San Francisco Department of Public Health
CDTA Contract Appendix A Narrative Instructions
FY22-23

CONTRACT DEVELOPMENT and TECHNICAL ASSISTANCE

Table of Contents:

Please note the Section for your Program Narrative based on the System of Care:

Please Note This Exception:
Please consult with your CDTA Program Manager on how to properly develop your contract documents for the following:
- **Forensics and Justice Involved** programs;
- **CHEP** programs that are not HIV Prevention Services (HPS).

Basic Instructions:

✓ Make sure the details of this Appendix A Narrative match the details of the program's Appendix B Budget. If you have a Multi-Year Budget, you will need to have a Multi-Year Appendix A Narrative as well.

✓ **You must submit your <u>final</u> Appendix A Narrative(s) and the corresponding Appendix B Budget at the same time. These must be sent via email to <u>CDTAunit@SFDPH.org</u>.**

✓ Be concise, and check for grammar and spelling errors.

✓ When writing your Narrative, please use the **"Appendix A Narrative Template"** <u>not these instructions</u>. This template can be found on the CDTA Website.

✓ Your Narrative must be in **12-pt size** and **black Times New Roman font**.

✓ The pagination must be correct and your document must print out properly (please confirm via "Print Preview" and "Page Break Preview") with at least a one-inch page margin.

✓ Use the "**Contract Checklist for Providers**" tool to check your work before you submit your documents to help you eliminate many common errors that can slow down the certification process. This can be found on the CDTA Website.

✓ **Note that for all Program Administration/Program Management (PA/PM) contracts, you must list all Subcontractors and Consultants in your Narrative under Section 10.**

✓ The following addresses concerns about Target Population language in Appendix A:

The Department of Public Health (DPH) recognizes that many of our contracted agencies have programs designed for specific language and/or cultural needs within the broader service population to make a specialized expertise available to better meet the unique needs of various members of San Francisco's diverse population.

DPH is committed to ensuring that DPH-funded contracts are inclusive and do not deny or exclude anyone from obtaining services by restricting entry into a program based on ethnicity, cultural, or language requirements. DPH's contracted services are open to all.

Examples of TARGET POPULATION Contract Language that are inclusive:

Agency/program name welcomes and serves all ethnicities and populations within San Francisco, **with focused expertise that will meet the unique cultural needs** of the Chicano/Latino community of San Francisco, which consists of serving men and women over the age of 18, and their families. Many are indigent, refugees, primarily monolingual (Spanish) and have limited ability to utilize services in English.
Agency/program name welcomes and serves all ethnicities and populations within San Francisco, **with focused expertise to meet the unique cultural needs of** Indigenous and Native American adults who reside in the City and County of San Francisco.
Agency/program name welcomes and serves all ethnicities and populations within San Francisco **with focused expertise to meet the unique needs of** the *Target Population* which are adult residents of San Francisco, ages 18 and older, with chronic psychiatric disabilities who are residents of *specific locations.* The *program name* **will address the unique needs of** supportive housing and outpatient needs of monolingual Asian-American clients as a specialized priority sup-population.

<div style="text-align:center">

The Appendix A Narrative Template and

Many other helpful forms and information

are on the CDTA Website:

www.sfdph.org/cdta

Contact your CDTA Program Manager

with any questions or concerns.

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CDTA Mission Statement

Utilizing sound business practices, CDTA facilitates the development of City contracts with health service providers, thus ensuring the availability of community services which protect and promote the health of all San Franciscans.

Section 1.

These Instructions are to be used for programs in the following Systems of Care (SOC):

Behavioral Health Services (BHS): Adult and Older Adult (AOA) and Children, Youth, and Families (CYF)

1. **Identifiers:**
   Program Name: use the standard name for this program.
   Program Address: use the primary program site address.
   City, State, Zip Code:
   Telephone/FAX:
   Website Address:

   Contractor Address: if different from the primary program site address above.
   City, State, Zip Code:
   Executive Director or Program Director:
   Telephone: this person's direct phone number,
   Email Address: and direct email address.

   Program Code(s): List the relevant program codes as they correspond to your Appendix B.

2. **Nature of Document:**
   ☐ **Original**   ☐ **Contract Amendment**   ☐ **Revision to Program Budgets (RPB)**

3. **Goal Statement:**
   Provide a brief and general program goal statement (preferably one sentence).

4. **Target Population:**
   To ensure that your DPH contract language related to how you serve the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that all language in your contract documents related to Target Population is inclusive. Review the guidelines above in the Basic Instructions section on Page 3.

   In addition, for **Early Childhood Mental Health Consultation Initiative (ECMHCI)** programs only, the following table of services must be completed and inserted in this section:

Site Name	# of classrooms	# of children	# of staff	# of hours per week	Funding Source(s)	Site Type
1. ABZ's Child Care	4	40	8	6	DECE PFA	ECE Center
2. 1-2-3 Go Program	6	80	7	10	HSA	ECE Center
3. Supporting Generations	N/A	20	4	6	FRC	FRC

   OPTIONAL for AOA and CYF contracts:
   The table below is optional for BHS contracts. Your CDTA Program Manager will instruct you on its use. Information shown below is for illustrative purposes only. Your program's actual numbers and modalities will be determined individually. Add rows to table as needed. *Please note, the sum of all the UDCs does not necessarily add up to the Total UDC because of overlap.

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Case Management - Hours 1.0 FTE x 40 hrs/wk x 48 wks x 87% Level of Effort = **1,670 UOS**	1,670	185
Primary Care - Encounters 1.5 FTE x 30 encounters per week x 48 weeks = **2,160 UOS**	2,160	400
Health Fair - Encounters 4 Health Fairs/yr x 8 hours each = **32 UOS** 4 Health Fairs/yr to 10 individuals/hour x 6 hours = **240 NOC**	32	240
Total Unduplicated Clients		**700***

5. **Modality(s) / Intervention(s):**
   All the service modalities provided with definitions must be listed in this section. The modalities listed here must match the information in the program's Budget Appendix B.

6. **Methodology:**
   A program may provide Direct Client Service (e.g. case management, treatment, prevention activities) or Indirect Services (programs that do not provide direct client services), or both.

   Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

   Direct Client Services: Describe how services are delivered and what activities will be provided, addressing, how, what, and where for each section below.

   A. Outreach, recruitment, promotion, and advertisement as necessary.
   B. Admission, enrollment and/or intake criteria and process where applicable
   C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies. For BHS Children Youth and Families (CYF) programs, discuss how CANS data is used to inform treatment and discharge.
   D. Discharge Planning and exit criteria and process, i.e., a step-down to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.
   E. Briefly describe program staffing (which staff is involved, and in which aspects of service development and delivery). Indicate staff positions not funded by DPH only if it is someone contributing directly to the delivery of services.

7. Objectives and Measurements:

Objectives will not be inserted in the Appendix A narrative. The objectives will be referenced in Appendix A with the following required sentence:

(AOA): "All objectives, and descriptions of how objectives will be measured, are contained in the document entitled <u>Adult and Older Adult Performance Objectives FY xx-yy</u>"

(CYF): "All objectives, and descriptions of how objectives will be measured, are contained in the document entitled <u>Children, Youth and Families Performance Objectives FYxx-yy</u> "

Performance Objectives for this SOC can be found on the CDTA website: https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/documents-PO.asp

Please refer to your System of Care Program Manager if you have any questions about your Performance Objectives.

8. Continuous Quality Improvement (CQI):

Describe your program's CQI activities to monitor, enhance, and improve the quality of service delivered, including how you identify areas for improvement, and your CQI meeting structure and frequency. Include in your description how you ensure continuous monitoring of the following:

1. Achievement of contract performance objectives and productivity;
2. Quality of documentation, including a description of the frequency and scope of internal chart audits;
3. Cultural competency of staff and services;
4. Satisfaction with services; and
5. Timely completion and use of outcome data, including, but not limited to, CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

Evidence of CQI activities related to 1-5 above must be maintained in your program's Administrative Binder. Some examples of Evidence of CQI activities are descriptions of monitoring processes or improvement projects, copies of meeting agendas or materials addressing these items, Avatar or BHS-generated outcome reports, etc. You will be required to produce a complete and up-to-date Administrative Binder for review by the DPH Business Office Contract Compliance (BOCC) staff during monitoring visits.

9. Required Language:
Several DPH Systems of Care (SOC) have one or more items that must appear in the Appendix A Program Narrative. The reason for this may be due to internal DPH guidelines; a requirement of the original RFP; Local, State, or Federal regulations; and/or a requirement from a particular funding source. Some unique required language may also be added per program based on other requirements. Please refer to your SOC Program Manager for questions or assistance.

<u>BHS CYF-ECMHCI only Required Language</u>:
A. For BHS CYF SOC ECMHCI: Contractor will adhere to all stipulated 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 BHS ECMHCI System of Care Program Manager and RFP-16-2018.

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 BHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix A priority population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI System of Care Program Manager of any changes.

Section 2.

These Instructions are to be used for programs in the following System of Care (SOC):

Behavioral Health Services (BHS): Mental Health Services Act (MHSA)

Please note, not all MHSA-funded programs need to use this specific MHSA Narrative format. Please consult with your CDTA Program Manager if you are unsure.

1. **Identifiers:**
   Program Name: use the standard name for this program.
   Program Address: use the primary program site address.
   City, State, Zip Code:
   Telephone/FAX:
   Website Address:

   Contractor Address: if different from the primary program site address above.
   City, State, Zip Code:
   Executive Director or Program Director:
   Telephone: this person's direct phone number,
   Email Address: and direct email address.

   Program Code(s): List the relevant program codes as they correspond to your Appendix B.

2. **Nature of Document:**
   ☐ **Original**   ☐ **Contract Amendment**   ☐ **Revision to Program Budgets (RPB)**

   To ensure that the criteria described in your DPH contract related to serving the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that you review all language in your contract documents to identify language that may appear to limit services to a "target" population only. See the guidelines above in the Basic Instructions section on Pages 2-4.

3. **Goal Statement:**
   Provide a brief and general program goal statement (preferably one sentence).

4. **Target Population:**
   To ensure that your DPH contract language related to how you serve the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that all language in your contract documents related to Target Population is inclusive. Review the guidelines above in the Basic Instructions section on Page 3.

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

   OPTIONAL for MHSA contracts:
   The table below is optional for MHSA contracts. Your CDTA Program Manager will instruct you on its use. Information shown below is for illustrative purposes only. Your program's actual numbers and modalities will be determined individually. Add rows to table as needed. *Please note, the sum of all the UDCs does not necessarily add up to the Total UDC because of overlap.

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Case Management - Hours 1.0 FTE x 40 hrs/wk x 48 wks x 87% Level of Effort = **1,670 UOS**	1,670	185
Primary Care - Encounters 1.5 FTE x 30 encounters per week x 48 weeks = **2,160 UOS**	2,160	400
Health Fair - Encounters 4 Health Fairs/yr x 8 hours each = **32 UOS** 4 Health Fairs/yr to 10 individuals/hour x 6 hours = **240 NOC**	32	240
Total Unduplicated Clients		**700***

Refer to the following table below: **MENU OF MHSA MODALITY CATEGORIES.** It describes general categories of activities included in MHSA funded contracts.

Read all of the categories below and list in your Appendix A those that best describe the work of the program.

Under each MHSA Modality Category listed, briefly describe and quantify the specific activities your program will conduct in the contract period. Include information such as, how many times you intend to deliver the activity, how many staff hours will be dedicated to the particular service, and how many clients will be served. You may use the table format illustrated below. All the service modalities provided with definitions must be listed in this section. The modalities listed here must match the information in the program's Budget Appendix B.

Ask your MHSA Program Manager for assistance.

OUTREACH AND ENGAGEMENT Activities intended to establish/maintain relationships with individuals and introduce them to available services; raise awareness about mental health. Examples of Outreach and Engagement activities include:
- Community events (e.g. health fairs, cultural events, community forums, powwows),
- 1:1 outreach (e.g. street, school, faith-based, home visits, mental health first aid, drop-in center, phone calls),
- Social media and TV (e.g. Facebook and Twitter engagement, online groups),
- Social marketing campaigns (e.g. ads and visuals are culturally representative and population-specific, as well as prepared by artists from the community)

SCREENING AND ASSESSMENT Activities intended to identify individual strengths and needs; result in a better understanding of the physical, psychological, and social concerns impacting individuals, families and communities. Examples of Screening and Assessment activities include:
- Brief clinical screenings (e.g. for depression, isolation, anxiety),
- Comprehensive psycho-social assessments for individuals,
- Intake interviews,
- Individual assessment surveys.

WELLNESS PROMOTION Activities for individuals or groups intended to enhance protective factors, reduce risk-factors and/or support individuals in their recovery; promote healthy behaviors (e.g. mindfulness, physical activity); increase the awareness and understanding of healing effects of cultural, spiritual and/or traditional healing practices. Examples of Wellness Promotion activities include:
- Educational workshops/classes,
- Cultural and social enrichment activities,
- Wellness activities (e.g. walking groups, gardening).

Service Linkage Non-clinical case management, service coordination with family members; facilitate referrals and successful linkages to health and social services. Examples of Service Linkage activities include:
- Facilitate access to needed services, especially for mental health treatment,
- Warm handoffs and personal liaison,
- Transportation and system navigation support,
- Harm reduction planning,
- Benefit advocacy.

MENTAL HEALTH CONSULTATION One-time or ongoing capacity building efforts with caregivers, faculty and/or staff intended to increase their capacity to identify mental health concerns and to appropriately respond; usually delivered in non-traditional mental health settings, i.e. school and early childhood settings, primary health care, and other community settings, providing linkages with those in the best position to recognize early signs of mental illness. Can also include structured training/teaching for individuals or groups intended to develop knowledge, skills and/or practice (cultural competence, best practices). These activities may include individualized training and/or coaching to help individuals implement specific strategies and apply tools taught in trainings.

WORKFORCE DEVELOPMENT Activities intended to develop a diverse and competent workforce; provide information about the mental health field and professions; outreach to under-represented communities; provide career exploration opportunities or to develop work readiness skills; or increase the number of consumers and family members in the behavioral health workforce.

INDIVIDUAL AND GROUP THERAPEUTIC SERVICES Short-term (less than 18 months) therapeutic activities with the goal of addressing an identified behavioral health concern or barrier to wellness. These services refer to both pre-treatment and treatment. Examples of Therapeutic Services activities include:
- Multi-session groups,
- Pre-treatment groups for substance abuse and mental health and access to services,
- Gender-specific groups,
- Anger management classes,
- Individual and family therapy,
- Leadership development – youth/internship/trauma support,
- Traditional healers – 1:1 & Group (Indigenous),
- Cultural (ancestral) healing.

6. **Methodology:**

   A program may provide Direct Client Service (e.g. case management, treatment, prevention activities) or Indirect Services (programs that do not provide direct client services), or both.

   Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

   Direct Client Services: Describe how services are delivered and what activities will be provided, addressing, how, what, and where for each section below.

   A. Outreach, recruitment, promotion, and advertisement as necessary.
   B. Admission, enrollment and/or intake criteria and process where applicable.
   C. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies. For BHS/MHSA Children Youth and Families (CYF) programs, discuss how CANS data is used to inform treatment and discharge.
   D. Discharge Planning and exit criteria and process, i.e., a step-down to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.
   E. Briefly describe program staffing (which staff is involved, and in which aspects of service development and delivery). Indicate staff positions not funded by DPH only if it is someone contributing directly to the delivery of services.

F. MENTAL HEALTH SERVICES ACT PROGRAMS – Additional Required Service Description:

Programs funded by MHSA need to demonstrate an active commitment to the vision of MHSA and systems transformation.

INSTRUCTIONS: In this section, please describe how your program will work to further the key components of the MHSA vision. Specifically, address the following points:

1) One of the primary MHSA tenets is consumer participation/engagement. Programs must identify how participants and/or their families are engaged in the development, implementation, and/or evaluation of programs. This can include peer-employees, advisory committees, etc.
2) In addition to consumer engagement, MHSA-funded programs must articulate how they are promoting at least one additional component of the MHSA vision. Please choose one or more components from the box below (MHSA Vision) and describe how your program is upholding that vision.

The principles that guide MHSA funding are as follows:

MHSA VISION (for reference only)
• The concepts of recovery and resilience are widely understood and evident in programs and service delivery.
• Consumers are supported to determine and achieve their own goals and lead fulfilling and productive lives.
• Providers have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.
• Consumers and their families are actively engaged in all aspects of the behavioral health system including planning, implementation and evaluation.
• Efforts to improve service coordination result in a seamless experience for clients.
• Collaboration with different systems increases opportunities for jobs, education, housing, etc.

7. Objectives and Measurements:

Objectives will not be inserted in the Appendix A narrative. The objectives will be referenced in Appendix A with the following required sentence:

"All objectives, and descriptions of how objectives will be measured, are contained in the document entitled "MHSA Performance Objectives – Fyxx-yy."

Performance Objectives for this SOC can be found on the CDTA website: https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/documents-PO.asp

Please refer to your System of Care Program Manager if you have any questions about your Performance Objectives.

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

Describe your program's CQI activities to monitor, enhance, and improve the quality of services delivered, including how you identify areas for improvement, and your CQI meeting structure and frequency. Include in your description how you ensure continuous monitoring of the following:

1. Achievement of contract performance objectives and productivity;
2. Quality of documentation, including a description of the frequency and scope of internal chart audits;
3. Cultural competency of staff and services;
4. Satisfaction with services; and

5. Timely completion and use of outcome data, including, but not limited to, CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

Evidence of CQI activities related to 1-5 above must be maintained in your program's Administrative Binder. Some examples of Evidence of CQI activities are descriptions of monitoring processes or improvement projects, copies of meeting agendas or materials addressing these items, Avatar or BHS-generated outcome reports, etc. You will be required to produce a complete and up-to-date Administrative Binder for review by the DPH Business Office Contract Compliance (BOCC) staff during monitoring visits.

9. **Required Language:**

Several DPH Systems of Care (SOC) have one or more items that must appear in the Appendix A Program Narrative. The reason for this may be due to internal DPH guidelines; a requirement of the original RFP; Local, State, or Federal regulations; and/or a requirement from a particular funding source. Some unique required language may also be added per program based on other requirements. Please refer to your SOC Program Manager for questions or assistance.

Section 3.

These Instructions are to be used for programs in the following System of Care (SOC):

Behavioral Health Services (BHS): Substance Use Disorder Services (SUDS)

1. **Identifiers:**
   Program Name: use the standard name for this program.
   Program Address: use the primary program site address.
   City, State, Zip Code:
   Telephone/FAX:
   Website Address:

   Contractor Address: if different from the primary program site address above.
   City, State, Zip Code:
   Executive Director or Program Director:
   Telephone: this person's direct phone number,
   Email Address: and direct email address.

   Program Code(s): List the relevant program codes as they correspond to your Appendix B.

2. **Nature of Document:**
   ☐ **Original**   ☐ **Contract Amendment**   ☐ **Revision to Program Budgets (RPB)**

   To ensure that the criteria described in your DPH contract related to serving the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that you review all language in your contract documents to identify language that may appear to limit services to a "target" population only. See the guidelines above in the Basic Instructions section on Pages 2-4.

3. **Goal Statement:**
   Provide a brief and general program goal statement (preferably one sentence).

4. **Target Population:**
   To ensure that your DPH contract language related to how you serve the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that all language in your contract documents related to Target Population is inclusive. Review the guidelines above in the Basic Instructions section on Page 3.

5. **Modality(s) / Intervention(s):**
   All the service modalities provided with definitions must be listed in this section. The modalities listed here must match the information in the program's Budget Appendix B.

   The Units of Service (UOS) / Unduplicated Clients (UDC) table with formulas is needed for SUDS programs. Please consult with your SOC Program Manager to determine which of the following service modalities and UOS Descriptions your program should use in the table.

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS Waiver Services (Outpatient Services) Need annualized formulas for 15 minutes, Dose, Day, daily dosing individual, daily dosing group		

o Group Counseling	15 minutes	
o Individual Counseling	15 minutes	
o Case Management	15 minutes	
o Physician Consultation	15 minutes	
o Recovery Services Individual	15 minutes	
o Recovery Services Group	15 minutes	
o Recovery Services Case Management	15 minutes	
o Recovery Services Monitoring	15 minutes	
o Non-NTP Medically Assisted Treatment (MAT)	15 minutes	
o Non-NTP MAT – Buprenorphine	Dose	
o Non-NTP MAT – Disulfiram	Dose	
o Non-NTP MAT – Naloxone	Dose	
o Non-NTP MAT – Vivitrol	Dose	
o Non-NTP MAT – Acamprosate	Dose	
o Intensive Outpatient Treatment (IOT)	15 minutes	
o Partial Hospitalization	Day	
o Withdrawal Management 1	Day	
o Withdrawal Management 2	Day	
o Withdrawal Management 3.2	Day	
o Withdrawal Management 3.7	Day	
o Withdrawal Management 4.0	Day	
o Residential 3.1	Day	
o Residential 3.3	Day	
o Residential 3.5	Day	
o Residential 3.7	Day	
o Residential 4.0	Day	
o NTP MAT	15 minutes	
o NTP MAT Buprenorphine	Dose	
o NTP MAT Disulfiram	Dose	
o NTP MAT Naloxone	Dose	
o NTP Methadone – all services	Dosing Daily: 10 mins Individual or Group	
ODS Opiate/Narcotic Treatment (OTP/NTP) _Need annualized formulas for slot days, bed days, visits, daily dosing individual, daily dosing group_ o Outpatient Methadone Detox (OMD) o Inpatient Methadone Detox o Naltrexone o Rehabilitative/Ambulatory Detox (other than Methadone) o Narcotic Replacement Therapy – all services	 Slot days Bed days nonDMC-visits; DVC-per person Slot days Slot days nonDMC-visits; DVC-per person Slot days Daily dosing: 10 mins individual or group	

ODS Nonresidential Recovery Services/After-Care (Drug Medi-Cal)
 	
Needs annualized formulas for visits and per person
   o   Intensive Outpatient Treatment (IOT)
   o   Outpatient Drug Free (ODF) Group
   o   Outpatient Drug Free (ODF) Individual
	
	Visits
	Per person
	Per person	

ODS Residential (Drug Medi-Cal)
Needs annualized formula for per day
 	
   o   Residential/Recovery Long Term (over 30 days)
   o   Residential/Recovery Short Term (up to 30 days)
	
	Per day
	
	Per day	

Residential (Non-Drug Medi-Cal)
Needs annualized formula for bed days
 	
   o   Free-standing Residential Detoxification
   o   Residential/Recovery Long Term (over 30 days)
   o   Residential/Recovery Short Term (up to 30 days)
   o   Hospital Inpatient Detoxification (24 hour)
   o   Hospital Inpatient Residential (24 hour)
   o   Chemical Dependency Recovery Hospital (CRDH)
   o   Transitional Living Center (Perinatal/Parolee only)
   o   Alcohol/Drug Free Housing (Perinatal/Parolee only)
	
	Bed Days
	Bed Days
	
	Bed Days
	
	Bed Days
	
	Bed Days
	Bed Days
	
	Bed Days
	
	Bed Days	

Nonresidential (Non-Drug Medi-Cal)
1.5 FTE x 50 weeks =
   o   Aftercare
   o   Outpatient Drug Free (ODF) Group
   o   Outpatient Drug Free (ODF) Individual
   o   Interim Treatment Services (CalWORKS Only)
	
	Hours
	Hours
	Hours
	
	Hours	

SUD Program Support Services
1.5 FTE x 50 weeks =
   o   County Support
   o   Quality Assurance
   o   Training
   o   Program Development
   o   Research & Evaluation
   o   Planning, Coordination, Needs Assessment
   o   Start Up Costs
   o   Alteration or Renovation
	
	Hours
	Hours
	Hours
	Hours
	Hours
	Hours
	
	Hours
	Hours	

Ancillary Services 1.5 FTE x 50 weeks =		

o Perinatal outreach	Hours	
o Cooperative Projects	Hours	
o Vocational Rehabilitation	Hours	
o Tuberculosis Services	Hours	
o Interim Services (within 48 hours)	Hours	
o Case Management	Hours	
o Primary Medical Care (perinatal only)	Hours	
o Pediatric Medical Care (perinatal only)	Hours	
o HIV Counseling Services	Hours	
o HIV/AIDS Education	Hours	
o HIV Infectious Disease Services	Hours	
o HIV Therapeutic Measures for HIV Positives	Hours	
o HIV Referral Services	Hours	
o HIV Outreach	Hours	
o AB 109 Services	Hours	
PLEASE NOTE: These Primary Prevention Programs must use the BHS: CYF Instructions – see Section 1 **Primary Prevention** <u>1.5 FTE x 50 weeks =</u> o Other o Information Dissemination o Education o Alternatives o Problem Identification & Referral o Community-Based Process o Environmental	 1Define by Contract 1Define by Contract 1Define by Contract 1Define by Contract 1Define by Contract 1Define by Contract	
PLEASE NOTE: These Secondary Prevention Programs must use the BHS: CYF Instructions – see Section 1 **Secondary Prevention** <u>1.5 FTE x 50 weeks =</u> o Early Intervention o Outreach/Intervention o Intravenous Drug User (IDU or IVDU) o Referrals/Screening/Intake	 Hours Hours Hours Hours	
PLEASE NOTE: These DUI Programs must use the BHS: AOA Instructions – see Section 1 **Driving Under the Influence (DUI)** <u>Need annualized formula for persons served</u>	 Persons Served	
Total Unduplicated Clients		**X***

Information shown in the table above is for illustrative purposes only. Your program's actual numbers and modalities will be determined individually. Add rows to table as needed. ***Please note,** the sum of all the UDCs does not necessarily add up to the Total UDC because of overlap.

6. Methodology:

A program may provide Direct Client Service (e.g. Outpatient Services, case management, residential treatment, prevention activities) or Indirect Services (programs that do not provide direct client services), or both.

Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

Direct Client Services: Describe how services are delivered and what activities will be provided by addressing each section below that applies to your program modalities.

All the service modalities and definitions that apply to your program must be listed in this section. Below is an extensive list currently available for SUD programs. For each Modality there is a series of Definitions. For each Definition, <u>fully describe</u> your program's methodology for this activity.

I. Early Intervention (ASAM (American Society of Addiction Medicine) Level 0.5)

Describe how you will comply with the following specific residential treatment services requirements:

1) The Provider shall require the utilization of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) by primary care physicians, brief behavioral counseling interventions, and referrals to behavioral health treatment services to beneficiaries at risk of SUD, aged 18 and older. SBIRT services not paid for under the Drug MediCal Certification – Organized Delivery System (DMC-ODS).

      a) SBIRT services shall be delivered by the primary care health plans.

II. Outpatient Services (ASAM Level 1)

Describe how you will comply with the following specific outpatient services requirements:

1) Outpatient Drug Free services are recovery or motivational enhancement therapies/strategies provided to adults for less than 9 hours a week and provided to adolescents less than 6 hours a week.

2) Outpatient Drug Free Service Components shall include:

      a) Intake;
      b) Individual & Group Counseling;
      c) Patient Education;
      d) Family Therapy;
      e) Medication Services;
      f) Collateral Services;
      g) Crisis Intervention Services;
      h) Treatment Planning; and
      i) Discharge Services.

3) The Provider shall provide outpatient services to adolescents through mental health civil service clinics that serve teenagers and young adults and school-based mental health partnerships.

4) The Provider shall develop, implement, and evaluate strategies to address identified challenges to service access (neighborhood clinic locations, cultural specificity of programs).

III. Intensive Outpatient Services (ASAM Level 2.1)

Describe how you will comply with the following specific intensive outpatient services requirements:

1) Intensive Outpatient services are structured programming services to treat multidimensional instability care for a minimum of 9 or more hours with a maximum of 19 hours a week for adults and 6 hours or more with a maximum of 19 hours for adolescents.

2) Intensive Outpatient Treatment Service Components shall include:

    a) Intake;
    b) Individual & Group Counseling;
    c) Patient Education;
    d) Family Therapy;
    e) Medication Services;
    f) Collateral Services;
    g) Crisis Intervention Services;
    h) Treatment Planning; and
    i) Discharge Services.

3) The Provider shall provide intensive outpatient services to adolescents through mental health civil service clinics that serve teenagers and young adults and school-based mental health partnerships.

4) The Provider shall develop, implement, and evaluate strategies to address identified challenges to service access (neighborhood clinic locations, cultural specificity of programs).

IV. Residential Treatment Services

Describe how you will comply with the following specific residential treatment services requirements:

1) The Provider shall provide Levels 3.1, 3.3, and 3.5 of Residential Services as part of the ODS implementation in the first-year of this Agreement.

2) **ASAM Level 3.1**

    a) ASAM Level 3.1 Residential Services shall include a 24-hour structure with available trained personnel, at least 5 hours of clinical services per week, and prepare beneficiaries for outpatient treatment.

    b) Service Components:

        i. Intake;
        ii. Individual & Group Counseling;
        iii. Patient Education;
        iv. Family Therapy;
        v. Safeguarding Medications;
        vi. Collateral Services;
        vii. Crisis Intervention Services;
        viii. Treatment Planning;
        ix. Transportation Services (to/from medically necessary treatment); and

x. Discharge Services.

3) ASAM Level 3.3

a) ASAM Level 3.3. Residential Services shall include 24-hour care with trained counselors to stabilize multidimensional imminent danger and less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment.

b) Service Components:

i. Intake;
ii. Individual & Group Counseling;
iii. Patient Education;
iv. Family Therapy;
v. Safeguarding Medications;
vi. Collateral Services;
vii. Crisis Intervention Services;
viii. Treatment Planning;
ix. Transportation Services (to/from medically necessary treatment); and
x. Discharge Services.

4) ASAM Level 3.5

a) ASAM Level 3.5 Residential Services shall include 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment and be able to tolerate and use the full milieu of therapeutic community.

b) Service Components:

i. Intake;
ii. Individual & Group Counseling;
iii. Patient Education;
iv. Family Therapy;
v. Safeguarding Medications;
vi. Collateral Services;
vii. Crisis Intervention Services;
viii. Treatment Planning;
ix. Transportation Services (to/from medically necessary treatment); and
x. Discharge Services.

5) ASAM Levels 3.7 and 4.0

a) ASAM Level 3.7 residential treatment services are clinically managed medium-intensity residential services for adolescents and clinically managed high-intensity residential services for adults. This level of care shall provide 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment.

b) ASAM Level 4.0 residential treatment services are medically managed intensive inpatient services for adolescents and adults, this level of care shall include 24-hour nursing care and daily physician care for severe, unstable problems.

c) When a beneficiary receives ASAM Level 3.7 or 4.0 residential treatment services in an acute care hospital, or other Fee-for-Service (FFS) facility, the Contractor shall manage the beneficiary's transition to a lower level of care by referring that beneficiary to a DMC-ODS provider (Drug Medi-Cal – Organized Delivery System).

d) When a beneficiary receives ASAM Level 3.7 or 4.0 residential treatment services in a subcontracted Chemical Dependency Recovery Hospital (CDRH) or Acute Freestanding Psychiatric Hospital using other county funds, the Contractor shall manage the beneficiary's transition to a lower level of care by referring that beneficiary to a DMC-ODS provider.

e) The transition of care from an ASAM Level 3.7 or 4.0 residential treatment provider to a lower level of care with a DMC-ODS provider shall be reimbursable under the DMC-ODS Waiver as case management services.

V. Case Management

Describe how you will comply with the following specific case management requirements:

1) Case management services shall assist a beneficiary in accessing needed medical, educational, social, prevocational, rehabilitative, or other community services and shall focus on the coordination of SUD care, integration around primary care and interaction with the criminal justice system if needed. Case management services will be monitored by the Behavioral Health Services compliance monitoring staff.

2) Service Components:

   a) Comprehensive assessment and periodic reassessment of individual needs for continuation of case management;
   b) Transition to a higher or lower level of SUD care;
   c) Development and periodic revision of a beneficiary's plan that includes service activities;
   d) Communication, coordination, referral and related activities;
   e) Monitoring service delivery to ensure beneficiary's access to service and service delivery system;
   f) Monitoring beneficiary's progress; and
   g) Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services.

3) OTP primary counselors shall also provide case management services.

4) The Provider's case management model shall reflect a collaborative team-based approach to assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet a beneficiary's comprehensive health and behavioral health needs. This case management model shall include regular team communication, trust and respect among team members for the role each is trained to play in beneficiary wellness and recovery, including peer support staff, and access to resources and supports needed to promote positive beneficiary outcomes and high quality, cost

effective services. This shall include access to needed medical, educational, social, prevocational, vocational, rehabilitative, and other community services.

5) The Provider's case management model shall tailor case management services to the beneficiary's needs.

6) Case management services shall be undertaken by the certified drug counselor or LPHA (Licensed Practitioner of the Healing Arts) in cooperation with the treatment team.

7) Case management services shall be provided in full compliance with all beneficiary confidentiality requirements under federal and state law.

L. Physician Consultation

In addition to the general physician consultation requirements, describe how you will comply with the following Contractor-specific physician consultation requirements:

1) The DMC physician-to-specialist consultation shall be provided by network physicians, with addiction medicine physicians, addiction psychiatrists, addiction specialist Nurse Practitioners (NPs), or specialist clinical pharmacists to support SUD treatment plans for beneficiaries with complex needs.

2) The DMC physician consultation services shall include:

> a) medication selection;
> b) dosing;
> c) side effect management;
> d) adherence;
> e) drug-drug interactions; and
> f) level of care considerations.

3) The DMC physician consultation with the Medical Director shall be available by phone and email.

4) The Contractor shall make the number to a pharmacy 'drug information phone line' available to the clients, and this line (located at DPH's Howard Street Pharmacy) shall be staffed by clinical pharmacists with an SUD specialization.

M. Recovery Services

In addition to the general recovery services requirements, describe how you will comply with the following specific recovery services requirements:

1) Community-based recovery and wellness services shall be provided face-to-face, by telephone, or by 'telehealth' with the beneficiary to support transfers/transitions. The recovery services shall be provided to beneficiaries whether they are triggered, have relapsed, or as a preventative measure to prevent relapse.

2) Service Components:

> a) Individual and Group Outpatient Counseling to stabilize beneficiaries and reassess if further care is needed;

b) Recovery Monitoring: recovery coaching, monitoring via telephone or internet;
c) Substance Abuse Assistance: peer-to-peer services and relapse prevention;
d) Education and Job Skills: linkages to life skills, employment services, job training and education services;
e) Family Support: linkages to childcare, parent education, child development support services, and family/marriage education;
f) Support Groups: linkages to self-help and support, and spiritual and faith-based support; and
g) Ancillary Services: linkages to housing assistance, transportation, case management, and individual services coordination.

3) The Contractor shall make relapse prevention counseling available to all beneficiaries through SUD treatment providers.

4) The Contractor shall provide system-wide training on the Wellness & Recovery Model including appropriate recovery monitoring in primary care and provide consultation services to SUD providers through the Wellness and Recovery Coordinator's Office.

5) Coordination and expansion of peer services and training is being developed as part of the workforce development during the DMC-ODS expansion.

N. Withdrawal Management

In addition to the general withdrawal management requirements, describe how you will comply with the following specific withdrawal management requirements:

1) The Contractor shall provide ASAM Level 1-WM detoxification/withdrawal management services with daily, or less than daily, outpatient supervision.

a) The Contractor shall make opioid withdrawal management services, such as methadone detox and/or Buprenorphine, available as needed through methadone clinics.
b) The Contractor shall provide medically supervised outpatient alcohol withdrawal available for safely housed beneficiaries.
c) The contractor shall provide level 3.2 residential supervised withdrawal services for beneficiaries who need residential care.

O. Opioid (Narcotic) Treatment Program Services

In addition to the general Opioid (Narcotic) Treatment Program (OTP) services requirements, Describe how you will comply with the following specific opioid (narcotic) treatment program services requirements:

1) Opioid (Narcotic) Treatment Program services shall include daily or several times weekly opioid agonist medication and counseling available for those with severe opioid disorder.

2) Service Components shall include:

a) Intake;
b) Individual and Group Counseling;
c) Patient Education;

d) Medication Services;
e) Collateral Services;
f) Crisis Intervention Services;
g) Treatment Planning;
h) Medical Psychotherapy: one-on-one counseling conducted by the Medical
   Director with the beneficiary; and
i) Discharge Services.

P. Additional Medication Assisted Treatment (MAT)

The Contractor has elected to provide MAT services as a Contractor-specific service. Therefore, describe how you will comply with the following Contractor-specific MAT requirements:

1) **Alcohol MAT:**

   a) The Contractor shall provide alcohol medications including naltrexone, acamprosate, and disulfiram. The Contractor shall also make naltrexone available for opioid use disorder.

2) **Buprenorphine MAT services shall include**:

   a) Integrated buprenorphine model into primary care and mental health clinics;
   b) Support for buprenorphine induction at Howard Street Program;
   c) Contractor's pharmacy shall provide observed dosing and medication advice by specialized clinical pharmacists;
   d) Contractor's pharmacy shall provide medication for OBIC patients during stabilization; and
   e) Buprenorphine integrated into residential care and residential detoxification.

3) **Naltrexone MAT shall include:**

   a) Injected naltrexone for alcohol; and
   b) Naltrexone MAT, either oral or injected, shall be offered for alcohol or opioid use disorder.

7. **Objectives and Measurements:**

Objectives will not be inserted in the Appendix A narrative. The objectives will be referenced in Appendix A with the following required sentence:

   (AOA): "All objectives, and descriptions of how objectives will be measured, are contained in the document entitled Adult and Older Adult Performance Objectives FY xx-yy"

   (CYF): "All objectives, and descriptions of how objectives will be measured, are contained in the document entitled Children, Youth and Families Performance Objectives FYxx-yy "

Performance Objectives for this SOC can be found on the CDTA website: https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/documents-PO.asp

Please refer to your System of Care Program Manager if you have any questions about your Performance Objectives.

8. Continuous Quality Improvement (CQI):

Describe your program's CQI activities to monitor, enhance, and improve the quality of service delivered, including how you identify areas for improvement, and your CQI meeting structure and frequency. Include in your description how you ensure continuous monitoring of the following:

1. Achievement of contract performance objectives and productivity;
2. Quality of documentation, including a description of the frequency and scope of internal chart audits;
3. Cultural competency of staff and services;
4. Satisfaction with services; and
5. Timely completion and use of outcome data, including, but not limited to, CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

Evidence of CQI activities related to 1-5 above must be maintained in your program's Administrative Binder. Some examples of Evidence of CQI activities are descriptions of monitoring processes or improvement projects, copies of meeting agendas or materials addressing these items, Avatar or BHS-generated outcome reports, etc. You will be required to produce a complete and up-to-date Administrative Binder for review by the DPH Business Office Contract Compliance (BOCC) staff during monitoring visits.

9. Required Language:

Several DPH Systems of Care (SOC) have one or more items that must appear in the Appendix A Program Narrative. The reason for this may be due to internal DPH guidelines; a requirement of the original RFP; Local, State, or Federal regulations; and/or a requirement from a particular funding source. Some unique required language may also be added per program based on other requirements. Please refer to your SOC Program Manager for questions or assistance.

For **BHS SUD Services: N/A.**

Section 4.

These Instructions are to be used for programs in the following System of Care (SOC):

Behavioral Health Services (BHS): Transitional Age Youth (TAY)
TAY FSPs and PREP programs must continue to use the existing BHS AOA instructions (Section 1, page 5).

1. **Identifiers:**
   Program Name: use the standard name for this program.
   Program Address: use the primary program site address.
   City, State, Zip Code:
   Telephone/FAX:
   Website Address:

   Contractor Address: if different from the primary program site address above.
   City, State, Zip Code:
   Executive Director or Program Director:
   Telephone: this person's direct phone number
   Email Address: direct email address.

   Program Code(s): List the relevant program codes as they correspond to your Appendix B.

2. **Nature of Document:**
   ☐ **Original**   ☐ **Contract Amendment**   ☐ **Revision to Program Budgets (RPB)**

   To ensure that the criteria described in your DPH contract related to serving the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that you review all language in your contract documents to identify language that may appear to limit services to a "target" population only. See the guidelines above in the Basic Instructions section on Pages 2-4.

3. **Goal Statement:**
   Provide a brief and general program goal statement (preferably one sentence).

4. **Target Population:**
   To ensure that your DPH contract language related to how you serve the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that all language in your contract documents related to Target Population is inclusive. Review the guidelines above in the Basic Instructions section on Page 3.

5. **Modality(s) / Intervention(s):**
   All the service modalities and definitions that apply to your program must be listed in this section. These listed below are the four currently available for TAY. For each Modality there is a series of Definitions. For each Definition, fully describe how your program will accomplish this activity.

   Service Access through Outreach & Engagement
   Definitions:
   - Flexible approaches to engage with TAY
   - Client centered engagement strategies

- Field-based services to locate and engage with known or referred TAY
- Services designed to identify TAY with mental health or substance use concerns
- Activities that provide a low-threshold means of entry to mental health services
- Activities that build/maintain trust and relationships in order to connect TAY with available services
- Activities that help TAY better understand behavioral health and reduce MH stigma

Treatment & Healing
Definitions:
- Therapeutic activities that include culturally specific or community-driven healing modalities
- Therapeutic activities for individuals, families and groups with the goal of addressing an identified behavioral health (mental health and/or substance use) concern or barrier to wellness.
- Therapeutic activities that:
  o promote wellness
  o help address impact of MH/SUD concerns/symptoms
  o support increased engagement in meaningful activities
  o support daily functioning and living skills
  o support social connection/relationship building
  o support increased sense of hope and optimism

Tay Leadership and Wellness Promotion (for TAY)
Definitions:
- Assist TAY in finding communities they identify with and feel supported in; build sense of community and cohesion
- Develop critical thinking, leadership and advocacy skills; provide opportunities to practice skills
- Efforts to engage TAY in community building and leadership opportunities.
- Support TAY learning between independence vs. dependence
- Increase the extent to which TAY voice is influencing decision-making at multiple levels.
- Supporting TAY in academic and career opportunities, e.g., job coaching, employment, internships, engaging activities

Training Education & Capacity Building (for Providers)
Definitions:
- Activities designed to build staff, program and systems capacity
- Activities that increase TAY provider participation, comfort and abilities in working with TAY with BH issues
- Strategies that promote collaborative relationships, sharing of resources and network development
- Trainings and other learning opportunities that develop Knowledge, Skills & Key Competencies, Support Retention, Completion and Applicability

The modalities listed here must match the information in the program's Budget Appendix B. The Units of Service (UOS) / Unduplicated Clients (UDC) table with formulas is required. Please consult with your TAY SOC Program Manager to determine if your program should use the following table.

Information shown in the table below is an example for **illustrative purposes only**. A program's actual numbers and modalities used (and formulas) will be determined individually. Add rows to the table as needed. *Please note, the sum of all the UDCs does not necessarily add up to the Total UDC because of overlap.

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
–Treatment & Healing Modality **Individual Therapy** 1 FTE x 35 hrs/wk x 48wks x 75% LOE = 1260 UOS	1260	X
–Training Education & Capacity Building (0.023 FTE will provide 4 sessions of 3 hrs (prep & session time) for 2 cohorts) 0.026 FTE x 35hrs/wk x 48 wks x 75% LOE = 33 UOS	33	Y
- Service Access through Outreach & Engagement (1.0FTE will provide field-based outreach #x's/week and 1.0 FTE will provide case management including screening, linkage and referral (prep & navigation time)) 2.0 FTE x 35 hrs/wk x 48 wks/yr x 75% LOE = 2520 UOS	2520	
Total Unduplicated Clients		**Z***

6. Methodology:

A program may provide Direct Client Service (e.g. case management, treatment, prevention activities) or Indirect Services (programs that do not provide direct client services), or both. Please describe your methods used under each modality.

Programs must submit a 6-month and 12-month report from each program. The methods of reporting will be dependent upon funding source. Your TAY SOC Program Manager will work directly with agency staff on what level of reporting is required for the funded programs.

Staffing. Please list all funded staff by title, role, and FTE. Describe all activities, including oversight and implementation. Staff listed here must match budget.

7. Objectives and Measurements:

Objectives will not be inserted in the Appendix A narrative. The objectives will be referenced in Appendix A with the following required sentence:

> **"All objectives, and descriptions of how objectives will be measured, are contained in the document entitled <u>Transitional Age Youth Performance Objectives FYxx-yy</u>."**

Performance Objectives for this SOC can be found on the CDTA website:
https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/documents-PO.asp

Please refer to your System of Care Program Manager if you have any questions about your Performance Objectives.

8. Continuous Quality Improvement (CQI):

Describe the program's CQI activities to monitor, enhance, and improve the quality of service delivered, including how you identify areas for improvement, and your CQI meeting structure and frequency. Include in your description how you ensure continuous monitoring of the following:

1. Achievement of contract performance objectives and productivity;
2. Quality of documentation, including a description of the frequency and scope of internal chart audits;
3. Cultural competency of staff and services;
4. Satisfaction with services; and
5. Timely completion and use of outcome data, including, but not limited to, CANS and/or ANSA data (for specified Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

Evidence of CQI activities related to 1-5 above must be maintained in your program's Administrative Binder. Some examples of Evidence of CQI activities are descriptions of monitoring processes or improvement projects, copies of meeting agendas or materials addressing these items, Avatar or BHS-generated outcome reports, etc. You will be required to produce a complete and up-to-date Administrative Binder for review by the DPH Business Office Contract Compliance (BOCC) staff during monitoring visits.

9. Required Language:

Several DPH Systems of Care (SOC) have one or more items that must appear in the Appendix A Program Narrative. The reason for this may be due to internal DPH guidelines; a requirement of the original RFP; Local, State, or Federal regulations; and/or a requirement from a particular funding source. Some unique required language may also be added per program based on other requirements. Please refer to your SOC Program Manager for questions or assistance.

The TAY SOC requires:
- End Of Year Reporting from each program annually at the end of each fiscal year. Any additional methods of reporting and program site visits required for your program will be communicated by the TAY SOC.
- Service modality billing code to use:
  - 45/10-19: for Outreach/Engagement, Community Engagement/Leadership and/or Training/Capacity Building
  - 45/20-29: for Treatment and Healing

Section 5.

These Instructions are to be used for programs in the following Systems of Care (SOC):

Community Health Equity and Promotion (CHEP)/ HIV Prevention Services (HPS)

If you have any questions about the preparation of the Appendix A Narrative, ask the CDTA Program Manager assigned to your contract.

1. **Identifiers:**
   Program Name: use the standard name for this program.
   Program Address: use the primary program site address.
   City, State, Zip Code:
   Telephone/FAX:
   Website Address:

   Contractor Address: if different from the primary program site address above.
   City, State, Zip Code:
   Executive Director or Program Director:
   Telephone: this person's direct phone number,
   Email Address: and direct email address.

2. **Nature of Document:**

   ☐ **Original**   ☐ **Contract Amendment**   ☐ **Revision to Program Budgets (RPB)**

   To ensure that the criteria described in your DPH contract related to serving the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that you review all language in your contract documents to identify language that may appear to limit services to a "target" population only. See the guidelines above in the Basic Instructions section on Pages 2-4.

3. **Goal Statement:**

   Provide a brief and general program goal statement (preferably one sentence).

   Unless otherwise required by the funder or by the Request for Proposal from which the contract stems, the CHEP goal statement for HIV prevention services is:

   "The goal of all Community Health Equity and Promotion (CHEP) funded HIV prevention programs aligns with San Francisco's Getting to Zero initiative and is to eliminate new HIV acquisitions, HIV-related deaths and HIV-related stigma."

   All other CHEP contracts will have a goal statement specific to the purpose of the funded contract.

4. **Target Population:**

   To ensure that your DPH contract language related to how you serve the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that all language in your contract documents related to Target Population is inclusive. Review the guidelines above in the Basic Instructions section on Page 3.

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

All the service modalities provided with definitions must be listed in this section. The modalities listed here must match the information in the program's Budget Appendix B.

The Units of Service (UOS) / Unduplicated Clients (UDC) table with formulas may be needed. Please consult with your System of Care Program Manager to determine if your program should use the following tables.

Information shown in the tables below is for **illustrative purposes only**. Your program's actual numbers and modalities will be determined individually. Add rows to table as needed. *Please note, the sum of all the UDCs does not necessarily add up to the Total UDC because of overlap.

General CHEP contracts:

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Case Management - Hours 1.0 FTE x 40 hrs/wk x 48 wks x 87% Level of Effort = **1,670 UOS**	1,670	185
Primary Care - Encounters 1.5 FTE x 30 encounters per week x 48 weeks = **2,160 UOS**	2,160	400
Health Fair - Encounters 4 Health Fairs/yr x 8 hours each = **32 UOS** 4 Health Fairs/yr to 10 individuals/hour x 6 hours = **240 NOC**	32	240
Total Unduplicated Clients		**700***

For CHEP contracts:

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Individual Risk Reduction Counseling and/or Prevention Case Management One UOS = one hour of individual risk reduction counseling 50 clients x 10 sessions x .5 hr per session = 250 UOS 50 clients x 10 sessions = 500 NOC	250	500
Groups (HPS providers are not required to distinguish groups for billing purposes, but may do so if there are cost differences) One UOS = one hour Group Session 5 sessions x 2 hours per session = 10 UOS 40 clients x 5 sessions =200 NOC	10	200
Recruitment and/or Linkage Efforts One UOS = one hour of recruitment/linkage 100 clients x 1 session x .25 hour per session = 25 UOS 100 clients x 1 session =100 NOC	25	100
Events One UOS = one event 5 events = 5 UOS 50 client/event x 5 events = 250 NOC	5	250
Social Marketing/Community Campaigns (or Condom Distribution; no NOC required) One UOS = one month of social marketing activities	12	

12 months of social marketing = 12 UOS		
Total Services Delivered	**302**	**1,050**

6. Methodology:

A program may provide Direct Client Service (e.g. case management, treatment, prevention activities) or Indirect Services (programs that do not provide direct client services), or both.

Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

Direct Client Services: Describe how services are delivered and what activities will be provided, addressing, how, what, and where by each applicable service modality. Please be sure to address the following *as applicable:*

A. Outreach, recruitment, promotion, and advertisement as necessary.
B. Admission, enrollment and/or intake criteria and process where applicable
C. Service delivery model and rationale, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc. Include any linkages/coordination with other agencies.
D. Discharge Planning and exit criteria and process, i.e., a step-down to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.
E. Briefly describe program staffing (which staff is involved, and in which aspects of service development and delivery). Indicate staff positions not funded by DPH only if it is someone contributing directly to the delivery of services.

7. Objectives and Measurements:

Objectives will not be inserted in the Appendix A narrative. The objectives will be referenced in Appendix A with the following required sentence:
"All objectives, and descriptions of how objectives will be measured, are contained in the document entitled: "CHEP/HPS Performance Objectives FYxx-yy."

Performance Objectives for this SOC can be found on the CDTA website: https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/documents-PO.asp

Please refer to your System of Care Program Manager if you have any questions about your Performance Objectives.

8. Continuous Quality Improvement (CQI):

Describe the program's CQI activities to enhance, improve, and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal, and/or Funding Source policies and requirements - such as, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Some services or service categories may have some prescribed activities either provided by CHEP or through the RFP. Please consult with your System of Care Program.

9. Required Language:

Several DPH Systems of Care (SOC) have one or more items that must appear in the Appendix A Program Narrative. The reason for this may be due to internal DPH guidelines; a requirement of the original RFP; Local, State, or Federal regulations; and/or a requirement from a particular funding source. Some unique required language may also be added per program based on other requirements. Please refer to your SOC Program Manager for questions or assistance.

Section 6.

These Instructions are to be used for programs in the following Systems of Care (SOC):

HIV Health Services (HHS) and Community Oriented Primary Care (COPC)

1. **Identifiers:**
   Program Name: use the standard name for this program.
   Program Address: use the primary program site address.
   City, State, Zip Code:
   Telephone/FAX:
   Website Address:

   Contractor Address: if different from the primary program site address above.
   City, State, Zip Code:
   Executive Director or Program Director:
   Telephone: this person's direct phone number,
   Email Address: and direct email address.

2. **Nature of Document:**
   ☐ **Original**   ☐ **Contract Amendment**   ☐ **Revision to Program Budgets (RPB)**

   To ensure that the criteria described in your DPH contract related to serving the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that you review all language in your contract documents to identify language that may appear to limit services to a "target" population only. See the guidelines above in the Basic Instructions section on Pages 2-4.

3. **Goal Statement:**
   Provide a brief and general program goal statement (preferably one sentence). Please reference HIV/AIDS in your Goal Statement.

4. **Target Population:**
   To ensure that your DPH contract language related to how you serve the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that all language in your contract documents related to Target Population is inclusive. Review the guidelines above in the Basic Instructions section on Page 3.

   In addition, insert the four HHS Required Language paragraphs listed below into the Target Population section of the HHS Program Narrative after you have described the population to be served. Other than inserting the agency/program name in the designated spaces, no changes or edits to the language below is allowed.

   a) Third Party Reimbursement: (Insert Name of Agency and/or Program) assures that all HIV Health Services (HHS) funds are only used to pay for services that are not reimbursed by any other funding source.

   b) Low Income: Client enrollment priority is reserved for San Francisco residents who have low incomes and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low incomes and are underinsured. Low Income status is equal to 400% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.

c) Client Eligibility: Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter. Six-month, interim eligibility confirmation may be obtained by client self-attestation, but must be documented in the client file or in ARIES.

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

All the service modalities provided with definitions must be listed in this section. A complete list of all approved HHS Modes of Service and formulas for computing UOS is available. The modalities listed here must match the information in the program's Budget Appendix B. The Units of Service (UOS) / Unduplicated Clients (UDC) table with formulas is required for HIV Health Services.

Information shown in the table below is for **illustrative purposes only**. Your program's actual numbers and modalities will be determined individually. Add rows to table as needed. ***Please Note**: the total program UDC is usually not the sum of UDC for each mode of service due to the fact that the UDC for one or more mode of service may be a subset of the total program UDC. In the example above 400 UDC will receive Primary Care but only 185 of clients will receive Case Management.

Appendix / Period	Units of Service (UOS) Description	UOS	UDC
A-1 / B-1 (3/1/17 -2/28/18)	**Case Management Hours** 1.0 FTE x 40 hrs./ wk. x 48 wks x 87% Level of Effort	1,670	185
"	**Primary Care Encounters** 1.5 FTE x 30 encounters per week x 50 weeks	2,250	400
"	**Mental Health Group Hours** 1 group per week X 1.5 hours per group X 32 weeks	48	20
	Total UOS and Total UDC*	**3,968**	***400**
Appendix / Period	Units of Service (UOS) Description	UOS	UDC
A-1 / B-2 (3/1/18 -2/28/19)	**Case Management Hours** 1.0 FTE x 40 hrs./ wk. x 48 wks x 87% Level of Effort	1,670	185
"	**Primary Care Encounters** 1.5 FTE x 30 encounters per week x 48 weeks	2,160	400
"	**Mental Health Group Hours** 1 group per week X 1.5 hours per group X 32 weeks	48	20
	Total UOS and Total UDC*	**3,968**	***400**

6. Methodology:

A program may provide Direct Client Service (e.g. case management, primary care services, treatment adherence, mental health services) or Indirect Services (programs that do not provide direct client services), or both.

Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

Direct Client Services: Describe how services are delivered and what activities will be provided, addressing, how, what, and where for each section below.

   I. Outreach, recruitment, promotion, and advertisement as necessary.

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

   III. Service delivery model, including treatment modalities, phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for

service delivery, wrap-around services, residential bed capacity, etc. Include any linkages/coordination with other agencies.

IV. **d) Client Retention Process: APPLICABLE TO**: Center of Excellence Programs, Primary Care Programs, Medical Case Management and Intensive Case Management Programs, programs funded with Getting to Zero General Fund, and other Programs as requested by the HHS.

Describe how the program handles clients that may be lost to follow up and define what "lost to follow up" means for the program -

(EXAMPLE) – Write a protocol specific to the program; do not copy verbatim.
"To foster engagement and retention in care, the program staff works collectively to support clients who may have fallen out of care, are at risk of falling out of care, or are lost to follow up. Clients are considered out of care if they have not met with the RN Case Manager in more than 75 days. During monthly collaboration team meetings, program staff identify clients not seen by the RN Case Manager in more than 45 days, discuss barriers to engagement, and develop strategies to ensure these clients remain connected to staff and engaged with the program. Once clients are identified as having fallen out of care, the program staff will search via ARIES, phone calls, certified letters, home visits. If the client is homeless, staff conducts outreach to locations the client may be known to congregate."

The following paragraph should be copied verbatim unless HHS has authorized some other protocol for the program. Contact HHS if questions arise.

"Clients are considered lost to follow up when all these efforts have yielded no result and clients have not been identified as having engaged in care elsewhere. At this point these client cases are referred to the Department of Public Health Linkage, Integration, Navigation, and Comprehensive Services (LINCS) program for further follow up. In addition a discharge note indicating the above is placed in the client file and the client is removed from the active caseload of the program."

V. Discharge Planning and exit criteria and process, i.e., a step-down to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.

VI. Briefly describe program staffing (which staff is involved, and in which aspects of service development and delivery). Indicate staff positions not funded by DPH only if it is someone contributing directly to the delivery of services.

VII. **e) Vouchers / Client Incentives:** This is only applicable to programs that receive vouchers from HHS, or purchase vouchers with HHS funding. Describe the safekeeping, distribution, tracking, client eligibility, voucher use, etc. for the program.

(EXAMPLE) – Write a protocol specific to the program; do not copy verbatim
"The goal of client incentives is to help meet clients' basic needs when they have no other resources designated for those needs, which in turn motivates clients to continue in care. The vouchers are stored in a locked cabinet where only Accounting Department staff has access. The program maintains a log, which documents the amount disbursed, the voucher numbers, staff name and signature. The HIV Services Director or a designated staff requests vouchers in an amount not to exceed $350 of food vouchers, and $50 of taxi scrip and bus tokens for easy accessibility. The staff designated to distribute the vouchers maintain them under lock at all times. Vouchers are inventoried at a minimum of every three months. Distribution records to clients and records of voucher inventory are made available to authorized SFDPH HHS staff upon request."

VIII. f) ARIES Database: Insert the following HHS Required Language paragraphs into the Methodology section of the HHS Program Narrative. Other than inserting the agency/program name in the designated spaces, no changes or edits to the below language are allowed. If you have questions about the HHS required language, contact your SOC Program Manager for clarification.

"(Insert Name of Agency and/or Program) collects and submits all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for Ryan White CARE Act providers. ARIES enhances care provided to clients with HIV by helping agencies automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding. ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential.

Client information relating to mental health, substance abuse, and legal issues are only available to a limited group of an agency's personnel. Authorized, ARIES-trained personnel are given certificate-dependent and password-protected access to only the information for which that person's level of permission allows.

(Insert Name of Agency and/or Program) participates in the planning and implementation of its programs into ARIES. (Insert Name of Agency and/or Program) complies with HHS policies and procedures for collecting and maintaining timely, complete, and accurate unduplicated client and service information in ARIES. Registration data is entered into ARIES within 48 hours or two working days after the data are collected. Service data, including units of service, for the preceding month is entered by the 15th working day of each month. Service data deliverables must match the information submitted on the "Monthly Statements of Deliverables and Invoice" form. Failure to adhere to HHS standards for quality and timeliness of data entry will risk delay of payment until all data is entered and up to date."

7. Objectives and Measurements:

Objectives will not be inserted in the Appendix A narrative. The objectives will be referenced in Appendix A with the following required sentence:

> **"All objectives, and descriptions of how objectives will be measured, are contained in the document entitled <u>HIV Health Services Performance Objectives FYxx-yy</u>."**

Performance Objectives for this SOC can be found on the CDTA website: https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/documents-PO.asp

Please refer to your System of Care Program Manager if you have any questions about your Performance Objectives.

8. Continuous Quality Improvement (CQI):

g) Standards of Care: Insert the following HHS Required Language sentence at the beginning of the CQI section of the HHS Program Narrative. Other than inserting the agency/program name in the designated space, no changes or edits to the below language are allowed. If you have questions about the HHS required language, contact your System of Care Program.

"(Insert Name of Agency and/or Program) abides by the standards of care for the services specified in this appendix as described in the document entitled ***Making the Connection: Standards of Care for Client-Centered Services***."

Continue this section with a description of the program's CQI activities to enhance, improve, and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal, and/or Funding Source policies and requirements - such as, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

9. **Required Language:**

Several DPH Systems of Care (SOC) have one or more items that must appear in the Appendix A Program Narrative. The reason for this may be due to internal DPH guidelines; a requirement of the original RFP; Local, State, or Federal regulations; and/or a requirement from a particular funding source. Please refer to your SOC Program Manager for questions or assistance.

HIV Health Services (HHS) Required Language must be inserted throughout the program description as applicable. Please insert the following legend to indicate the pages on which the various items appear:

a) Third Party Reimbursement: See Target Population, Page (insert page #)

b) Low Income: See Target Population, Page (insert page #)

c) Client Eligibility: See Target Population, Page (insert page #)

d) Client Retention: See Methodology, Page (page #) or N/A **(with HHS approval)**

e) Vouchers: See Methodology, Page (page #) or indicate N/A

f) ARIES Database: See Methodology, Page (page #)

g) Standards of Care: See CQI, Page (page #) or indicate N/A

h) Termination of Services:

Insert the following HHS required termination language here: "In the event that (Insert Name of Agency and Program) decides that it can no longer provide the services for which it has contracted under this agreement, it will send a written notice to HIV Health Services no less than 90 days prior to the date it wishes to terminate the services. In addition, (Insert Name of Agency and Program) will prepare a written plan for the transition of all clients receiving services to another provider of services. This plan must be approved by HHS and should demonstrate a good faith effort to contact and locate all clients both active and inactive before the termination date."

Other than inserting the agency/program name in the designated space, no changes or edits to the termination language are allowed. If you have questions about the HHS required termination language, contact your System of Care Program Manager.

Section 7.

These Instructions are to be used for programs in the following Systems of Care (SOC):

Maternal Child Adolescent Health (MCAH)

If you have any questions about the preparation of the Appendix A Narrative, ask the CDTA Program Manager assigned to your contract.

1. **Identifiers:**
   Program Name: use the standard name for this program.
   Program Address: use the primary program site address.
   City, State, Zip Code:
   Telephone/FAX:
   Website Address:

   Contractor Address: if different from the primary program site address above.
   City, State, Zip Code:
   Executive Director or Program Director:
   Telephone: this person's direct phone number,
   Email Address: and direct email address.

2. **Nature of Document:**

   ☐ **Original**   ☐ **Contract Amendment**   ☐ **Revision to Program Budgets (RPB)**

   To ensure that the criteria described in your DPH contract related to serving the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that you review all language in your contract documents to identify language that may appear to limit services to a "priority" population only. See the guidelines above in the Basic Instructions section on Pages 2-4.

3. **Goal Statement:**
   Provide a brief and general program goal statement (preferably one sentence), unless otherwise required by the funder or by the Request for Proposal from which the contract stems.

4. **Target Population:**
   To ensure that your DPH contract language related to how you serve the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that all language in your contract documents related to Target Population is inclusive. Review the guidelines above in the Basic Instructions section on Page 3.

5. **Modality(s) / Intervention(s):**
   All the service modalities provided with definitions must be listed in this section. The modalities listed here must match the information in the program's Budget Appendix B.

The Units of Service (UOS) / Unduplicated Clients (UDC) table with formulas may be needed. Please consult with your CDTA Program Manager or System of Care Program Manager to determine if your program should use the following tables.

Information shown in the table below is for **illustrative purposes only**. Your program's actual numbers and modalities will be determined by each program. Add rows to table as needed. *Please note, the sum of all the UDCs does not necessarily add up to the Total UDC because of overlap.

General MCAH contracts:

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Case Management - Hours 1.0 FTE x 40 hrs/wk x 48 wks x 87% Level of Effort = **1,670 UOS**	1,670	185
Primary Care - Encounters 1.5 FTE x 30 encounters per week x 48 weeks = **2,160 UOS**	2,160	400
Health Fair - Encounters 4 Health Fairs/yr x 8 hours each = **32 UOS** 4 Health Fairs/yr to 10 individuals/hour x 6 hours = **240 NOC**	32	240
Individual Risk Reduction Counseling and/or Prevention Case Management One UOS = one hour of individual risk reduction counseling 50 clients x 10 sessions x .5 hr per session = 250 UOS 50 clients x 10 sessions = 500 UDC	250	500
Groups One UOS = one hour Group Session 5 sessions x 2 hours per session = 10 UOS 40 clients x 5 sessions =200 UDC	10	200
Recruitment and/or Linkage Efforts One UOS = one hour of recruitment/linkage 100 clients x 1 session x .25 hour per session = 25 UOS 100 clients x 1 session =100 UDC	25	100
Events One UOS = one event 5 events = 5 UOS 50 client/event x 5 events = 250 UDC	5	250
Social Marketing/Community Campaigns (or Condom Distribution; no NOC required) One UOS = one month of social marketing activities 12 months of social marketing = 12 UOS	12	███
Total Services Delivered	**4164**	**1875**

6. Methodology:

A program may provide Direct Client Service (e.g. case management, treatment, prevention activities) or Indirect Services (programs that do not provide direct client services), or both.

Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

Direct Client Services: Describe how services are delivered and what activities will be provided, addressing, how, what, and where by each applicable service modality. Please be sure to address the following *as applicable:*

F. Outreach, recruitment, promotion, and advertisement as necessary.
G. Admission, enrollment and/or intake criteria and process where applicable
H. Service delivery model and rationale, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc. Include any linkages/coordination with other agencies.
I. Service Completion, Exit Criteria and Process- i.e. criteria of a successful program completion/graduation, processes to ensure continuing availability and accessibility to care services including preventive care necessary for desirable maternal, newborn and pediatric health outcomes.
J. Briefly describe program staffing (which staff is involved, and in which aspects of service development and delivery). Indicate staff positions not funded by DPH only if it is someone contributing directly to the delivery of services.

7. Objectives and Measurements:

Objectives will not be inserted in the Appendix A narrative. The objectives will be referenced in Appendix A with the following required sentence:

"All objectives, and descriptions of how objectives will be measured, are contained in the document entitled <u>Maternal Child Adolescent Health Performance Objectives FYxx-yy</u>."

Performance Objectives for this SOC can be found on the CDTA website: https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/documents-PO.asp

Please refer to your System of Care Program Manager if you have any questions about your Performance Objectives.

8. Continuous Quality Improvement (CQI):

Describe the program's CQI activities to enhance, improve, and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal, and/or Funding Source policies and requirements - such as, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. Some services or service categories may have some prescribed activities either provided by MCAH or through the RFP. Please consult with your System of Care Program Manager.

9. Required Language:

Several DPH Systems of Care (SOC) have one or more items that must appear in the Appendix A Program Narrative. The reason for this may be due to internal DPH guidelines; a requirement of the original RFP; Local, State, or Federal regulations; and/or a requirement from a particular funding source. Some unique required language may also be added per program based on other requirements. Please refer to your SOC Program Manager for questions or assistance.

Section 8.

These Instructions are to be used for PA/PM programs in all Systems of Care (SOC):

Program Administration/Program Management (PA/PM) Contracts

If you have any questions about the preparation of the Appendix A Narrative for PA/PM contracts, ask the CDTA Program Manager assigned to your contract.

1. **Identifiers:**
   Program Name:
   Program Address: use the primary program site address.
   City, State, Zip Code:
   Telephone/FAX:
   Website Address:

   Contractor Address: if different from the primary program site address above.
   City, State, Zip Code:
   Executive Director or Program Director:
   Telephone: this person's direct phone number
   Email Address: and direct email address

2. **Nature of Document:**
   ☐ **Original**   ☐ **Contract Amendment**   ☐ **Revision to Program Budgets (RPB)**

To ensure that the criteria described in your DPH contract related to serving the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that you review all language in your contract documents to identify language that may appear to limit services to a "target" population only. See the guidelines above in the Basic Instructions section on Pages 2-4.

3. **Goal Statement:**
   Provide a brief and general goal statement. An example:

   "In collaboration with the San Francisco Department of Public Health and following Generally Accepted Accounting Principles (GAAP), {Agency Name} will provide Program Administration/Program Management services in support of the program(s) listed below. If applicable, {Agency Name} will be responsible for the services delivered, consultants/subcontracts management, and the personnel participating in the delivery of service for the supported program(s)."

4. **Target Population:**
   To ensure that your DPH contract language related to how you serve the needs of specific communities is not misinterpreted to be exclusionary, DPH requires that all language in your contract documents related to Target Population is inclusive. Review the guidelines above in the Basic Instructions section on Page 3.

5. **Modality(s) / Intervention(s):**
   The Modality is "Program Administration/Program Management." Services under this modality may include:
   - Human Resource Management/Support
   - Consultants/Subcontractors Management
   - Other Administrative and Financial Support

6. **Methodology:**

   This section must include information regarding the methods used to deliver the actual PA/PM services. All services are considered Indirect.
   Following Generally Accepted Accounting Principles (GAAP) and the agency's own Accounting Policies and Procedures, describe how the PA/PM will:

   Work with the System of Care (SOC) to obtain timely city pre-approval for itemized expenses and/or timely city endorsement prior to submission of invoices for reimbursement, and

   Develop and enforce required contractual duties or tasks for Administrative Support Services, Consultants/Subcontractors Management, Human Resources Management, and/or Other Specialized Financial Support.

   If there are any unique aspects of these duties (i.e., the purchase and maintenance of motor vehicles, the purchase and distribution of food or transportation vouchers or gift cards, etc.), describe these here.

   If there is Human Resource Management/Support within these duties, describe all funded staff positions in detail (including supervision structure, expected hours/week, and location of office space); and

   If there is Consultants/Subcontractors Management within these duties, list all consultants and subcontractors by name (if known) and briefly describe the basic duties/roles of all. If some of the consultants and subcontractors are still to be determined, please indicate this status.

   Example Wording:
   (Please note: this section was written to support a specific program. Please update appropriately)

   SFDPH will not directly provide any human resources or general administrative supervision of the budgeted staff, any subcontractors, or any other employee of **(Insert Contractor's name here)** during the course of this contract term. **(Insert Contractor's name here)** is solely responsible for the supervision of its employees and for managing its subcontractors. **(Insert Contractor's name here)** retains all authority over, and is responsible for the conduct of, the employees and the subcontractors it provides pursuant to this contract.

To the extent that SFDPH provides guidance and supervision regarding the work to be provided under this contract (such as, objectives, direction, and other input) **(Insert Contractor's name here)** shall determine how such guidance and supervision is addressed. **(Insert Contractor's name here)** is solely responsible for the means by which the results of its work on behalf of SFDPH is gathered and reported.

SFDPH will provide **(Insert any DPH's tangible contribution to this program, such as workspace, computers, internet access, etc. and describe the reason for this tangible contribution)**.

List and briefly describe all the discrete program(s) by name for which this PA/PM is supporting on behalf of DPH.

Even though the agency may have other funded PA/PM programs it supports on behalf of SFDPH, please only describe the one(s) funded in the Appendix B Budget associated with this Narrative. Please note, this contract cannot be certified without this list/descriptions. If some of the supported programs are still to be determined, please indicate this status. Please note that you must list Objectives for these supported programs below in section 7.3.

7. Objectives and Measurements:

The Agency must 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:

There are Standardized Objectives for ALL Program Administration/Program Management contracts. For Program Administration/Program Management contracts, standard and individualized objectives will not be inserted in the Appendix A narrative, rather the objectives will be referenced in Appendix A with the following required sentence:
"All objectives and descriptions of how objectives will be measured, are contained in the Program Administration/Program Management document entitled: Program Administration Performance Objectives FYxx-yy."

2. Individualized Objectives:

If applicable, Objectives unique to this PA/PM's Appendix are to be inserted here. This is rare and if you are not sure, please ask your SOC Program Manager for guidance.

Please refer to your System of Care Program Manager if you have any questions about your Performance Objectives.

3. Objectives for the Supported Program(s):

The Objectives that are for the Program(s) this PA/PM Appendix is supporting (listed above in section 6) are to be inserted here. This is a strict requirement and the contract cannot be certified without this information. If some of these Objectives are still to be determined, please indicate this status. If you are not sure of these, please ask your SOC Program Manager for guidance.

8. Continuous Quality Improvement (CQI):

Describe how the PA/PM agency will provide each of these:

1. Protect the assets of the organization and the contract;
2. Ensure the maintenance of accurate records of the agency's financial activities;
3. Provide a framework for the agency's financial decision making;
4. Establish and enforce operating standards and behavioral expectations;
5. Serve as a training resource for financial staff; and
6. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

Describe your program's CQI activities to monitor, enhance, and improve the quality of service delivered, including how you identify areas for improvement, and your CQI meeting structure and frequency. Include in your description how you ensure monitoring for quality of the following:

1. Achievement of contract scope of work/tasks, performance objectives, and productivity;
2. Quality of documentation, including financial record keeping;
3. Cultural competency of staff and services;
4. Consultants/Subcontractors Satisfaction with services; and
5. Timely completion of invoicing obligations.

Evidence of CQI activities must be maintained in the program's Administrative Binder. Some examples of evidence of CQI activities are: descriptions of monitoring processes or improvement projects, meeting agendas or materials, staff training certificates, staff meeting minutes, program satisfaction data, etc. Agency will be required to produce a complete and up-to-date Administrative Binder for review by the DPH Business Office Contract Compliance (BOCC) staff or other DPH staff.

9. Required Language:

It is not likely there will be any required language for any Program Administration/Program Management programs, but if you are not sure, Please refer to your SOC Program Manager for questions or assistance.

10. Subcontractors & Consultants:
(If applicable, please include language listed below. If there are no subcontractors or consultants, write N/A.)

A. **(Insert Contractor's name here)** is responsible for the performance of its subcontractors and consultants this Agreement.
B. **(Insert Contractor's name here)** acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All **(Insert Contractor's name here)** staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
C. **(Insert Contractor's name here)** assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. **(insert Contractor's name here)** must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.

D. **(Insert Contractor's name here)** acknowledges that it will provide to City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.

E. **(Insert Contractor's name here)** will develop and execute subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.

F. Any such subcontract agreements will be kept on file with **(Insert Contractor's name here),** with a copy sent the Department of Public Health's Program Director associated with this engagement.

G. This list of requirements is provided to highlight for **(Insert Contractor's name here)**, and **(Insert Contractor's name here)** acknowledges that it must comply with all requirements of the Agreements, regardless of whether there are listed again here in this Appendix.

Contractor Name   **Appendix A- __**
Program Name   **Contract Term:** MM/DD/YY – MM/DD/YY
                                                                      Funding Source

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Contract Appendix A Narrative Template (example)
Instructions are available on the creation of this document.
This template is to be used for contracts in the following Systems of Care (SOCs):

Ambulatory Care:
- ☑ Behavioral Health Services (BHS):
  - ☑ Adult and Older Adult (AOA),
  - ☑ Children, Youth, & Families (CYF),
  - ☑ Mental Health Services Act (MHSA)
  - ☑ Substance Use Disorder Svc (SUDS)
  - ☑ Transitional Age Youth (TAY)
- ☑ Maternal, Child, & Adolescent Health (MCAH).
- ☑ Primary Care:
  - ☑ Community Oriented Primary Care (COPC),
  - ☑ HIV Health Services (HHS).

Population Health:
- ☑ Community Health Equity & Promotion (CHEP).
- ☑ HIV Prevention Services (HPS).

All SOCs:

  - ☑ Program Administration/Program Management

Delete this box and other instructions below before submitting the Appendix A Narrative and its corresponding Appendix B Budget to DPH.

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1. **Identifiers:**
   Program Name
   Program Address, City, State, ZIP
   Telephone/FAX
   Website Address

   Contractor Address, City, State, ZIP (if different from above):

   Executive Director/Program Director:
   Telephone:
   Email Address:

   Program Code(s) **(if applicable)**:

2. **Nature of Document:**

   ☐ Original   ☐ Contract Amendment   ☐ Revision to Program Budgets (RPB)

3. **Goal Statement: See instructions on the proper wording for this section.**

4. **Target Population: See instructions on the proper wording for this section.**

5. **Modality(s)/Intervention(s): See instructions on the need and/or the use of these tables**

CID#:   Page x of **x**   Agreement Term: (Inserted by Contract Analyst)

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
{Modality Name followed by UOS measurement **(such as MINUTES, HOURS, GROUP HOURS, or ENCOUNTERS)**} A FTE (full-time equivalent of all staff from the budget providing this modality) x B {UOS measurement}/week x C weeks x D level of effort (LOE)%=	X1	Y1
{Modality Name followed by UOS measurement **(such as MINUTES, HOURS, GROUP HOURS, or ENCOUNTERS)**} A FTE (full-time equivalent of all staff from the budget providing this modality) x B {UOS measurement}/week x C weeks x D level of effort (LOE)%=	X2	Y2
Total UOS Delivered	X1 + X2 **Please note: add all like measurements separately, all Minutes, Hours, or Encounters, not just a total of all.**	
Total UDC Served		Z **Please note: since clients are often receiving multiple services, this number is not always the addition of all UDC above.**

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Contacts (NOC)*
Individual Risk Reduction Counseling and/or Prevention Case Management One UOS = one hour of individual risk reduction counseling A clients x B sessions x C hours per session = X1 UOS D clients x B sessions = Y1 NOC	X1	Y1
Groups (CHEP-HPS providers are not required to distinguish groups for billing purposes, but may do so if there are cost differences) One UOS = one hour Group Session A sessions x B hours per session = X2 UOS D clients x A sessions = Y2 NOC	X2	Y2

Recruitment and/or Linkage Efforts One UOS = one hour of recruitment/linkage A clients x B session x C hours per session = X3 UOS A clients x B session = Y3 NOC	X3	Y3
Events One UOS = one event E events = X4 UOS A client/event x E events = Y4 NOC	X4	Y4
Social Marketing (or Condom Distribution; no NOC required) One UOS = one month of social marketing activities M months of social marketing = X5 UOS	X5	
Total Services Delivered	**X Total**	**Y Total**

* Number of Contacts (NOC) is only used for CHEP-HPS Narratives.

6. Methodology:

See instructions on the proper wording for this section.

Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

Direct Client Services: Describe how services are delivered and what activities will be provided, addressing, how, what, and where for each section below:

  A. Outreach, recruitment, promotion, and advertisement
  B. Admission, enrollment and/or intake criteria and process where applicable
  C. Service delivery model
  D. Discharge Planning and exit criteria and process
  E. Program staffing
  F. Vouchers

For Items 7-10: See instructions on the need and/or the use of these sections.

7. Objectives and Measurements:

8. Continuous Quality Improvement:

9. Required Language:

10. Subcontractors & Consultants (for Program Administration/Program Management ONLY):