first 60 days of episode opening)
If it is determined that the client meets medical necessity at Assessment, PURQC will automatically authorize the case for the first year of treatment as long as the chart passes the PURQC Part 1 Document Checklist Review to ensure that all documents are in place. The initial authorization is for an unlimited amount of hours allowing the clinician to do "whatever it takes" to help the client stabilize and progress in treatment toward wellness and recovery within the first year if possible. **A Client Service Authorization (CSA) Request Form need not be submitted.**

2. ANNUAL RE-AUTHORIZATION:

ALL CASES MUST GO TO PURQC FOR AUTHORIZATION ANNUALLY BY THE ANNIVERSARY DATE.

A. **All cases that are to continue in treatment after 1 year** (regardless of the amount of time being requested) **must be authorized by the PURQC using the Part 1 Documentation Checklist Review** to ensure that documents are in place with appropriate signatures and dates.

B. **ALL cases requesting more than 15 hours, must also undergo a PURQC Part 2 Documentation Compliance Review for authorization** to ensure that the clinical documentation is in compliance with Medi-Cal and BHS standards.

C. At Annual Authorization, **ALL cases requesting more than 15 hours must submit a CSA (Client Service Authorization Request)** for PURQC authorization approval of service hours according to the *SFBHS Service Intensity Guidelines*.

D. Supplemental Re-Authorization: If the services rendered exceed the number of hours authorized by the PURQC, the case must be submitted to PURQC as a Supplemental Re-Authorization prior to the point at which all service hours have been used.

II. SUMMARY OF THE PURQC AUTHORIZATION TIMELINE:

1. A *PURQC Part 1 Checklist Review of Documents* will be done on 100% of all new cases within the first 2 months of opening.

2. A *PURQC Part 1 Checklist Review of Documents* will be done annually on 100% of all cases on the Anniversary of Opening Date.

3. A *PURQC Part 2/3 Comprehensive Documentation Compliance Review* will be done of all charts requesting more than 15 hours of service each year, after the first year.
A Client Service Authorization Request (CSA) must be submitted for PURQC Authorization Request of more than 15 hours.

E. Program's staffing.

- Division Director: administrative oversight of MAP/CARE/ACM programs, including clinical oversight of programs, & clinical supervision of staff.
- Program Manager-ACM, provides leadership, oversight, administrative of ACM program, including clinical supervision duties.
- Program Manager-CARE/MAP: supervises case manager's, oversight, administrative of MAP/CARE program, including clinical supervision of these programs.
- Case Managers: provide individual, group therapy, and intensive case management to ACM clients
- Case Managers: CARE/MAP duties include individual, group and intensive case management.
- Outreach, Vocational Program Coordinator: provides leadership of FSA Works program and outreach to potential clients.
- Admin Assistant / Receptionist: provides administrative and receptionist support.
- Quality Control Supervisor: provides oversight of program QA.
- Nurse Practitioner: provides psychiatric assessment, evaluation, and medication monitoring.
- Register Nurse: provides medication management and medical evaluation of clients.
- Psychiatrist: provides psychiatric evaluation, assessment, and medication management.

F. Indirect Services.

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

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 takes SF DPH/CBHS/SOC sponsored trainings (e.g., HIPAA, Compliance, and Cultural Competency). This work is also not billable, but is essential to maintaining high quality service and promoting positive client outcomes. Hours required for both outreach and training are a written into job descriptions and part of a full-time employee's expected 1055 hours of work per year.

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

7. Objectives and Measurements

   A. Standard Objectives
   All objectives, and descriptions of how objectives will be measured, are contained in the SFDPH BHS document entitled Performance Objectives FY 18-19 (Currently in DRAFT).

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 and Compliance Officer, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director / 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. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS

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

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

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

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

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 Administrative Manager Adrienne Abad 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 audit sheet designed by SFDPH BHS for PURQC is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.
* All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

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

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

Dr. McCrone and Ms. Abad lead a monthly (3rd Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

C. Cultural competency of staff and services

All staff working on SFDPH BHS-contracted programs are required yearly to attend trainings geared toward increasing their cultural competency (e.g., recent trainings have focused on unique backgrounds

of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street worker, Senior, LGBTQ Youth, Transgender Adults, and SMI client groups, Adult Transgender Sensitivity, among many others). FSASF also has been participating in the multi-year BHS 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 SFDPH BHS 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/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. Ed McCrone is the ANSA liaison and Michelle Mayberry LMFT, Acting Program Director for Full Circle Family Program, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

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

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

9. Required Language:

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

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

   Contractor Address: 1500 Franklin Street
   City, State, ZIP: San Francisco, CA 94109
   Name of Person Completing Form: Jordon Pont
   Telephone: (415) 474-7310 ext 496
   Email Address: jpont@felton.org
   Program Codes: 3822OP and 3822A3
   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 55 transitional-age youth, ages 16 to 25, with significant mental illness and substance abuse, homelessness, HIV/AIDS, or other serious impediments which result in frequent referrals for inpatient, residential or PES services. TAY clients will receive specialized and targeted assistance to help them stabilize and make transitions to satisfying and constructive adulthood. The program also works with family members, significant others, and support-persons in the clients' lives. Program services are provided citywide.

5. Modality(ies)/Interventions

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

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

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

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

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

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

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

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

6. Methodology

A. Referrals, Outreach, recruitment, and Promotion.
FSA receives predominately Referrals from CBHS TAY, including collaboration between CBHS and FSA that leads to Assessment by FSA. CBHS and FSA determine if the client requires outreach to engage the client to utilize services. In addition, members of the program team may conduct street outreach to homeless encampments, parks, homeless shelters and food programs, and other service locations. Primary responsibility for outreach resides with the team's consumer-professional 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/MAP 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 not served by mental health services. If a potential client meets these criteria, he or she is admitted into the program. If the client does not meet these criteria, he or she is referred to other FSA or county programs that meet his or her needs.

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

C. Service delivery model and how each service is delivered.
GENERAL MODEL DESCRIPTION

Family Service Agency of San Francisco's *TAY Full Service Partnership* provides an integrated recovery and treatment approach for vulnerable San Francisco transitional age youth, between the ages of 16 and 25. FSASF will serve at least 55 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 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, and other TAY specific, subsidized housing through CHP and HSA. 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 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 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, Motivational Interviewing, and Cognitive Behavioral Therapy. Treatment for mental illness includes:
-Ongoing assessment of the client's mental illness symptoms and his/her response to treatment; -Education of the client regarding his/her illness and the effects and side effects of prescribed medications, where appropriate;
-Symptom-management efforts directed to help each client identify the symptoms and occurrence patterns of his/her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen their effects; and
-Psychological support to clients, both on a planned and as-needed basis, to help them accomplish their personal goals and to cope with the stresses of day-to-day living.

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

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

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

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

Activities of Daily Living: The TAY population is going through the developmental task of separating from their caregivers and learning to be independent. Services to support activities of daily living in community-based settings include individualized assessment, problem solving, side-by-side assistance and support, skill training, ongoing supervision (e.g., prompts, assignments, monitoring, encouragement), and environmental adaptations to assist clients to gain or use the skills required to: carry out personal hygiene and grooming tasks; perform household activities, including house cleaning, cooking, grocery shopping, and laundry; manage housing-related tasks, including finding a roommate, landlord negotiations, cleaning, furnishing and decorating, procuring necessities (such as telephone, furnishings, linens); develop or improve money-management skills; use available transportation; engage educational opportunities and supports; find healthcare services. TAY FSP also offers DBT 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, Yoga Group, Meditation, and Harm Reduction Substance Abuse Group. Other activities have included: urban hikes (around town), Muir Woods visits, outings to the movies and baseball games, and gardening in the community. Participants have performed slam poetry at open mike nights at cafes around town and others have performed in rock bands at Yerba Buena and other youth oriented venues.

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

Wraparound Services: The program provides clients a comprehensive range of services. These services include but are not limited to: supportive and cognitive therapies, case management brokerage (e.g., linkage to services such as housing, benefits and medical care), substance abuse treatment, medication services, vocational and pre-vocational assistance.

Any services, supports, or products needed to complete the Care Plan and not readily available through the service constellation is acquired through flexible funding.

Gender-Related and Sexual Orientation Issues: The TAY FSP 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 two 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 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. One Adult FSP staff (for both CARE and MAP) is available to deal with consumer emergencies 24 hours a day, 7 days per week. Clients can reach an on-call clinician by calling an emergency phone number.

Location: most services are provided at the FSASF building at 1500 Franklin 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 since 2007 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.

- Division Director: provides administrative and clinical oversight of programs and clinical supervision of staff.
- Program Director: provides evaluation of case manager's clinical duties, clinical supervision, and other administrative program duties.
- Lead Clinical Case Manager: provides individual and group therapy, clinical support, crisis intervention, ensures compliance and documentation standards, represents the program with CBHS partners, and provides intensive case management.
- Case Managers: provide individual and group therapy, crisis intervention, may assist with family and parenting issues, intensive case management, and maintains accurate details clinical records.
- Bilingual Case Manager: provides individual and group therapy in English and Cantonese, crisis intervention, may assist with family and parenting issues, intensive case management, and maintains accurate details clinical records.
- Outreach and Vocational Program Coordinator: provides leadership of FSA Works program, and duties include outreaching to potential clients and current clients. Maintains accurate detailed clinical records for electronic billing/data entry.
- Admin Assistant / Receptionist: provides administrative and receptionist support.
- Quality Control Supervisor: provides oversight of program QA.

F. Indirect Services.

Indirect services for this program include outreach and ongoing staff training. Outreach is conducted according to methods described in this document Section 6A. Outreach activities are not billable in the way that other client-level services are, but they are an important element in program design as they help to ensure that needed services reach the highest-risk, most vulnerable, un-served, and underserved populations. In situations of outreach presentations, presentations will be documented with sign-in sheets or other collaborating documentation (e.g., email confirmation, presentation announcements).
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 SFDPH BHS document entitled Performance Objectives FY 18-19 (Currently in DRAFT).

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 and Compliance Officer, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director / 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. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS 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, CFO, Controller, VP of HR, 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 SFDPH BHS Contracted Client Service Programs. Performance Objectives are revisited, including plan to achieve them and where achievement is recorded (e.g., AVATAR, CIRCE, DCR, other). Some objectives are monitored as often as weekly in program meetings, and most are monitored monthly in regular meetings (Operations and QA, PURQC, QA/IT, and Roundtable Management meetings). At the end of the Fiscal Year, FSASF

will prepare reports on progress on any Performance Objectives not directly measured by AVATAR, DCR, or other directly accessible data source to SFDPH BHS.

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

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

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

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 Administrative Manager Adrienne Abad 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 audit sheet designed by SFDPH BHS for PURQC is used for this purpose. Any findings are discussed in supervision with line staff and a corrective plan is made for any issues.
* All program directors meet to audit a mental health program utilizing the attached internal audit sheets. One or two charts are audited thoroughly by the group in order to generate questions about changes in policy or other nuances about our evolving QA process.

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

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

Dr McCrone and Ms Abad lead a monthly (3rd Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

C. Cultural competency of staff and services

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

Adults, and SMI client groups, Adult Transgender Sensitivity, among many others). FSASF also has been participating in the multi-year BHS 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 SFDPH BHS 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/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. Ed McCrone is the ANSA liaison and Michelle Mayberry LMFT, Acting Program Director for Full Circle Family Program, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

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

FSP and ICM Programs also use the MORS rating scale and DCR data to evaluate clients' progress and track outcomes of our services. Staff enters data for clients monthly into DCR and/or Avatar. We receive bi-monthly reports from the DCR team about hospitalizations, arrests, housing, etc, as they relate to our clients. We are able to identify needs across Programs that are not being met. The MORS data is used as a way to identify clients that may

be getting ready for graduation or step down from the program, as well as to identify those clients that are decompensating or failing to move forward in their recovery.

9. Required Language:

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

1. **Identifiers:**

A. Agency Name: Family Service Agency of San Francisco
Agency Address: 1500 Franklin Street
City, State, Zip Code: San Francisco, CA 94109
Telephone/FAX: (415)-474-7310 / (415)-922-9418
Website Address: felton.org

B. Contractor Address: same as above.
City, State, Zip Code:
Person completing this Narrative: Miguel Mercado, Program Director
Telephone: (415)-474-7310 ext. 482
Email Address: mmercado@felton.org

C. Solicitation Number: RFP23-2009

D. Program name(s) this Fiscal Intermediary agency is supporting:

OUTPATIENT PSYCHIATRIC SERVICES/ADMINSITRATIVE SERVICE ORGANIZATION (POPS/ASO)

Program Address(es): 1500 Franklin Street
San Francisco, CA 94109

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

3. **Goal Statement:**

In collaboration with the San Francisco Department of Public Health, Family Service Agency will provide Fiscal Intermediary services as describe below in support of the Outpatient Psychiatric Services/Administrative Service Organization (POPS/ASO) of the DPH Program

The program has are two primary goals:

1) Provide high quality administrative support primarily 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/treat clients. 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 PPN providers in a timely manner.

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(s) / Intervention(s:

Fiscal Intermediary services:

- Human Resource Management/Support,
- Other Administrative and Financial Support.

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 SF-DPH Compliance Office and Community Programs Provider Relations office staff.

6. Methodology:

A. Contractual Duties

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. POPS/ASO staffs are embedded with and receive daily supervision from SFDPH Compliance Office personnel at 1380 Howard Street.

B. Staffing & Service delivery model

Program Position: 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 also requires the ability to work with multidisciplinary personnel, both internally and externally, establishing and maintaining "customer-focused" relationships.

Program Position: 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.

Program Position: 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.

Managerial / Administrative Positions
The FSA Adult Division Director and Program Director manage this contract and oversee performance, hiring, supervision and administrative responsibilities. The administrative office for the POPS/ASO is located in Family Service Agency of San Francisco at 1500 Franklin Street, San Francisco, California, 94109.

7. Objectives and Measurements:

   All objectives, and descriptions of how objectives will be measured, are contained in the document entitled DPH Fiscal Intermediary Performance Objectives FY18-19

8. Continuous Quality Improvement (CQI):

   N/A

9. Required Language:

   N/A

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 94109
Person Completing this Narrative: Adriana Furuzawa, MA, PREP Division Director
Telephone: (415) 474-7310 Ext. 314
Email Address: afuruzawa@felton.org

Program Code: 8990EP

2. **Nature of Document**

☒ New ☐ Renewal ☐ Modification

3. **Goal Statement**

The Prevention and Recovery in Early Psychosis (PREP) program delivers an array of services implementing evidence-based practices to individuals and families experiencing early signs and symptoms of schizophrenia and other psychotic disorders. It supports symptom remission, active recovery, and full engagement in their community and with co-workers, peers, and family members. 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 this group, PREP will serve transitional age youth (ages 16-24), reflecting the ethnic, 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)

- Conduct a minimum of 20 outreach and engagement activities to establish/maintain referral relationships and raise awareness about Early Intervention in Psychosis. Activities will be documented with sign-in sheets and/or other supporting documentation (e.g., email confirmation, presentation announcements, or presentation satisfaction surveys when appropriate).

- Engage in 1:1 outreach to a minimum of 30 programs and/or community stakeholder groups. Outreach efforts will be documented in outreach logs, specifying contact information and date of most recent contact.

Screening and Assessment (MHSA Activity Category)

- Conduct a minimum of 50 phone screens to determine need for comprehensive diagnostic assessment and a minimum of 25 diagnostic assessments (SCID or SIPS) to determine need for Early Psychosis treatment services.

Mental Health Consultation (MHSA Activity Category)

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

***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 a 12-month Psychoeducational Multi-Family Group (MFG) to develop knowledge about early psychosis and problem-solving skills for individuals and families in a therapeutic group setting.

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 – 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 if criteria for early intervention in psychosis services is met. Those who don't meet criteria or require services other than early psychosis interventions, will receive support to access appropriate services. Appropriate referrals (individuals age 14-35 experiencing signs and symptoms of psychosis with onset in the previous five years) will receive a comprehensive diagnostic assessment through 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 be linked with 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 Behavioral Therapy for Psychosis:** Evidence-based approach offered to all PREP clients to teach strategies for specific symptom clusters (positive symptoms, negative symptoms, depression, skills for emotion regulation, etc.).
- **Multifamily Groups (MFG):** Psychoeducational 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.
- **IPS Model supported employment and education services:** Individual Placement and Support (IPS) is an evidence-based approach of supported employment for individuals with severe mental illness. Staff trained in the IPS model will provide individualized support for clients in participating in 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 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 estimated length of treatment is of up to two years, and treatment progress is measured by outcome data that is shared continuously with the client and his or her family.

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 individual and, when possible, the family. Process is determined by intervention outcomes identified throughout the clients' treatment and measured against baseline measures. Treatment aims to support individuals to return to desired level of functioning, participation in work or school, and ensures that, at discharge, each individual and his or her family have a thorough contingency plan and are able to transition from the program to other levels of care (as indicated).

E. Program staffing

- PREP Division Director- Provides administrative oversight and leadership of program operations, program development, training, and fidelity to PREP model.
- PREP Program Manager: Provides clinical and operational oversight of PREP San Francisco. Ensures compliance with PREP treatment model, and provides direct services to individuals and families as needed.
- PREP Clinical Supervisor/Coordinator - Provides clinical leadership, coordinates intake and referral system, and provides direct services to individuals and families as needed.
- Lead Staff Therapist: Provides clinical leadership in care coordination, provides individual and family therapy, case management, and leads MFG. (psychoeducational multifamily groups).
- Staff Therapist(s) – Provides individual and family therapy, care coordination, case management. Provides outreach presentations and psychoeducation to consumers, families and community partners on early psychosis. Co-facilitates MFG groups as scheduled.
- Bilingual Staff Therapist(s) - Provides individual and family therapy, care coordination, case management, with emphasis in engaging monolingual clients and families. Provides outreach presentations and psychoeducation to consumers, families and community partners on early psychosis. Co-facilitates MFG groups as scheduled.
- Peer Support Specialist (lived experience). Provides peer support, individual and group rehabilitation, from a strength-based and recovery-oriented perspective.

- Employment and Education Specialist – Provides individualized educational and vocational support, under the IPS Model for supported employment adapted for youth and young adults.
- Family Partner or Family Support Specialist (lived experience) - Provides direct support to families from a peer perspective, as well as linkage to community resources. Co-facilitates MFG groups as scheduled.
- Office Manager- Provides administrative support and assists with intake coordination.
- PREP Research and Evaluation Manager - Provides oversight of PREP evaluations, measured outcomes and reporting. Supervises Research Assistant on PREP data collection and reporting.
- PREP Research Assistant – Coordinates evaluations and collects outcome data.
- Bilingual Psychiatric Nurse Practitioner: Provides medication support under the supervision of MD.
- Medical Director/Psychiatrist (Consultant): Provides supervision to PREP Psychiatric Nurse Practitioner.
- PREP Peer Services Coordinator (lived experience) – Provides direct support for Peer Support Specialist and Family Support Specialist, and contributes to implementation of client-centered perspective in program operations, as well as enhance recovery-oriented views.
- PREP Employment and Education Services Director – Provides direct support for Employment and Education Specialist, coordinates implementation of evidence-based supported employment and education model, and ensure employment and education outcomes are met.
- PREP Clinical Director (TBD) - Provides oversight of clinical and operational activities in support of PREP Division Director.

Throughout the year, PREP will have volunteer trainees, clinical interns on licensure track (PhD/PsyD, ASW, MFTI), as well as volunteer research assistants. Changes may occur to the composition of program staffing during the contract year due to a variety of circumstances, and staffing structure will be adjusted to reflect these changes accordingly.

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 assessment outcomes, 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 and family evaluations), and their input is sought to improve service delivery.

PREP integrates individuals with lived experience as a part of the treatment team to enhance recovery-oriented views and role-model consumer engagement in system

transformation. Lived experience is required for peer and family support specialist, as well as peer and family support services director.

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 team conference where individual's progress is discussed. 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 team 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 begin to formulate this within a recovery and resiliency framework.

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

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

A. Objectives and Measurements

A. 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:** By the end of FY 18/19, a minimum of 25% of the outreach and engagement activities will be targeted to community stakeholders

and/or providers serving the San Francisco Southeast Sector, as evidenced by outreach log and supporting documentation e.g., email confirmation, presentation announcements, sign-in sheets, or presentation satisfaction surveys when appropriate.

- **Individualized Performance Objective:** By the end of FY 18/19, a minimum of 10% of new enrollments will be representative of San Francisco Southeast Sector residents, as evidenced by client's reported mailing address documented in AVATAR and CIRCE records.

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

- **Individualized Performance Objective:** By the end of FY 18/19, a minimum of 30% 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:** By the end of FY 18/19, a minimum of 40% of clients with at least one acute inpatient setting episode within 12 months prior to PREP enrollment will demonstrate a decrease in the total number of acute inpatient setting episodes and/or acute inpatient setting days during the first 12 months of enrollment in PREP, as documented in AVATAR and CIRCE records.

- **Individualized Performance Objective:** By the end of FY 18/19, a minimum of 40% of clients with no acute inpatient setting episodes within 12 months prior to their enrollment will have no acute inpatient setting episodes during the first 12 months of enrollment in PREP, as documented in AVATAR and CIRCE records.

- **Individualized Performance Objective:** By the end of FY 18/19, 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 by clinicians.

MHSA Goal: Participant Satisfaction:

- **Individualized Performance Objective:** In FY 18/19, 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 assessed in PREP 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 and Compliance Officer, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director / 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. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS 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, CFO, Controller, VP of HR, 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 SFDPH BHS Contracted Client Service Programs. Performance Objectives are revisited, including plan to achieve them and where achievement is recorded (e.g., AVATAR, CIRCE, DCR, other). Some objectives are monitored as often as weekly in program meetings, and most are monitored monthly in regular meetings (Operations and QA, PURQC, QA/IT, and Roundtable Management meetings). At the end of the Fiscal Year, FSASF will prepare reports on progress on any Performance Objectives not directly measured by AVATAR, DCR, or other directly accessible data source to SFDPH BHS.

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

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

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

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 Administrative Manager Adrienne Abad 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 along with the PURQC Documentation Compliance Checklist provided by CYF SOC of BHS 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. In addition, the FCFP uses the Medical 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/annual, CANS 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 to meet medical necessity;

DSM 5 notation; Clients strengths and risks; 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 are waivered.

Weekly:
Staff is aware of the timelines and submits charts for PURQC on a weekly basis, if applicable. The PURQC committee meets weekly to review charts by the episode opening anniversary date and every 6 months thereafter. The PURQC Documentation Compliance Checklist, Clinical Formulation, and Clinical Review forms provided by BHS are utilized for the review.

Monthly:
Staff Peer Review occurs using the CHART REVIEW CHECKLIST/MEDI-CAL form for a qualitative and quantitative review of charts.

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

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

Dr McCrone and Ms Abad lead a monthly (3rd Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

C. Cultural competency of staff and services

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

SMI client groups, Adult Transgender Sensitivity, among many others). FSASF also has been participating in the multi-year BHS 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 SFDPH BHS 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/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. Ed McCrone is the ANSA liaison and Michelle Mayberry LMFT, Acting Program Director for Full Circle Family Program, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

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

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

9. Required Language:

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

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

1. **Identifiers**

Program Name: Full Circle Family Program (FCFP) EPSDT
Program Address: 1500 Franklin Street
City, State, Zip Code: SAN FRANCISCO, CA 94109
Telephone: (415) 474-7310
Facsimile: (415) 673-2488

Contractor Address: 1500 Franklin Street
City, State, ZIP: San Francisco, CA 94109
Name of Person Completing Form: Michelle Mayberry & Yohana Quiroz
Telephone: (415) 474-7310 ext. 794
Email Address: mmayberry@felton.org & yquiroz@felton.org

Program Code: 382203 The program code 382201 (Appendix A-10) consolidated with 382203 (Appendix A-11) effective 11/30/15.

2. **Nature of Document**

☒ **New** ☐ **Renewal** ☐ **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. FCFP partners with other CBOs in San Francisco to provide these services and meet the needs of our clients.

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, participation in monthly Spanish Speaking Provider's meeting) and site visits to various schools, community based organizations, weekly communication with CYF department about openings for client's throughout

San Francisco. 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 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. 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 hold private insurance as their primary coverage 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 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 , Human Services Agency).

Regular hours of operation are nine to five, Monday through Friday; services are provided at main clinic site (1500 Franklin Street), at schools, in the community, and at the client's home 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 coordinating with partner CBOs for 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 Services, Division Director – provides overall administrative, fiscal oversight and leadership of program operations, productivity and development

- Program Director – responsible for oversight of the program, including evaluation of staff's clinical duties and other administrative duties
- Clinical Supervisor: provides clinical supervision
- Bilingual Family Clinicians – providing case management and family therapy in Spanish
- Family Clinicians: providing case management and family therapy
- Office Manager/Intake Outreach Coordinator: provides intake, administrative and outreach support
- Quality Control Supervisor: provides oversight of program QA

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 will be measured, are contained in the SFDPH BHS document entitled Performance Objectives FY 18-19.

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 and Compliance Officer, who can be reached at emccrone@felton.org , 415-474-7310 x479. Family Service Agency Programs adhere to all SFDPH BHS CQI recommendations and comply with Health Commission, Local, State, and Federal Policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, Client Satisfaction evaluation, and Timely Completion of Outcome Date, including ANSA, CANS, and MORS.

In close cooperation with the QA Director / 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. The Division Directors, along with the management team, are responsible for establishing and maintaining overall contractual guidelines for SFDPH BHS 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, CFO, Controller, VP of HR, 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 SFDPH BHS Contracted Client Service Programs. Performance Objectives are revisited, including plan to achieve them and where achievement is recorded (e.g., AVATAR, CIRCE, DCR, other). Some objectives are monitored as often as weekly in program meetings, and most are monitored monthly in regular meetings (Operations and QA, PURQC, QA/IT, and Roundtable Management meetings). At the end of the Fiscal Year, FSASF will prepare reports on progress on any Performance Objectives not directly measured by AVATAR, DCR, or other directly accessible data source to SFDPH BHS.

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

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

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

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 Administrative Manager Adrienne Abad 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 along with the PURQC Documentation Compliance Checklist provided by CYF SOC of BHS 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. 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/annual, CANS 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 to meet medical necessity;

DSM 5 notation; Clients strengths and risks; 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. The PURQC committee meets weekly to review charts by the episode opening anniversary date and every 6 months thereafter. The PURQC Documentation Compliance Checklist, Clinical Formulation, and Clinical Review forms provided by BHS are utilized for the review.

Monthly: Staff Peer Review occurs using the CHART REVIEW CHECKLIST/MEDI-CAL form for a qualitative and quantitative review of charts.

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

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Dr McCrone and Ms. Abad lead a monthly (3rd Tuesday, 2-4 PM) Training for all New Staff and any staff requiring or desiring a booster MediCal Requirements for documenting Assessments, Treatment Plans, Progress Notes, and using Service Codes accurately to bill for services.

C. Cultural competency of staff and services

All staff working on SFDPH BHS-contracted programs are required yearly to attend trainings geared toward increasing their cultural competency (e.g., recent trainings have focused on unique backgrounds of a wide range of client profiles, including Deaf and Hard-of-Hearing, African American, Native American, TAY, Street worker, Senior, LGBTQ Youth, Transgender Adults, and SMI client groups, Adult Transgender Sensitivity, among many others). FSASF also has been participating in the multi-year BHS 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 SFDPH BHS 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/BHS and Office of Quality Management (OQM) to train staff within 30 days of hire and to re-certify annually in the administration of CANS and/or ANSA for all clients. Ed McCrone is the ANSA liaison and Michelle Mayberry LMFT, Acting Program Director for Full Circle Family Program, is the CANS liaison. Liaisons attend monthly (usually phone) meetings and contribute to the County-wide discussions of how to make these assessments more pertinent to the work we do (e.g., monitoring overall whether clients are achieving life improvements, impairment reductions, and overall strength building; looking at circumstances when they do not to determine if there are ways our service delivery could be improved to make even greater impact).

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

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

9. Required Language:

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

c. Strategies to Increase Productivity

- FCFP will continue to participate in a monthly "Spanish Speakers Provider's Meeting" to discuss the program's capacity for new referrals. In order to meet the community's needs for mental health services in Spanish, FCFP will look to fill two Spanish Speaking Clinician positions.
- FCFP serves clients in all neighborhoods in San Francisco and services are provided at the office, at 2730 Bryant St, at 1099 Sunnydale, in the community, at the school, or in the client's home. This information will be included in the weekly CYF Capacity report to ensure referrals are being made without geographical restrictions.
- FCFP will continue outreach in the community, to schools, and other CBOs to increase referrals and meet the needs of the client's in the community.

Contractor Name: Family Service Agency of San Francisco	**Appendix A-10**
Program Name: Fiscal Intermediary/Program Management for The Healing Circle	**Contract Term:** 07/01/18 – 06/30/22
F$P#: 1000009936	**Based on FY: 18-19**

1. **Identifiers:**

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

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

Executive Director/Program Director: Al Gilbert / Marvin Davis
Telephone: (415) 474-7310 (ext.410 / ext. 418)
Email Address: agilbert@felton.org / mdavis@felton.org

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

2. **Nature of Document:**

☒ Original ☐ Contract Amendment ☐ Internal Contract Revision

3. **Goal Statement:**

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

4. **Target Population:**

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

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

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

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

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

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

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

6. **Methodology:**

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

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

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

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

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

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

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

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

7. Objectives and Measurements:

The Agency will submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.

1. Standardized Objectives:

   By the end of the contract period, the FI/PM will meet 100% of Operating Expense budgeted obligations. This includes accurate and timely paying of consultant, subcontractor, and vendor invoices within the payment schedule, and avoiding late fees.
   - Agency provides a running expense report addressed to SOC Program Director within 30 days of month's end, and if requested.

2. Individualized Objectives:
   N/A

3. Objectives for the Supported Program(s):
   The Healing Circle's Objective is to provide group support in a safe environment where families/victims of violence can come together and provide support to one another.

8. **Continuous Quality Improvement: N/A**

9. **Required Language: N/A**

Contractor Name: Family Service Agency of San Francisco	**Appendix A-11**
Program Name: Fiscal Intermediary/Program Management for SFDPH-Maternal Child & Adolescent Health (MCAH)) - California Homes Visiting Program (CHVP)	**Contract Term:** 07/01/18 – 06/30/22
FSP#: 1000009936	**Based on FY:** 18-19

1. Identifiers:

Program Name: Fiscal Intermediary/Program Management for SFDPH-Maternal Child and Adolescent Health (MCAH) - California Homes Visiting Program (CHVP)
Program Address: 315 Franklin Street
City, State, ZIP: San Francisco, CA 94108
Telephone/FAX: (415) 474-7310 / (415) 931-0972
Website Address: www.felton.org

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

Executive Director/Program Director: Al Gilbert / Marvin Davis
Telephone: (415) 474-7310 (ext.410 / ext. 418)
Email Address: agilbert@felton.org / mdavis@felton.org

Program Code(s): N/A

2. Nature of Document:

☒ Original ☐ Contract Amendment ☐ Internal Contract Revision

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health and following Generally Accepted Accounting Principles (GAAP), Family Service Agency of San Francisco, Inc. dba Felton Institute will provide Fiscal Intermediary/Program Management services in support of **Maternal Child and Adolescent Health (MCAH) - California Homes Visiting Program (CHVP). Nurse Family Partnership (NFP)** will be responsible for the services delivered and the personnel participating in the delivery of service for the supported program.

4. Target Population:

Nurse-Family Partnership serves low-income, first-time moms-to-be who have enrolled by the 28th week of pregnancy with specially trained nurses who make regular visits.

5. Modality(s)/Intervention(s)

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

FSA provides FI/PM services. These activities – in collaboration with **Maternal Child and Adolescent Health (MCAH) - California Homes Visiting Program (CHVP)** staff – include but are not limited to: logistical, administrative, and program support to **Nurse Family Partnership (NFP)** and DPH staff collaborating on this Program.
FSA oversees project implementation by NFP from a corporate standpoint and ensures the subcontractor is in compliance with DPH standards and protocols, and compliant with all city contract requirements. FSA provides all fiscal management of contracted funds – including audits, invoicing, purchasing, and budget reconciliation. FSA provides project support and funding distribution, manages/monitors performance and accountability of NFP and project funds, issues payments, monitors the budgets, maintains records, produces financial reports as requested, and undergoes an annual audit.

FSA works closely with MCAH staff in the development, implementation, and evaluation of all activities carried out by NFP. FSA develops and updates signed subcontractor agreements, and distributes and monitors funding based on criteria developed by MCAH.

MCAH staff authorizes payment requests and acts as coordinator and liaison with the NFP to collect and forward approved payment requests with backup documentation to FSA in a timely manner.

6. **Methodology:**

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

      Following Generally Accepted Accounting Principles (GAAP) and FSASF/Felton's Accounting Policies and Procedures, FSASF/Felton will review, process and pay invoices submitted by Nurse-Family Partnership (NFP) for expenses related to services delivered under the agreement between SFDPH and NFP, Nurse-Family Partnership.

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

      Nurse-Family Partnership (NFP) is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother NFP serves is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday.

      Expectant mothers benefit by getting the care and support they need to have a healthy pregnancy. At the same time, new mothers develop a close relationship with a nurse who becomes a trusted resource for advice on everything from safely caring for their child to taking steps to provide a stable, secure future for them both.

7. **Objectives and Measurements:**

The FI/PM Agency must submit an Annual Summary Report documenting achievement of all applicable Objectives to SOC Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year. For this program, the California Homes Visiting Program (CHVP), an Annual Summary Report documenting achievement of Objectives is not required as the services under the Nurse-Family Partnership program are administered and overseen under an agreement between SFDPH Maternal Child & Adolescent Health (MCAH) section and Nurse-Family Partnership, the contractor. As fiscal intermediary, FSASF/Felton's role is limited to processing the contractor's invoices on behalf of SFDPH.

1. Standardized Objectives:

   Effective Fiscal Management & Optimal Record Keeping:

   By the end of the contract period, the FSA will meet 100% of Operating Expense budgeted obligations. This includes accurate and timely paying of consultant, subcontractor, and vendor invoices within the payment schedule, and avoiding late fees.

   Agency provides a running expense report addressed to SOC Program Director within 30 days of month's end, and if requested.

2. Individualized Objectives:

   N/A

3. Objectives for the Supported Program(s):

   Josh – Please include the California Homes Visiting Program (CHVP) Objectives here as reference.)

8. Continuous Quality Improvement:

N/A

9. Required Language:

N/A

Appendix B
Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 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 Service0 (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 – B11	
Appendix A-1	Geriatrics West – Older Adult
Appendix A-2&2a	Geriatric Services Older Adult Day Support Center (OADSC)
Appendix A-3	Geriatric Outpatient Services at Franklin – Older Adult
Appendix A-3a	Geriatric Outpatient Services at Franklin – Oder Adult ICM
Appendix A-4	Older Adult Full Service Partnership at Turk
Appendix A-5	Adult Care Management (ACM)
Appendix A-5a	Adult Full Service Partnership (FSP)
Appendix A-6	Transitional –Age Youth (TAY) Full Service Partnership (FSP)
Appendix A-7	Provider Outpatient Psychiatric Services/Administrative Service Organization (POPS/ASO)
Appendix A-8 & 8a	Prevention and Recovery in Early Psychosis (PREP) Services
Appendix A-9	Full Circle Family Program (EPSDT) at Franklin
Appendix A-10	Fiscal Intermediary Healing Circle
Appendix A-11	Fiscal Intermediary Maternal Child and Adolescent Health

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 **Thirty-Six Million Five Hundred Thirty-Three Thousand One Hundred Sixty-Four Dollars ($36,533,164)** for the period of **July 1, 2018 through June 30, 2022.**

CONTRACTOR understands that, of this maximum dollar obligation, **$3,914,268** 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, 2018 through June 30, 2019	**$ 8,154,724**
July 1, 2019 through June 30, 2020	**$ 8,154,724**
July 1, 2020 through June 30, 2021	**$ 8,154,724**
July 1, 2021 through June 30, 2022	**$ 8,154,724**
Sub. total of July 1, 2018 through June 30, 2022	**$ 32,618,896**
Contingency	**$ 3,914,268**
Total of July 1, 2018 through June 30, 2022	**$ 36,533,164**

(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) SERVICES OF ATTORNEYS No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

(5) STATE OR FEDERAL MEDI-CAL REVENUES

- 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.

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

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.

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

DHCS Legal Entity Number (MH)	00337						Summary Page	1 of 3
							Contract Term	07/01/18 - 06/30/2
DHCS Legal Entity Name (MH)/Contractor Name (SA)	Family Service Agency of San Francisco						Base on FY	18-19
FSP Contract ID #	1000009936						Document Date	07/01/18
Contract Appendix Number	B-1	B-2	B-2a	B-3	B-3a	B-4		
Provider Number	8990	8990	38KK	3822	3822	38JW		
Program Name(s)	Geriatrics Services West	Geriatric Services Geary OADSC	Geriatric Services Sunnydale OADSC	Geriatric Services at Franklin	Geriatric Intensive Case Mgmt at Franklin	Older Adult FSP at Turk (MHSA)		
Program Code(s)	89903	89903MH	38KKOA	38223MH	382213	38JWFSP	Page Total EACH FY	Page Total CT TERM
Funding Term (mm/dd/yy - mm/dd/yy)	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30		
FUNDING USES								
Salaries	$ 550,942	$ 17,480	$ 80,930	$ 412,400	$ 214,740	$ 490,434	$ 1,766,926	$ 7,067,704
Employee Benefits	$ 165,228	$ 5,242	$ 24,272	$ 123,679	$ 64,401	$ 147,084	$ 529,906	$ 2,1[illegible]624
Subtotal Salaries & Employee Benefits	$ 716,170	$ 22,722	$ 105,202	$ 536,079	$ 279,141	$ 637,518	$ 2,296,832	$ 9,[illegible]28
Operating Expenses	$ 163,420	$ 12,176	$ 74,350	$ 165,712	$ 72,555	$ 217,114	$ 705,327	$ 2,821,308
Capital Expenses							$ -	$ -
Subtotal Direct Expenses	$ 879,590	$ 34,898	$ 179,552	$ 701,791	$ 351,696	$ 854,632	$ 3,002,159	$ 12,008,636
Indirect Expenses	$ 131,938	$ 5,234	$ 26,932	$ 105,269	$ 52,754	$ 128,194	$ 450,321	$ 1,801,284
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES	$ 1,011,528	$ 40,132	$ 206,484	$ 807,060	$ 404,450	$ 982,826	$ 3,452,480	$ 13,809,920
					Employee Fringe Benefits %		29.99%	29.99%
BHS MENTAL HEALTH FUNDING SOURCES								
MH FED SDMC FFP (50%) Adult	$ 388,278	$ 11,320	$ 56,608	$ 348,464	$ 185,914	$ 351,516	$ 1,342,100	$ 5,368,400
MH STATE Adult 1991 MH Realignment	$ 284,096	$ 13,016	$ 67,000	$ 247,910	$ 116,552	$ 11,698	$ 740,272	$ 2,961,088
MH COUNTY Adult - General Fund	$ 307,612	$ 15,134	$ 77,512	$ 183,044	$ 90,428	$ 23,812	$ 697,542	$ 2,790,168
MH COUNTY Adult - General Fund - CODB	$ 18,210	$ 534	$ 4,764	$ 13,990	$ 8,160	$ 15,932	$ 61,590	$ 246,360
MH Medicare	$ 13,332	$ 128	$ 600	$ 13,652	$ 3,396	$ 962	$ 32,070	$ 128,280
MH MHSA (CSS)						$ 578,906	$ 578,906	$ 2,315,624
MH MHSA (PEI)							$ -	$ -
MH O/P MANAGED CARE							$ -	$ -
MH GRANT SAMSHA Adult SOC, CFDA #93.958							$ -	$ -
MH FED SDMC FFP (50%) CYF							$ -	$ -
MH STATE CYF 2011 PSR-EPSDT							$ -	$ -
MH STATE Family Mosaic Capitated Medi-Cal							$ -	$ -
MH STATE CYF 1991 Realignment							$ -	$ -
MH CYF COUNTY General Fund							$ -	$ -
MH CYF COUNTY General Fund - CODB							$ -	$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	$ 1,011,528	$ 40,132	$ 206,484	$ 807,060	$ 404,450	$ 982,826	$ 3,452,480	$ 13,809,920
BHS SUBSTANCE ABUSE FUNDING SOURCES								
							$ -	$ -
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER DPH FUNDING SOURCES							-	-
Maternal Child Health / California Homes Visiting Program - Title V							$ -	$ -
							$ -	$ -
TOTAL OTHER DPH FUNDING SOURCES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL DPH FUNDING SOURCES	$ 1,011,528	$ 40,132	$ 206,484	$ 807,060	$ 404,450	$ 982,826	$ 3,452,480	$ 13,809,920
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	$ 1,011,528	$ 40,132	$ 206,484	$ 807,060	$ 404,450	$ 982,826	$ 3,452,480	$ 13,809,920
Prepared By	Michael Gaston / Marvin Davis			**Phone Number**	**Phone Number**	415-474-7310		

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

DHCS Legal Entity Number (MH)	00337						Summary Page	2 of 3
							Contract Term	07/01/18 - 06/30/22
DHCS Legal Entity Name (MH)/Contractor Name (SA)	Family Service Agency of San Francisco						Base on FY	18-19
FSP Contract ID #	1000009936						Document Date	07/01/18
Contract Appendix Number	B-5	B-5a	B-6	B-7	B-8	B-8a		
Provider Number	3822	3822	3822	3822	8990	8990		
Program Name(s)	ACM (Non-MHSA)	ADULT FSP Franklin (MHSA)	TAY FSP (MHSA)	POPS / ASO	PREP - CR	PREP - FFS		
Program Code(s)	3822OP	3822A3	3822T3	FI	8990EP	8990EP	Page Total EACH FY	Page Total CT TERM
Funding Term (mm/dd/yy - mm/dd/yy)	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30		
FUNDING USES								
Salaries	$ 426,256	$ 496,114	$ 298,402	$ 142,528	$ 471,852	$ 289,777	$ 2,124,929	$ 8,499,716
Employee Benefits	$ 127,834	$ 148,784	$ 89,492	$ 42,744	$ 141,510	$ 86,904	$ 637,268	$ 2,549,072
Subtotal Salaries & Employee Benefits	$ 554,090	$ 644,898	$ 387,894	$ 185,272	$ 613,362	$ 376,681	$ 2,762,197	$ 11,048
Operating Expenses	$ 145,672	$ 143,214	$ 131,066	$ 3,631	$ 91,276	$ 98,508	$ 613,367	$ 2,453
Capital Expenses							$ -	$ -
Subtotal Direct Expenses	$ 699,762	$ 788,112	$ 518,960	$ 188,903	$ 704,638	$ 475,189	$ 3,375,564	$ 13,502,256
Indirect Expenses	$ 104,964	$ 118,216	$ 77,844	$ 28,335	$ 105,696	$ 71,279	$ 506,334	$ 2,025,336
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES	$ 804,726	$ 906,328	$ 596,804	$ 217,238	$ 810,334	$ 546,468	$ 3,881,898	$ 15,527,592
						Employee Fringe Benefits %	29.99%	29.99%
BHS MENTAL HEALTH FUNDING SOURCES								
MH FED SDMC FFP (50%) Adult	$ 341,456	$ 352,904	$ 213,952			$ 147,674	$ 1,055,986	$ 4,223,944
MH STATE Adult 1991 MH Realignment	$ 142,226						$ 142,226	$ 568,904
MH COUNTY Adult - General Fund	$ 307,180	$ 2,188		$ 38,374			$ 347,742	$ 1,390,968
MH COUNTY Adult - General Fund - CODB	$ 13,864	$ 14,306	$ 7,482			$ 10,748	$ 46,400	$ 185,600
MH Medicare							$ -	$ -
MH MHSA (CSS)		$ 536,930	$ 375,370		$ 605,358	$ 388,046	$ 1,905,704	$ 7,622,816
MH MHSA (PEI)							$ -	$ -
MH O/P MANAGED CARE				$ 178,864			$ 178,864	$ 715,456
MH GRANT SAMSHA Adult SOC, CFDA #93.958					$ 204,976		$ 204,976	$ 819,904
MH FED SDMC FFP (50%) CYF							$ -	$ -
MH STATE CYF 2011 PSR-EPSDT							$ -	$ -
MH STATE Family Mosaic Capitated Medi-Cal							$ -	$ -
MH STATE CYF 1991 Realignment							$ -	$
MH CYF COUNTY General Fund							$ -	$
MH CYF COUNTY General Fund - CODB							$ -	$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	$ 804,726	$ 906,328	$ 596,804	$ 217,238	$ 810,334	$ 546,468	$ 3,881,898	$ 15,527,592
BHS SUBSTANCE ABUSE FUNDING SOURCES								
							$ -	$ -
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER DPH FUNDING SOURCES							-	-
Maternal Child Health / California Homes Visiting Program - Title V							$ -	$ -
							$ -	$ -
TOTAL OTHER DPH FUNDING SOURCES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL DPH FUNDING SOURCES	$ 804,726	$ 906,328	$ 596,804	$ 217,238	$ 810,334	$ 546,468	$ 3,881,898	$ 15,527,592
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	$ 804,726	$ 906,328	$ 596,804	$ 217,238	$ 810,334	$ 546,468	$ 3,881,898	$ 15,527,592
Prepared By	Michael Gaston / Marvin Davis			**Phone Number**	415-474-7310			

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

DHCS Legal Entity Number (MH) 00337							Summary Page	3 of 3
							Contract Term	07/01/18 - 06/30/22
DHCS Legal Entity Name (MH)/Contractor Name (SA) Family Service Agency of San Francisco							Base on FY	18-19
FSP Contract ID # 1000009936							Document Date	07/01/18
Contract Appendix Number	B-9	B-10	B-11					
Provider Number	3822	3822	3822					
Program Name(s)	Full Circle EPSDT Franklin	Healing Circle	MCAH-CHVP					
Program Code(s)	382203	FI	FI		Page Total EACH FY	Page Total CT TERM	Grand Total EACH FY	Grand Total CT Term
Funding Term (mm/dd/yy - mm/dd/yy)	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30					
FUNDING USES								
Salaries	$ 347,534	$ 11,503	$ -		$ 359,037	$ 1,436,148	$ 4,250,892	$ 17,003,568
Employee Benefits	$ 104,225	$ 3,450	$ -		$ 107,675	$ 430,700	$ 1,274,849	$ 5,0[illegible]396
Subtotal Salaries & Employee Benefits	$ 451,759	$ 14,953	$ -	$ -	$ 466,712	$ 1,866,848	$ 5,525,741	$ 22,[illegible]4
Operating Expenses	$ 173,528	$ 25,278	$ 47,826		$ 246,632	$ 986,528	$ 1,565,326	$ 6,261,304
Capital Expenses					$ -	$ -	$ -	$ -
Subtotal Direct Expenses	$ 625,287	$ 40,231	$ 47,826	$ -	$ 713,344	$ 2,853,376	$ 7,091,067	$ 28,364,268
Indirect Expenses	$ 93,793	$ 6,035	$ 7,174		$ 107,002	$ 428,008	$ 1,063,657	$ 4,254,628
Indirect %	15.0%	15.0%	15.0%	0.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES	$ 719,080	$ 46,266	$ 55,000	$ -	$ 820,346	$ 3,281,384	$ 8,154,724	$ 32,618,896
			Employee Fringe Benefits %		29.99%	29.99%	29.99%	29.99%
BHS MENTAL HEALTH FUNDING SOURCES								
MH FED SDMC FFP (50%) Adult					$ -	$ -	$ 2,398,086	$ 9,592,344
MH STATE Adult 1991 MH Realignment					$ -	$ -	$ 882,498	$ 3,529,992
MH COUNTY Adult - General Fund		$ 26,266			$ 26,266	$ 105,064	$ 1,071,550	$ 4,286,200
MH COUNTY Adult - General Fund - CODB					$ -	$ -	$ 107,990	$ 431,960
MH Medicare					$ -	$ -	$ 32,070	$ 128,280
MH MHSA (CSS)					$ -	$ -	$ 2,484,610	$ 9,938,440
MH MHSA (PEI)					$ -	$ -	$ -	$ -
MH O/P MANAGED CARE					$ -	$ -	$ 178,864	$ 715,456
MH GRANT SAMSHA Adult SOC, CFDA #93.958		$ 20,000			$ 20,000	$ 80,000	$ 224,976	$ 899,904
MH FED SDMC FFP (50%) CYF	$ 266,948				$ 266,948	$ 1,067,792	$ 266,948	$ 1,067,792
MH STATE CYF 2011 PSR-EPSDT	$ 147,816				$ 147,816	$ 591,264	$ 147,816	$ 591,264
MH STATE Family Mosaic Capitated Medi-Cal	$ 7,754				$ 7,754	$ 31,016	$ 7,754	$ [illegible]16
MH STATE CYF 1991 Realignment	$ 98,578				$ 98,578	$ 394,312	$ 98,578	$ 3[illegible].2
MH CYF COUNTY General Fund	$ 174,688				$ 174,688	$ 698,752	$ 174,688	$ 698,752
MH CYF COUNTY General Fund - CODB	$ 23,296				$ 23,296	$ 93,184	$ 23,296	$ 93,184
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	$ 719,080	$ 46,266	$ -	$ -	$ 765,346	$ 3,061,384	$ 8,099,724	$ 32,398,896
BHS SUBSTANCE ABUSE FUNDING SOURCES								
					$ -	$ -	$ -	$ -
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
OTHER DPH FUNDING SOURCES						-		-
Maternal Child Health / California Homes Visiting Program - Title V			$ 55,000		$ 55,000	$ 220,000	$ 55,000	$ 220,000
					$ -	$ -	$ -	$ -
TOTAL OTHER DPH FUNDING SOURCES	$ -	$ -	$ 55,000	$ -	$ 55,000	$ 220,000	$ 55,000	$ 220,000
TOTAL DPH FUNDING SOURCES	$ 719,080	$ 46,266	$ 55,000	$ -	$ 820,346	$ 3,281,384	$ 8,154,724	$ 32,618,896
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	$ 719,080	$ 46,266	$ 55,000	$ -	$ 820,346	$ 3,281,384	$ 8,154,724	$ 32,618,896
Prepared By	Michael Gaston / Marvin Davis		**Phone Number**	415-474-7310				

Appendix B - 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 #	B-1
Provider Name Family Service Agency Opt. Srvs of SF							Page #	1
Provider Number 8990							Fiscal Year	Base on FY
							Funding Notification Date	Document Date
Program Name	**Geriatrics Services West**							
Program Code	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			
Funding Term (mm/dd/yy - mm/dd/yy)	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30			TOTAL
FUNDING USES								
Salaries & Employee Benefits	116,868	324,978	229,734	8,904	35,686			716,170
Operating Expenses	26,668	74,156	52,422	2,032	8,142			163,420
Capital Expenses								-
Subtotal Direct Expenses	**143,536**	**399,134**	**282,156**	**10,936**	**43,828**		-	879,590
Indirect Expenses	21,530	59,870	42,324	1,640	6,574			131,938
TOTAL FUNDING USES	**165,066**	**459,004**	**324,480**	**12,576**	**50,402**		-	**1,011,528**
BHS MENTAL HEALTH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
MH FED SDMC FFP (50%) Adult	HMHMCC730515	66,780	185,516	130,900	5,082	-		388,278
MH STATE Adult 1991 MH Realignment	HMHMCC730515	44,578	124,048	87,822	3,398	24,250		284,096
MH COUNTY Adult - General Fund	HMHMCC730515	48,446	134,806	95,422	3,694	25,244		307,612
MH COUNTY Adult - General Fund - CODB	HMHMCC730515	2,972	8,264	5,840	226	908		18,210
MH Medicare	HMHMCC730515	2,290	6,370	4,496	176	-		13,332
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**165,066**	**459,004**	**324,480**	**12,576**	**50,402**	-	**1,011,528**
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**165,066**	**459,004**	**324,480**	**12,576**	**50,402**	-	**1,011,528**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**165,066**	**459,004**	**324,480**	**12,576**	**50,402**	-	**1,011,528**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	63,244	135,800	52,000	2,500	416			
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.16	$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.16	$ -		
Published Rate (Medi-Cal Providers Only)	$ 4.75	$ 6.25	$ 11.45	$ 9.25	$ 163.10			**Total UDC**
Unduplicated Clients (UDC)	44	143	34	3	100			224

Appendix B - 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 #	B-2
Provider Name Family Service Agency Opt. Srvs of SF							Page #	1
Provider Number 8990							Fiscal Year	Base on FY
							Funding Notification Date	Document Date
Program Name		Geriatric ServicesGeary OADSC						
Program Code		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		
Funding Term (mm/dd/yy - mm/dd/yy)		7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30		TOTAL
FUNDING USES								
Salaries & Employee Benefits		1,766	17,464	2,120	274	1,098		22,722
Operating Expenses		948	9,358	1,136	146	588		12,176
Capital Expenses								-
Subtotal Direct Expenses		**2,714**	**26,822**	**3,256**	**420**	**1,686**	-	34,898
Indirect Expenses		407	4,024	488	62	253		5,234
TOTAL FUNDING USES		**3,121**	**30,846**	**3,744**	**482**	**1,939**	-	**40,132**
BHS MENTAL HEALTH FUNDING SOURCES	Accounting Code (Index Code or Detail)							
MH FED SDMC FFP (50%) Adult	HMHMCC730515	840	9,172	1,166	142	-		11,320
MH STATE Adult 1991 MH Realignment	HMHMCC730515	932	9,870	1,244	154	816		13,016
MH COUNTY Adult - General Fund	HMHMCC730515	1,306	11,286	1,268	176	1,098		15,134
MH COUNTY Adult - General Fund - CODB	HMHMCC730515	36	414	52	8	24		534
MH Medicare	HMHMCC730515	8	104	14	2	-		128
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**3,122**	**30,846**	**3,744**	**482**	**1,938**	-	**40,132**
BHS SUBSTANCE ABUSE FUNDING SOURCES	Accounting Code (Index Code or Detail)							
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	Accounting Code (Index Code or Detail)							
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**3,122**	**30,846**	**3,744**	**482**	**1,938**	-	**40,132**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**3,122**	**30,846**	**3,744**	**482**	**1,938**	-	**40,132**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service		1,196	9,126	600	96	16		
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 2.61	$ 3.38	$ 6.24	$ 5.02	$ 121.13	$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 2.61	$ 3.38	$ 6.24	$ 5.02	$ 121.13	$ -	
Published Rate (Medi-Cal Providers Only)		$ 4.75	$ 6.25	$ 11.45	$ 9.25	$ 163.10		Total UDC
Unduplicated Clients (UDC)		8	31	1	1	4		40

Appendix B - 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 #	B-2a
Provider Name Family Service Agency Opt. Srvs of SF							Page #	1
Provider Number 38KK							Fiscal Year	Base on FY
							Funding Notification Date	Document Date
Program Name	**Geriatric Services Sunnydale OADSC**							
Program Code	38KKOA	38KKOA	38KKOA	38KKOA	38KKOA			
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			
Funding Term (mm/dd/yy - mm/dd/yy)	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30			TOTAL
FUNDING USES								
Salaries & Employee Benefits	8,341	82,814	7,630	1,230	5,187			105,202
Operating Expenses	5,894	58,528	5,392	870	3,666			74,350
Capital Expenses								-
Subtotal Direct Expenses	**14,235**	**141,342**	**13,022**	**2,100**	**8,853**	-		179,552
Indirect Expenses	2,135	21,202	1,954	314	1,327			26,932
TOTAL FUNDING USES	**16,370**	**162,544**	**14,976**	**2,414**	**10,180**	-		**206,484**
BHS MENTAL HEALTH FUNDING SOURCES / **Accounting Code (Index Code or Detail)**								
MH FED SDMC FFP (50%) Adult	HMHMCC730515	4,772	46,750	4,382	704	-		56,608
MH STATE Adult 1991 MH Realignment	HMHMCC730515	5,236	52,156	4,784	776	4,048		67,000
MH COUNTY Adult - General Fund	HMHMCC730515	5,932	59,392	5,418	872	5,898		77,512
MH COUNTY Adult - General Fund - CODB	HMHMCC730515	378	3,752	346	54	234		4,764
MH Medicare	HMHMCC730515	52	494	46	8	-		600
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**16,370**	**162,544**	**14,976**	**2,414**	**10,180**	-	**206,484**
BHS SUBSTANCE ABUSE FUNDING SOURCES / **Accounting Code (Index Code or Detail)**								
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES / **Accounting Code (Index Code or Detail)**								
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**16,370**	**162,544**	**14,976**	**2,414**	**10,180**	-	**206,484**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**16,370**	**162,544**	**14,976**	**2,414**	**10,180**	-	**206,484**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	3,136	24,045	1,200	240	42			
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	$ 5.22	$ 6.76	$ 12.48	$ 10.06	$ 242.38	$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	$ 5.22	$ 6.76	$ 12.48	$ 10.06	$ 242.38	$ -		
Published Rate (Medi-Cal Providers Only)	$ 4.75	$ 6.25	$ 11.45	$ 9.25	$ 163.10			Total UDC
Unduplicated Clients (UDC)	8	31	1	1	20			40

Appendix B - 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 #	B-3
Provider Name Family Service Agency Opt. Srvs of SF							Page #	1
Provider Number 3822							Fiscal Year	Base on FY
							Funding Notification Date	Document Date
Program Name	**Geriatric Services at Franklin**							
Program Code	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			
Funding Term (mm/dd/yy - mm/dd/yy)	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30			TOTAL
FUNDING USES								
Salaries & Employee Benefits	104,208	163,584	232,111	12,028	24,148			536,079
Operating Expenses	32,212	50,566	71,750	3,718	7,466			165,712
Capital Expenses								-
Subtotal Direct Expenses	**136,420**	**214,150**	**303,861**	**15,746**	**31,614**	-		701,791
Indirect Expenses	20,462	32,124	45,579	2,362	4,742			105,269
TOTAL FUNDING USES	**156,882**	**246,274**	**349,440**	**18,108**	**36,356**	-		**807,060**
BHS MENTAL HEALTH FUNDING SOURCES — **Accounting Code (Index Code or Detail)**								
MH FED SDMC FFP (50%) Adult — HMHMCC730515	70,888	111,948	157,436	8,192	-			348,464
MH STATE Adult 1991 MH Realignment — HMHMCC730515	46,190	72,082	103,176	5,326	21,136			247,910
MH COUNTY Adult - General Fund — HMHMCC730515	34,398	53,748	76,794	3,966	14,138			183,044
MH COUNTY Adult - General Fund - CODB — HMHMCC730515	2,630	4,108	5,868	302	1,082			13,990
MH Medicare — HMHMCC730515	2,776	4,388	6,166	322	-			13,652
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	**156,882**	**246,274**	**349,440**	**18,108**	**36,356**	-		**807,060**
BHS SUBSTANCE ABUSE FUNDING SOURCES — **Accounting Code (Index Code or Detail)**								
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-		-
OTHER DPH FUNDING SOURCES — **Accounting Code (Index Code or Detail)**								
								-
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-		-
TOTAL DPH FUNDING SOURCES	**156,882**	**246,274**	**349,440**	**18,108**	**36,356**	-		**807,060**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	**156,882**	**246,274**	**349,440**	**18,108**	**36,356**	-		**807,060**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	60,108	72,862	56,000	3,600	300			
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.19	$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.19	$ -		
Published Rate (Medi-Cal Providers Only)	$ 4.75	$ 6.25	$ 11.45	$ 9.25	$ 163.10			Total UDC
Unduplicated Clients (UDC)	43	76	36	3	75			158

Appendix B - 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 #	B-3a
Provider Name Family Service Agency Opt. Srvs of SF							Page #	1
Provider Number 3822							Fiscal Year	Base on FY
							Funding Notification Date	Document Date
Program Name	**Geriatric Intensive Case Management at Franklin (Non-MHSA)**							
Program Code	382213	382213	382213	382213	382213			
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			
Funding Term (mm/dd/yy - mm/dd/yy)	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30			TOTAL
FUNDING USES								
Salaries & Employee Benefits	62,882	74,924	122,998	16,663	1,674			279,141
Operating Expenses	16,344	19,474	31,971	4,332	434			72,555
Capital Expenses								-
Subtotal Direct Expenses	**79,226**	**94,398**	**154,969**	**20,995**	**2,108**	-		351,696
Indirect Expenses	11,884	14,158	23,247	3,149	316			52,754
TOTAL FUNDING USES	**91,110**	**108,556**	**178,216**	**24,144**	**2,424**	-		**404,450**
BHS MENTAL HEALTH FUNDING SOURCES / **Accounting Code (Index Code or Detail)**								
MH FED SDMC FFP (50%) Adult	HMHMCC730515	42,216	50,300	82,356	11,042	-		185,914
MH STATE Adult 1991 MH Realignment	HMHMCC730515	26,206	31,224	51,292	6,966	864		116,552
MH COUNTY Adult - General Fund	HMHMCC730515	20,080	23,922	39,470	5,446	1,510		90,428
MH COUNTY Adult - General Fund - CODB	HMHMCC730515	1,838	2,190	3,594	488	50		8,160
MH Medicare	HMHMCC730515	770	920	1,504	202	-		3,396
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**91,110**	**108,556**	**178,216**	**24,144**	**2,424**	-	**404,450**
BHS SUBSTANCE ABUSE FUNDING SOURCES / **Accounting Code (Index Code or Detail)**								
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES / **Accounting Code (Index Code or Detail)**								
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**91,110**	**108,556**	**178,216**	**24,144**	**2,424**	-	**404,450**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**91,110**	**108,556**	**178,216**	**24,144**	**2,424**	-	**404,450**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service		34,908	32,120	28,560	4,800	20		
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.20	$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.20	$ -	
Published Rate (Medi-Cal Providers Only)		$ 4.75	$ 6.25	$ 11.45	$ 9.25	$ 163.10		Total UDC
Unduplicated Clients (UDC)		19	16	11	2	5		48

Appendix B - 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 #	B-4
Provider Name Family Service Agency Opt. Srvs of SF							Page #	1
Provider Number 38JW							Fiscal Year	Base on FY
							Funding Notification Date	Document Date
Program Name	Older Adult Full Service Partnership at Turk (MHSA)							
Program Code	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	45/10-19	60/72		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	~~55-Client~~ Flexible Support Exp		
Funding Term (mm/dd/yy - mm/dd/yy)	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30		TOTAL
FUNDING USES								
Salaries & Employee Benefits	179,638	237,490	101,180	22,021	60,589	36,600		637,518
Operating Expenses	51,572	68,180	29,046	6,322	17,394	44,600		217,114
Capital Expenses								-
Subtotal Direct Expenses	**231,210**	**305,670**	**130,226**	**28,343**	**77,983**	**81,200**		854,632
Indirect Expenses	34,682	45,850	19,534	4,251	11,697	12,180		128,194
TOTAL FUNDING USES	**265,892**	**351,520**	**149,760**	**32,594**	**89,680**	**93,380**		**982,826**
BHS MENTAL HEALTH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
MH FED SDMC FFP (50%) Adult	HMHMCC730515	117,468	154,268	65,512	14,268	-		351,516
MH STATE Adult 1991 MH Realignment	HMHMCC730515	3,458	4,576	1,950	424	1,290		11,698
MH COUNTY Adult - General Fund	HMHMCC730515	7,404	9,762	4,156	902	1,588		23,812
MH COUNTY Adult - General Fund - CODB	HMHMCC730515	4,760	6,292	2,678	584	1,618		15,932
MH Medicare	HMHMCC730515	322	420	180	40	-		962
MH MHSA (CSS) - Match	HMHMPROP63 PMHS63-1806	117,468	154,268	65,512	14,268	-		351,516
MH MHSA (CSS) - Non-Match	HMHMPROP63 PMHS63-1806	15,012	21,934	9,772	2,108	85,184	93,380	227,390
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**265,892**	**351,520**	**149,760**	**32,594**	**89,680**	**93,380**	**982,826**
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**265,892**	**351,520**	**149,760**	**32,594**	**89,680**	**93,380**	**982,826**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**265,892**	**351,520**	**149,760**	**32,594**	**89,680**	**93,380**	**982,826**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)		
DPH Units of Service	101,874	104,000	24,000	6,480	740	93,380		
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)	$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.19	$ 1.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.19	$ 1.00		
Published Rate (Medi-Cal Providers Only)	$ 4.75	$ 6.25	$ 11.45	$ 9.25	$ 163.10	N/A		Total UDC
Unduplicated Clients (UDC)	29	23	4	5	55			61

Appendix B - 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 #	B-5
Provider Name Family Service Agency Opt. Srvs of SF							Page #	1
Provider Number 3822							Fiscal Year	Base on FY
							Funding Notification Date	Document Date
Program Name	Adult Care Management (ACM) (Non-MHSA)							
Program Code	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	45/10-19	60/72		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	55-Client Flexible Support Exp		
Funding Term (mm/dd/yy - mm/dd/yy)	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30		TOTAL
FUNDING USES								
Salaries & Employee Benefits	153,406	138,792	210,030	11,568	25,494	14,800		554,090
Operating Expenses	36,826	33,322	50,424	2,778	6,122	16,200		145,672
Capital Expenses								-
Subtotal Direct Expenses	**190,232**	**172,114**	**260,454**	**14,346**	**31,616**	**31,000**		699,762
Indirect Expenses	28,536	25,818	39,068	2,152	4,740	4,650		104,964
TOTAL FUNDING USES	**218,768**	**197,932**	**299,522**	**16,498**	**36,356**	**35,650**		**804,726**
BHS MENTAL HEALTH FUNDING SOURCES / **Accounting Code (Index Code or Detail)**								
MH FED SDMC FFP (50%) Adult	HMHMCC730515	102,070	92,348	139,948	7,090	-		341,456
MH STATE Adult 1991 MH Realignment	HMHMCC730515	36,012	32,582	49,242	2,892	10,854	10,644	142,226
MH COUNTY Adult - General Fund	HMHMCC730515	76,918	69,592	105,172	6,230	24,848	24,420	307,180
MH COUNTY Adult - General Fund - CODB	HMHMCC730515	3,768	3,410	5,160	286	654	586	13,864
								-
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	**218,768**	**197,932**	**299,522**	**16,498**	**36,356**	**35,650**		**804,726**
BHS SUBSTANCE ABUSE FUNDING SOURCES / **Accounting Code (Index Code or Detail)**								
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-		-
OTHER DPH FUNDING SOURCES / **Accounting Code (Index Code or Detail)**								
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-		-
TOTAL DPH FUNDING SOURCES	**218,768**	**197,932**	**299,522**	**16,498**	**36,356**	**35,650**		**804,726**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	**218,768**	**197,932**	**299,522**	**16,498**	**36,356**	**35,650**		**804,726**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)		
DPH Units of Service	83,820	58,560	48,000	3,280	300	35,650		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour or Client Day, depending on		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.19	$ 1.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.19	$ 1.00		
Published Rate (Medi-Cal Providers Only)	$ 4.75	$ 6.25	$ 11.45	$ 9.25	$ 163.10	N/A		Total UDC
Unduplicated Clients (UDC)	60	40	15	10	50			120

Appendix B - 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 #	B-5a
Provider Name Family Service Agency Opt. Srvs of SF							Page #	1
Provider Number 3822							Fiscal Year	Base on FY
							Funding Notification Date	Document Date
Program Name		**Adult Full Service Partnership (MHSA)**						
Program Code		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	45/10-19	60/72	
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	35-Client Flexible Support Exp	
Funding Term (mm/dd/yy - mm/dd/yy)		7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	TOTAL
FUNDING USES								
Salaries & Employee Benefits		195,176	224,744	120,424	8,948	64,666	30,940	644,898
Operating Expenses		33,828	38,956	20,872	1,550	11,208	36,800	143,214
Capital Expenses								-
Subtotal Direct Expenses		**229,004**	**263,700**	**141,296**	**10,498**	**75,874**	**67,740**	788,112
Indirect Expenses		34,350	39,556	21,194	1,574	11,382	10,160	118,216
TOTAL FUNDING USES		**263,354**	**303,256**	**162,490**	**12,072**	**87,256**	**77,900**	**906,328**
BHS MENTAL HEALTH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
MH FED SDMC FFP (50%) Adult	HMHMCC730515	125,226	144,726	77,318	5,634	-		352,904
MH COUNTY Adult - General Fund	HMHMCC730515	640	738	392	26	392		2,188
MH COUNTY Adult - General Fund - CODB	HMHMCC730515	4,174	4,808	2,576	178	2,570		14,306
MH MHSA (CSS) - Match	HMHMPROP63/PMHS63-1805	125,226	144,726	77,318	5,634	-		352,904
MH MHSA (CSS) - Non-Match	HMHMPROP63/PMHS63-1805	8,088	8,258	4,886	600	84,294	77,900	184,026
This row left blank for funding sources not in drop-down list								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**263,354**	**303,256**	**162,490**	**12,072**	**87,256**	**77,900**	**906,328**
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**263,354**	**303,256**	**162,490**	**12,072**	**87,256**	**77,900**	**906,328**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**263,354**	**303,256**	**162,490**	**12,072**	**87,256**	**77,900**	**906,328**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	
DPH Units of Service		100,902	89,720	26,040	2,400	720	77,900	
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour or Client Day, depending on	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.19	$ 1.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.19	$ 1.00	
Published Rate (Medi-Cal Providers Only)		$ 4.75	$ 6.25	$ 11.45	$ 9.25	$ 163.10	N/A	**Total UDC**
Unduplicated Clients (UDC)		29	40	10	4	40		80

Appendix B - 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 #	B-6
Provider Name	Family Service Agency Opt. Srvs of SF						Page #	1
Provider Number	3822						Fiscal Year	Base on FY
							Funding Notification Date	Document Date
Program Name	**Transitional Age Youth (TAY) Full Service Partnership**							
Program Code	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	45/10-19	60/72		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	55-Client Flexible Support Exp		
Funding Term (mm/dd/yy - mm/dd/yy)	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	TOTAL	
FUNDING USES								
Salaries & Employee Benefits	110,678	136,090	65,744	6,494	38,288	30,600	387,894	
Operating Expenses	29,450	36,208	17,492	1,728	10,188	36,000	131,066	
Capital Expenses							-	
Subtotal Direct Expenses	**140,128**	**172,298**	**83,236**	**8,222**	**48,476**	**66,600**	518,960	
Indirect Expenses	21,020	25,844	12,486	1,234	7,272	9,988	77,844	
TOTAL FUNDING USES	**161,148**	**198,142**	**95,722**	**9,456**	**55,748**	**76,588**	**596,804**	
BHS MENTAL HEALTH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
							-	
MH FED SDMC FFP (50%) Adult	HMHMCC730515	74,388	90,998	44,190	4,376	-	-	213,952
MH COUNTY Adult - General Fund - CODB	HMHMCC730515	2,142	2,638	1,272	126	1,304	-	7,482
MH MHSA (CSS) - Match	HMHMPROP63/PMHS63-1804	74,388	90,998	44,190	4,376	-	-	213,952
MH MHSA (CSS) - Non-Match	HMHMPROP63/PMHS63-1804	10,230	13,508	6,070	578	54,444	76,588	161,418
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**161,148**	**198,142**	**95,722**	**9,456**	**55,748**	**76,588**	**596,804**
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**161,148**	**198,142**	**95,722**	**9,456**	**55,748**	**76,588**	**596,804**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**161,148**	**198,142**	**95,722**	**9,456**	**55,748**	**76,588**	**596,804**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								-
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)		
DPH Units of Service	61,742	58,622	15,340	1,880	460	76,588		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour or Client Day, depending on		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.19	$ 1.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.19	$ 1.00		
Published Rate (Medi-Cal Providers Only)	$ 4.75	$ 6.25	$ 11.45	$ 9.25	$ 163.10	N/A	**Total UDC**	
Unduplicated Clients (UDC)	39	45	27	7	45		56	

Appendix B - 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 #	B-7
Provider Name Family Service Agency Opt..Srvs of SF							Page #	1
Provider Number 3822							Fiscal Year	Base on FY
							Funding Notification Date	Document Date
Program Name		POPS / ASO						
Program Code		Fiscal Intermediary						
Mode/SFC (MH) or Modality (SA)		00-20						
Service Description		Administration Support (i.e. check Writing,						
Funding Term (mm/dd/yy - mm/dd/yy)		7/01 - 6/30						TOTAL
FUNDING USES								
Salaries & Employee Benefits		185,272						185,272
Operating Expenses		3,631						3,631
Capital Expenses								-
Subtotal Direct Expenses		188,903	-	-	-	-	-	188,903
Indirect Expenses		28,335						28,335
TOTAL FUNDING USES		217,238	-	-	-	-	-	217,238
BHS MENTAL HEALTH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
MH COUNTY Adult - General Fund	HMHMCC730515	38,374						38,374
MH O/P MANAGED CARE	HMHMOPMGDCAR/PHMGDC 18	178,864						178,864
								-
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		217,238	-	-	-	-	-	217,238
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		217,238	-	-	-	-	-	217,238
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		217,238	-	-	-	-	-	217,238
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method		Cost Reimbursement (CR)						
DPH Units of Service		217,238						
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	$ -	$ -	$ -	$ -	$ -	
Published Rate (Medi-Cal Providers Only)		N/A						**Total UDC**
Unduplicated Clients (UDC)		N/A						

Appendix B - 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 #	B-8
Provider Name	Family Service Agency Opt. Srvs of SF						Page #	1
Provider Number	8990						Fiscal Year	Base on FY
							Funding Notification Date	Document Date
Program Name	**Prevention & Recovery in Early Psychosis (PREP) - Cost Reimbursement**							
Program Code	8990EP	8990EP						
Mode/SFC (MH) or Modality (SA)	60/78	60/78						
Service Description	33-Outer Non-MediCal Client Support Exp	33-Outer Non-MediCal Client Support Exp						
Funding Term (mm/dd/yy - mm/dd/yy)	7/01 - 6/30	7/01 - 6/30						TOTAL
FUNDING USES								
Salaries & Employee Benefits	457,428	155,934						613,362
Operating Expenses	68,970	22,306						91,276
Capital Expenses								-
Subtotal Direct Expenses	**526,398**	**178,240**	-	-	-	-		704,638
Indirect Expenses	78,959	26,737		-	-			105,696
TOTAL FUNDING USES	**605,357**	**204,977**	-	-	-	-		**810,334**
BHS MENTAL HEALTH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
MH GRANT SAMSHA Adult SOC, CFDA #93.958	HMHMRCGRANTS / HMM007-1801	204,976						204,976
MH MHSA (CSS)	HMHMPROP63/PMHS63-1804	605,358						605,358
								-
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**605,358**	**204,976**	-	-	-	-	**810,334**
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**605,358**	**204,976**	-	-	-	-	**810,334**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**605,358**	**204,976**	-	-	-	-	**810,334**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)						
DPH Units of Service	605,358	204,976						
Unit Type	Staff Hour or Client Day, depending on contract.	Staff Hour or Client Day, depending on contract.	0	0	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	$ 1.00	$ 1.00	$ -	$ -	$ -	$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	$ 1.00	$ 1.00	$ -	$ -	$ -	$ -		
Published Rate (Medi-Cal Providers Only)	N/A	N/A						**Total UDC**
Unduplicated Clients (UDC)	N/A	N/A						N/A

Appendix B - 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 #	B-8a
Provider Name Family Service Agency Opt. Srvs of SF							Page #	1
Provider Number 8990							Fiscal Year	Base on FY
							Funding Notification Date	Document Date
Program Name		**Prevention & Recovery in Early Psychosis (PREP) - Fee For Service**						
Program Code		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		
Funding Term (mm/dd/yy - mm/dd/yy)		7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30		TOTAL
FUNDING USES								
Salaries & Employee Benefits		32,162	233,918	82,716	10,008	17,877		376,681
Operating Expenses		8,412	61,172	21,632	2,618	4,674		98,508
Capital Expenses								-
Subtotal Direct Expenses		**40,574**	**295,090**	**104,348**	**12,626**	**22,551**	-	475,189
Indirect Expenses		6,086	44,264	15,652	1,894	3,383		71,279
TOTAL FUNDING USES		**46,660**	**339,354**	**120,000**	**14,520**	**25,934**	-	**546,468**
BHS MENTAL HEALTH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
MH FED SDMC FFP (50%) Adult	HMHMCC730515	14,188	94,988	36,110	2,388	-		147,674
MH COUNTY Adult - General Fund - CODB	HMHMCC730515	848	5,610	2,162	144	1,984		10,748
MH MHSA (CSS) - Match	HMHMPROP63/PMHS63-1804	14,188	94,988	36,110	2,388	-		147,674
MH MHSA (CSS) - Non-Match	HMHMPROP63/PMHS63-1804	17,436	143,768	45,618	9,600	23,950		240,372
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**46,660**	**339,354**	**120,000**	**14,520**	**25,934**	-	**546,468**
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**46,660**	**339,354**	**120,000**	**14,520**	**25,934**	-	**546,468**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**46,660**	**339,354**	**120,000**	**14,520**	**25,934**	-	**546,468**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service		17,876	100,400	19,230	2,886	214		
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.19	$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 2.61	$ 3.38	$ 6.24	$ 5.03	$ 121.19	$ -	
Published Rate (Medi-Cal Providers Only)		$ 4.75	$ 6.25	$ 11.45	$ 9.25	$ 163.10		Total UDC
Unduplicated Clients (UDC)		10	50	18	5	50		55

Appendix B - 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 #	B-9
Provider Name	Family Service Agency Opt. Srvs of SF						Page #	1
Provider Number	3822						Fiscal Year	Base on FY
							Funding Notification Date	Document Date
Program Name	**Full Circle EPSDTFranklin**							
Program Code	382203	382203	382203	382203	382203			
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			
Funding Term (mm/dd/yy - mm/dd/yy)	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30			TOTAL
FUNDING USES								
Salaries & Employee Benefits	42,756	362,210	8,227	1,240	37,326			451,759
Operating Expenses	16,425	139,131	3,160	476	14,336			173,528
Capital Expenses								-
Subtotal Direct Expenses	**59,181**	**501,341**	**11,387**	**1,716**	**51,662**	-		625,287
Indirect Expenses	8,877	75,201	1,707	258	7,750			93,793
TOTAL FUNDING USES	**68,058**	**576,542**	**13,094**	**1,974**	**59,412**	-		**719,080**
BHS MENTAL HEALTH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
MH FED SDMC FFP (50%) CYF	HMHMCP751594	27,540	233,310	5,300	798	-		266,948
MH STATE CYF 2011 PSR-EPSDT	HMHMCP751594	15,250	129,190	2,934	442	-		147,816
MH STATE Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	800	6,776	154	24	-		7,754
		-	-	-	-	-		
MH STATE CYF 1991 Realignment	HMHMCP751594	7,820	66,244	1,506	226	22,782		98,578
MH CYF COUNTY General Fund	HMHMCP751594	14,244	120,662	2,738	414	36,630		174,688
MH CYF COUNTY General Fund - CODB	HMHMCP751594	2,404	20,360	462	70			23,296
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**68,058**	**576,542**	**13,094**	**1,974**	**59,412**	-	**719,080**
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**							
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**68,058**	**576,542**	**13,094**	**1,974**	**59,412**	-	**719,080**
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**68,058**	**576,542**	**13,094**	**1,974**	**59,412**	-	**719,080**
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	25,394	165,672	2,040	382	480			
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	$ 2.68	$ 3.48	$ 6.42	$ 5.17	$ 123.78	$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	$ 2.68	$ 3.48	$ 6.42	$ 5.17	$ 123.78	$ -		
Published Rate (Medi-Cal Providers Only)	$ 4.75	$ 6.25	$ 11.45	$ 9.25	$ 163.10			**Total UDC**
Unduplicated Clients (UDC)	15	30	4	2	20			30

Appendix B - 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 #	B-10
Provider Name Family Service Agency Opt. Srvs of SF						Page #	1
Provider Number 3822						Fiscal Year	Base on FY
						Funding Notification Date	Document Date
Program Name		Healing Circle					
Program Code		FI	FI				
Mode/SFC (MH) or Modality (SA)		15/01-09	15/10-57, 59				
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs				
Funding Term (mm/dd/yy - mm/dd/yy)		7/01 - 6/30	7/01 - 6/30				TOTAL
FUNDING USES							
Salaries & Employee Benefits			14,953				14,953
Operating Expenses		22,840	2,438				25,278
Capital Expenses							-
Subtotal Direct Expenses		**22,840**	**17,391**	-	-	-	40,231
Indirect Expenses		3,426	2,609	-	-	-	6,035
TOTAL FUNDING USES		**26,266**	**20,000**	-	-	-	**46,266**
BHS MENTAL HEALTH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**						
							-
MH COUNTY Adult - General Fund	HMHMCC730515	26,266					26,266
MH GRANT SAMSHA Adult SOC, CFDA #93.958	HMRCGRANTS / HMM007-1801		20,000				20,000
							-
							-
							-
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		**26,266**	**20,000**	-	-	-	**46,266**
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Accounting Code (Index Code or Detail)**						
							-
This row left blank for funding sources not in drop-down list							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**						
							-
This row left blank for funding sources not in drop-down list							-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		**26,266**	**20,000**	-	-	-	**46,266**
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**26,266**	**20,000**	-	-	-	**46,266**
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Payment Method		Cost Reimbursement (CR)	Cost Reimbursement (CR)				
DPH Units of Service		26,266	20,000				
Unit Type		Staff Minute	Staff Minute	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		$ 1.00	$ 1.00	$ -	$ -	$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		$ 1.00	$ 1.00	$ -	$ -	$ -	
Published Rate (Medi-Cal Providers Only)		N/A	N/A				Total UDC
Unduplicated Clients (UDC)		N/A	N/A				9

Appendix B - 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 #	B-11
Provider Name	Family Service Agency Opt. Srvs of SF					Page #	1
Provider Number	3822					Fiscal Year	Base on FY
						Funding Notification Date	Document Date
	Program Name	MCAH-CHVP					
	Program Code	Fiscal Intermediary					
	Mode/SFC (MH) or Modality (SA)	00-20					
	Service Description	Administration Support (i.e. check Writing, hired staff					
	Funding Term (mm/dd/yy - mm/dd/yy)	7/01 - 6/30					TOTAL
FUNDING USES							
	Salaries & Employee Benefits						-
	Operating Expenses	47,826					47,826
	Capital Expenses						-
	Subtotal Direct Expenses	**47,826**	-	-	-	-	47,826
	Indirect Expenses	7,174	-	-	-	-	7,174
	TOTAL FUNDING USES	**55,000**	-	-	-	-	**55,000**
BHS MENTAL HEALTH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**						
							-
							-
							-
							-
							-
							-
							-
	TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES	**Accounting Code (Index Code or Detail)**						
							-
This row left blank for funding sources not in drop-down list							-
	TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	**Accounting Code (Index Code or Detail)**						
Maternal Child Health / California Homes Visiting Program - Title V	CHPMMCHADGR HCMC0218	17,056					17,056
	TOTAL OTHER DPH FUNDING SOURCES	**17,056**	-	-	-	-	**17,056**
	TOTAL DPH FUNDING SOURCES	**17,056**	-	-	-	-	**17,056**
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							-
	TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		**17,056**	-	-	-	-	**17,056**
BHS UNITS OF SERVICE AND UNIT COST							
	Number of Beds Purchased (if applicable)						
	SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
	Payment Method	Cost Reimbursement (CR)					
	DPH Units of Service	17,056					
	Unit Type	Not Applicable		0	0	0	
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	$ 1.00	$ -	$ -	$ -	$ -	
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	$ 1.00	$ -	$ -	$ -	$ -	
	Published Rate (Medi-Cal Providers Only)	N/A					**Total UDC**
	Unduplicated Clients (UDC)	N/A					9

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Geriatrics Services West
Program Code: 89903

Appendix #: B-1
Page # 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Manager	4.29	$ 219,838.00	4.29	$ 219,838.00										
Nurse Practitioner	0.80	$ 88,000.00	0.80	$ 88,000.00										
Psychiatric Nurse Practitioner	0.28	$ 40,150.00	0.28	$ 40,150.00										
Clinical Supervisor	0.17	$ 13,600.00	0.17	$ 13,600.00										
Medical Director / Psychiatrist	0.15	$ 35,100.00	0.15	$ 35,100.00										
Program Administration & QA	0.06	$ 3,680.00	0.06	$ 3,680.00										
Administrative Coordinator	0.60	$ 23,850.00	0.60	$ 23,850.00										
Office Manager	1.00	$ 46,750.00	1.00	$ 46,750.00										
Program Manager	0.80	$ 47,600.00	0.80	$ 47,600.00										
Division Director	0.30	$ 32,374.00	0.30	$ 32,374.00										
	0.00	$ -												
	0.00	$ -												
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Totals:	8.44	$ 550,942.00	8.44	$ 550,942.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 165,228.00	29.99%	$ 165,228.00	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -
TOTAL SALARIES & BENEFITS		$ 716,170.00		$ 716,170.00		$ -		$ -		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Geriatric ServicesGeary OADSC
Program Code: 89903MH

Appendix #: B-2
Page # 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Medical Director / Psychiatrist	0.02	$ 4,290.00	0.018	$ 4,290.00										
Community Specialist	0.07	$ 2,868.00	0.072	$ 2,868.00										
Program Administration & QA	0.01	$ 818.00	0.014	$ 818.00										
Program Director	0.11	$ 6,750.00	0.109	$ 6,750.00										
Division Director	0.03	$ 2,754.00	0.026	$ 2,754.00										
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
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Totals:	0.24	$ 17,480.00	0.24	$ 17,480.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 5,242.00	29.99%	$ 5,242.00	0.00%		0.00%		0.00%		0.00%	$ -	0.00%	$ -
TOTAL SALARIES & BENEFITS		$ 22,722.00		$ 22,722.00		$ -		$ -		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Geriatric Services Sunnydale OADSC
Program Code: 38KKOA

Appendix #: B-2a
Page # 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Medical Director / Psychiatrist	0.09	$ 21,450.00	0.092	$ 21,450.00										
Community Specialist	0.36	$ 14,334.00	0.358	$ 14,334.00										
Program Administration & QA	0.07	$ 4,090.00	0.072	$ 4,090.00										
Program Director	0.54	$ 33,750.00	0.544	$ 33,750.00										
Division Director	0.07	$ 7,306.00	0.070	$ 7,306.00										
	0.00	$ -												
	0.00	$ -												
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Totals:	1.14	$ 80,930.00	1.14	$ 80,930.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 24,272.00	29.99%	$ 24,272.00	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -
TOTAL SALARIES & BENEFITS		$ 105,202.00		$ 105,202.00		$ -		$ -		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Geriatric Services at Franklin
Program Code: 38223MH

Appendix #: B-3
Page # 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Managers	3.47	$ 178,082.00	3.47	$ 178,082.00										
Nurse Practitioner	0.20	$ 22,000.00	0.20	$ 22,000.00										
Psychiatric Nurse Practitioner	0.44	$ 65,768.00	0.44	$ 65,768.00										
Clinical Supervision	0.17	$ 13,600.00	0.17	$ 13,600.00										
Medical Director / Psychiatrist	0.10	$ 23,400.00	0.10	$ 23,400.00										
Peer Case Aides & Community Specialists	0.38	$ 14,808.00	0.38	$ 14,808.00										
Intake Manager	0.60	$ 26,850.00	0.60	$ 26,850.00										
Program Administration & QA	0.21	$ 12,880.00	0.21	$ 12,880.00										
Program Manager	0.60	$ 38,850.00	0.60	$ 38,850.00										
Division Director	0.15	$ 16,162.00	0.15	$ 16,162.00										
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Totals:	6.31	$ 412,400.00	6.31	$ 412,400.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 123,679.00	29.99%	$ 123,679.00	0.00%	$ -	0.00%	$ -	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		$ 536,079.00		$ 536,079.00		$ -		$ -		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Geriatric Intensive Case Mgmt at Franklin
Program Code: 382213

Appendix #: B-3a
Page # 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Managers	2.18	$ 113,518.00	2.18	$ 113,518.00										
Psychiatric Nurse Practitioner	0.09	$ 13,384.00	0.09	$ 13,384.00										
Clinical Supervision	0.15	$ 12,362.00	0.15	$ 12,362.00										
Medical Director / Psychiatrist	0.11	$ 25,740.00	0.11	$ 25,740.00										
Peer Case Aides & Community Specialists	0.12	$ 4,676.00	0.12	$ 4,676.00										
Program Administration & QA	0.09	$ 5,520.00	0.09	$ 5,520.00										
Program Manager	0.40	$ 25,900.00	0.40	$ 25,900.00										
Division Director	0.13	$ 13,640.00	0.13	$ 13,640.00										
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Totals:	3.27	$ 214,740.00	3.27	$ 214,740.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 64,401.00	29.99%	$ 64,401.00	0.00%	$ -	0.00%	$ -	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		$ 279,141.00		$ 279,141.00		$ -		$ -		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Older Adult FSP at Turk(MHSA)
Program Code: 38JWFSP

Appendix #: B-4
Page # 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		MHSA-CSS HMHMPROP63 PMHS63-1806 Fee For Service		MHSA-CSS HMHMPROP63 PMHS63-1806 CR - Mode 60/72 Services		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30		7/01 - 6/30		7/01 - 6/30							
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Manager	3.66	$ 178,636.00	1.54	$ 78,674.00	1.91	$ 89,928.00	0.21	$ 10,034.00						
Community Specialist	3.80	$ 144,450.00	1.60	$ 60,808.00	1.98	$ 75,246.00	0.22	$ 8,396.00						
Psychiatric Nurse Practitioner	0.46	$ 71,760.00	0.19	$ 30,210.00	0.24	$ 37,380.00	0.03	$ 4,170.00						
Clinical Supervision	0.17	$ 13,600.00	0.07	$ 5,726.00	0.09	$ 7,084.00	0.01	$ 790.00						
Medical Director / Psychiatrist	0.10	$ 23,400.00	0.04	$ 9,850.00	0.05	$ 12,190.00	0.01	$ 1,360.00						
Administrative Assistant	0.30	$ 13,426.00	0.13	$ 5,652.00	0.16	$ 6,994.00	0.02	$ 780.00						
Program Administration & QA	0.03	$ 1,840.00	0.01	$ 774.00	0.02	$ 958.00	0.00	$ 108.00						
Program Manager	0.50	$ 30,332.00	0.21	$ 12,770.00	0.26	$ 15,800.00	0.03	$ 1,762.00						
Division Director	0.12	$ 12,990.00	0.05	$ 5,468.00	0.06	$ 6,766.00	0.01	$ 756.00						
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Totals:	9.14	$ 490,434.00	3.85	$ 209,932	4.76	$ 252,346	0.53	$ 28,156	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 147,084.00	29.99%	$ 62,960	29.99%	$ 75,680	29.99%	$ 8,444	0.00%	$ -	0.00%	$ -	0.00%	
TOTAL SALARIES & BENEFITS		637,518.00		272,892		328,026		36,600		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: ACM(Non-MHSA)
Program Code: 3822OP

Appendix #: B-5
Page # 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		General Fund CR - Mode 60/72 Services		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30		7/01 - 6/30									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Manager	4.34	$ 207,220.00	4.22	$ 201,798.00	0.118	$ 5,422.00								
Senior Clinical Case Manager	1.00	$ 57,002.00	0.97	$ 55,510.00	0.027	$ 1,492.00								
Registered Nurse	0.30	$ 25,904.00	0.29	$ 25,202.00	0.008	$ 702.00								
Nurse Practioner	0.29	$ 32,996.00	0.28	$ 32,100.00	0.008	$ 896.00								
Psychiatrist	0.09	$ 30,350.00	0.09	$ 29,526.00	0.002	$ 824.00								
Outreach Worker	0.15	$ 6,750.00	0.15	$ 6,568.00	0.004	$ 182.00								
Quality Control Supervisor	0.06	$ 3,430.00	0.05	$ 3,338.00	0.002	$ 92.00								
Admin Assistant & Receptionist	0.35	$ 14,900.00	0.34	$ 14,496.00	0.010	$ 404.00								
Program Director	0.42	$ 33,554.00	0.41	$ 32,566.00	0.01	$ 988.00								
Division Director	0.14	$ 14,150.00	0.14	$ 13,766.00	0.004	$ 384.00								
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Totals:	7.13	$ 426,256.00	6.93	$ 414,870.00	0.19	$ 11,386.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 127,834.00	29.99%	$ 124,419.51	29.99%	$ 3,414.66	0.00%	$ -	0.00%		0.00%		0.00%	$ -
TOTAL SALARIES & BENEFITS		$ 554,090.00		$ 539,290.00		$ 14,801.00		$ -		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: ADULT FSPFranklin(MHSA)
Program Code: 3822A3

Appendix #: B-5a
Page #: 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		MHSA-CSS HMHMPROP63 PMHS63-1805 Fee For Service		MHSA-CSS HMHMPROP63 PMHS63-1805 CR - Mode 60/72 Srvs		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30		7/01 - 6/30		7/01 - 6/30							
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Manager	3.20	$ 180,356.00	1.29	$ 81,954.00	1.75	$ 90,200.00	0.16	$ 8,202.00						
Lead Clinical Case Manager	0.50	$ 28,250.00	0.20	$ 12,596.00	0.27	$ 14,350.00	0.02	$ 1,304.00						
Registered Nurse	0.27	$ 23,516.00	0.11	$ 9,492.00	0.15	$ 12,856.00	0.01	$ 1,168.00						
Psychiatric Nurse Practitioner	0.41	$ 46,782.00	0.16	$ 18,884.00	0.22	$ 25,572.00	0.02	$ 2,326.00						
Psychiatrist	0.33	$ 91,262.00	0.13	$ 36,838.00	0.18	$ 49,886.00	0.02	$ 4,538.00						
Outreach Worker	0.55	$ 24,750.00	0.22	$ 9,990.00	0.30	$ 13,530.00	0.03	$ 1,230.00						
Quality Control Supervisor	0.07	$ 4,198.00	0.03	$ 1,694.00	0.04	$ 2,294.00	0.00	$ 210.00						
Admin Assistant & Receptionist	0.45	$ 19,400.00	0.18	$ 7,832.00	0.25	$ 10,604.00	0.02	$ 964.00						
Program Director	0.55	$ 41,250.00	0.22	$ 16,650.00	0.30	$ 22,548.00	0.03	$ 2,052.00						
Division Director	0.36	$ 36,350.00	0.15	$ 14,674.00	0.20	$ 19,868.00	0.02	$ 1,808.00						
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Totals:	6.68	$ 496,114.00	2.70	$ 210,604.00	3.65	$ 261,708.00	0.33	$ 23,802.00	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 148,784.00	29.99%	$ 63,160.00	29.99%	$ 78,486.00	29.99%	$ 7,138.00	0.00%	$ -	0.00%	$ -	0.00%	
TOTAL SALARIES & BENEFITS		$ 644,898.00		$ 273,764.00		$ 340,194.00		$ 30,940.00		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: TAY FSP(MHSA)
Program Code: 3822T3

Appendix #: B-6
Page # 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		MHSA-CSS HMHMPROP63 PMHS63-1804 Fee For Service		MHSA-CSS HMHMPROP63 PMHS63-1804 CR - Mode 60/72 Srvs		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30		7/01 - 6/30		7/01 - 6/30							
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Manager	1.80	$ 101,744.00	0.65	$ 44,386.00	1.00	$ 49,914.00	0.15	$ 7,444.00						
Lead Clinical Case Manager	0.50	$ 28,250.00	0.18	$ 11,522.00	0.28	$ 14,558.00	0.04	$ 2,170.00						
Registered Nurse	0.13	$ 11,758.00	0.05	$ 4,266.00	0.07	$ 6,520.00	0.01	$ 972.00						
Psychiatric Nurse Practitioner	0.20	$ 22,890.00	0.07	$ 8,304.00	0.11	$ 12,694.00	0.02	$ 1,892.00						
Psychiatrist	0.12	$ 40,950.00	0.04	$ 14,854.00	0.07	$ 22,710.00	0.01	$ 3,386.00						
Outreach Worker	0.30	$ 13,500.00	0.11	$ 4,898.00	0.17	$ 7,486.00	0.02	$ 1,116.00						
Quality Control Supervisor	0.06	$ 3,780.00	0.02	$ 1,370.00	0.03	$ 2,096.00	0.01	$ 314.00						
Admin Assistant & Receptionist	0.30	$ 13,500.00	0.11	$ 4,898.00	0.17	$ 7,486.00	0.02	$ 1,116.00						
Program Director	0.45	$ 33,748.00	0.16	$ 12,242.00	0.25	$ 18,716.00	0.04	$ 2,790.00						
Division Director	0.28	$ 28,282.00	0.10	$ 10,258.00	0.16	$ 15,684.00	0.02	$ 2,340.00						
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Totals:	4.15	$ 298,402.00	1.50	$ 116,998.00	2.30	$ 157,864.00	0.34	$ 23,540.00	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 89,492.00	29.99%	$ 35,088.00	29.99%	$ 47,344.00	29.99%	$ 7,060.00	0.00%	$ -	0.00%	$ -	0.00%	
TOTAL SALARIES & BENEFITS		$ 387,894.00		$ 152,086.00		$ 205,208.00		$ 30,600.00		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: POPS / ASO
Program Code: FI

Appendix #: B-7
Page # 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		MH O/P Managed Care HMHMOPMGDCAR/ PHMGDC 18		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30		7/01 - 6/30									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Intake and Referral Coordinator	1.00	$ 44,592	0.18	$ 8,616.00	0.82	$ 35,976.00								
Credential Coordinator	2.00	$ 87,946	0.36	$ 14,360.00	1.64	$ 73,586.00								
Program Manager	0.12	$ 9,990	0.03	$ 2,086.00	0.10	$ 7,904.00								
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Totals:	3.12	$ 142,528	0.57	$ 25,062	2.56	$ 117,466	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 42,744	29.99%	$ 7,516	29.99%	$ 35,228	0.00%	$ -	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		$ 185,272		$ 32,578		$ 152,694		$ -		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: PREP - Cost Reimbursement
Program Code: 8990EP

Appendix #: B-8
Page # 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		MHSA-CSS HMHMPROP63 PMHS63-1804		SAMHSA SOC #93.958 HMHMRCGRANTS HMM007-1801		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30				7/01 - 6/30		7/01 - 6/30							
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salari
Bilingual Staff Therapist	0.57	$ 33,232.00			0.43	$ 24,784.00	0.15	$ 8,448.00						
Staff Therapist	0.29	$ 15,754.00			0.21	$ 11,750.00	0.07	$ 4,004.00						
Family Support Specialist	0.55	$ 27,676.00			0.41	$ 20,640.00	0.14	$ 7,036.00						
Staff Therapist/Intake Coordinator	0.30	$ 16,314.00			0.22	$ 12,166.00	0.08	$ 4,148.00						
Psychiatric Nurse Practitioner	0.43	$ 54,962.00			0.32	$ 40,990.00	0.11	$ 13,972.00						
Clinical Supervisor	0.36	$ 25,134.00			0.27	$ 18,744.00	0.09	$ 6,390.00						
Employment & Education Specialist	0.32	$ 15,058.00			0.24	$ 11,230.00	0.08	$ 3,828.00						
Peer Support Specialist	0.30	$ 12,100.00			0.23	$ 9,024.00	0.08	$ 3,076.00						
Quality Control Supervisor	0.03	$ 1,768.00			0.02	$ 1,318.00	0.01	$ 450.00						
Research Assistant	0.87	$ 34,680.00			0.65	$ 25,864.00	0.22	$ 8,816.00						
PREP Research & Evalutation Manager	0.59	$ 35,376.00			0.44	$ 26,384.00	0.15	$ 8,992.00						
Program Manager	0.65	$ 52,026.00			0.48	$ 38,800.00	0.17	$ 13,226.00						
Office Manager	0.86	$ 37,768.00			0.64	$ 28,168.00	0.22	$ 9,600.00						
Felton Training Manager	0.12	$ 6,190.00			0.09	$ 4,616.00	0.03	$ 1,574.00						
Peer and Family Services Director	0.49	$ 32,124.00			0.37	$ 23,958.00	0.13	$ 8,166.00						
Employment and Education Services Director	0.52	$ 33,816.00			0.39	$ 25,220.00	0.13	$ 8,596.00						
Division Director	0.34	$ 37,874.00			0.25	$ 28,238.00	0.09	$ 9,636.00						
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Totals:	7.59	$ 471,852.00	0.00	$ -	5.66	$ 351,894.00	1.93	$ 119,958.00	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 141,510.00	0.00%		29.99%	$ 105,534.00	29.99%	$ 35,976.00	0.00%	$ -	0.00%	$ -	0.00%	$ -
TOTAL SALARIES & BENEFITS		$ 613,362.00		$ -		$ 457,428.00		$ 155,934.00		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: PREP - Fee For Service
Program Code: 8990EP

Appendix #: B-8a
Page # 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		MHSA-CSS HMHMPROP63 PMHS63-1804		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30		7/01 - 6/30									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Bilingual Staff Therapist	1.16	$ 67,090.00	0.32	$ 18,454.00	0.84	$ 48,636.00								
Staff Therapist	0.58	$ 31,811.00	0.16	$ 8,750.00	0.42	$ 23,061.00								
Family Support Specialist	0.31	$ 15,616.00	0.09	$ 4,294.00	0.23	$ 11,322.00								
Staff Therapist/Intake Coordinator	0.57	$ 31,254.00	0.16	$ 8,598.00	0.41	$ 22,656.00								
Psychiatric Nurse Practitioner	0.43	$ 54,728.00	0.12	$ 15,052.00	0.31	$ 39,676.00								
Clinical Supervisor	0.51	$ 35,424.00	0.14	$ 9,744.00	0.37	$ 25,680.00								
Employment & Education Specialist	0.55	$ 26,026.00	0.15	$ 7,158.00	0.40	$ 18,868.00								
Peer Support Specialist	0.22	$ 8,676.00	0.06	$ 2,386.00	0.16	$ 6,290.00								
Quality Control Supervisor	0.01	$ 530.00	0.00	$ 146.00	0.01	$ 384.00								
Office Manager	0.01	$ 382.00	0.00	$ 106.00	0.01	$ 276.00								
Program Manager	0.22	$ 17,272.00	0.06	$ 4,750.00	0.16	$ 12,522.00								
Division Director	0.01	$ 968.00	0.00	$ 266.00	0.01	$ 702.00								
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
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	0.00	$ -												
	0.00	$ -												
Totals:	4.56	$ 289,777.00	1.25	$ 79,704.00	3.31	$ 210,073.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 86,904.00	29.99%	$ 23,903.00	29.99%	$ 63,001.00	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%	$ -
TOTAL SALARIES & BENEFITS		$ 376,681.00		$ 103,607.00		$ 273,074.00		$ -		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Full Circle EPSDTFranklin
Program Code: 3822O3

Appendix #: B-9
Page # 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		Family Mosaic Cap Medi-Cal (HMHMCP8828CH)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Bi-Lingual Family Clinicians	4.00	$ 110,000.00	4.00	$ 110,000.00										
Family Clinicians	4.00	$ 100,000.00	4.00	$ 100,000.00										
Office Manager / Intake Coordinator	1.82	$ 51,944.00	1.82	$ 51,944.00										
Quality Control Supervisor	0.16	$ 5,040.00	0.16	$ 5,040.00										
Program Director	1.86	$ 66,800.00	1.86	$ 66,800.00										
Division Director	0.22	$ 13,750.00	0.22	$ 13,750.00										
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
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	0.00	$ -												
Totals:	12.06	$ 347,534.00	12.06	$ 347,534.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 104,225.00	29.99%	$ 104,225.00	0.00%	$ -	0.00%	$ -	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		$ 451,759.00		$ 451,759.00		$ -		$ -		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Healing Circle
Program Code: FI

Appendix #: B-10
Page #: 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		General Fund HMHMCC730515		MH GRANT SAMSHA Adult SOC, CFDA #93.958 HMHMRCGRANTS HMM007-1801		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30		7/01 - 6/30									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Supervisor	0.05	$ 7,265.00			0.054	$ 7,265.00								
Fiscal Consultant	0.05	$ 4,238.00			0.047	$ 4,238.00								
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
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Totals:	0.10	$ 11,503.00	0.00	$ -	0.10	$ 11,503.00	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	29.99%	$ 3,450.00	0.00%	$ -	29.99%	$ 3,450.00	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		$ 14,953.00		$ -		$ 14,953.00		$ -		$ -		$ -		$ -

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: SFDPH MCAH / California Homes Visiting Program - Fiscal Intermediary
Program Code: FI

Appendix #: B-11
Page # 2
Fiscal Year: Base on FY
Funding Notification Date: Document Date

	TOTAL		Federal Title V Block Grant HCHPMMCHADGR HCMC02 - 1800		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30		7/01 - 6/30											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salar
Clinical Supervisor	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
	0.00	$ -												
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Totals:	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -	0.00	$ -
Employee Fringe Benefits:	0.00%	$ -	0.00%	$ -	0.00%	$ -	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		$ -		$ -		$ -		$ -		$ -		$ -		$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Geriatrics Services West
Program Code: 89903

Appendix #: B-1
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30					
Rent	$ 108,496.00	$ 108,496.00					
Utilities(telephone, electricity, water, gas)	$ 13,380.00	$ 13,380.00					
Building Repair/Maintenance	$ -	$ -					
Occupancy Total:	**$ 121,876.00**	**$ 121,876.00**	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ 4,480.00	$ 4,480.00					
Photocopying	$ 2,038.00	$ 2,038.00					
Program Supplies	$ 700.00	$ 700.00					
Subscriptions / Publications	$ 1,200.00	$ 1,200.00					
Computer Hardware/Software	$ 1,000.00	$ 1,000.00					
Materials & Supplies Total:	**$ 9,418.00**	**$ 9,418.00**	$ -	$ -	$ -	$ -	$ -
Training/Staff Development	$ 2,300.00	$ 2,300.00					
Insurance	$ 14,196.00	$ 14,196.00					
Professional License / Organizational Dues	$ 120.00	$ 120.00					
Permits	$ -	$ -					
Equipment Lease & Maintenance	$ 5,700.00	$ 5,700.00					
General Operating Total:	**$ 22,316.00**	**$ 22,316.00**	$ -	$ -	$ -	$ -	$ -
Local Travel	$ 6,790.00	$ 6,790.00					
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ 6,790.00**	**$ 6,790.00**	$ -	$ -	$ -	$ -	$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Name, Service Detail w/Dates, Hourly Rate and Amts)	$ -						
(add more Consultant/Subcontractor lines as necessary)	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	$ -	$ -	$ -	$ -	$ -
Other (provide detail):	$ -		$ -				
Program Related: Water ($488), Coffee ($240), Snacks ($472), Food ($440), Transportation ($500), Clothing ($280), Housing ($600)	$ 3,020.00	$ 3,020.00					
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
Other Total:	**$ 3,020.00**	**$ 3,020.00**	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 163,420.00**	**$ 163,420.00**	$ -	$ -	$ -	$ -	$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Geriatric ServicesGeary OADSC
Program Code: 89903MH

Appendix #: B-2
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30					
Rent	$ 6,236.00	$ 6,236.00					
Utilities(telephone, electricity, water, gas)	$ 1,672.00	$ 1,672.00					
Building Repair/Maintenance	$ -						
Occupancy Total:	**$ 7,908.00**	**$ 7,908.00**	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ 366.00	$ 366.00					
Photocopying	$ -						
Program Supplies (art & crafts materials)	$ 200.00	$ 200.00					
Subscriptions / Publications	$ 60.00	$ 60.00					
Computer Hardware/Software	$ -						
Materials & Supplies Total:	**$ 626.00**	**$ 626.00**	$ -	$ -	$ -	$ -	$ -
Training/Staff Development	$ 60.00	$ 60.00					
Insurance	$ 424.00	$ 424.00					
Professional License / Organizational Dues	$ 24.00	$ 24.00					
Permits	$ -						
Equipment Lease & Maintenance	$ 144.00	$ 144.00					
General Operating Total:	**$ 652.00**	**$ 652.00**	$ -	$ -	$ -	$ -	$ -
Local Travel	$ 140.00	$ 140.00					
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ 140.00**	**$ 140.00**	$ -	$ -	$ -	$ -	$ -
Psychiatric Nurse Practitioner ($75 /hrs x 2.0 /hrs/month x 12 months)	$ 1,800.00	$ 1,800.00					
(add more Consultant/Subcontractor lines as necessary)	$ -						
Consultant/Subcontractor Total:	**$ 1,800.00**	**$ 1,800.00**	$ -	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
Program Related: Water ($100), Coffee ($80), Snacks ($80), Food ($90), Transportation ($100)	$ 450.00	$ 450.00					
Volunteer Stipends	$ 600.00	$ 600.00					
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
Other Total:	**$ 1,050.00**	**$ 1,050.00**	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 12,176.00**	**$ 12,176.00**	$ -	$ -	$ -	$ -	$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Geriatric Services Sunnydale OADSC
Program Code: 38KKOA

Appendix #: B-2a
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30					
Rent	$ 42,976.00	$ 42,976.00					
Utilities(telephone, electricity, water, gas)	$ 9,560.00	$ 9,560.00					
Building Repair/Maintenance	$ -						
Occupancy Total:	**$ 52,536.00**	**$ 52,536.00**	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ 944.00	$ 944.00					
Photocopying	$ -	$ -					
Program Supplies (art & crafts materials)	$ 1,500.00	$ 1,500.00					
Subscriptions / Publications	$ 300.00	$ 300.00					
Computer Hardware/Software	$ -						
Materials & Supplies Total:	**$ 2,744.00**	**$ 2,744.00**	$ -	$ -	$ -	$ -	$ -
Training/Staff Development	$ 600.00	$ 600.00					
Insurance	$ 2,420.00	$ 2,420.00					
Professional License / Organizational Dues	$ 120.00	$ 120.00					
Permits	$ -	$ -					
Equipment Lease & Maintenance	$ 480.00	$ 480.00					
General Operating Total:	**$ 3,620.00**	**$ 3,620.00**	$ -	$ -	$ -	$ -	$ -
Local Travel	$ 1,400.00	$ 1,400.00					
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ 1,400.00**	**$ 1,400.00**	$ -	$ -	$ -	$ -	$ -
Psychiatric Nurse Practitioner ($75 /hrs x 10.0 /hrs/month x 12 months)	$ 9,000.00	$ 9,000.00					
(add more Consultant/Subcontractor lines as necessary)	$ -						
Consultant/Subcontractor Total:	**$ 9,000.00**	**$ 9,000.00**	$ -	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
Program Related: Water ($480), Coffee ($210), Snacks ($360), Food ($350), Transportation ($450), Clothing ($200)	$ 2,050.00	$ 2,050.00					
Volunteer Stipends	$ 3,000.00	$ 3,000.00					
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
Other Total:	**$ 5,050.00**	**$ 5,050.00**	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 74,350.00**	**$ 74,350.00**	$ -	$ -	$ -	$ -	$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Geriatric Services at Franklin
Program Code: 38223MH

Appendix #: B-3
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30					
Rent	$ 85,048.00	$ 85,048.00					
Utilities(telephone, electricity, water, gas)	$ 13,928.00	$ 13,928.00					
Building Repair/Maintenance	$ -						
Occupancy Total:	**$ 98,976.00**	**$ 98,976.00**	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ 2,160.00	$ 2,160.00					
Photocopying	$ 490.00	$ 490.00					
Program Supplies	$ 1,606.00	$ 1,606.00					
Subscriptions / Publications	$ 360.00	$ 360.00					
Computer Hardware/Software	$ 600.00	$ 600.00					
Materials & Supplies Total:	**$ 5,216.00**	**$ 5,216.00**	$ -	$ -	$ -	$ -	$ -
Training/Staff Development	$ 1,600.00	$ 1,600.00					
Insurance	$ 19,444.00	$ 19,444.00					
Professional License / Organizational Dues	$ 144.00	$ 144.00					
Permits	$ -	$ -					
Equipment Lease & Maintenance	$ 4,512.00	$ 4,512.00					
General Operating Total:	**$ 25,700.00**	**$ 25,700.00**	$ -	$ -	$ -	$ -	$ -
Local Travel	$ 16,080.00	$ 16,080.00					
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ 16,080.00**	**$ 16,080.00**	$ -	$ -	$ -	$ -	$ -
Psychiatric Nurse Practitioner ($75 /hrs x 18.0 /hrs/month x 12 months)	$ 16,200.00	$ 16,200.00					
(add more Consultant/Subcontractor lines as necessary)	$ -	$ -					
Consultant/Subcontractor Total:	**$ 16,200.00**	**$ 16,200.00**	$ -	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
Program Related: Water ($520), Coffee ($300), Snacks ($600), Food ($640), Transportation ($480), Clothing ($400), Housing ($600)	$ 3,540.00	$ 3,540.00					
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
Other Total:	**$ 3,540.00**	**$ 3,540.00**	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 165,712.00**	**$ 165,712.00**	$ -	$ -	$ -	$ -	$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Geriatric Intensive Case Mgmt at Franklin
Program Code: 382213

Appendix #: B-3a
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30					
Rent	$ 35,900.00	$ 35,900.00					
Utilities(telephone, electricity, water, gas)	$ 4,812.00	$ 4,812.00					
Building Repair/Maintenance	$ -						
Occupancy Total:	**$ 40,712.00**	**$ 40,712.00**	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ 1,090.00	$ 1,090.00					
Photocopying	$ 203.00	$ 203.00					
Program Supplies	$ 700.00	$ 700.00					
Subscriptions / Publications	$ 660.00	$ 660.00					
Computer Hardware/Software	$ -						
Materials & Supplies Total:	**$ 2,653.00**	**$ 2,653.00**	$ -	$ -	$ -	$ -	$ -
Training/Staff Development	$ 500.00	$ 500.00					
Insurance	$ 1,500.00	$ 1,500.00					
Professional License / Organizational Dues	$ 144.00	$ 144.00					
Permits	$ -	$ -					
Equipment Lease & Maintenance	$ 1,482.00	$ 1,482.00					
General Operating Total:	**$ 3,626.00**	**$ 3,626.00**	$ -	$ -	$ -	$ -	$ -
Local Travel	$ 6,540.00	$ 6,540.00					
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ 6,540.00**	**$ 6,540.00**	$ -	$ -	$ -	$ -	$ -
Psychiatric Nurse Practitioner ($75 /hrs x 18.0 /hrs/month x 12 months)	$ 16,200.00	$ 16,200.00					
(add more Consultant/Subcontractor lines as necessary)	$ -						
Consultant/Subcontractor Total:	**$ 16,200.00**	**$ 16,200.00**	$ -	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
Program Related: Water ($364), Coffee ($320), Snacks ($280), Food (480), Transportation (440), Clothing ($440), Housing ($500)	$ 2,824.00	$ 2,824.00					
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
Other Total:	**$ 2,824.00**	**$ 2,824.00**	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 72,555.00**	**$ 72,555.00**	$ -	$ -	$ -	$ -	$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Older Adult FSP at Turk(MHSA)
Program Code: 38JWFSP

Appendix #: B-4
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	MHSA-CSS HMHMPROP63 PMHS63-1806 Fee For Service	MHSA-CSS HMHMPROP63 PMHS63-1806 CR Mode 60/72 Services	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30			
Rent	$ 52,384.00	$ 9,684.00	$ 42,700.00				
Utilities(telephone, electricity, water, gas)	$ 22,440.00	$ 3,624.00	$ 18,816.00				
Building Repair/Maintenance	$ -						
Occupancy Total:	**$ 74,824.00**	**$ 13,308.00**	**$ 61,516.00**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 3,942.00	$ 810.00	$ 3,132.00				
Photocopying	$ 960.00	$ 40.00	$ 920.00				
Program Supplies	$ 2,200.00	$ 226.00	$ 1,974.00				
Subscriptions / Publications	$ 600.00	$ 64.00	$ 536.00				
Computer Hardware/Software	$ -						
Materials & Supplies Total:	**$ 7,702.00**	**$ 1,140.00**	**$ 6,562.00**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 2,520.00	$ 790.00	$ 1,730.00				
Insurance	$ 7,504.00	$ 1,212.00	$ 6,292.00				
Professional License / Organizational Dues	$ 240.00	$ 24.00	$ 216.00				
Permits	$ -						
Equipment Lease & Maintenance	$ 13,764.00	$ 1,836.00	$ 11,928.00				
General Operating Total:	**$ 24,028.00**	**$ 3,862.00**	**$ 20,166.00**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ 5,820.00	$ 752.00	$ 5,068.00				
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ 5,820.00**	**$ 752.00**	**$ 5,068.00**	**$ -**	**$ -**	**$ -**	**$ -**
Psychiatric Nurse Practitioner ($75 /hrs x 65 /hrs/month x 12 months)	$ 58,500.00	$ 2,260.00	$ 56,240.00				
(add more Consultant/Subcontractor lines as necessary)	$ -						
Consultant/Subcontractor Total:	**$ 58,500.00**	**$ 2,260.00**	**$ 56,240.00**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
Program Related: Water ($600), Coffee ($350), Snacks ($690).	$ 1,640.00	$ 402.00	$ 1,238.00				
Client Flexible Support Expenses - Food & Groceries	$ 20,400.00			$ 20,400.00			
Client Flexible Support Expenses - Housing	$ 8,400.00			$ 8,400.00			
Client Flexible Support Expenses - Transportation	$ 11,400.00			$ 11,400.00			
Client Flexible Support Expenses - Clothing including shoes	$ 4,400.00			$ 4,400.00			
	$ -						
	$ -						
Other Total:	**$ 46,240.00**	**$ 402.00**	**$ 1,238.00**	**$ 44,600.00**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 217,114.00**	**$ 21,724.00**	**$ 150,790.00**	**$ 44,600.00**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name: ACM(Non-MHSA)
Program Code: 3822OP

Appendix #: B-5
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	General Fund CR - Mode 60/72 Srvs	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30					
Rent	$ 74,432.00	$ 74,432.00					
Utilities(telephone, electricity, water, gas)	$ 9,000.00	$ 9,000.00					
Building Repair/Maintenance	$ -						
Occupancy Total:	**$ 83,432.00**	**$ 83,432.00**	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ 3,016.00	$ 3,016.00					
Photocopying	$ 440.00	$ 440.00					
Program Supplies	$ 600.00	$ 600.00					
Subscriptions / Publications	$ 960.00	$ 960.00					
Computer Hardware/Software	$ 1,000.00	$ 1,000.00					
Materials & Supplies Total:	**$ 6,016.00**	**$ 6,016.00**	$ -	$ -	$ -	$ -	$ -
Training/Staff Development	$ 2,416.00	$ 2,416.00					
Insurance	$ 10,012.00	$ 10,012.00					
Professional License / Organizational Dues	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ 4,926.00	$ 4,926.00					
General Operating Total:	**$ 17,354.00**	**$ 17,354.00**	$ -	$ -	$ -	$ -	$ -
Local Travel	$ 14,900.00	$ 14,900.00					
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ 14,900.00**	**$ 14,900.00**	$ -	$ -	$ -	$ -	$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Name, Service Detail w/Dates, Hourly Rate and Ams)	$ -	$ -					
(add more Consultant/Subcontractor lines as necessary)	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	$ -	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
Program Related: Water ($480), Coffee ($400), Snacks ($440).	$ 1,320.00	$ 1,320.00					
Volunteer Stipends	$ 5,800.00	$ 5,800.00					
Client Flexible Support Expenses - Food & Groceries	$ 10,500.00		$ 10,500.00				
Client Flexible Support Expenses - Housing	$ 4,000.00		$ 4,000.00				
Client Flexible Support Expenses - Transportation	$ 1,200.00		$ 1,200.00				
Client Flexible Support Expenses - Clothing including shoes	$ 500.00		$ 500.00				
Client Related	$ 650.00	$ 650.00					
Other Total:	**$ 23,970.00**	**$ 7,770.00**	**$ 16,200.00**	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 145,672.00**	**$ 129,472.00**	**$ 16,200.00**	$ -	$ -	$ -	$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: ADULT FSPFranklin(MHSA)
Program Code: 3822A3

Appendix #: B-5a
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	MHSA-CSS HMHMPROP63 PMHS63-1805 Fee For Service	MHSA-CSS HMHMPROP63 PMHS63-1805 CR - Mode 60/72 Srvs	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30			
Rent	$ 46,164.00	$ 20,584.00	$ 25,580.00				
Utilities(telephone, electricity, water, gas)	$ 15,600.00	$ 6,956.00	$ 8,644.00				
Building Repair/Maintenance	$ -						
Occupancy Total:	**$ 61,764.00**	**$ 27,540.00**	**$ 34,224.00**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 4,806.00	$ 2,144.00	$ 2,662.00				
Photocopying	$ 320.00	$ 142.00	$ 178.00				
Program Supplies	$ 816.00	$ 364.00	$ 452.00				
Subscriptions / Publications	$ 2,160.00	$ 964.00	$ 1,196.00				
Computer Hardware/Software	$ 780.00	$ 348.00	$ 432.00				
Materials & Supplies Total:	**$ 8,882.00**	**$ 3,962.00**	**$ 4,920.00**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 3,400.00	$ 1,516.00	$ 1,884.00				
Insurance	$ 10,028.00	$ 4,470.00	$ 5,558.00				
Professional License / Organizational Dues	$ 500.00	$ 222.00	$ 278.00				
Permits	$ -						
Equipment Lease & Maintenance	$ 2,880.00	$ 1,284.00	$ 1,596.00				
General Operating Total:	**$ 16,808.00**	**$ 7,492.00**	**$ 9,316.00**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ 12,120.00	$ 5,408.00	$ 6,712.00				
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ 12,120.00**	**$ 5,408.00**	**$ 6,712.00**	**$ -**	**$ -**	**$ -**	**$ -**
Consultant/Subcontractor (Provide Consultant/Subcontracting Name, Service Detail w/Dates, Hourly Rate and Ams)	$ -						
(add more Consultant/Subcontractor lines as necessary)	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
Program Related: Water ($680), Coffee ($440), Snacks ($920).	$ 2,040.00	$ 910.00	$ 1,130.00				
Volunteer Stipends	$ 4,800.00	$ 2,140.00	$ 2,660.00				
Client Flexible Support Expenses - Food & Groceries	$ 24,000.00			$ 24,000.00			
Client Flexible Support Expenses - Housing	$ 1,200.00			$ 1,200.00			
Client Flexible Support Expenses - Transportation	$ 9,200.00			$ 9,200.00			
Client Flexible Support Expenses - Clothing including shoes	$ 2,400.00			$ 2,400.00			
	$ -						
Other Total:	**$ 43,640.00**	**$ 3,050.00**	**$ 3,790.00**	**$ 36,800.00**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 143,214.00**	**$ 47,452.00**	**$ 58,962.00**	**$ 36,800.00**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name: TAY FSP(MHSA)
Program Code: 3822T3

Appendix #: B-6
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	MHSA-CSS HMHMPROP63 PMHS63-1804 Fee For Service	MHSA-CSS HMHMPROP63 PMHS63-1804 CR - Mode 60/72 Srvs	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30			
Rent	$ 47,376.00	$ 20,166.00	$ 27,210.00				
Utilities(telephone, electricity, water, gas)	$ 8,904.00	$ 3,790.00	$ 5,114.00				
Building Repair/Maintenance	$ -						
Occupancy Total:	**$ 56,280.00**	**$ 11,978.00**	**$ 16,162.00**	**$ -**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 2,596.00	$ 1,106.00	$ 1,490.00				
Photocopying	$ 264.00	$ 112.00	$ 152.00				
Program Supplies	$ 728.00	$ 310.00	$ 418.00				
Subscriptions / Publications	$ 240.00	$ 102.00	$ 138.00				
Computer Hardware/Software	$ -						
Materials & Supplies Total:	**$ 3,828.00**	**$ 763.00**	**$ 1,030.00**	**$ -**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 1,600.00	$ 682.00	$ 918.00				
Insurance	$ 3,322.00	$ 1,414.00	$ 1,908.00				
Professional License / Organizational Dues	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ 2,568.00	$ 1,094.00	$ 1,474.00				
General Operating Total:	**$ 7,490.00**	**$ 1,489.00**	**$ 2,007.00**	**$ -**	**$ -**	**$ -**	**$ -**
Local Travel	$ 22,920.00	$ 9,756.00	$ 13,164.00				
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ 22,920.00**	**$ 4,878.00**	**$ 6,582.00**	**$ -**	**$ -**	**$ -**	**$ -**
Consultant/Subcontractor (Provide Consultant/Subcontracting Name, Service Detail w/Dates, Hourly Rate and Amt)	$ -						
(add more Consultant/Subcontractor lines as necessary)	$ -						
Consultant/Subcontractor Total:	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
Program Related: Water ($600), Coffee ($480), Snacks ($468).	$ 1,548.00	$ 658.00	$ 890.00				
Volunteer Stipends	$ 3,000.00	$ 1,276.00	$ 1,724.00				
Client Flexible Support Expenses - Food & Groceries	$ 24,000.00			$ 24,000.00			
Client Flexible Support Expenses - Housing	$ 1,600.00			$ 1,600.00			
Client Flexible Support Expenses - Transportation	$ 8,000.00			$ 8,000.00			
Client Flexible Support Expenses - Clothing including shoes	$ 2,400.00			$ 2,400.00			
	$ -						
Other Total:	**$ 40,548.00**	**$ 1,934.00**	**$ 2,614.00**	**$ 36,000.00**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 131,066.00**	**$ 21,042.00**	**$ 28,395.00**	**$ 36,000.00**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name: POPS / ASO
Program Code: FI

Appendix #: B-7
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	MH O/P Managed Care HMHMOPMGDCAR/ PHMGDC 18	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30				
Rent	$ -						
Utilities(telephone, electricity, water, gas)	$ -						
Building Repair/Maintenance	$ -						
Occupancy Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ 341.00	$ 72.00	$ 269.00				
Photocopying	$ -						
Program Supplies	$ -						
Subscriptions / Publications	$ -						
Computer Hardware/Software	$ -						
Materials & Supplies Total:	$ 341.00	$ 72.00	$ 269.00	$ -	$ -	$ -	$ -
Training/Staff Development	$ -						
Insurance	$ 3,136.00	$ 682.00	$ 2,454.00				
Professional License / Organizational Dues	$ -						
Permits	$ -						
Equipment Lease & Maintenance	$ -						
General Operating Total:	$ 3,136.00	$ 682.00	$ 2,454.00	$ -	$ -	$ -	$ -
Local Travel	$ 154.00	$ 36.00	$ 118.00				
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	$ 154.00	$ 36.00	$ 118.00	$ -	$ -	$ -	$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Name, Service Detail w/Dates, Hourly Rate and Ams)	$ -						
(add more Consultant/Subcontractor lines as necessary)	$ -						
Consultant/Subcontractor Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
Other Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	$ 3,631.00	$ 790.00	$ 2,841.00	$ -	$ -	$ -	$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: PREP - Cost Reimbursement
Program Code: 8990EP

Appendix #: B-8
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	MHSA-CSS HMHMPROP63 PMHS63-1804	SAMHSA SOC #93.958 HMHMRCGRANTS HMM007-1801	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30			
Rent	$ 43,232.00		$ 33,704.00	$ 9,528.00			
Utilities(telephone, electricity, water, gas)	$ 9,800.00		$ 7,640.00	$ 2,160.00			
Building Repair/Maintenance	$ 3,750.00		$ 2,924.00	$ 826.00			
Occupancy Total:	**$ 56,782.00**	**$ -**	**$ 44,268.00**	**$ 12,514.00**	**$ -**	**$ -**	**$ -**
Office Supplies	$ 2,308.00		$ 1,614.00	$ 694.00			
Photocopying	$ 1,570.00		$ 1,000.00	$ 570.00			
Program Supplies	$ 1,440.00		$ 1,122.00	$ 318.00			
Subscriptions / Publications	$ 1,058.00		$ 824.00	$ 234.00			
Computer Hardware/Software	$ 1,400.00		$ 872.00	$ 528.00			
Materials & Supplies Total:	**$ 7,776.00**	**$ -**	**$ 5,432.00**	**$ 2,344.00**	**$ -**	**$ -**	**$ -**
Training/Staff Development	$ 5,300.00		$ 3,252.00	$ 2,048.00			
Insurance	$ 3,574.00		$ 2,788.00	$ 786.00			
Professional License / Organizational Dues	$ 1,900.00		$ 1,480.00	$ 420.00			
Permits	$ -						
Equipment Lease & Maintenance	$ 3,400.00		$ 2,650.00	$ 750.00			
General Operating Total:	**$ 14,174.00**	**$ -**	**$ 10,170.00**	**$ 4,004.00**	**$ -**	**$ -**	**$ -**
Local Travel	$ 3,724.00		$ 3,224.00	$ 500.00			
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ 3,724.00**	**$ -**	**$ 3,224.00**	**$ 500.00**	**$ -**	**$ -**	**$ -**
Extra Clerical Support - provided by Office Team $27.00 /hr X 15 / hr/month X 12 /months	$ 4,860.00		$ 3,576.00	$ 1,284.00			
(add more Consultant/Subcontractor lines as necessary)	$ -						
Consultant/Subcontractor Total:	**$ 4,860.00**	**$ -**	**$ 3,576.00**	**$ 1,284.00**	**$ -**	**$ -**	**$ -**
Other (provide detail):	$ -						
Program Related: Water ($480), Coffee ($360), Snacks ($680), Food ($540), Transportation ($480), Housing ($420)	$ 2,960.00		$ 2,300.00	$ 660.00			
Client Related:Food ($200), Transportation ($200), Housing ($100)	$ 1,000.00			$ 1,000.00			
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
Other Total:	**$ 3,960.00**	**$ -**	**$ 2,300.00**	**$ 1,660.00**	**$ -**	**$ -**	**$ -**
TOTAL OPERATING EXPENSE	**$ 91,276.00**	**$ -**	**$ 68,970.00**	**$ 22,306.00**	**$ -**	**$ -**	**$ -**

Appendix B - DPH 4: Operating Expenses Detail

Program Name: PREP - Fee For Service
Program Code: 8990EP

Appendix #: B-8a
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	MHSA-CSS HMHMPROP63 PMHS63-1804	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30				
Rent	$ 48,932.00	$ 13,344.00	$ 35,588.00				
Utilities(telephone, electricity, water, gas)	$ 9,820.00	$ 3,660.00	$ 6,160.00				
Building Repair/Maintenance	$ 3,500.00	$ 830.00	$ 2,670.00				
Occupancy Total:	**$ 62,252.00**	**$ 17,834.00**	**$ 44,418.00**	$ -	$ -	$ -	$ -
Office Supplies	$ 2,928.00	$ 1,252.00	$ 1,676.00				
Photocopying	$ 1,680.00	$ 684.00	$ 996.00				
Program Supplies	$ -						
Subscriptions / Publications	$ 684.00	$ 162.00	$ 522.00				
Computer Hardware/Software	$ 1,200.00	$ 760.00	$ 440.00				
Materials & Supplies Total:	**$ 6,492.00**	**$ 2,858.00**	**$ 3,634.00**	$ -	$ -	$ -	$ -
Training/Staff Development	$ 4,200.00	$ 1,822.00	$ 2,378.00				
Insurance	$ 6,720.00	$ 2,512.00	$ 4,208.00				
Professional License / Organizational Dues	$ 1,700.00	$ 404.00	$ 1,296.00				
Permits	$ -						
Equipment Lease & Maintenance	$ 2,600.00	$ 1,788.00	$ 812.00				
General Operating Total:	**$ 15,220.00**	**$ 6,526.00**	**$ 8,694.00**	$ -	$ -	$ -	$ -
Local Travel	$ 12,720.00	$ 6,498.00	$ 6,222.00				
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ 12,720.00**	**$ 6,498.00**	**$ 6,222.00**	$ -	$ -	$ -	$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and	$ -		$ -				
(add more Consultant/Subcontractor lines as necessary)	$ -		$ -				
Consultant/Subcontractor Total:	**$ -**	**$ -**	**$ -**	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
Program Related: Water ($420), Coffee ($360), Snacks ($444), Food ($240), Transportation ($360)	$ 1,824.00	$ 434.00	$ 1,390.00				
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
Other Total:	**$ 1,824.00**	**$ 434.00**	**$ 1,390.00**	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 98,508.00**	**$ 34,150.00**	**$ 64,358.00**	$ -	$ -	$ -	$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Full Circle EPSDTFranklin
Program Code: 382203

Appendix #: B-9
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	Family Mosaic Cap Medi-Cal (HMHMCP8828CH)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30				
Rent	$ 125,708.00	$ 121,200.00	$ 4,508.00				
Utilities(telephone, electricity, water, gas)	$ 7,584.00	$ 7,072.00	$ 512.00				
Building Repair/Maintenance	$ -						
Occupancy Total:	**$ 133,292.00**	**$ 128,272.00**	**$ 5,020.00**	$ -	$ -	$ -	$ -
Office Supplies	$ 2,972.00	$ 2,926.00	$ 46.00				
Photocopying	$ 832.00	$ 816.00	$ 16.00				
Program Supplies including Misc. Supplies, Games, Toys, Crafts	$ 360.00	$ 328.00	$ 32.00				
Subscriptions / Publications	$ 520.00	$ 500.00	$ 20.00				
Computer Hardware/Software	$ 960.00	$ 892.00	$ 68.00				
Materials & Supplies Total:	**$ 5,644.00**	**$ 5,462.00**	**$ 182.00**	$ -	$ -	$ -	$ -
Training/Staff Development	$ 600.00	$ 384.00	$ 216.00				
Insurance	$ 6,168.00	$ 5,940.00	$ 228.00				
Organizational Dues	$ -						
Professional License	$ -						
Equipment Lease & Maintenance	$ 5,184.00	$ 5,028.00	$ 156.00				
General Operating Total:	**$ 11,952.00**	**$ 11,352.00**	**$ 600.00**	$ -	$ -	$ -	$ -
Local Travel	$ 8,400.00	$ 7,930.00	$ 470.00				
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	**$ 8,400.00**	**$ 7,930.00**	**$ 470.00**	$ -	$ -	$ -	$ -
Clinical Supervision for Registered Psychologist $80.00/hr x 14.0 hrs/month x 12 months	$ 13,440.00	$ 13,040.00	$ 400.00				
(add more Consultant/Subcontractor lines as necessary)	$ -						
Consultant/Subcontractor Total:	**$ 13,440.00**	**$ 13,040.00**	**$ 400.00**	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
Program Related: Water ($360), Coffee ($80), Snacks ($360).	$ 800.00	$ 730.00	$ 70.00				
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
Other Total:	**$ 800.00**	**$ 730.00**	**$ 70.00**	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	**$ 173,528.00**	**$ 166,786.00**	**$ 6,742.00**	$ -	$ -	$ -	$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: Healing Circle
Program Code: FI

Appendix #: B-10
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

As requested by SF Department of Public Health, Family Service Agency serves as a Fiscal Intermediary for Healing Circle (Please see Appendix A-10)

Expense Categories & Line Items	TOTAL	General Fund HMHMCC730515	MH GRANT SAMSHA Adult SOC, CFDA #93.958 HMHMRCGRANTS HMM007-1801	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30	7/01 - 6/30				
Rent	$ -						
Utilities(telephone, electricity, water, gas)	$ -						
Building Repair/Maintenance	$ -						
Occupancy Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ -						
Photocopying	$ -						
Program Supplies including misc. school supplies ($120)	$ -						
Computer Hardware/Software	$ -						
Materials & Supplies Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Training/Staff Development	$ -						
Insurance	$ -						
Organizational Dues	$ -						
Professional License	$ -						
Equipment Lease & Maintenance	$ -						
General Operating Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Local Travel	$ -						
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
The Healing Circle - FSA serves as fiscal intermediary	$ 25,278.00	$ 22,840.00	$ 2,438.00				
(add more Consultant/Subcontractor lines as necessary)	$ -						
Consultant/Subcontractor Total:	$ 25,278.00	$ 22,840.00	$ 2,438.00	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
Other Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	$ 25,278.00	$ 22,840.00	$ 2,438.00	$ -	$ -	$ -	$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: MCAH-CHVP
Program Code: FI

Appendix #: B-11
Page #: 3
Fiscal Year: Base on FY
Funding Notification Date: Document Date

As requested by SF Department of Public Health, Family Service Agency serves as a Fiscal Intermediary for MCAH (Please see Appendix A-11)

Expense Categories & Line Items	TOTAL	Federal Title V Block Grant HCHPMMCHADGR HCMC02 - 1800	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):	7/01 - 6/30	7/01 - 6/30					
Rent	$ -						
Utilities(telephone, electricity, water, gas)	$ -						
Building Repair/Maintenance	$ -						
Occupancy Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office Supplies	$ -						
Photocopying	$ -						
Program Supplies including misc. school supplies ($120)	$ -						
Computer Hardware/Software	$ -						
Materials & Supplies Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Training/Staff Development	$ -						
Insurance	$ -						
Organizational Dues	$ -						
Professional License	$ -						
Equipment Lease & Maintenance	$ -						
General Operating Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Local Travel	$ -						
Out-of-Town Travel	$ -						
Field Expenses	$ -						
Staff Travel Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SFDPH Maternal, Child & Adolescent Health / California Homes Visiting Program - FSA serves as fiscal intermediary	$ 47,826.00	$ 47,826.00					
(add more Consultant/Subcontractor lines as necessary)	$ -						
Consultant/Subcontractor Total:	$ 47,826.00	$ 47,826.00	$ -	$ -	$ -	$ -	$ -
Other (provide detail):	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
	$ -						
Other Total:	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL OPERATING EXPENSE	$ 47,826.00	$ 47,826.00	$ -	$ -	$ -	$ -	$ -

Appendix B -DPH 6: Contract-Wide Indirect Detail

Contractor Name: Family Service Agency of San Francisco | Page # 4

FSP Contract ID #: 1000009936 | Base on Fiscal Year: 18-19

Document Date: 7/1/18

1. SALARIES & BENEFITS

Position Title	FTE	TOTAL EACH FY Amount
Chief Executive Officer	0.251375	$ 51,909
Executive Assistant to the CEO	0.251442	$ 23,887
Board Liason/Special Projects	0.251444	$ 18,104
Vice President of Human Resources	0.251395	$ 36,955
Benefits & Wellness Manager	0.251462	$ 19,614
Recruiting Manager	0.251307	$ 18,848
HR Coordinator	0.251087	$ 10,282
Chief Financial & Operations Officer	0.251389	$ 43,993
Finance Director	0.251368	$ 31,421
Assistant Controller	0.251422	$ 22,628
Fiscal Administrative Assistant (NE)	0.251567	$ 9,751
Senior Accountant	0.251444	$ 18,104
AP Manager	0.251349	$ 15,835
Payroll Specialist	0.251436	$ 13,829
Staff Accountant (NE)	0.251392	$ 12,821
Director of Integration and Innovation	0.251370	$ 27,148
Director of Communications	0.251368	$ 31,421
Communication Felton/Circe	0.251262	$ 16,332
Development Manager	0.251339	$ 28,904
IT Director	0.251358	$ 30,163
IT Specialist	0.251581	$ 10,818
Maintainance Technician	0.251410	$ 9,805
Receptionist/Security	0.251410	$ 9,805
Lead Custodian/Handyperson	0.251500	$ 9,557
Receptionist	0.251100	$ 6,048

Subtotal:	6.28	$	527,982
Employee Fringe Benefits:	29.99%	$	158,342
Total Salaries and Benefits:		$	686,324

2. OPERATING COSTS

Expense line item:	Amount
Occupancy (property tax, building insurance, repairs & maintenance, utilities and janitorial expenses)	$ 99,110
Communications (landline, mobile, fax & internet)	$ 18,409
Professional Services (Legal & Consultants)	$ 138,339
Equipment	$ 5,953
Insurance	$ 3,473
Admin & Management Fees (including Payroll & Benefit Processing)	$ 49,489
Materials & Supplies	$ 5,516
Audit Fees	$ 13,699
Equipment Lease & Maintenance	$ 4,712
Training & Staff Development	$ 11,656
Transportation	$ 5,628
IT Development & Maintenance	$ 2,747
Miscellaneous (fees, taxes & licenses, org dues, subcriptions/publications, meeting exp, staff recognition)	$ 18,602
Total Operating Costs	$ 377,333

Total Indirect Costs (Salaries & Benefits + Operating Costs)	$ 1,063,657

Appendix C

Reserved

Appendix D

Reserved

Appendix E

Business Associate Agreement

APPENDIX E

San Francisco Department of Public Health

Business Associate Agreement

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

RECITALS

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

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

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

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

1. Definitions.

a. Breach means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

b. Breach Notification Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

c. **Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

d. **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

f. **Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

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

k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

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

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

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

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

2. Obligations of Business Associate.

Changes to section 2 (a) or to the referenced attachments must be reviewed and approved by your Department's staff member responsible for data privacy and/or security. In some cases, any one or more of the three attachments may not apply, but that decision must be made in consultation with the privacy/security officer or the City Attorney's Office. If a Contractor has questions about a specific attachment, contact your Department's data privacy or security director/officer.

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

Changes to section 2 (b) must be reviewed and approved by your Department's staff member responsible for data privacy and/or security. Business Associates are required to train their staff (as necessary and appropriate for the members of their workforce to carry out their function within the BA) on HIPAA requirements and the BA's policies and procedures with respect to the HIPAA requirements and retain documentation for seven years.

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

c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a

violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

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

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

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

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

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

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

k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health

and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

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

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

Contractors sometimes want to limit section 2(n)'s notice requirement below to "Successful Security Incidents" or exempt "Unsuccessful Security Incidents" from the notice requirement, and define the terms themselves. If so, please contact the City Attorney's Office and your department's IT department.

n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

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

Contractors sometimes want to limit the Section 3, Termination, to breaches of "material provisions," or include an opportunity to cure. A breach of PHI is very different than a breach of a contract, so we may not want to allow them a cure period or we may want to require that the "cure" is satisfactory to the City. If so, please contact the City Attorney's Office.

3. Termination.

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

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

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

e. Disclaimer. CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

Contractors sometimes want to make section 4 a mutual ability to terminate. If so, please contact the City Attorney's Office.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws

relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

Contractors sometimes want to delete section 5 because they claim the indemnification and liability sections in the main agreement cover this issue. If so, please contact the City Attorney's Office.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017
Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

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

San Francisco Department of Public Health (SFDPH) Office of Compliance and Privacy Affairs (OCPA) ATTACHMENT 1

Contractor Name:	Family Service Agency (DBA: Felton Institute)	Contractor City Vendor ID	0000020256

PRIVACY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

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

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

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

Contractor Name:	Family Service Agency (DBA: Felton Institute)	Contractor City Vendor ID	0000020256

DATA SECURITY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

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

Appendix F

Reserved

Appendix G

Dispute Resolution Procedure
For Health and Human Services Nonprofit Contractors
9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions for concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.

- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.

- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

San Francisco Department of Public Health
Privacy Policy Compliance Standards

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation showing individual was trained exists

Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

Appendix I

THE DECLARATION OF COMPLIANCE

Each Fiscal Year, CONTRACTOR attests with a Declaration of Compliance that each program site has an Administrative Binder that contains all of the forms, policies, statements, and documentation required by Community Behavioral Health Services (CBHS). The Declaration of Compliance also lists requirements for site postings of public and client information, and client chart compliance if client charts are maintained. CONTRACTOR understands that the Community Programs Business Office of Contract Compliance may visit a program site at any time to ensure compliance with all items of the Declaration of Compliance.

SAMHSA

STANDARD TERMS AND CONDITONS (COOPERATIVE AGREEMENT)

COOPERATIVE AGREEMENT:

This cooperative agreement funds and sets out the terms and conditions governing a collaborative effort between the (Grantee Organization Name) and the Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA).

While the responsibility for conducting these activities lies primarily with (Grantee Organization Name), the Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), through its designated representatives shall provide continuing technical assistance, consultation, and coordination in the conduct of the project during the period of this agreement. In addition to these terms and conditions and the applicable statutes and regulations, grantees are bound by the HHS Grants Policy Statement and all requirements in the Request for Applications (RFA) document.

ROLE OF GRANTEE:

Grantees must:

(1) Comply with terms and conditions of the cooperative agreement award.

(2) Collaborate with CSAT/CSAP/CMHS staff in project implementation and monitoring.

ROLE OF GOVERNMENT PROJECT OFFICER:

The Government Project Officer (GPO) will have overall responsibility for monitoring the conduct and progress of Grantee Sites, including conducting site visits. The GPO will provide substantial input, in collaboration with the grantees, both in the planning and implementation of the program and in evaluation activities, and will make recommendations regarding program continuance. Likewise, GPOs will participate in the publication of results and packaging and dissemination of products and materials in order to make the findings available to the field. CSAT/CSAP/CMHS/SAMHSA staff will receive authorship/co-authorship credit on all publications to which they have made substantial contributions.

ROLE OF THE GRANTS MANAGEMENT OFFICER:

The Grants Management Officer (GMO) is responsible for all business management aspects of negotiation, award, and financial and administrative aspects of the cooperative agreement. The GMO utilizes information from site visits, reviews of expenditure and audit reports, and other appropriate means to assure that the project is operated in compliance with all applicable Federal laws, regulations, guidelines, and the terms and conditions of award. Questions concerning the applicability of regulations and policies to this cooperative agreement, and all requests for required prior approvals such as requests for permission to expend funds for certain items should be directed to the GMO. Required approvals must be provided in writing and the GMO is the only person, except for the SAMHSA Administrator, who may grant such required approvals. Written approvals granted by other officials are not binding on the government. All changes in the terms of the cooperative agreement award must be issued in writing by the GMO.

SPECIAL TERM OF AWARD:

Your organization may be permitted to automatically carryover, without prior approval from SAMHSA, an unobligated balance of funds to the second budget period (FY 2015) up to 10 percent of the Federal share; however, SAMHSA reserves the right to suspend this practice.

STANDARD TERMS OF AWARD:

1. As required by the Federal Funding Accountability and Transparency Act of 2006, this new award is subject to the subaward and executive compensation reporting requirement of 2 CFR Part 170. Although the full text of this regulation is attached, you may access the language online at http://www.samhsa.gov/grants/subaward.aspx .

The following SAMHSA Term of Award is applicable to all (Type 1) new SAMHSA grants which start on or after Oct. 1, 2010. At this time, Type 2s (competing renewals) and Type 3s (competing supplements) are not included, but may be subject to this requirement in the future:

Reporting Subawards and Executive Compensation

a. Reporting of first-tier subawards.

1. Applicability. Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates $25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph a.1. of this award term to http://www.fsrs.gov.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3. What to report. You must report the information about each obligating action that the submission instructions posted at http://www.fsrs.gov specify.

b. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if-

i. the total Federal funding authorized to date under this award is $25,000 or more;

ii. In the preceding fiscal year, you received-

(A) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm.)

2. Where and when to report. You must report executive total compensation described in paragraph b.1. of this award term:

i. As part of your registration profile, you must access the System for Award Management (SAM) at: https://www.sam.gov/portal/public/SAM/.

ii. By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph d. of this award term, for each first-tier subrecipient under this award, you shall report the names and

total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if-

i. In the subrecipient's preceding fiscal year, the subrecipient received-

(A) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(B) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm.)

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions

If, in the previous tax year, you had gross income, from all sources, under $300,000, you are exempt from the requirements to report:

i. Subawards, and

ii. The total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;

ii. A foreign public entity;

iii. A domestic or foreign nonprofit organization;

iv. A domestic or foreign for-profit organization;

v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. Executive means officers, managing partners, or any other employees in management positions.

3. Subaward:

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. II.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. Subrecipient means an entity that:

i. Receives a subaward from you (the recipient) under this award; and

ii. Is accountable to you for the use of the Federal funds provided by the subaward.

5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

i. Salary and bonus.

ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

v. Above-market earnings on deferred compensation which is not tax-qualified.

vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000.

2) The Division of Grants Management created a Public Assistance (P) Account in Payment Management Services to provide a separate accounting of federal funds per SAMHSA grant. When discussing your account with the Payment Management Services Account Representative, provide the document number identified on Page 2 of the Notice of Award (NoA) under Section I - AWARD DATA, Fiscal Information.

3) As the grantee organization, you acknowledge acceptance of the grant terms and conditions by drawing down or otherwise obtaining funds from the Payment Management Services. In doing so, your organization must ensure that you exercise prudent stewardship over Federal funds and that all costs are allowable, allocable, and reasonable.

4) Grantees must adhere to all applicable requirements of the Fiscal Year 2012 Consolidated Appropriations Act provisions in PL 112-74 for the Department of Labor, Health and Human Services, and Education and the Department of Interior and Related Agencies and from the Consolidated and Further Continuing Appropriations Act, Fiscal Year 2012, Public Law 112-55 for the United States Department of Agriculture, and Related Agencies.

5) This grant is subject to the terms and conditions as stated in Section III (Terms and Conditions) of the NoA. Refer to the "order of precedence" that explains the laws and regulations that govern the award.

6) The grantee organization is legally and financially responsible for all aspects of this grant, including funds provided to sub-recipients.

7) The Department of Health and Human Services' (HHS), Office of General Counsel (OGC) has provided guidance on how the lobbying restrictions in the Fiscal Year 2012 Consolidated Appropriations Act (CAA, 2012) will affect HHS programs. Section 503 of the Labor, HHS, and Education Appropriation Act (Division F of the CAA, 2012) is the most comprehensive provision focused on lobbying restrictions. Recent changes to this section may have implications for SAMHSA and its grantees. Language provided by OGC, below provides specific guidance on: agency actions; grantee lobbying; tax increases and other restrictions on legal consumer products; and clarification of Internal Revenue Code provisions.

SEC. 503. - Agency Actions

a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication,

electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

Section 503(b) - Grantee and Contractor Lobbying

b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

8) Grant funds cannot be used to supplant current funding of existing activities. Under the HHS Grants Policy Directives, 1.02 General – Definition: Supplant is to replace funding of a recipient's existing program with funds from a Federal grant.

9) The recommended future support as indicated on the NoA reflects TOTAL costs (direct plus indirect). Funding is subject to the availability of Federal funds, and that matching funds, (if applicable), is verifiable, progress of the grant is documented and acceptable.

10) For FY 2014, the Consolidated Appropriations Act, 2014 (Public Law 113-76) signed into law on January 17, 2014, restricts the amount of direct salary to Executive Level II of the Federal Executive Pay scale. The Executive Level II salary is $181,500 annually.

11) "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations (42 CFR 2) are applicable to any information about alcohol and other drug abuse patients obtained by a "program" (42 CFR 2.11), if the program is federally assisted in any manner (42 CFR 2.12b).

Accordingly, all project patient records are confidential and may be disclosed and used only

in accordance with (42 CFR 2). The grantee is responsible for assuring compliance with these regulations and principles, including responsibility for assuring the security and confidentiality of all electronically transmitted patient material.

12) Accounting Records and Disclosure - Awardees and sub-recipients must maintain records which adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to grant or subgrant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. The awardee, and all its sub-recipients, should expect that SAMHSA, or its designee, may conduct a financial compliance audit and on-site program review of grants with significant amounts of Federal funding.

13) Per (2 CFR Part 215, 45 CFR 74.36 and 45 CFR 92.34) and the HHS Grants Policy Statement, any copyrighted or copyrightable works developed under this cooperative agreement/grant shall be subject to a royalty-free, nonexclusive and irrevocable license to the government to reproduce, publish, or otherwise use them and to authorize others to do so for Federal Government purposes. Income earned from any copyrightable work developed under this grant must be used a program income.

14) A notice in response to the President's Welfare-to-Work initiative was published in the Federal Register on May 16, 1997. This initiative is designed to facilitate and encourage grantees and their sub-recipients to hire welfare recipients and to provide additional needed training and/or mentoring as needed. The text of the notice is available electronically on the OMB home page at http://www.whitehouse.gov/omb/fedreg/omb-not.html.

15) Program income accrued under the award must be accounted for in accordance with (2 CFR Part 215 and 45 CFR 74.24) or (45 CFR 92.25) as applicable. Program income must be reported on the Federal Financial Report, Standard Form 425.

Program income accrued under this award may be used in accordance with the additional costs alternative described in (45 CFR 74.24(b)(1)) or (45 CFR 92.25(g)(2)) as applicable. Program income must be used to further the grant objectives and shall only be used for allowable costs as set forth in the applicable OMB Circulars A-102 ("Grants and Cooperative Agreements with State and Local Governments") and A-110 ("Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations").

16) Actions that require prior approval must be submitted in writing to the Grants Management Officer (GMO), SAMHSA. The request must bear the signature of an authorized business official of the grantee organization as well as the project director. Approval of the request may only be granted by the GMO and will be in writing. No other written or oral approval should be accepted and will not be binding with SAMHSA. Post Award requirements and instructions may be found at www.samhsa.gov then click on "grants", then "grants

management".

17) The recipient is required to notify the Government Program Official (GPO) in writing if the Project Director (PD) or key personnel specifically named in the NoA will withdraw from the project entirely, be absent from the project during any continuous period of 3 months or more, or reduce time devoted to the project by 25 percent or more from the level that was approved at the time of award (for example, a proposed change from 40 percent effort to 30 percent or less effort). SAMHSA must approve any alternate arrangement proposed by the recipient, including any replacement of the PD or key personnel named in the NoA.

The request for approval of a substitute PD/key person should include a justification for the change, the biographical sketch of the individual proposed, other sources of support (if applicable), and any budget changes resulting from the proposed change. If the arrangements proposed by the recipient, including the qualifications of any proposed replacement, are not acceptable to SAMHSA, the grant may be suspended or terminated. If the recipient wants to terminate the project because it cannot make suitable alternate arrangements, it must notify the GMO, in writing, of its wish to terminate, and the GMO will forward closeout instructions.

Key staff (or key staff positions, if staff has not been selected) are listed below:

Joe Smith, Project Director @ (i.e., 10%) level of effort

Name, Evaluator @ unstated level of effort

All changes in key staff including level of effort must be sent electronically to the GPO including a biographical sketch and other documentation and information as stated above who will make a recommendation for approval or disapproval to the assigned Grants Management Specialist. Only the GMO, SAMHSA may approve Key Staff Changes.

18) Refer to the NoA under Section II (Payment/Hotline Information) regarding the Payment Management Services and the HHS Inspector General's Hotline concerning fraud, waste or abuse.

19) No HHS funds may be paid as profit (fees) per (45 CFR Parts 74.81 and 92.22(2)).

20) Where a conference is funded by a grant or cooperative agreement the recipient must include the following statement on all conference materials (including promotional materials, agenda, and Internet sites):

Funding for this conference was made possible (in part) by (insert grant or cooperative agreement award number) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade

names, commercial practices, or organizations imply endorsement by the U.S. Government.

21) If federal funds are used by the grantee to attend a meeting, conference, etc. and meal(s) are provided as part of the program, then the per diem applied to the Federal travel costs (M&IE allowance) must be reduced by the allotted meal cost(s).

22) This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://samhsa.gov/grants/trafficking.aspx .

23) Grantees must comply with the requirements of the National Historical Preservation Act and EO 13287, Preserve America. The HHS Grants Policy Statement provides clarification and uniform guidance regarding preservation issues and requirements (pages I-20, "Preservation of Cultural and Historical Resources"). Questions concerning historical preservation, please contact SAMHSA's Office of Program Services, Building, Logistics and Telecommunications Branch at 240-276-1001.

24) Executive Order 13410: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs promotes efficient delivery of quality health care through the use of health information technology, transparency regarding health care quality and price, and incentives to promote the widespread adoption of health information technology and quality of care. Accordingly, all grantees that electronically exchange patient level health information to external entities where national standards exist must:

   a) Use recognized health information interoperability standards at the time of any HIT system update, acquisition, or implementation, in all relevant information technology systems supported, in whole or in part, through this agreement/contract. Please consult http://www.hhs.gov/healthit for more information, and

   b) Use Electronic Health Record systems (EHRs) that are certified by agencies authorized by the Office of the National Coordinator for Health Information Technology (ONC), or that will be certified during the life of the grant. For additional information contact: Jim Kretz at 240-276-1755 or Jim.Kretz@samhsa.hhs.gov ; Kathryn Wetherby at 240-276-2899 or Kathryn.Wetherby@samhsa.hhs.gov . Questions and issues may be raised on SAMHSA's HIT Forum at http://cmhbbs.samhsa.gov/.

25) By signing the Application for Federal Assistance (SF-424) Item #21, the Authorized Representative (AR) certifies (1) to the statements contained in the list of certifications and (2) provides the required assurances and checking the "I AGREE" box provides SAMHSA with the AR's agreement of compliance. It is not necessary to submit signed copies of these documents, but should be retained for your records. Assurance and Certification pages can

be located at the following link: http://www.samhsa.gov/Grants/ApplicationKit.aspx or contained within the Request for Applications (RFA).

REPORTING REQUIREMENTS:

1) Federal Financial Report (FFR) – (Standard Form 425) is required on an annual basis and must be submitted no later than 90 days after the end of the budget period.

   a) SINGLE GRANT REPORTING IS REQUIRED FOR EACH SAMHSA PROJECT AS STATED ON THE FFR (#10 d-o). Do not include any amount in Line 10f that has been reported in Line 10e. If applicable, include the required match on this form under Recipient Share (#10 i-k) and Program Income (l-o) in order for SAMHSA to determine whether matching is being provided and the rate of expenditure is appropriate. Adjustments to the award amount, if necessary, will be made if the grantee fails to meet the match.

   b) The FFR must be prepared on a cumulative basis and all program income must be reported.

   c) If your organization intends to automatically carryover an unobligated balance of funds from the prior year(s) up to 10 percent of the federal share as reflected in the current Notice of Award, it must be stated in the Remarks section (#12) of the FFR. The subsequent FFR must reflect the actual carryover amount in the Remarks section (#12) also. If the actual carryover amount exceeds the 10 percent threshold, the excess grant funds must be returned. SAMHSA reserves the right to change and/or suspend the practice of permitting grantees to automatically carryover unobligated balances of funds without prior approval.

   d) When submitting the FFR to SAMHSA, the amounts reported under Transactions (#10 a-c) to the (DPM), must equal or be reconciled with the Federal Expenditures and Unobligated Balance reported in (#10d-h). The FFR may be accessed from the following website at http://www.whitehouse.gov/omb/grants_forms including instructions. The data can be entered directly on the form and the system will calculate the figures, then it can be printed and mailed to this office.

2) Submission of a Programmatic (annual, semi-annual or quarterly) Report is due no later than the dates (i.e., January 1, 2014, January 1, 2015, etc.) as follows:

   1st Report - , XXXX
   2nd Report - , XXXX
   3rd Report - , XXXX
   4th Report - , XXXX

3) The grantee must comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the RFA or by the Program Official. This

Information is needed in order to comply with PL 102-62 which requires that SAMHSA report evaluation data to ensure the effectiveness and efficiency of its programs.

4) Audit requirements for Federal award recipients are detailed at http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf. Specifically, non-Federal entities that expend a total of $500,000 or more in Federal awards, during each Fiscal Year, are required to have an audit completed in accordance with OMB Circular A-133. The Circular defines Federal awards as Federal financial assistance (grants) and Federal cost-reimbursement (contracts) received both directly from a Federal awarding agency as well as indirectly from a pass-through entity and requires entities submit, to the Federal Audit Clearinghouse (FAC), a completed Data Collection Form (SF-SAC) along with the Audit Report, within the earlier of 30 days after receipt of the report or 9 months after the fiscal year end.

The Data Collection Forms and Audit Reports MUST be submitted to the FAC electronically at http://harvester.census.gov/fac/collect/ddeindex.html . For questions and information concerning the submission process, please visit http://harvester.census.gov/sac/ or call the FAC 1-800-253-0696.

INDIRECT COSTS:

If the grantee chooses to establish an indirect cost rate agreement, it is required to submit an indirect cost rate proposal to the appropriate office within 90 days from the start date of the project period. For additional information, please refer to HHS Grants Policy Statement Section I, pages 23-24.

SAMHSA will not accept a research indirect cost rate. The grantee must use other-sponsored program rate or lowest rate available.

Please contact the appropriate office of the Division of Cost Allocation to begin the process for establishing an indirect cost rate. To find a list of HHS Division of Cost Allocation Regional Offices, go to: https://rates.psc.gov/fms/dca/map1.html .

Failure to comply with the above stated terms and conditions may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

All responses to special terms and conditions of award and post award requests must be electronically mailed to the Division of Grants Management Specialist and to the Government Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

City and County of San Francisco
Mark Farrell, Mayor

San Francisco Department of Public Health
Barbara A. Garcia, MPA
Director of Health

June 15, 2018

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Please find attached a proposed resolution for Board of Supervisors approval of original agreement to a contract agreement with the Family Service Agency doing business as the Felton Institute as in the amount of $36,533,164.

This original agreement requires Board of Supervisors approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Resolution for the original agreement;
- Copy of proposed original agreement;
- Form SFEC-126 for the Board of Supervisors and Mayor.

For questions on this matter, please contact me at (415) 255-3508, Jacquie.Hale@SFDPH.org.

Thank you for your time and consideration.

Sincerely,

Jacquie Hale
Manager
Office of Contracts Management and Compliance
DPH Business Office

File No.180660

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information *(Please print clearly.)*	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

Contractor Information *(Please print clearly.)*

Name of contractor:
Family Service Agency of San Francisco (DBA: Felton Institute)

Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.

1. Board of Directors: Amy Solliday, Chair; James (Will) Smiley, Vice Chair; Elisabeth Madden, Secretary; Michael N. Hofman, Chair Emeritus; Paul Adams, Dale M. Butler, H. Westley Clark, Michelle O. Clerk; Veronica Garcia; Terry M. Limpert, Lisa Loughney; Lauren Mikulski; Eric Minkove; J.D. Moitra; Ameilia Morris; Michael Orias; Yasmine Rafidi; Eric Severson; Alefigay Shambhoora; Darren Skolnick; Matthew H. Snyder; Richard Tsai; John Wyatt.
2. Al Gilbert, President & CEO, Marvin Davis, Chief Financial Officer & Chief Operations Officer, Yohana Quiroz, Chief Operations Officer – CYF Division
3.Persons with more than 20% ownership: N/A
4. Subcontractors listed in contract: San Francisco Nurse Family Partnership.
5. Political committees sponsored or controlled by contractor: N/A

Contractor address:
1500 Franklin Street, San Francisco, CA 94109

Date that contract was approved:	Amount of contract: **$36,533,164**

Describe the nature of the contract that was approved:

- Mental Health Outpatient Treatment Services and Optional Specialized Mental Health Treatment Services;
- Intensive Case Management Modality Services Full Service Partnerships and Non-Full Service Partnership Programs;
- Transition Age Youth System of Care;
- Mental Health Outpatient Programs for Adults/Older Adults System of Care.

Comments:

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

☑ a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board

☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information *(Please print clearly.)*	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer) — Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk) — Date Signed