

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
BHS	Richmond Area Multi-Services Inc. (Peer-to-Peer Svc.)	\$9,999,800	\$29,116,181	\$19,116,381	7/1/21 - 9/30/22	7/1/21 - 6/30/26	\$5,801,617	\$5,819,129	\$ 17,512	0.30%	Amendment
<p>Purpose: The requested action is the approval of a contract amendment with Richmond Area Multi-Services (RAMS) Inc. Peer-to-Peer Services (RAMS Peer to Peer) to increase the Total Contract Amount with Contingency to an amount of \$29,116,181, and to extend the contract end date from 9/30/22 to 6/30/26, or an additional 3 years and 9 months. The Health Commission previously approved the subject contract in August 2021. 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 multiple solicitations covering the different program, including RFQ 22-2018 (extended by one more year using the Mayor's 47th Supplement order that allows contracts to extend one year due to COVID recovery), RFP 49-2018, RFQ 27-2020, RFQ 43-2019, and 21.42 Sole Source Waiver for Whole Person Care program (which will end 12/31/22 to be resolicited).</p> <p>Reason for Funding Change: The Department is requesting the approval of a Total Contract Amount with Contingency of \$29,116,181 which is an increase of \$19,116,381 to extend an additional 3 years and 9 months. The annual amount without contingency will increase by a net \$17,512 which represents a reduction of the WPIC program on 12/31/22 (less \$187K) offset by increases in FY22-23 to reflect a four percent CODB, and enhanced outpatient support.</p>											
Target Population:	<p>Peer-to-Peer Services, Peer-to-Peer Services CMHC Grant, Peer to Peer Linkage, ICM Transition to Outpatient, Wellness in the Streets, and Whole Person Care-Shelter Care Coord Services: Peers are defined as an individual with personal lived experience who are consumers of mental health and/or substance abuse services, former consumers, family members or significant others of consumers. RAMS makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco. For the Wellness in the Streets program, the population served by peers includes all San Francisco adult and older adult residents who are homeless, living in the streets or encampments, and do not typically access behavioral health services despite experiencing behavioral health needs.</p> <p>Peer Specialist MH Certificate: Underserved and underrepresented San Francisco mental health consumers, peers and their family members who: have experience in the community behavioral health systems, are interested and/or currently involved in a mental health career path, and may benefit from additional educational training. The target population will also include individuals of diverse backgrounds, from all ethnicities and cultural backgrounds including individuals representing the LGBTQI communities, individuals interested in serving different population groups including the elderly, immigrants and disenfranchised communities. In addition to this, RAMS has applied to be a vendor through CalMHSA to prepare students who qualify for the Medi-cal state certification test for peer providers.</p> <p>Outpatient Peer Counseling: Adults/older adults from all ethnicities from the RAMS' Outpatient Services Program which is: all adult and older adult residents of San Francisco in need of psychiatric services, ranging from those with severe behavioral health symptoms & functional impairments with many repeat users of higher end emergency, acute & institutional care, and supporting the transition to the community. There is a special focus serving the Asian & Pacific Islander American (APIA) and Russian-speaking communities, both immigrants and U.S.-born – a group that is traditionally underserved.</p>										

Service Description:	<p>Peer-to-Peer Services, Peer-to-Peer Services CMHC Grant, Peer to Peer Linkage, Whole Person Care-Shelter Care Coord Services: RAMS aims to implement a cohesive, empowering and collaborative system of peer services to recruit, employ, train, place, support and supervise peer-to-peer staff within DPH, BHS, and community settings. Also, to evaluate the service delivery system and peer-to-peer services that are received by behavioral health consumers. RAMS services include Peer Counseling & Outreach Services, Peer-to-Peer Linkage, Peer Internship, and Peer Wellness Center.</p> <p>Peer Specialist MH Certificate: Provides services to prepare peers, family members, or former consumers of behavioral health services with (1) skills & knowledge for entry- and advanced-level peer provider employment in the behavioral health system and (2) academic/career planning that supports their success in institutions of higher learning. RAMS will provide Workforce development through a Leadership Academy, Wellness promotion through two social networking events and two alumni reunions, and Outreach and engagement through two career and/or resource fairs.</p> <p>ICM Transition to Outpatient: ICM/FSP-OP Transition Support project involves an autonomous peer linkage team providing both wraparound services and a warm hand off. The team will consist of culturally and linguistically diverse peers and a clinician. Peers will serve as step-down specialists and help connect clients with resources and information, help set expectations, provide follow up, and communicate with providers as well as serve as a guide for the client through all the various steps from preparation to successful placement and/or discharge.</p> <p>Wellness in the Streets (WITS): WITS will provide services and meet people “where they are at” using new and unique approaches. This includes working with San Francisco unhoused residents in outdoor settings including street corners, encampments, and public parks. Peers will be leading interested individuals in activities such as one-to-one support activities, crisis planning, and support groups. The hours of operations for the WITS project will be more flexible than traditional clinics, with available times earlier in the day and later into the night depending on the weather, the seasons and the needs of the community. The WITS peer team may partner with other city resources (e.g Street Medicine) or partner agencies to leverage the best way to engage with homeless individuals and provide them follow-up care as needed or required.</p> <p>Outpatient Peer Counseling: Aims to: (1) diversify behavioral health workforce by increasing consumer & family member representation and identified underrepresented groups, and (2) to provide additional services and support to clients of the RAMS Outpatient Clinic from a Wellness and Recovery approach. Culturally competent behavioral health and mental health outpatient & prevention services that include, but are not limited to: individual & group counseling, peer counseling, family collateral counseling; clinical case management; crisis intervention; psychiatric evaluation & medication management; psychological testing & assessment; psycho-education; information & referral services; and consultation. Psycho-educational activities have included topics such as holistic & complementary treatment and practices and wellness recovery groups/workshops.</p>							
UOS (annual)	<p>Peer-to-Peer Services = \$3,293,586 DS-Vocational: 235 Client Full Day x \$514.53 = \$120,686 DS-Vocational: 4273 Client Full Day x \$514.53 = \$2,198,608 DS-Vocational: 495 Client Full Day x \$141.58 = \$70,080 DS-Vocational: 481 Client Full Day x \$514.14 = \$247,301 DS-Vocational: 292 Client Full Day x \$514.61 = \$150,266 OP-MH Svcs: 18,895 Staff Minute x \$6.67 = \$126,661 OP-Case Mgt Brokerage: 73,300 Staff Minute x \$5.18 = \$379,984</p>	<p>Peer-to-Peer Services CMHC Grant DS-Vocational: 365 Client Full Day x \$528.42 = \$192,873</p>	<p>Peer Specialist MH Certificate DS-Vocational: 383 Client Full Day x \$967.29 = \$369,989</p>	<p>Peer to Peer Linkage DS-Vocational: 725 Client Full Day x \$608.68 = \$441,290</p>	<p>ICM Transition to Outpatient DS-Vocational: 7534 Client Full Day x \$86.48 = \$651,542</p>	<p>Wellness in the Streets DS-Vocational: 1620 Client Full Day x \$233.32 = \$377,982</p>	<p>Whole Person Care-Shelter Care Coord Services 1475 Client Full Day x \$152.54 = \$225,000</p>	<p>Outpatient Peer Counseling = \$82,256 DS-Vocational: 70 Client Full Day x \$408.79 = \$28,615 DS-Vocational: 131 Client Full Day x \$409.47 = \$53,641</p>
UDC (annual)	N/A	N/A	162	200	25	50	75	120
Funding Source(s):	State, Federal Drug Medi-Cal and General Fund							
Selection Type	RFQ 22-2018 Intensive Case Management / Full Service Partnership to Outpatient Transition Support (extend one more year use the Mayor's 47th Supplement order that allows contracts to extend one year due to COVID recovery), RFP 49-2018 Wellness in the Streets (MHSA), RFQ 27-2020 Peer to Peer Employment and Peer Specialist MH Certificate, RFQ 43-2019 Peer to Peer Behavioral Health Services, and 21.42 Sole Source Waiver for Whole Person Care grant program							
Monitoring	The DPH Business Office Office of Contract Compliance (BOCC) conducted a monitoring review of each of five programs. Due to COVID, each category was reviewed but overall scores were not assigned. However, the programs met their program objectives and were commended for this accomplishment since the pandemic response resulted in reduced hours and onsite staffing. No program required a follow-up Plan of Action/Correction.							

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LHH	Health Management Associates, Inc.	\$3,782,365	\$6,236,277	\$2,453,912	5/9/2022 - 6/30/2023	5/9/2022 - 6/30/2023	\$2,894,668	\$4,940,845	\$ 2,046,177	70.69%	Amendment
<p>Purpose: In May 2022, DPH entered into an emergency agreement with Health Management Associates, Inc. (HMA) to conduct an operational, clinical and organizational assessment of LHH, perform recertification survey readiness assessments, and mock CMS audit surveys of LHH, for an amount not to exceed \$3,782,365 from May 9, 2022 to June 30, 2023. The original agreement was approved by the Health Commission in June, 2022. The proposed first amendment will increase the billable hours from 8,727 to 14,540 and increase associated travel expenses for the vendor to support recertification. The additional hours will address recent updates in Phase 3 CMS regulations, which go live on October 24, 2022. This contract is subject to approval by the Board of Supervisors.</p> <p>Reason for Funding Change: The funding has increased in order to engage additional resources for this amendment. the additional resources reflect 5,285 hours of highly specialized consulting services in the subject area. in a very short period of time.</p>											
Target Population:	Post acute/ Skilled Nursing Facility										
Service Description:	Health Management Associates, Inc will perform specialized consulting services in support of the Laguna Honda recertification effort. This modification will add Comprehensive Education Program, Infection Control Support, and Resource Extension.										
UOS (annual)	14,540 hours spread across all resources assigned to the project for the term of the contact.										
UDC (annual)	N/A										
Funding Source(s):	General Funds										
Selection Type	Administrative Code 21.15 - Emergency Procurement										
Monitoring	The services will be monitored in accordance with the polices of the Department by staff at Laguna Honda Hospital.										

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BHS	UCSF Citywide- SPR	\$60,824,413	\$114,039,919	\$53,215,506	7/1/18 - 12/31/23	7/1/18 - 12/31/2027	\$11,444,597	\$11,888,938	\$ 444,341	3.74%	Amendment		
<p>Purpose: The requested action is the approval of a contract amendment with UCSF Citywide- SPR to increase the Total Contract Amount with Contingency to an amount of \$114,039,919 and to extend the contract end date from 12/31/2023 to 12/31/2027, or extend the contract by 4 years. The Health Commission previously approved the subject contract in December 2018. The amendment is authorized under the solicitation RFP 11-2017.</p> <p>Reason for Funding Change: The Department is requesting the approval of a Total Contract Amount with Contingency of \$114,039,919, which is an increase of \$53,215,506 to extend the term for an additional 4 years. The annual amount without contingency will increase by \$444,341 due to: (1) FY22-23 4% General Fund CODB \$404,011 (2) MHSA 3% increase of \$34,508, (3) Remove the FY21-22 one time MH Adult General Fund increase in Citywide Focus of \$686,439, (4) Remove the FY21-22 one time MHSA Adult increase in Citywide Forensics of \$194,062, (5) MHSA Adult increase in Citywide Forensics of \$199,884, (6) One time MH Adult General Fund increase in Citywide Focus of \$686,439.</p>													
Target Population:	<p>UC Citywide SPR proposes the continuation of a capitated full-service integrated outpatient behavioral health center treating 575 transitional age youth, adult, and/or older-adult clients identified by CBHS, with a focus on San Francisco adult residents with the highest mental health and social service needs. Over 60% of clients are diagnosed with complicating substance abuse problems, over 65% have been homeless, and many with criminal justice involvement. Approximately 64% of clients served are men, 36% women, 32% white, 35% African-American, 24% Asian, and 9% Latino. This program serves consumers in every district of the city, but the largest numbers are in the Tenderloin, South of Market, Bayview and Inner-Mission and Chinatown areas. Many consumers live in SROs, but a significant number (especially Asian and Latino consumers) live with families of origin and others in Residential Care group homes.</p>												
Service Description:	<p>The UC Citywide SPR (Citywide Focus & Citywide Forensics) will reduce unnecessary institutional care (hospitals, IMD, MRF and/or jail) of high risk, seriously mentally ill transitional aged youth, adults, and older adults. The Citywide Linkage Team provides a full range of services, including assessment and diagnosis with a focus on the development of a specific, measureable, time-limited, client-centered treatment plans; psycho-education with consumers and family members about diagnoses, symptoms, medications, stress reduction, and treatment options; and crisis intervention for consumers and family members.</p>												
UOS (annual)	<p># Clients Enrolled (575 Max) x Months (6) = 3,450 ; Capitation Rate: \$1,723.03 per client enrolled (575 max) per month. (Formula: \$5,944,469 ÷ 6 ÷ 575 = 1,723.03)</p> <table border="0" style="width:100%"> <tr> <td style="width:50%"> <p>Citywide Focus = \$4,304,491</p> <p>OP-Case Mgt Brokerage: 200,678 Staff Minute x \$4.52 = \$907,063</p> <p>OP-MH Svcs: 335,223 Staff Minute x \$5.62 = \$1,883,953</p> <p>OP-Medication Support: 189,200 Staff Minute x \$7.82 = \$1,479,544</p> <p>OP-Crisis Intervention: 5,455 Staff Minute x \$6.22 = \$33,930</p> </td> <td style="width:50%"> <p>Citywide Forensic = \$1,639,978</p> <p>OP-Case Mgt Brokerage: 68,102 Staff Minute x \$4.52 = \$307,820</p> <p>OP-MH Svcs: 138,995 Staff Minute x \$5.62 = \$781,152</p> <p>OP-Medication Support: 67,200 Staff Minute x \$7.82 = \$525,504</p> <p>OP-Crisis Intervention: 4,100 Staff Minute x \$6.22 = \$25,502</p> </td> </tr> </table>											<p>Citywide Focus = \$4,304,491</p> <p>OP-Case Mgt Brokerage: 200,678 Staff Minute x \$4.52 = \$907,063</p> <p>OP-MH Svcs: 335,223 Staff Minute x \$5.62 = \$1,883,953</p> <p>OP-Medication Support: 189,200 Staff Minute x \$7.82 = \$1,479,544</p> <p>OP-Crisis Intervention: 5,455 Staff Minute x \$6.22 = \$33,930</p>	<p>Citywide Forensic = \$1,639,978</p> <p>OP-Case Mgt Brokerage: 68,102 Staff Minute x \$4.52 = \$307,820</p> <p>OP-MH Svcs: 138,995 Staff Minute x \$5.62 = \$781,152</p> <p>OP-Medication Support: 67,200 Staff Minute x \$7.82 = \$525,504</p> <p>OP-Crisis Intervention: 4,100 Staff Minute x \$6.22 = \$25,502</p>
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UDC (annual)	<p>575 Clients with a capitated monthly rate of \$1,723.03.</p> <table border="0" style="width:100%"> <tr> <td style="width:50%">Citywide Focus = 480</td> <td style="width:50%">Citywide Forensic = 210</td> </tr> </table>											Citywide Focus = 480	Citywide Forensic = 210
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Funding Source(s):	General Fund, Federal Drug Medi-Cal, State Drug Medi-Cal, MHSA												
Selection Type	RFP 11-2017 Intensive Case Management - Full Service Partnership & Non FSP Programs												
Monitoring	The program received annual monitoring from the DPH Business Office Business Office of Contract Compliance (BOCC) for FY20-21. The program met 70% of its contracted performance objectives, and completed the client satisfaction survey. Due to COVID, there was no scoring assigned. BOCC recommended that the DPH Program representative review the performance objectives with the program for FY22-23. There was no Plan of Action/Correction.												

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BHS	Felton Institute [Family Service Agency of San Francisco (LEAD/BH Engagement specialists)]	\$8,332,526	\$9,960,904	\$1,628,378	7/1/17 - 12/31/22	7/1/17 - 12/31/23	\$2,121,125	\$2,408,561	\$ 287,436	13.55%	Amendment-3				
<p>Purpose: The requested action is the approval of a contract amendment with Felton Institute (Family Service Agency of San Francisco) for the LEAD/BH Engagement specialists programs to increase the Total Contract Amount with Contingency to an amount of 9,960,904 and to extend the contract end date from 12/31/22 to 12/31/23. The Health Commission previously approved the subject contract in January 2021. The amendment is authorized under a 21.42 Sole Source Waiver. The Department anticipates soliciting these services in FY22-23, so this contract will not be extended following the solicitation.</p>															
<p>Reason for Funding Change: The Department is requesting the approval of a Total Contract Amount with Contingency of 9,960,904. The annual amount without contingency will increase by a net \$287,436 due to an increase in funding for Behavioral Health Engagement Specialists- to support efforts in the Tenderloin, along with a four percent Cost of Doing Business (CODB) increase, offset by the the STARR (Supporting Treatment and Reducing Recidivism) grant ending, or a reduction of \$621,353.</p>															
<p>Target Population: Felton Street Case Mgmt Team: The target population of the program is adults who have a history of chronic homelessness and behavioral health needs. Participants will be referred by the San Francisco Department of Public Health and approved Community Stakeholders. The population has needs relating to: educational and employment deficits, history of complex trauma, chronic use of substances, long or short-term mental health issues, and criminogenic behaviors (may include anti-social attitudes, associates, and thoughts). Social service needs may include access to safe and stable housing, enrollment in entitlement programs (CalFresh, Medi-Cal), and linkage with a primary physical health care provider. Behavioral Health Engagement Specialists (BHES): adult community residents in areas designated by the SF Department of Public Health who are homeless, transitionally housed, or housed in unstable situations, and/or living with challenges due to mental illness, substance use disorders, or other conditions that place their health and safety at risk.</p>															
<p>Service Description: Felton Street Case Mgmt Team: Aims to 1) Support participants to improve their behavioral and physical health, housing status and stabilization, documentation and ID status, and daily functioning; 2) Offer assistance to address their basic needs concerning food, hygiene, clothing and family re-unification when applicable; 3) Serve as an active partner in the SF collaborative working to better meet the needs of individuals with a history of substance use disorder, behavioral health and underlying medical health concerns, chronic homelessness, and justice involved. Felton Street Case Management offers participants an individualized case management and clinical program specifically designed to meet the needs of low-level drug offenders who are often using substances and/or have mental illness. The program’s key components include: Case Management, Clinical Case Management (which includes mental health services and crisis intervention), and Community Outreach and Engagement, toward having each participant meet the program objectives noted above (Objectives and Measurements), and graduate from the program and successfully transition to a lower level of service and supports. Behavioral Health Engagement Specialists: Aims to support community members to improve their health, housing status, and daily functioning through linkage to available supports and entitlements. The program rapidly assesses the needs of consumers and support linkages that can address individual goals, including engaging in mental health and substance use treatment. The program conducts community outreach and may facilitate transport to necessary service locations so that consumers can begin a relationship with a provider immediately.</p>															
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Funding Source(s): State Grants and local General Fund															
Selection Type 21.42 Sole Source															

Monitoring	The DPH Business Office Office of Contract Compliance (BOCC) conducted a monitoring review of each of the programs. Due to COVID, each category was reviewed but overall scores were not assigned. While there was not a Plan of Action assigned, the Department is following up with the vendor regarding mixed success with performance objectives and is providing training to new agency staff regarding the data requirements necessary to score the objectives. The program will also receive further assistance regarding the completion of client satisfaction surveys.