

Div.	Contractor	Current Total Contract Not to Exceed (NTE) Amount with Contingency	Proposed Total Contract NTE Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term	Prior Annual Amount without Contingency	Proposed Annual Amount without Contingency	Annual Difference	Annual Difference (%)	Requested Action
ZSFG/ LHH/ HAH/ CPC	Toyon Associates, Inc.	\$10,051,977	\$8,492,339	(\$1,559,638)	4/01/14 - 9/30/22 (8.5 yrs)	10/1/22 - 9/30/27 (5 yrs)	\$1,121,872	\$1,516,489	\$ 394,617	26.02%	New Original Agreement (to continue existing services)
<p><b>Purpose:</b> The requested action is the approval of a new agreement to continue existing services with Toyon Associates, Inc. The Total Contract Amount with Contingency requested is \$8,492,339 with a term from 10/01/2022 through 09/30/2027, for a total of 5 years. While this is a new contract, it is for continued services to provide regulatory reporting and reimbursement and revenue optimization services to SFDPH. These services were solicited under RFP 27-2021 in which Toyon Associates, Inc. was the selected contractor.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Total Contract Amount of \$8,492,339. While this is a new contract, the current NTE contract amount of \$10,051,966 is shown for comparison purposes, which would have just ended 9/30/22. The proposed change between the two contracts Total Contract Amount of a decrease of \$1,559,638 is due primarily to the length in the contract term, from 8.5 years vs 5 years; offset by an increase in hourly billing rates and service hours. The proposed Total Contract Amount of \$8,492,339 includes an annual amount of \$1,620,545 for FY22/23, \$1,658,485 for FY23/24, \$1,697,315 for FY24/25, \$1,737,770 for FY25/26 and \$1,778,224 for FY26/27; and a 12% contingency of \$909,894 applied for FY22/23 thru FY26/27. Due to timing constraints this has also been submitted to the Board of Supervisors and the Mayor for approval in September.</p>											
<b>Target Population:</b>	Toyon will provide regulatory reporting and reimbursement and revenue optimization services to the San Francisco Department of Public Health, for the benefit of San Francisco General Hospital/Community Outpatient Primary Care, Laguna Honda Hospital, and Health at Home Agency. Services are not intended for a target population.										

<b>Service Description:</b>	<p>SUMMARY: Toyon’s services are designed to increase the Medicaid and Medicare Supplemental Security Income Ratio Components of the Medicare Disproportionate share reimbursement, and increase the reimbursement from the Medicare group appeal services. Toyon’s Public Hospital Services Team/Group focuses on helping public hospitals optimize their cost reports and maximize reimbursements from government sponsored programs. The Public Hospital Services Group has expertise in Medi-Cal Certified Public Expenditure (CPE) and Intergovernmental Transfer (IGT) funded programs specific to public hospitals including Medi- Cal waiver specific programs (i.e. DSRIP, LIHP, SNCP), Medi-Cal DSH, AB915 – Hospital Outpatient Supplemental Reimbursement, supplemental funding for Physician services under the State Plan, and Medi-Cal managed care SB208 (SPD IGT) and Rate Range IGT funding.</p> <p>SPECIFIC TASKS:                  Toyon’s Appeal Services Practice Group reviews the status of projects being performed, review findings from contractual allowance analyses, establish priorities and discuss issues arising during the course of the engagement to identify opportunities that could increase reimbursement to the organization, including:                  Cost Report DSH related services include the following:</p> <ul style="list-style-type: none"> <li>• DSH Eligible Days listed using the Point of Service System for Cost Report Filing and list completion based on the Historical Eligibility System, preparing this list 13 months after the end of each cost report year, for purposes of optimizing the Medi-Cal eligible days for cost report finalization purposes.</li> </ul> <p>Other areas of analysis, review and follow-up related to these cost reports include:</p> <ul style="list-style-type: none"> <li>• Review wage data used for cost report filing and subsequent true-up of wage data during the CMS annual process for the development of new Medicare wage indices.</li> <li>• Review and advise to update the time study capturing by SFGH for the identification of the Part A/B time allocation for staff physicians.</li> <li>• Review the SFGH/COPC general ledger grouping used for both Cost Report and OSHPD report filings to ensure conformity with prescribed instructions.</li> </ul> <p>Toyon will prepare estimated reimbursement settlements and recommendations that may include:</p> <ul style="list-style-type: none"> <li>• Recording of the appropriate Medicare/Medi-Cal cost report receivable/payable (filed vs. reserved) for general ledger recording purposes.</li> <li>• Improving SFGH and COPC records and/or supporting documentation.</li> <li>• Identifying reimbursement optimization for SFGH and COPC costs under the Section 1115</li> <li>• Preparing for Medicare MAC audits of all open cost reports.</li> </ul>
<b>UOS (annual)</b>	<p>ZSFG - 120 hrs (Executive), 525 hrs (Team Leader), 1,505 hrs (Professional Staff)                  LHH - 34 hrs (Executive), 290 hrs (Team Leader), 465 hrs (Professional Staff)                  HAH - 5 hrs (Executive), 25 hrs (Team Leader), 64 hrs (Professional Staff)</p>
<b>NOC (annual)</b>	<p>Services are not provided directly to clients, only to DPH Hospitals and units.</p>
<b>Funding Source(s):</b>	<p>General Funding</p>
<b>Selection Type</b>	<p>RFP 27-2021</p>
<b>Monitoring</b>	<p>The contracted services will be monitored by the DPH Program Administrator overseeing these services.</p>

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BHS	Westside Community Mental Health Center	\$23,347,118	\$44,090,089	\$20,742,971	7/1/18 - 12/31/23	7/1/18 - 6/30/28	\$5,223,599	\$5,432,543	\$ 208,944	4.00%	Amendment
<p><b>Purpose:</b> The requested action is the approval of a contract amendment with Westside Community Mental Health Center to increase the Total Contract Amount with Contingency to an amount of \$44,090,089 and to extend the contract end date from 12/31/23 to 6/30/28, or 4.5 additional years. The Health Commission previously approved the subject contract in November 2018. The Department is preparing to bring this contract to the Board of Supervisors for approval, and is therefore seeking approval by the Health Commission for the proposed extension and increase in NTE. The amendment is authorized under the solicitation RFP 8-2017 for the Westside Outpatient Clinic and Westside Crisis Clinic through 6/30/28. The Westside Assertive Community Treatment is part of an RFP under development and will end under this contract effective 6/30/23. The Child and Adolescent Outpatient Program will end under this contract effective 6/30/24.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$44,090,089 which is an increase of \$20,742,971 to extend an additional 4.5 years. The annual amount without contingency will increase by \$208,944 due to the 4 percent increase in the Cost of Doing Business (CODB) allocated in FY22-23.</p>											
<b>Target Population:</b>	<p><b>Westside Outpatient Clinic:</b> Adult residents (18 or older) of San Francisco who require mental health, case management, and/or crisis services. The Outpatient Program is designed to meet the unique needs of the Black/African American community of San Francisco</p> <p><b>Westside Crisis Clinic:</b> San Francisco adult residents (18 or older) who require psychiatric crisis and urgent care services. Westside serves the chronically mentally ill, homeless mentally ill, elderly, individuals with ethnic and/or lifestyle diversity, and individuals with co-occurring disorders.</p> <p><b>Westside Assertive Community Treatment:</b> San Francisco adults ages of 18 and older who have long standing, chronic psychiatric illness. At least 75% of clients have co-occurring substance use issues and chronic physical illnesses. Westside ACT is designed to meet the unique needs of African American adults eligible for the San Francisco Health Plan.</p> <p><b>Westside Child and Adolescent Outpatient Services:</b> Children and youth under the age of 25 who lack access to the range of services needed to fully integrate into the community. A particular focus will be on providing services to underserved African American youth and their families who reside in low income neighborhoods impacted by varying traumas, violence (e.g. Western Addition, Bayview Hunter's Point, OMI, etc.), isolation, poverty, mental illness and racism who have exhibited emotional and behavioral problems severe enough to disrupt their home, school and community activities.</p>										
<b>Service Description:</b>	<p><b>Westside Outpatient Clinic:</b> Provide outpatient mental health services to chronically mentally ill clients from diverse ethnic backgrounds with a focus on the African American community. Outpatient Program will provide: solution-focused individual therapy to appropriate clients; case management and linkage to resources; medication management; crisis intervention and initiation of involuntary hospitalization where indicated. Services may include but are not limited to: assessment, plan development, case management, group therapy, individual therapy, medication management, crisis intervention, outreach services, non-medical client flexible support, and collateral consultation.</p> <p><b>Westside Crisis Clinic:</b> Provide psychiatric crisis and urgent care services to San Francisco residents. Services may include but are not limited to: assessment; plan development; case management; therapy; medication management; and collateral consultation.</p> <p><b>Westside Assertive Community Treatment:</b> Provide Intensive Case Management to clients identified by CBHS based on their level of acuity and other criteria set by BHS. Intensive Case Management includes life skills, medication management, money management, assistance in obtaining entitlements, ensuring basic needs such as sufficient nutrition, housing, and clothing, assistance in linking to and attending primary care and specialized medical appointments. Services may include but are not limited to: assessment, plan development, case management, group therapy, individual therapy, medication management, and collateral consultation.</p>										

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<b>UOS (annual)</b>	<p><b>Westside Outpatient Clinic</b> = \$1,161,405                  OP Case Mgt Brokerage: 36,067 Staff Minute x \$2.88 = \$103,874                  OP MH Services: 128,654 Staff Minute x \$3.76 = \$483,740                  OP- Med Support: 94,252 Staff Minute x \$8.76 = \$825,649                  OP-Crises Intervention: 8,871 Staff Minute x \$7.36 = \$65,293                  SS-Client Flex Support Exp: 1 x \$21,369 = \$21,369                  OS MH Promotion: 750 Staff Hour x \$148.58 = \$111,480</p>	<p><b>Westside Crisis Clinic</b> = \$1,766,801                  OP Case Mgt Brokerage: 551 Staff Minute x \$2.88 = \$1,588                  OP MH Services: 754 Staff Minute x \$3.76 = \$2,835                  OP- Med Support: 174,111 Staff Minute x \$8.76 = \$1,525,208                  OP-Crises Intervention: 27,978 Staff Minute x \$7.36 = \$205,915                  OS MH Promotion: 210 Staff Hour x \$148.58 = \$31,255</p>	<p><b>Westside Assertive Community Treatment</b> = \$1,502,559                  OP Case Mgt Brokerage: 48,958 Staff Minute x \$2.88 = \$141,000                  OP MH Services: 54,843 Staff Minute x \$3.76 = \$206,209                  OP- Med Support: 58,400 Staff Minute x \$8.76 = \$511,583                  OP-Crises Intervention: 6,474 Staff Minute x \$7.36 = \$47,645                  SS-Client Flex Support Exp: 1 x \$292,477 = \$292,477                  SS-Other Non-MediCal Client Support Exp: 1 x \$255,802 = \$255,802                  OS MH Promotion: 322 Staff Hour x \$148.58 = \$47,843</p>	<p><b>Westside Child and Adolescent Outpatient Services</b> = \$499,542                  OS-MH Promotion: 3,362 Staff Hour x \$148.58 = \$499,542</p>
<b>UDC (annual)</b>	<p><b>Westside Outpatient Clinic</b> = 163                  OP Case Mgt Brokerage: 163                  OP MH Services: 163                  OP- Med Support: 100                  OP-Crises Intervention: 25                  SS-Client Flex Support Exp: 163                  OS MH Promotion: 25</p>	<p><b>Westside Crisis Clinic</b> = 875                  OP Case Mgt Brokerage: 25                  OP MH Services: 25                  OP- Med Support: 750                  OP-Crises Intervention: 875                  OS MH Promotion: 30</p>	<p><b>Westside Assertive Community Treatment</b> = 60                  OP Case Mgt Brokerage: 60                  OP MH Services: 60                  OP- Med Support: 60                  OP-Crises Intervention: 25                  SS-Client Flex Support Exp: 60                  SS-Other Non-MediCal Client Support Exp: 60                  OS MH Promotion: 14</p>	<p><b>Westside Child and Adolescent Outpatient Services</b> = 30                  OS-MH Promotion: 30</p>
<b>Funding Source(s):</b>	MediCal, Medicare, State Realignment and General Fund			
<b>Selection Type</b>	RFP 8-2017 Mental Health Outpatient Programs for Adult/ Older Adult System of Care; 21.42 for Westside ACT and Child & Adolescent Outpatient			
<b>Monitoring</b>	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)			

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BHS	Progress Foundation	\$94,523,581	\$221,847,999	\$127,324,418	7/1/18 - 12/31/23	7/1/18 - 12/31/27	\$20,847,462	\$21,669,721	\$ 822,259	3.94%	Amendment

**Purpose:** The requested action is the approval of a contract amendment with Progress Foundation to increase the Total Contract Amount with Contingency to an amount of \$221,847,999 and to extend the contract end date from 12/31/23 to 12/31/27, or 4 additional years. The Health Commission previously approved the subject contract in November 2018. The Department is preparing to bring this contract to the Board of Supervisors for approval, and is therefore seeking approval by the Health Commission for the proposed extension and increase in NTE. The amendment is authorized under the solicitation RFP 7-2017 and RFP 8-2017. The services are unchanged.

**Reason for Funding Change:** The Department is requesting the approval of a Total Contract Amount with Contingency of \$221,847,999, which is an increase of \$127,324,418 to extend an additional 4 years. The annual amount without contingency will increase by \$822,259 due to: (1) FFP MediCal increase in Ashbury of \$112,000, (2) an estimated FY22-23 four percent increase in the General Fund Cost of Doing Business (CODB) of \$815,715, (3) one-time BOS General Fund addback in Ashbury of \$178,985, (4) a Work Order decrease of \$26,095 decrease, offset by a FY22-23 four percent increase in CODB of \$6,544, and (5) an HSA CalWorks work order decrease of \$264,890.

<p><b>Target Population:</b></p>	<p><b>La Posada, Avenues, Shrader, Dore Residence:</b> The Progress Foundation Acute Diversion Unit (ADU) target population is any adult referred from SFGH Psychiatric Emergency Services, Progress Foundation’s Dore Urgent Care Clinic and other psychiatric crisis services designated by Community Behavioral Health Services (CBHS). Clients confined in inpatient psychiatric units and approved by the CBHS Placement Team for placement at the ADU-level of care are also accepted, but these referrals are a small percentage of the overall admissions. The ADUs may also accept urgent care and community referrals directly through the Progress Foundation Diversion Evaluation Team (DET) and Progress Foundation’s Dore Urgent Care Clinic when there is not a priority client waiting at SF General PES. Avenues and Dore Residence serve clients with mobility disabilities. La Posada has the capacity to serve clients from San Francisco’s diverse Spanish speaking cultures, with Spanish-speaking staff on duty 24-hours. While each program has a focus population, each ADU is able to serve members of the many diverse ethnic and cultural backgrounds in San Francisco, as well as those in several age groups.</p> <p><b>La Amistad, Cortland, Progress House, Clay, Loso, Ashbury:</b> TRTPs will serve clients approved by DPH and referred to Progress Foundation’s Diversion Evaluation Team (DET). All programs are designed to serve clients with co-occurring substance abuse and mental health treatment needs. The programs will serve men and women, age 18 years and older, who require a structured setting, and who, if such a level of program were not available, are at risk of returning to institutional confinement or other higher levels of care. Clay Street and Dorine Loso House will serve men and women age 18 years and older who are referred from IMDs, psychiatric inpatient units, skilled nursing facilities and crisis residential programs, with a program length of stay up to 12 months. Ashbury House will serve mothers, age 18 years and older, who require a structured setting, and who, if such a level of program were not available, are at risk of returning to institutional confinement or other higher levels of care. At Ashbury House, the length of stay is up to 12 months. La Amistad focuses on Spanish speaking clients, while also serving the general population of San Francisco public mental health clients. Progress House focuses on Transitional Aged Youth (TAY), while also serving the general population of San Francisco public mental health clients. TAY clients can stay up to 5 months in the program.</p> <p><b>Seniors Program - Rypins House, Seniors - Carroll House:</b> Serve clients approved by the BHS UM and Authorization Team and referred to Progress Foundation and referrals from other service providers. Carroll and Rypins Houses serve specifically clients aged 55 and over. The length of stay will vary and clients can stay up to six months. The Seniors Program will serve ambulatory men and women, age 55 years and older, who require a structured setting, and who, if such a level of program were not available, are at risk of returning to the hospital, skilled nursing facility or other more restrictive treatment settings. As more than 50% of the Seniors Program clients have co-occurring substance use/abuse and mental health disorders, the program is designed to meet the treatment needs of this population.</p> <p><b>SLP, SLP-TAY:</b> Serve priority population clients in the Adult Mental Health System following the criteria for admission to care specified by CBHS. Those eligible for the program are men and women with a minimum age limit of 18. The Transitional Age Youth Supported Living Program (TAY-SLP) will serve the priority population of Transitional Age Youth clients in the TAY Mental Health System following the criteria for admission to care specified by BHS. Those eligible for the program are men and women with a minimum age limit of 18 and TAY SLP will serve TAY up to 25, but exceptions may be made beyond 25 in consultation and approval with TAY System of Care (TAY SOC) first. The Supported Living Program (SLP) is able to serve clients with co-occurring mental health diagnoses and substance abuse disorders, and clients authorized for services by the City and County of San Francisco.</p> <p><b>Dore Street Clinic:</b> Serves clients referred from SFGH PES, San Francisco Police Department, Behavioral Health Services (including BHS emergency services), Emergency Rooms, community urgent care referrals, and self-referrals. The Dore Urgent Care Clinic will provide crisis stabilization services 24 hours per day to San Francisco residents, aged 18 and over, who require urgent psychiatric intervention in a highly structured and supervised setting due to the crisis and/or acute nature of their condition.</p>
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<p><b>Service Description:</b></p>	<p><b>La Posada, Avenues, Shrader, Dore Residence:</b> ADUs provide 24- hour psychiatric residential treatment and rehabilitation and recovery services to San Francisco residents, aged 18 years and older, who require a highly structured and supervised setting due to the crisis and/or acute nature of their condition. The goal of the Acute Diversion Units (ADU's) is to reduce the utilization of acute psychiatric inpatient beds, either by diversion from inpatient placement or reduction of inpatient length of stay, by providing an intensively staffed and community oriented 24-hour non-institutional alternative to hospitalization for individuals who require non-hospital acute psychiatric care. Services are designed to reduce and stabilize crisis situations for individuals experiencing an acute episode or situational crisis, to assess and augment the client's existing support system while encouraging the lowest possible level of psychotropic medications, and through skills building, to enable the client to move toward more independent living.</p> <p><b>La Amistad, Cortland, Progress House, Clay, Loso, Ashbury:</b> The treatment model is Social Rehabilitation and Recovery, provided in 24-hour home-like settings. The length of stay will vary, but will average approximately 90 days at La Amistad, Progress House and Cortland House, and up to 1 year at Clay, Dorine Loso House and Ashbury. The programs are staffed with awake and alert staff on duty 24-hours a day, 7 days a week. The goal of the Transitional Residential Treatment Programs (TRTP's) is to maximize individuals' efforts to achieve the highest possible level of self-sufficiency by implementing or continuing a rehabilitation and recovery process.</p> <p><b>Seniors Program - Rypins House, Seniors - Carroll House:</b> The treatment model is Social Rehabilitation and Recovery, provided in 24-hour home-like settings. The programs are staffed with awake and alert staff on duty 24-hours a day, 7 days a week. The goal of the Transitional Residential Treatment Programs (TRTP's) is to maximize individuals' efforts to achieve the highest possible level of self-sufficiency by continuing the rehabilitation process begun in acute and sub-acute residential programs.</p> <p><b>SLP, SLP-TAY:</b> A system of leased apartments and permanent housing sites where residents receive mental health, case management and crisis intervention services from the Supported Living Program staff. The TAY-SLP is a system of up to two leased apartments of five beds each where residents receive mental health, case management and crisis intervention services from the TAY-SLP staff. The Supported Living Program consists of two elements: (a) the Cooperative Apartments Program and (b) the Permanent Housing Program/Independent Living program.</p> <p><b>Dore Street Clinic:</b> Provides up to 23 hours of service within the crisis stabilization framework. Upon admission, clients will be assessed, treated, stabilized, and evaluated for discharge to appropriate placements. Clients determined to require 24-hour non-hospital support will be referred to Acute Diversion Units (ADUs) for continued treatment.</p>
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<p><b>UOS (annual)</b> <b>FY21-22</b></p>	<p><b>La Posada</b> = \$1,487,590                  24-Hr Adult Crisis Res: 1891 Client Day (CD) x \$709.99 = \$1,342,585                  OP-Med Support: 17,696 Staff Minute (SM) x \$3.58 = \$63,422                  SS-Life Support-B&amp;C: 1,891 Client Full Day (CFD) x \$36.80 = \$69,583    <b>Avenues</b> = \$1,565,960                  24-Hr Adult Crisis Res: 2477 CD x \$551.58 = \$1,366,259                  OP-Med Support: 21,482 SM x \$4.21 = \$90,474                  SS-Life Support-B&amp;C: 2477 CFD x \$44.10 = \$109,227    <b>Shrader</b> = \$1,617,880                  24-Hr Adult Crisis Res: 2267 CD x \$601.11 = \$1,362,725                  OP-Med Support: 25,112 SM x \$3.40 = \$85,262                  SS-Life Support-B&amp;C: 2267 CFD x \$74.94 = \$169,893    <b>Dore Residence</b> = \$1,771,956                  24-Hr Adult Crisis Res: 2965 CD x \$493.14 = \$1,462,155                  OP-Med Support: 27,299 SM x \$3.39 = \$92,646                  SS-Life Support-B&amp;C: 2965 CFD x \$73.24 = \$217,155</p>	<p><b>La Amistad</b> = \$1,077,463                  24-Hr Adult Crisis Res: 3024 Client Day x \$306.93 = \$928,143                  SS-Life Support-Bd&amp;Care: 3024 Client Full Day x \$49.38 = \$149,320    <b>Cortland</b> = 1,002,682                  24-Hr Adult Crisis Res: 2328 Client Day x \$372.91 = \$868,131                  SS-Life Support-Bd&amp;Care: 2328 Client Full Day x \$57.80 = \$134,551    <b>Progress House</b> = \$948,957                  24-Hr Adult Crisis Res: 2328 Client Day x \$386.29 = \$899,289                  SS-Life Support-Bd&amp;Care: 2328 Client Full Day x \$21.34 = \$49,668    <b>Clay</b> = \$1,448,250                  24-Hr Adult Crisis Res: 3723 Client Day x \$354.19 = \$1,318,657                  SS-Life Support-Bd&amp;Care: 3723 Client Full Day x \$34.81 = \$129,593</p>	<p><b>Loso House</b>= \$1,402,433                  24-Hr Adult Crisis Res: 3258 Client Day x \$370.57 = \$1,207,323                  SS-Life Support-Bd&amp;Care: 3258 Client Full Day x \$59.89 = \$195,110    <b>Ashbury</b> = \$1,194,535                  24-Hr Adult Res: 2328 Client Day x \$256.10 = \$596,198                  SS-Life Support-Bd&amp;Care: 2328 Client Full Day x \$59.67 = \$138,915                  SS-Other Non-MediCal Client Support Exp: 87 Client Day x \$55.49 = \$4842                  SS-Other Non-MediCal Client Support Exp: 8193 Staff Hour or Client Day x \$55.49 = \$454,580    <b>Seniors/Rypins</b> = \$891,147                  24-Hr Adult Res: 1617 Client Day x \$464.67 = \$751,378                  DS_Day Rehab Full day: NA                  SS-Life Support-Bd&amp;Care: 1617 Client Full Day x \$86.44 = \$139,769</p>	<p><b>Seniors/Carroll</b> = \$619,271                  24-Hr Adult Crisis Res: 1177 Client Day x \$440.07 = \$517,961                  SS-Life Support-Bd&amp;Care: 1177 Client Full Day x \$86.07 = \$101,310    <b>SLP</b> = \$898,011                  OP-MH Svcs: 201,563 Staff Minute x \$4.46 = \$898,011    <b>TAY</b> = \$487,261                  OP-MH Svcs: 33,188 Staff Minute x \$14.68= \$487,261    <b>Dore Clinic</b> = \$4,446,066                  DS-Crisis Stab Urgent Care: 25,230 Client Hour x \$176.22 = \$4,446,066</p>
<p><b>UDC (annual)</b></p>	<p><b>La Posada</b> = 119  <b>Avenues</b> = 150  <b>Shrader</b> = 150  <b>Dore Residence</b> = 165</p>	<p><b>La Amistad</b> = 59  <b>Cortland</b> = 30  <b>Progress House</b> = 30  <b>Clay</b> = 15</p>	<p><b>Loso House</b> = 13  <b>Ashbury</b> = 12  <b>Seniors/Rypins</b> = 15</p>	<p><b>Seniors/Carroll</b> = 15  <b>SLP</b> = 73  <b>TAY</b> = 25  <b>Dore Clinic</b> = 670</p>
<p><b>Funding Source(s):</b></p>	<p>MediCal, State Realignment, General Fund, HSA Workorder, MH Adult TAY Baseline</p>			
<p><b>Selection Type</b></p>	<p>RFP7-2017 Residential Treatment Programs - Adult/Older Adult System of Care; RFP 8-2017 Mental Health Outpatient Programs for Adult/ Older Adult System of Care;</p>			
<p><b>Monitoring</b></p>	<p>Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)</p>			

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BHS	Special Service for Groups - OTTP	\$11,114,956	\$31,730,191	\$20,615,235	7/1/18 - 12/31/23	7/1/18 - 12/31/27	\$2,863,161	\$3,804,001	\$ 940,840	32.86%	Amendment
<p><b>Purpose:</b> The requested action is the approval of a contract amendment with Special Service for Groups - OTTP to increase the Total Contract Amount with Contingency to an amount of \$31,730,191 and to extend the contract end date from 12/31/23 to 12/31/27, or 4 additional years. The Health Commission previously approved the subject contract in February 2019. The Department is preparing to bring this contract to the Board of Supervisors for approval, and is therefore seeking approval by the Health Commission for the proposed extension and increase in NTE. The amendment is authorized under the solicitation RFP 1-2017 and RFP 23-2010. Of the total annual increase, there is an amount of \$800,132 added in FY22-23 to expand their Outpatient programming capacity, due to the closure of Oakes Children's Center on July 31, 2022. As the Health Commission was previously notified by Memo from Hillary Kunins dated August 2, 2022, the Department worked closely with Oakes Children's Center to transfer all 62 youth to continue their outpatient services at Special Services for Groups.</p> <p><b>Reason for Funding Change:</b> The Department is requesting the approval of a Total Contract Amount with Contingency of \$31,730,191, which is an increase of \$20,615,235 to extend an additional 4 years. The annual amount without contingency will increase by \$940,840 due to: (1) an FY22-23 three percent increase in the CYF General Fund Cost of Doing Business (CODB) of \$80,529, (2) an FY22-23 three percent increase in MSHA of \$1,331, (3) a budget transfer of outpatient funding from Oakes Children's Center which closed July 31, 2022. The OTTP program to expand OP capacity due to Oakes closure and contract termination, (4) an FY22-23 three percent General Fund CODB increase of \$24,004, and (5) an estimated FY22-23 four percent increase in the General Fund CODB of \$34,844.</p>											
<b>Target Population:</b>	<p><b>OTTP OP:</b> SSG/OTTP will target 150 clients between the ages of 5-21 or up to age 22 if the client is also an ERMHS client. All must meet medical necessity requirements and require specialty mental health services. All youth are Medi-Cal recipients who need these therapeutic services in order to address significant problems with functioning. OTTP services include individual, group, psychotherapy, case management and collateral services.</p> <p><b>Family Mosaic Services:</b> OTTP-Family Mosaic Services (OTTP-FMP) are also designed to meet the cultural and linguistic needs of 30 youth who are Seriously Emotionally Disturbed and between the ages of 12 and 21 years of age who are clients of the Family Mosaic Project. OTTP may also serve the parents/guardians of our FMP clients who are referred for services.</p>										
<b>Service Description:</b>	<p>OTTP will provide assessment, Medication Support Services, collateral, therapy, targeted case management and mental health services. The OTTP OP program will provide cultural and age-appropriate interventions (both individual and group interventions) to school-aged children in order to reduce their symptomatic behaviors and improve their overall functioning in school, their homes, and community. The Family Mosaic Services program will provide occupational therapy assessment and individual and group intervention focusing on life skills, social skills and vocational skills for children and youth enrolled in Family Mosaic Project who have mental health diagnosis.</p>										
<b>UOS (annual)*</b>	<p><b>OTTP OP</b> = \$3,381,070                      OP-MH Svcs: 745,642 Staff Minute x \$3.39 = \$2,527,726                      OP-Case Mgt Brokerage: 225,690 Staff Minute x \$2.80 = \$631,932                      OP-Medication Support: 35,145 Staff Minute x \$6.30 = \$221,412</p>					<p><b>Family Mosaic Services</b> = \$388,087                      OP-MH Svcs: 94,876 Staff Minute x \$3.39 = \$321,629                      OP-Case Mgt Brokerage: 20,271 Staff Minute x \$2.80 = \$56,758                      SS-Other Non-MediCal Client Support Exp: 38,800 Staff Minute x \$0.25 = \$9,700</p>					
<b>UDC (annual)</b>	<p><b>OTTP OP</b> = 200                      OP-MH Svcs: 200                      OP-Case Mgt Brokerage: 200                      OP-Medication Support: 30</p>					<p><b>Family Mosaic Services</b> = 30                      OP-MH Svcs: 30                      OP-Case Mgt Brokerage: 30                      SS-Other Non-MediCal Client Support Exp: 6</p>					

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<b>Funding Source(s):</b>	MH CYF Fed SDMC FFP (50%); MH CYF Fed SDMC FFP (50%) ERMHS; MH CYF State 2011 PSR-EPSTD; MH CYF State 2011 PSR-EPSTD ERMHS; MH CYF Family Mosaic Capitated Medi-Cal; MH CYF County General Fund; MH CYF County General Fund ERMHS; MH MHS (CYF)☒
<b>Selection Type</b>	RFP 1-2017 CYF Outpatient Treatment; RFP 23-2010
<b>Monitoring</b>	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)
<i>*excludes the FY22-23 four percent increase in the General Fund CODB of \$34,844</i>	