

SUMMARY OF COMMUNITY-BASED ORGANIZATION AGREEMENTS AND OTHER DIRECT TREATMENT PROVIDERS

REQUEST TO THE HEALTH COMMISSION

This Agreement is for the provision of direct treatment/services that serves as an extension of DPH's service delivery system.

Vendor:	Regents of the University of California Child and Adolescent Services	Division/Section:	DPH BHS – CYF SOC
		DPH Administrator:	Farahnaz Farahmand, CYF Director *presenter
Address:	1001 Potrero Ave., Building 5, Suite 6B San Francisco, CA 94110	Program Administrator:	Janet Avila
		Phone:	415-823-1422
Contact:	Barbara Stuart	Contract Analyst:	Carissa Wu
	Phone: barbara.stuart@ucsf.edu	Phone:	628-271-6646

Request for approval of a New Professional Services Agreement with the Regents of the University of California (UCSF Health) to perform Day Treatment Intensive and Specialty Mental Health Services through an Intensive Outpatient Program (IOP). The total proposed agreement amount is \$6,875,923 which includes a 12% contingency for the term of 1/1/2026 through 6/30/2028 (2 years and 6 months).

Mark only one for each question below:

- Vendor Type:** ☐ For Profit ☐ Non-Profit ☒ Government Entity
- Is the Vendor a CMD Certified LBE?** ☐ Yes ☒ No
- Purchasing Authority:** ☐ RFP ☒ Chapter 1.25 (G2G)
- Does DPH have other existing agreements with this Vendor?** ☒ Yes ☐ No
If yes, approximately how many years has DPH been doing business with this Vendor? Provide explanation, as needed. Over 30 years

AGREEMENT INFORMATION

Proposed Transaction

1/1/25 to 6/30/2028; move to Affiliation Agreement

FUNDING SOURCES:

Federal
MH CYF County General Fund (Match)
MH CYF County General Fund

TOTAL DPH REVENUES:

Initial Year	All Ongoing Years <i>exclude initial year</i>	Total
\$346,980	\$1,429,870	\$1,776,850
\$346,980	\$1,429,870	\$1,776,850
\$504,895	\$2,080,622	\$2,585,517
\$1,198,855	\$4,940,362	\$6,139,217
12% Contingency Amount	\$143,863	\$736,706

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<u>TOTAL AGREEMENT AMOUNT WITH CONTINGENCY:</u>	<u>\$1,342,718</u>	<u>\$5,533,205</u>	\$6,875,923
<u>ONE-TIME COSTS:</u>			
<u>ANNUAL AMOUNT WITHOUT CONTINGENCY*:</u>	<u>\$1,198,855</u>	<u>\$4,940,362</u>	\$6,139,217

**Ongoing years excludes one-time costs.*

PROPOSED UNITS OF SERVICES

Mode(s) of Service & Unit of Service (UOS)/ Number of Contacts (NOC) Definition	Number of Clients	Number of Units/ NOC	Unit Cost
	<input type="checkbox"/> Duplicated <input checked="" type="checkbox"/> Unduplicated		
Day Treatment Intensive (Mode 10): \$668,940	72 <i>12 clients at a time at 4 weeks stay x 6 month contract</i>	864 days	\$774/day <i>Contract is cost reimbursement Year 1 with eventual move to Affiliation Agreement</i>
Mental Health Standard OP services (Mode 15): \$529,915	72 (duplicate of clients above)	896 hours	\$591.12/hr <i>Contract is cost reimbursement Year 1 with eventual move to Affiliation Agreement</i>

Purpose of Agreement:

Background:

DPH was awarded a \$33.7M grant through the DHCS Behavioral Health Continuum Infrastructure Program (BHCIP) to renovate the 6th floor of ZSFG to develop a 24 slot Intensive Outpatient Program (IOP) and Partial Hospital Program (PHP) and the 7th floor to develop a 12-bed inpatient adolescent psychiatric hospital. This memo and contract is specific to the 12 slot IOP program. In addition to filling a critical gap in our intensive services continuum of care, it also supports our compliance with DHCS Network Adequacy standards in delivering Day Treatment Intensive (DTI) services. It is important to note while the IOP is starting as a contract with BHS, as we plan to launch the other components of this continuum (PHP and Inpatient), these programs will shift to the Affiliation Agreement.

Program Description:

The UCSF Day Treatment Intensive Outpatient Program (IOP) is a comprehensive program for acute youth inclusive of Day Treatment Intensive services that operates three days per week (Monday, Tuesday, and Wednesday—from 3:00 PM to 6:00 PM) and additional Specialty Mental Health Services to support comprehensive family-centered care. The program is designed to provide a structured, therapeutic milieu that fosters recovery, skill-building, and emotional stabilization for youth with complex mental health needs. The

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IOP meets all regulatory and clinical requirements and is grounded in evidence-based practices, with Dialectical Behavior Therapy (DBT) serving as the core clinical framework.

Program Structure and Core Components

The IOP integrates a range of therapeutic services into a cohesive, goal-directed structure that promotes engagement, emotional regulation, and functional improvement. Required service components include:

- **Skill-Building & Rehabilitation Groups**
Delivered daily and distinct from psychotherapy, these groups focus on developing practical coping strategies and adaptive behaviors. Clients learn to identify and overcome barriers related to their mental health through structured, skills-based interventions.
- **Process/Psychotherapy Groups**
Facilitated by clinical staff, these groups address individual and shared challenges through peer interaction, emotional processing, and problem-solving.
- **Adjunctive Therapies**
Adjunctive therapies such as art, dance, and music are incorporated to support self-expression and healing.
- **Additional Program Elements**
The IOP also includes assessment and treatment planning as needed, crisis response protocols, and monthly contact with caregivers. The program embeds opportunities for clients to set goals, review progress, problem-solve and maintain group functioning.

Clinical Framework: DBT Integration

The IOP is guided by the principles of Dialectical Behavior Therapy (DBT), an evidence-based treatment model proven effective in reducing self-harm, suicidal ideation, and emotional dysregulation in adolescents. DBT also addresses co-occurring challenges such as substance use and is a viable alternative to long-term residential care.

By embedding DBT into the program structure, UCSF empowers youth to:

- Regulate emotions and behaviors
- Strengthen interpersonal relationships
- Transition smoothly from higher levels of care or prevent escalation to inpatient settings

Specialty Mental Health Services

In addition to the core components offered 3 days per week, UCSF offers a full spectrum of Specialty Mental Health Services tailored to each participant's assessed needs to support comprehensive family-centered care. Upon intake, clients undergo a comprehensive evaluation to identify strengths and areas of support. Based on this assessment, the following services may be provided:

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- Individual Therapy
- Family Therapy
- Case Management
- Collateral
- Medication Support Services

These services ensure that each youth receives individualized, trauma-informed, and developmentally appropriate care within a coordinated treatment plan.

History of UCSF Child and Adolescent Services (CAS):

Since its founding in 1997, UCSF Child and Adolescent Services (CAS) at Zuckerberg San Francisco General Hospital has been a cornerstone of San Francisco's public mental health system, offering specialized outpatient care for Medi-Cal youth. Over the years, services have developed and expanded to respond to the mental, emotional, and behavioral health needs of children, adolescents, and young adults up to age 20 across the county. Operating within a globally recognized academic medical center, UCSF CAS integrates clinical services with research and education to ensure the delivery of evidence-based, culturally responsive, and trauma-informed care. This dual focus on cutting-edge treatment and provider training underscores its commitment to fostering innovation while prioritizing the well-being of San Francisco's youth.

Monitoring Report/Program Review & Follow-up:

This Agreement will receive annual monitoring through the DPH Business Office of Contract Compliance (BOCC), including for performance and fiscal stability. Individualized Performance Objectives will include:

- 1) Clinical Outcomes
 - a. Suicide Risk Reduction: 80% of clients identified as being at high or moderate risk for suicide at program entry will demonstrate a decrease in suicide risk to lower risk levels, as measured by validated assessments (e.g., Columbia-Suicide Severity Rating Scale, Suicide Attempt Self-Injury Interview) by the end of the program.
 - b. Safety Plan: 100% of clients will have a clinical risk management plan developed and communicated to the client's significant support person(s)/caregiver(s).
- 2) Transition and Retention:
 - a. Lower Level of Care Transition: 80% of clients will successfully transition to a lower level of care, such as outpatient therapy, following their completion of the program.
 - b. Retention Rate: 80% of participants will complete the full program (all sessions over the designated 4-week duration) without dropping out.
- 3) Emergency Interventions
 - a. Avoiding Hospitalizations: 80% of clients will avoid immediate hospitalization during their participation in the program
 - b. Crisis Stability: 80% of clients will avoid immediate hospitalization during their participation in the program.
- 4) Skills and Coping Strategies

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- a. Skill Acquisition: 80% of participants will demonstrate acquisition of coping skills as measured by pre- and post-program assessments (eg., DBT-Ways of Coping Checklist*)
 - b. Emotion Regulation and adaptive Coping Improvement: 80% of clients will report increase in adaptive regulation at discharge (e.g., on the State Difficulties in Emotion Regulation Scales [S-DERS]**)
- 5) Post Discharge Tracking
- a. 100% of clients will be followed up within 30 days after discharge to assess their subsequent care statuses, including transitions to lower or higher levels of care, drop out rates, and reports of no further service needs. Data collected will be analyzed quarterly to evaluate the effectiveness of the program and inform future improvements based on the diverse discharges observed.
- 6) Compliance
- a. 100% of clients will have a valid 7 Domain Assessment within 2 weeks of entry into IOP program
 - b. 80% of encounters will be signed within 3 business days

** The Dialectical Behavior Therapy Ways of Coping Checklist (DBT-WCCL) was designed to assess participants' use of DBT skills (e.g., acceptance, cognitive reappraisal, problem-solving) and maladaptive coping responses (e.g., avoidance, denial, self-blame). This is a 59-item self-report scale where participants rate their use of the scale on a four-point scale, resulting in two subscales: a DBT Skills Subscale (DSS) and a Dysfunctional Coping Subscale (DCS).*

*** The State Difficulties in Emotion Regulation Scale (S-DERS) is a 21-item self-report tool that evaluates real-time difficulties with emotion regulation. Respondents rate items on a 5-point scale based on their current emotions, making it effective for capturing immediate emotional experiences and monitoring changes over short periods. In clinical practice, clinicians can use the S-DERS during sessions to assess clients' moment-to-moment regulation abilities, evaluate reactions to therapeutic interventions, and identify triggers that hinder regulation. Regular use throughout treatment helps track progress in emotion regulation skills, enhances clients' awareness of emotional patterns, and guides timely adjustments to therapeutic strategies.*

Listing of Executive Director and Board of Directors:

Executive Director:

Barbara Stuart, Ph.D., ABPP- Interim Director/Deputy Director, Division of Infant Child and Adolescent Psychiatry (ICAP)
Fumi Mitsuishi, MD, MS- Vice Chair for ZSFG, UCSF Department of Psychiatry and Behavioral Sciences

Board of Directors:

Regents of UC

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