

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

Agreement between the City and County of San Francisco and

**YMCA of San Francisco
Contract ID: 1000010841**

This Agreement is made this 1st day of January, 2018, in the City and County of San Francisco, State of California, by and between YMCA of San Francisco, 1426 Fillmore Street, Suite 204, San Francisco, CA 94115, non-profit entity, (“Contractor”) and City.

Recitals

WHEREAS, the Department of Public Health (“Department”) wishes to provide Mental Health and Substance Use Disorder Prevention Services to children and the youth; and

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through a Request for Qualifications (RFQ 17-2016) issued on July 20, 2016 and Request for Proposals (RFP 1-2017) issued on March 24, 2017 and, in which City selected Contractor as the highest qualified scorer pursuant to the RFP; and

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

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers PSC 46987-16/17 on June 19, 2017 and PSC 44670-16/17 on June 19, 2017;

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

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

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

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

1.4 "Contractor" or "Consultant" means YMCA of San Francisco, 1426 Fillmore Street, Suite 204, San Francisco, CA 94115.

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

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

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

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

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

Article 2 Term of the Agreement

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

Article 3 Financial Matters

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

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

3.2 **Guaranteed Maximum Costs.** The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City

representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

3.3 Compensation.

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Agreement exceed **Five Million Eight Hundred Thirty-Five Thousand, Nine Hundred Eleven Dollars (\$5,835,911).** The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

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

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

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

3.3.5 Reserved. (LBE Payment and Utilization Tracking System)

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

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.

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

3.3.7 Federal and/or State Funded Contracts.

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

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

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

3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

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

the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

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

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

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

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

Article 4 Services and Resources

4.1 **Services Contractor Agrees to Perform.** Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

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

4.3 **Subcontracting.**

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

4.3.2 Contractor will not employ subcontractors.

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

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

4.4.2 **Payment of Employment Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by

Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.

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

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

4.7 **Reserved. Liquidated Damages.**

Article 5 Insurance and Indemnity

5.1 **Insurance.**

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

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

(b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage.

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

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

(e) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment included under this Agreement covering employee theft of money written with a "per loss" limit.

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

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

(b) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

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

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

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

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

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

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

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

5.2 Indemnification. Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be

imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

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

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

Article 6 Liability of the Parties

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

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

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

Article 7 Payment of Taxes

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

information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.

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

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

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

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

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

Article 8 Termination and Default

8.1 Termination for Convenience

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

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

8.2 **Termination for Default; Remedies.**

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

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

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	13.3	Business Associate Agreement

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

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

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

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset

from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

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

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

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

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

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

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	13.3	Business Associate Agreement

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

Article 9 **Rights In Deliverables**

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

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

Article 10 Additional Requirements Incorporated by Reference

10.1 **Laws Incorporated by Reference.** The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/

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

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

10.4 **Reserved.**

10.5 **Nondiscrimination Requirements**

10.5.1 **Non Discrimination in Contracts.** Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco

Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

10.5.2 Nondiscrimination in the Provision of Employee Benefits. San Francisco

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

10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance.

Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

10.7 Minimum Compensation Ordinance. Contractor shall pay covered employees no

less than the minimum compensation required by San Francisco Administrative Code Chapter 12P.

Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

10.8 Health Care Accountability Ordinance. Contractor shall comply with San

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

10.9 First Source Hiring Program. Contractor must comply with all of the provisions of

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

10.10 Alcohol and Drug-Free Workplace. City reserves the right to deny access to, or

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

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

10.11 Limitations on Contributions. By executing this Agreement, Contractor

acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the

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

10.12 Reserved. (Slavery Era Disclosure)

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

10.14 Consideration of Criminal History in Hiring and Employment Decisions

10.14.1 Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T, "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code ("Chapter 12T"), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at <http://sfgov.org/olse/fco>. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in his Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

10.14.2 The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T shall

not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

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

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

10.17 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.18 Tropical Hardwood and Virgin Redwood Ban. Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

10.19 Reserved. (Preservative Treated Wood Products)

Article 11 General Provisions

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

To CITY:	Office of Contract Management and Compliance Department of Public Health 1380 Howard Street, 4 th Floor Room 420C San Francisco, California 94103	Tel: (415) 255-3636 e-mail: april.monegas@sfdph.org
And:	April J. Crawford, Program Manager Contract Development and Technical Assistance 1380 Howard Street, 5 th Floor San Francisco, CA 94103	Tel: (415) 255-3931 e-mail: april.j.crawford@sfdph.org
To CONTRACTOR:	Evelyn Daskalakis YMCA of San Francisco 1426 Fillmore Street, Suite 204 San Francisco, CA 94115	Tel: (415) 674-0880 e-mail: EDaskalakis@ymcasf.org

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

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

11.3 **Reserved.**

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

11.5 **Modification of this Agreement.** This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).

11.6 **Dispute Resolution Procedure.**

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

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

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

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

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

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

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

11.11 **Severability.** Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

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

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

Article 12 Department Specific Terms

12.1 Third Party Beneficiaries.

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

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

12.3 Certification Regarding Lobbying.

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

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

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

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

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

12.4 Materials Review.

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

12.5 Emergency Response.

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

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

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

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

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

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

13.3 Business Associate Agreement.

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act").

The parties acknowledge that CONTRACTOR will:

1. **Do at least one** or more of the following:
 - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
 - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
 - C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

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

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

2. **NOT do any of the activities listed above in subsection 1;**

Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

Appendix E and attestations are not required.

This option requires review and approval from the Office of Compliance and Privacy Affairs.

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

Article 14 MacBride And Signature

14.1 MacBride Principles -Northern Ireland. The provisions of San Francisco

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

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

Recommended by:

Greg Wagner 12/31/18

Greg Wagner
Acting Director of Health
Department of Public Health

Date

Approved as to Form:

Dennis J. Herrera
City Attorney

By:

David K. Ross 12/19/18
David K. Ross
Deputy City Attorney

Date

Approved:

Alaric Degraffenreid 2/1/2019
Alaric Degraffenreid
Director of the Office of Contract Administration, and
Purchaser

Date

Received By:
JAN 8 '19 AM10:02
Purchasing Department

Appendix A:	Scope of Services
Appendix A-1:	Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program
Appendix A-2:	Positive Avenues to School Success (PASS) Program (Trauma and Recovery Services)
Appendix A-3:	Intensive Supervision and Clinical Services (ISCS) Program
Appendix A-4:	Oceanview, Merced Heights, Ingleside, (OMI) / Excelsior Beacon Center
Appendix B:	Calculation of Charges
Appendix C:	Reserved (Insurance Waiver)
Appendix D:	Reserved (formerly “Additional Terms”)
Appendix E:	SFDPH Business Associate Agreement (BAA) & Attestations
Appendix F:	Invoice
Appendix G:	Dispute Resolution Procedure for Health and Human Services Nonprofit Contractors
Appendix H:	Reserved
Appendix I:	The Declaration of Compliance
Appendix J:	Substance Use Disorder Services such as Drug Medi-Cal, Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant, Primary Prevention or State Funded Services

Appendix A

Scope of Services – DPH Behavioral Health Services

1. Terms

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

2. Description of Services

3. Services Provided by Attorneys

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **April Crawford**, Program Manager for the City, or her designee.

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

YMCA of San Francisco
Original Agreement
July 1, 2018

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

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

M. BHS Electronic Health Records System

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

N. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Behavioral Health Services (BHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the BHS Behavioral Health Access Center (BHAC), to individuals requesting services from

the clinic directly, and to individuals being referred from institutional care. Clinics serving childrenluding comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

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

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

- Appendix A-1: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program
- Appendix A-2: Positive Avenues to School Success (PASS) Program
(Trauma and Recovery Services)
- Appendix A-3: Intensive Supervision and Clinical Services (ISCS) Program
- Appendix A-4: Oceanview, Merced Heights, Ingleside, (OMI) / Excelsior Beacon Center

1. Identifiers:

Program Name: Urban Services YMCA of San Francisco EPSDT Program
Program Address: 1426 Fillmore Street, Suite 204
City, State, Zip Code: San Francisco, CA 94115
Jane Chandler, Director of Mental Health Services
Telephone: (415) 637-8201
Facsimile: (415) 563-8017
Program Codes: 38BV3

2. Nature of Document:

New **Renewal** **Modification**

3. Goal Statement:

To aid youth and families through effective and comprehensive services which aim to reduce psychiatric symptoms, increase functioning and increase coping skills such that the likelihood of further intervention in the future is lessened and quality of life and mental health is improved.

4. Target Population:

Age: Youth and their families ages 5-18

Neighborhood: San Francisco city wide. Vast majority of clients live in Bayview, Potrero Hill and the Western Addition.

Gender: all

Economic Status: low income, general assistance, unemployed

Ethnic Background, in order of client population size in this program: African American, Latino, Pacific Islander, Asian, White, multiracial.

Languages: Primarily English and Spanish

Emphasis is on providing services to those in most need or to reach families who are unable or not accustomed to accessing mental health services in a clinic or elsewhere in the community. Reaching families in their homes and in our schools is the best place to begin collaborative community-based and client-centered care. EHRMS funding will be allocated for school refusal clients.

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

Urban Services YMCA EPSDT 2018 Program		
Service Description	Units of Service (UOS)	Unduplicated Clients (UDC)
38BV3		
MH Services	144,033 minutes	94
Case Management Brokerage	17,933 minutes	0
Totals	161,966 minutes	94

6. Methodology:

A. Outreach, Recruitment, Promotion, and Advertisement

Within Urban Services YMCA's realm of social service programs, our Mental Health Program provides culturally sensitive services in the heart of high need communities within San Francisco. Our overall objective is to provide youth and their families living in San Francisco's most challenged communities with the same opportunities and skills that other San Francisco neighborhoods have. One of our program's strengths is the diversity of our locations we serve allowing the Clinical Case Managers to meet families in their own neighborhoods. We collaborate with SFUSD and other facilities to provide multiple access points for youth and their families primarily focusing on services in the Western Addition, South Central region and Southeast sector of San Francisco. Services are provided in a multitude of locations chosen to best accommodate clients and their needs including but not limited to; SFUSD campuses and KIPP Academy schools, clients' homes, Family Resource Centers, Urban Services YMCA and the OMI/E Beacon Center. Our services make it possible to provide needed support to multiple communities within our diverse city. Additionally, CCM's establish points of contact for referrals to ours and other agencies' services while offering outreach, education and collaboration within our service locations. In addition to our network of community-based programs that will identify potential clients, referrals will also be received from foster care, school staff and other BHS contractors.

Through the Placement of Clinical Case Managers in these neighborhoods where the communities experience significant exposure to violent and traumatic events, the CCM's will have a real opportunity to address the mental health conditions of youth and families. We will provide mental health services and comprehensive clinical case management services to youth and their families negatively affected by exposure to violence in order to reduce levels of untreated trauma. We expect that youth and families will be engaged in our services for a period of approximately 6 months, with a majority of treatment being provided through mental health and case management programming.

Clinical Case Managers will work in conjunction with our existing network of mental health counselors, case managers, community organizers and family advocates to provide youth and their families with mental health services. Our CCM's will locate appropriate crisis response services and facilitate referrals to these services if necessary. Through our program we hope to support the collective improvement of a community's emotional health. These services will provide youth and their families with feelings of empowerment and community safety, and it is our goal to strengthen our clients through participation in our offered services.

The program will participate in the BHS Advanced Access initiative, ensuring timely measurement of data at the site and the reporting of data to BHS as required, with the caveat that it may be changed from time to time with prior notice from BHS. Our program will adhere to BHS guidelines regarding assessment and treatment of indigent (uninsured) clients.

B. Admission, Enrollment and Intake Criteria

Criteria for admission to this program will be children, youth, young adults, families and communities that meet medical necessity and eligibility requirements for Med-iCal EPSDT services

Our program will continue to authorize all services through our internal Program Utilization Review Quality Committee (PURQC). All services will be delivered in a confidential setting with client confidentiality safeguarded by licensed clinicians or interns working under the direct supervision of a licensed therapist.

C. Service Delivery Model

The CCM's will provide client services to communities within school, community and office settings during the program hours of operation, Monday – Friday 9 a.m. – 8 p.m. Each CCM will assess client functioning to

determine appropriate plan of care, interventions and expected length of stay in the program. Wherever possible, CCMs will attempt to utilize a Brief Therapy Model, but will not be limited to this model should the client require more intensive therapeutic services. CCMs will also provide collateral and case management services as needed for continuity of care. Every attempt will be made to utilize wrap-around services through appropriate referral of clients to additional community based support services such as substance abuse treatment and prevention, Family Resource Centers, Beacon Community Centers, primary care providers and health and fitness resources such as the YMCA. CCMs will have access to information about Urban Services programs as well as other community programs in order to provide the most comprehensive plan of care for each client.

Service delivery will be driven by the findings in our comprehensive CANS assessment data which we use to help inform our client treatment plans of care. They are used intensely throughout our service model to help inform what kinds of services may be helpful for clients as well as the level of care offered to each client and family.

D. Exit Criteria

Clients will be discharged based upon successful completion of treatment. In some cases, client and therapist may mutually agree to terminate before completion of treatment due to varying circumstances, and occasionally there are instances of premature termination due to extraneous circumstances. In those cases, everything possible is done to ensure the appropriate referrals are made and a proper termination process is conducted with each client.

E. Program Staffing

In this program, one full-time Head of Services (our Executive Director) will be directly involved in supervision coverage and consultation on cases on a weekly basis at approximately .07 FTE's, or about 3 hours per week on average. Overall budget approval and management of MOU's and overall agency compliance is handled by Head of Services as well.

One full-time Licensed MFT Director (Clinical Director) will be partially responsible for clinical supervision of the program and overall program management at .50 FTE. Responsibilities include program management, managing and coordinating clinical staff, oversight of services delivery and managing delivery sights, staff trainings and contract compliance with BHS.

One full time Licensed Associate Clinical Director (ACD) will oversee clinical supervision and our traineeship and training programs at .66 FTE. Other responsibilities include Quality assurance and improvement and other management oversight.

One Administrative Director oversees all services tracking, billing, invoicing and cost reporting at .13 FTE in this program.

Direct Services are provided by Clinical Case Managers at .5 FTE for clinical staff (3 CCM staff currently) and 8 clinical graduate level mental health trainees at approximately .2FTE of direct service provision expectations in this program.

7. Objectives and Measurements:

Required Objectives

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

8. Continuous Quality Improvement:

A. In order to meet contract performance objectives and to maintain cohesiveness within our team, weekly staff meetings are scheduled to discuss quality assurance, chart auditing, compliance and policy, programmatic changes, as well as trainings for all our staff so they have the tools to succeed and thrive in their professional growth and fulfill job performance expectations.

During weekly meetings, staff members actively engage in structured meeting time designated to identify and discuss any barriers to service delivery, identify any possible holes in the offering of or access to services requested by our clients and their families. We continue to have round-table discussions about what is “working” and what staff identifies are goals to reach for in ensuring that our clients are being able to access the services they are asking for. Community referrals and information is exchanged during staff meeting as well as within weekly group supervision.

B. Urban Policy and Procedure Manual and staff training documentation state the following procedures for ensuring the highest quality clinical and technical documentation:

- 24 hour documentation entry rules for all clinical staff
- 7-day supervision review deadline policy by licensed clinical supervisors for all assessments, treatment plans of care, and clinical progress notes completed by non-licensed staff.
- Tri-annual chart audits to ensure proper filing and to check for document signatures, documentation, timely completion, and general file health.
- PURQC updates and yearly service utilization review which includes client eligibility, medical necessity, needs assessment, plan progress, and to analyze and discuss service modality and frequency.

C. Urban Services mental health program staff members aim to meet the needs of our clients in a culturally sensitive manner and are careful to discuss openly the concerns that arise out of working within the social services sector in a greatly diverse urban community. When services needs are indicated in a language other than what is available by our staff at the time of receiving a referral, it is Urban Services policy to ensure the proper referral is made to an agency who can meet language need. If no openings are found, advocacy and case management is maintained with our family until services can be found in order to ensure that families do not “fall through the crack” and add to the unfair access disparity between dominant culture families and our families who speak other languages in the home.

D. Yearly client satisfaction surveys are disseminated each May and the results returned to us by BHS and added into our contract performance scores. These results are shared with staff and each fall a special staff meeting is designated for addressing the feedback given by our program participants. Furthermore, policy and protocols are adjusted accordingly to reflect programmatic changes discussed and agreed upon by our agency in order to continuously better our program and meet the needs our clients in the way that works best for them.

E. Every CANS assessment created by our staff is reviewed carefully by clinical supervisors to ensure quality information reporting. Monthly “Superuser” support calls are attended by the program director and each year BHS administration compiles and delivers to us a data report on treatment progress. The report is designed to analyze client progress on each scoring item over time between Initial CANS assessment and the subsequent reassessments and closing CANS. It is this pivotal report that is shared with staff and the results analyzed in order to roughly identify what our agency appears to be doing well and what we may need to work on improving. The results of last year indicated that our clients were not showing marked improvement on anger control skills from the time of initial CANS assessment and their subsequent reassessment eight months later. Scheduled training subject matter was adjusted to reflect this possible need in improved service delivery focus and competency.

1. Identifiers:

Program Name: Urban Services YMCA PASS Program (Trauma and Recovery Services)
Program Address: 1426 Fillmore Street Suite 204
City, State, ZIP: San Francisco CA 94115
Telephone: 415.561.0631 FAX: 415.563.8017
Website Address: www.ymcasf.org

Person Completing this Narrative: Jane Chandler
Telephone: 415-637.8201
Email Address: jchandler@ymcasf.org
Program Code(s): 38BVC3 38BVC4 (MAA only)

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

To effectively re-engage chronically truant youth in San Francisco back into their educational experience or enrolled into a certificate or vocational assistance program. Four major tenets of the program include: mental health and needs assessments for youth and families, case management for linkage and specialized assistance, short-term safe transportation to address environmental safety issues that prohibit consistent school attendance, and peer outreach and empowerment for affecting positive community change.

4. Target Population:

Age: Youth who have a history of chronic truancy 5-19 years old

Neighborhood: Citywide San Francisco

Gender: All youth of any gender.

Economic Status: Youth and their families who may be experiencing unemployment, limited incomes and/or receive general assistance.

Ethnic background: The PASS program serves young people & their families who are experiencing chronic truancy. The majority of clients are of Latino, Asian, Pacific Islander, African American, Filipino, White or blended ethnicity descent.

Language needs: Services are provided in English with services established for Spanish translation assistance when needed

5. Modality(s)/Intervention(s)

Our services in the PASS Program include individual and family therapy, case management, outreach and community engagement activities, mental health promotion and de-stigmatization. Examples of outreach activities are listed below [in Section B]:

A. Mental Health Assessment and Treatment

For school refusal cases we deliver individual or family mental health assessments and treatment in order to reach our young students suffering from mental health disorders and difficulties in family functioning.

B. Street Outreach

1. Locate and provide street outreach to disengaged youth who are not attending school on a regular basis.
2. Connect with schools, teen centers, SFPD, community businesses and other CBO's where youth frequently congregate.
3. Make contact and develop rapport with the youth.
4. Providing the youth and their guardians with necessary referrals and/or intake paper work for services.

5. Transport youth to authorized school site or to the Truancy Assessment and Resource Center (TARC) office.
6. Maintain and interact in a culturally sensitive, respectful, and professional demeanor.
7. Attend and participate in school and court meetings as part of case management services. School meetings include School Support Team meetings, Truancy hearing preparation meetings, Individual Education Plan (IEP) meetings and any supportive meetings on or off campus.

C. Community Outreach

1. Presentations to school personnel, police, CBO's, churches, city departments and other community services where youth are frequently engaged or congregate.
2. Maintain a liaison relationship with schools, police, health providers, community centers and other groups who might provide services or referrals to the Outreach program.
3. Attend community meetings with other service providers to share program information and coordinate services.

Urban Services YMCA PASS Program		
Service Description 38BVC3 38BVC4	Units of Service (UOS)	Unduplicated Clients (UDC)
MH Services	40,305 minutes	19
Case Management Brokerage	13,110 minutes	5
Totals	53,415 minutes	24

Note: all 19 clients who received mental health services may also receive case management services. 15 clients receive mental health and case management services; 5 clients receive case management services only either due to needs assessment or that they already have a therapist.

6. Methodology:

Direct Mental Health Services for youth and families

The PASS program's services primarily target the unique and vulnerable students who fit a "school refusal" profile, or emotional-based absenteeism. This category of chronic truancy consists of students who refuse to attend school or attend very infrequently due to emotional health issues or diagnosable mental health disorders. The biggest factors in this category are symptoms of anxiety, depression and trauma. Many of these students have not attended school in months or even years.

Many, if not all, program participants and/or their families are battling persistent mental health issues due to past unsuccessful mental health treatment that may not have had the resources to consistently support the youth in his/her home and/or treatment providers who lacked the program infrastructure to offer family support and proper interventions. Services in our program will include:

- **In-home based or community based Individual and/or family therapy:** Our clinician(s) will be trained to offer the following Evidence-Based components of Cognitive-Behavioral Therapy, among

other practices and approaches (see list below) Clients' length of treatment may last from 3-12 months as needed with regular team meetings for service assessment.

- a. Cognitive Restructuring
- b. Contingency Management
- c. Exposure
- d. Gradual school attendance
- e. "Safe Passage" short-term transportation
- f. Parent Training
- g. Problem Solving
- h. Psychoeducation
- i. Relaxation Training
- j. Systematic Desensitization
- k. Teacher Training/ collaborative support

- **Crisis Intervention:** There is also a need for crisis intervention at times when one of our students remains at home rather than coming to school due to a very specific and potentially dangerous situation in their personal life. These situations can vary from domestic violence, caring for a sick or substance-abusing caregiver, suicidality, and affiliation with street economy and/or gang culture to name a few. It is our intention to properly assess each of our youth's environment and well-being in order to provide the appropriate care and linkage for each of them and their family members.
- **Education Related Mental Health Services (ERMHS) coordination and linkage:** Due to the sensitive legal issues involved in ERMHS services within SFUSD, it is imperative that students who qualify for ERMHS receive a proper assessment and are given the opportunity to receive behavioral health services where they need them, primarily in the home at first until school reengagement is successful. Although considerable efforts are being made by both DPH and SFUSD to fill this gap in service provision, a call out for additional help with reaching these students is at hand. The PASS program will work closely with school psychologists in order to prepare each youth with a carefully designed support plan that fits best with each unique life position.
- **Family needs assessment and services/resources linkage:** At times it is not only our students who need care but the whole family system. Some of our kids who are not coming to school face real-life problems with having basic needs met in their lives or in the lives of those they love. They can be facing malnutrition and hunger, chronic fatigue, and may be lacking health care coverage to address chronic health problems like asthma and diabetes. The PASS mobile team will be able to help link community members with the services they need like health coverage, family counseling, food resources, parenting classes and more. The YMCA of San Francisco manages four family resource centers throughout the city and with the many partnerships and expert knowledge is positioned to help advocate for San Francisco families in a completely comprehensive approach. This holistic process incorporates many of the core principles of the wraparound process, as explained in "*The Ten Principals of the Wraparound Process*" created by the National Wraparound Initiative, including:
 - ✓ Family voice and choice
 - ✓ Team-based care

- ✓ Enhancing natural supports
- ✓ Collaboration
- ✓ Community involvement
- ✓ Cultural sensitivity
- ✓ Persistence
- ✓ Outcomes driven

Street Outreach and Case Management

The PASS Case Manager is responsible for providing street outreach and linkage to supports for school reengagement, getting youth and their families to sign consent for services and/or providing professional/career development skill building for the disengaged youth from SFUSD. They work as part of a team with the Truancy Center and Assessment Center (TARC) Program and the Youth Service Bureau of San Francisco Program. Other responsibilities include referring, linkage, case management, youth advocacy, and developing relationship with clients in order to get them to engage with our services.

- ✓ **Outreach** to identify targeted individuals through points of entry, and sometimes through contacts with acquaintances and street outreach
- ✓ **Trust building** with identified truant youth, so they trust the peer and begin to develop trust in the system of care and the potential for effective treatment.
- ✓ **Education about the system of care** including available services and provider options.
- ✓ **Intake support** to refer individuals to entities that serve as intake points and support them during the intake process.
- ✓ **System navigation** to ensure that clients are linked to a Truancy Center and Assessment Center (TARC) case manager and a Youth Service Bureau (YSB) case manager as soon as possible after diagnosis or identification, and to learn how to request, access, and use needed services, including how referrals are typically handled, how to make appointments, and what services are readily available and which may be difficult to obtain; this includes accompanying clients to appointments (especially first appointments with a provider) where necessary.
- ✓ **Coaching/mentoring and support** to help clients overcome problems and fears and become committed to and engaged in the system of care, deal with setbacks, and gain confidence in their reengagement efforts.
- ✓ **Support to the clinical team**, to provide follow up or address problems they have identified; this requires that the peer work collaboratively with the Truancy Assessment and Resource Center (TARC) and EPSDT clinical team.

7. Objectives and Measurements:

- A. Clients of the PASS program who are “severely truant” and remain enrolled throughout program participation will reduce their chronic absenteeism by at least 50%. This will be evidenced by school attendance records review with SFUSD staff and PASS program case manager. The PASS case manager will track attendance for all clients on a bimonthly basis.
- B. At least 65% of enrolled youth participants will re-engage in school and/or successfully complete equivalency exams and/or be linked with vocational programs.) Data about outcomes will be individually tracked by collecting client self-reports, file documentation and clinician/school staff report. The PASS case manager will track outcomes for each client a spreadsheet maintained for tracking and outcome purposes.
- C. At least 80% of participating youth and their families will (1) have a Family Needs Assessment completed; and (2) be linked with proper supports and services. Data about outcomes will be individually tracked by collecting client self-reports, file documentation and clinician/school staff report. The PASS case manager will track outcomes for each client a spreadsheet maintained for tracking and outcome purposes.

D. At least 80% of participating youth receiving mental health treatment will improve on at least 50% of CANS ratings of a 2 or higher by program completion as evidenced by a comparison of initial and closing CANS assessments.

8. Continuous Quality Improvement:

A. In order to meet contract performance objectives and to maintain cohesiveness within our team, weekly staff meetings are scheduled to discuss quality assurance, chart auditing, compliance and policy, programmatic changes, as well as trainings for all our staff so they have the tools to succeed and thrive in their professional growth and fulfill job performance expectations.

During weekly meetings, staff members actively engage in structured meeting time designated to identify and discuss any barriers to service delivery, identify any possible holes in the offering of or access to services requested by our clients and their families. We continue to have round-table discussions about what is “working” and what staff identifies are goals to reach for in ensuring that our clients are being able to access the services they are asking for. Community referrals and information is exchanged during staff meeting as well as within weekly group supervision.

B. YMCA Urban Services Policy and Procedure Manual and staff training documentation state the following procedures for ensuring the highest quality clinical and technical documentation:

- 24 business-hour documentation entry rules for all clinical staff
- 7-day supervision review deadline policy by licensed clinical supervisors for all assessments, treatment plans of care, and clinical progress notes completed by non-licensed staff.
- Tri-annual chart audits to ensure proper filing and to check for document signatures, documentation, timely completion, and general file health.
- PURQC review meetings to review all clients up for service utilization review which includes client eligibility, medical necessity, needs assessment, plan progress, and to analyze and discuss service modality and frequency.

C. YMCA Urban Services mental health program staff members aim to meet the needs of our clients in a culturally sensitive manner and are careful to discuss openly the concerns that arise out of working within the social services sector in a greatly diverse urban community. When services needs are indicated in a language other than what is available by our staff at the time of receiving a referral, it is (insert: YMCA) Urban Services’ policy to ensure the proper referral is made to an agency who can meet the language needs. If no openings are found, advocacy and case management is maintained with our family until services can be found in order to ensure that families do not “fall through the crack” and add to the unfair access disparity between dominant culture families and our families who speak other languages in the home.

D. Yearly client satisfaction surveys are disseminated each May and the results returned to us by San Francisco Department of Public Health – Behavioral Health Services and added into our contract performance scores. These results are shared with staff and each fall a special staff meeting is designated for addressing the feedback given by our program participants. Furthermore, policy and protocols are adjusted accordingly to reflect programmatic changes discussed and agreed upon by our agency in order to continuously better our program and meet the needs our clients in the way that works best for them.

E. Every CANS assessment created by our staff is reviewed carefully by clinical supervisors to ensure quality information reporting. Monthly “Supervisor” support calls are attended by the program director and each year BHS administration compiles and delivers to us a data report on treatment progress. The report is designed to analyze client progress on each scoring item over time between Initial CANS assessment and the subsequent reassessments and closing CANS. It is this pivotal report that is shared with staff and the results analyzed in order to roughly identify what our agency appears to be doing well and what we may

need to work on improving. The results of last year indicated that our clients were not showing marked improvement on anger control skills from the time of initial CANS assessment and their subsequent reassessment eight months later. Scheduled training subject matter was adjusted to reflect this possible need in improved service delivery focus and competency.

1. Identifiers:

Program Name: Urban Services YMCA of San Francisco Intensive Supervision and Clinical Services (ISCS) Program
Program Address: 1426 Fillmore Street, Suite 204
City, State, Zip Code: San Francisco, CA 94115
Jane Chandler, Director of Clinical Services
Telephone: (415) 963-4149 x113
Facsimile: (415) 563-8017
Program Codes: 38BV4

2. Nature of Document:

New **Renewal** **Modification**

3. Goal Statement:

Urban Services YMCA seeks to provide individualized multi-service intervention and treatment youth involved in the juvenile justice system. The program centers on community involvement and the coordinated delivery of mental health, substance use, and case management services. Our aim is to disrupt the repetitive cycle of juvenile delinquency, reduce recidivism, hold youth accountable for their behavior and provide juvenile offenders with the best possible care and supportive advocacy. We strive to be consistent with a young person's best interest and the safety and protection of the public and successful completion of their terms of probation and release.

4. Target Population:

Age: San Francisco juvenile justice system-involved youth and their families, as well as youth at risk of involvement with JPD due to risky or delinquent behavior.

Neighborhood: San Francisco city wide. Majority of clients live the central and southeast sectors of the city.

Gender: all

Economic Status: any*

Ethnic Background, in order of client population size: African American, Latino, Pacific Islander, Asian, White, Multiracial.

Language: Primarily English and Spanish

*Priority enrollment given to low income, general assistance, unemployed clients who are unable to choose other fee-for-service options.

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

Urban Services YMCA ISCS Program		
Service Description 38BV4	Units of Service (UOS)	Unduplicated Clients (UDC)
MH Services (MH)	50,125 minutes	30
Intensive Care Coordination (ICC)	4,388 minutes	5

Intensive Home Based Services (IHBS)	3,283 minutes	10
Case Management Brokerage (CM)	1,755 minutes	10
MH Promotion (MAA)	11,100 minutes	N/A
Totals	70,651 minutes	55

6. Methodology:

Client Services:

A. Outreach, Recruitment, Promotion, and Advertisement

Four our mental health and case management program in collaboration with San Francisco Juvenile Probation Department, obviously we do not recruit “in” to the program. Rather, all referrals come from individual probation officers in SF JPD. Outreach and word of mouth are our strongest assets in gaining acknowledgment within the juvenile court system and much time is spent getting to know the JPD staff and advocating for our youth in the court system. We outreach to the San Francisco public defender’s office and within other departments involved with juvenile justice. In a general sense, our Mental Health Program provides culturally sensitive services in the heart of high need communities within San Francisco. Our overall objective is to provide youth and their families living in San Francisco's most challenged communities with the same opportunities and skills that other San Francisco neighborhoods have. One of our program's strengths is the diversity of our locations we serve allowing the Clinical Case Managers to meet families in their own neighborhoods. We collaborate with SFUSD and other facilities to provide multiple access points for youth and their families primarily focusing on services in the Western Addition, South Central region and Southeast sector of San Francisco. Services are provided in a multitude of locations chosen to best accommodate clients and their needs including but not limited to; SFUSD campuses and KIPP Academy schools, clients' homes, Family Resource Centers, Urban Services YMCA and the OMI/E Beacon Center. Our services make it possible to provide needed support to multiple communities within our diverse city. Additionally, CCM's establish points of contact for referrals to ours and other agencies' services while offering outreach, education and collaboration within our service locations.

Through the Placement of Clinical Case Managers in these neighborhoods where the communities experience significant exposure to violent and traumatic events, the CCM's will have a real opportunity to address the mental health conditions of youth and families. We will provide mental health services and comprehensive clinical case management services as well as client advocacy to our clients and their families as they battle to prepare themselves for the possible negative and sometimes degrading effects of being involved in the juvenile justice system. Needed support in court advocacy, psychoeducation and intensive supervision and collaboration with school staff is employed in each case in order to ensure that clients re-enter their community with the chance to change the circumstances which led to their arrest and hold in custody. This program is designed to provide clients with high level of services in mental health, case management, intensive supervision, and court advocacy upon their release and re-entry. Case management services are extensive and include, but are not limited to providing assistance with; basic needs assistance with groceries, utilities and supplies, incentives and rewards for client improvement, compliance and esteem-building, trainings, job placement assistance, court and family advocacy, and linkage to community support programs.

The program will participate in the CBHS Advanced Access initiative, ensuring timely measurement of data at the site and the reporting of data to CBHS as required, with the caveat that it may be changed from time to time

with prior notice from CBHS. Our program will adhere to CBHS guidelines regarding assessment and treatment of indigent (uninsured) clients.

B. Admission, Enrollment and Intake Criteria

Criteria for admission to this program will be children, youth, young adults, families and communities that meet medical necessity and eligibility requirements for MediCal EPSDT services and are involved with the Juvenile Probation Department in San Francisco.

Our program will continue to authorize all services through our internal Program Utilization Review Quality Committee (PURQC). All services will be delivered in a confidential setting with client confidentiality safeguarded by licensed clinicians or interns working under the direct supervision of a licensed therapist.

C. Service Delivery Model

The CCM's will provide client services to communities within school, community and office settings during the program hours of operation, Monday – Friday 9 a.m. – 8 p.m. Each CCM will assess client functioning to determine appropriate plan of care, interventions and expected length of stay in the program. Wherever possible, CCMs will attempt to utilize a Brief Therapy Model, but will not be limited to this model should the client require more intensive therapeutic services. CCMs will also provide collateral and case management services as needed for continuity of care and to ensure that intensive case management and client advocacy is provided to our probation-involved youth who face many obstacles and expectations in their lives. Every attempt will be made to utilize wrap-around services through appropriate referral of clients to additional community based support services such as substance abuse treatment and prevention, Family Resource Centers, Beacon Community Centers, primary care providers and health and fitness resources such as the YMCA. CCMs will have access to information about Urban Services programs as well as other community programs in order to provide the most comprehensive plan of care for each client.

Service delivery will be driven by the findings in our comprehensive CANS assessment data which we use to help inform our client treatment plans of care. They are used intensely throughout our service model to help inform what kinds of services may be helpful for clients as well as the level of care offered to each client and family.

This year there have been two services added to the comprehensive service delivery model that have stemmed from new legislation from the state in delivering services to foster care youth. Intensive Care Coordination (ICC) is a service specifically designed to actively engage caregivers and service providers in communication and decision-making on levels of care and coordinated treatment intervention. Additionally, Intensive Home-based Services (IHBS) are the comprehensive mental health services that stem from ICC and the results of each client's mental health assessment (CANS) designed to meet clients service needs where they are needed at the frequency that is decided by the family and provider team meetings.

D. Exit Criteria

Clients will be discharged based upon successful completion of treatment. In some cases, client and therapist may mutually agree to terminate before completion of treatment due to varying circumstances, and occasionally there are instances of premature termination due to extraneous circumstances. In those cases, everything possible is done to ensure the appropriate referrals are made and a proper ending happens with our clients.

Also, collaboration with SF JPD is crucial in order to maintain supervision needs and follow-through with any outstanding probation requests or court orders.

E. Program Staffing

One full-time Licensed MFT Clinical Director (CD) will be partially responsible for clinical supervision of the program and overall program management at .50 FTE. Responsibilities include program management, managing and coordinating clinical staff, oversight of services delivery and managing delivery sights and contract compliance with CBHS as well as managing staff development. Managing referrals and service placement will also fall under the CD's purview.

One Associate Clinical Director (ACD) will oversee daily operations and our traineeship and training programs at .33 FTE. Other responsibilities include Quality assurance and improvement and other management oversight and oversight of TRACK substance-abuse treatment-referred probation youth.

One Administrative Director oversees all services tracking, billing, invoicing and cost reporting at .13 FTE in this program. Other responsibilities include contract compliance, chart auditing, and QA/QI.

Our ISCS Program employs 4 full-time clinical staff at a time at .50 FTE's and 1 Lead Clinician at .50 FTE in this program who works in conjunction with clinicians and assist in proper chart review, compliance, outreach services and direct service delivery as well as full service delivery for their own probation-involved clients who are in need of clinical case management. Our clinicians consist of MFT interns and Associate Social Workers who are all registered with the BBS or Board of Psychology. All are heavily supervised and all notes, assessments, and client treatment plans of care are cosigned for case managers and trainees. Our mental health program includes 8 trainees from local universities, some of who provide services under this program.

7. Objectives and Measurements:

Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled [CBHS Performance Objectives FY 18-19](#)

8. Continuous Quality Improvement:

- A. In order to meet contract performance objectives and to maintain cohesiveness within our team, weekly staff meetings are scheduled to discuss quality assurance, chart auditing, compliance and policy, programmatic changes, as well as trainings for all our staff so they have the tools to succeed and thrive in their professional growth and fulfill job performance expectations.

During weekly meetings, staff members actively engage in structured meeting time designated to identify and discuss any barriers to service delivery, identify any possible holes in the offering of or access to services requested by our clients and their families. We continue to have round-table discussions about what is "working" and what staff identifies are goals to reach for in ensuring that our clients are being able to access the services they are asking for. Community referrals and information is exchanged during staff meeting as well as within weekly group supervision.

- B. Urban Policy and Procedure Manual and staff training documentation state the following procedures for ensuring the highest quality clinical and technical documentation:
 - 24 business hour documentation entry rules for all clinical staff
 - 7-day supervision review deadline policy by licensed clinical supervisors for all assessments, treatment plans of care, and clinical progress notes completed by non-licensed staff.
 - Tri-annual chart audits to ensure proper filing and to check for document signatures, documentation, timely completion, and general file health.

- PURQC review meetings to review all clients up for service utilization review which includes client eligibility, medical necessity, needs assessment, plan progress, and to analyze and discuss service modality and frequency.

C. Urban Services mental health program staff members aim to meet the needs of our clients in a culturally sensitive manner and are careful to discuss openly the concerns that arise out of working within the social services sector in a greatly diverse urban community. When services needs are indicated in a language other than what is available by our staff at the time of receiving a referral, it is Urban Services policy to ensure the proper referral is made to an agency who can meet language need. If no openings are found, advocacy and case management is maintained with our family until services can be found in order to ensure that families do not fall through the “crack” and add to the unfair access disparity between dominant culture families and our families who speak other languages in the home.

D. Yearly client satisfaction surveys are disseminated each May and the results returned to us by CBHS and added into our contract performance scores. These results are shared with staff and each fall a special staff meeting is designated for addressing the feedback given by our program participants. Furthermore, policy and protocols are adjusted accordingly to reflect programmatic changes discussed and agreed upon by our agency in order to continuously better our program and meet the needs our clients in the way that works best for them.

E. Every CANS assessment created by our staff is reviewed carefully by clinical supervisors to ensure quality information reporting. Monthly “superuser” support calls are attended by the program director and each year CBHS administration compiles and delivers to us a data report on treatment progress. The report is designed to analyze client progress on each scoring item over time between Initial CANS assessment and the subsequent reassessments and closing CANS. It is this pivotal report that is shared with staff and the results analyzed in order to roughly identify what our agency appears to be doing well and what we may need to work on improving. The results of last year indicated that our clients were not showing marked improvement on anger control skills from the time of initial CANS assessment and their subsequent reassessment eight months later. Scheduled training subject matter was adjusted to reflect this possible need in improved service delivery focus and competency.

1. Identifiers:

Program Name: OMI/Excelsior Beacon Center
Program Address: 241 Oneida Avenue, Room 80
City, State, Zip Code: San Francisco, CA 94112
Telephone: (415) 763-9966
Fax: (415) 406-1295
Website Address: <http://www.ymcasf.org/urban>

Contractor Address: 1426 Fillmore Street, Suite 204
City, State, Zip Code: San Francisco, CA 94115
Name of Person Completing this Narrative: Suzanne Medina
Telephone: (415) 763-9966
Email: smedina@ymcasf.org

Program Code(s): 383853

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

Urban Services YMCA (OMI/Excelsior Beacon Center) prevention programs will reduce: 1) the initiation of alcohol use by middle school age youth through the Strengthening Families Program (SFP) as measured by an 80% improvement in risk and protective factors from program enrollment to graduation; and 2) binge drinking by high school age students through Communities Mobilizing for Change on Alcohol (CMCA) framework environmental prevention (EP) projects as measured by a positive change in youth attitudes, knowledge, beliefs and behavior on the CMCA Environmental Prevention Youth Questionnaire at the beginning and completion of EP projects.

4. Target Population:

There are two primary target populations for universal substance use disorder prevention activities: 1) middle school age students and their parents/caregivers [Strengthening Families Program (SFP)]; and 2) high school age youth [Communities Mobilizing for Change on Alcohol (CMCA) - Environmental Prevention]. Given the co-location of prevention services offered through the OMIE Beacon Center at James Denman Middle School, Urban Services YMCA will recruit 8th – 9th grade as well as youth who were involved in CMCA in prior year for environmental prevention-related activities.

Prevention Activities	# of unduplicated youth completing	# of unduplicated parents/caregivers completing
1. Strengthening Families Program (SFP)	24	24
2. CMCA - Environmental Prevention	20	N/A

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
Information Dissemination Strategy (Code 12)	400		
Education (Code 13)	978	24 clients (12 youth & 12 parents/ caregivers)	24 clients (12 youth & 12 parents/ caregivers)
Alternatives (Code 14)	1,378	10 youth	10 youth
Problem Identification & Referral (Code 15)	40		
Community-Based Process Strategy (Code 16)	1,026		
Environmental Strategy (Code 17)	0		
Total Units of Service	3,822		
Total Unduplicated Clients		34	34

Note: The modalities listed here MUST match the information on the CRDC page(s) of the program's budget (App B).

6. Methodology:

- a. In FY 2018-19, Contractor will enter data in PPSDS Data Templates for all prevention activities funded through the Substance Abuse Prevention and Treatment Block Grant on a weekly basis in full compliance with California Department of Health Care Services and DPH data entry and reporting requirements.
- b. In FY 2018-19, Contractor will achieve full compliance with the quarterly PPSDS report review and release of data by the California Department of Health Care Services and SFHN-BH as directed by the designated CYF SUD Prevention Coordinator.
- c. In FY 2018-19, Contractor will achieve 90% of CSAP Strategy service hour goals contained within FY 2016-17 SFHN-BH-approved SUD Prevention Services work plans.
- d. In FY 2018-19, Contractor will submit quarterly reports to the CYF SUD Prevention Services Program Manager and designated Prevention Coordinator on progress toward the City and County of San Francisco Substance Abuse Prevention Services Strategic Plan goals and objectives in a format and manner requested by SFHN-BH.
- e. In FY 2018-19, Contractor will administer pre-/post-tests to participating youth as part of the FY 2018-19 Environmental Prevention Annual Program Evaluation.
- f. In FY 2018-19, Contractor will administer pre- and retro pre-/post-tests to participating youth and caregivers as part of the FY 2018-19 SFP Annual Program Evaluation and submit completed tests to SFHN-BHS within two weeks after graduation.

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.

Housed in a public middle school, with a charter high school next door, and adjacent to the one of the largest high schools in San Francisco, the Beacon Center has immediate access to target youth from the immediate community. Our staff promotes our programs on campus to youth during lunch and through classroom presentations. At James Denman Middle School, our staff participates in the school's Student Assessment Program (SAP) and Community School Team to generate referrals into prevention programs. At Leadership High school and June Jordan High School, we work with the afterschool team and the school administrations to generate referrals for high school students. We also have strong links with the teaching and counseling departments of Leadership High School and Balboa High that result in SUD prevention and treatment referrals. We work closely and meet regularly with the OMI Community Collaborative, Excelsior Collaborative and the OMI Family Resource Center to coordinate services and receive referrals. We also spread the word about our program through our standard community outreach plan. This plan includes sending home program announcements to the surrounding middle and high schools; posting flyers and posters at local businesses along Mission Street and Ocean Avenue; advertising at local recreation centers and libraries; making announcements at the meetings of local community organizations; and advertising in media outlets. Special outreach for families and adults is conducted through outreach to local community institutions including merchants, businesses, churches, PTSAs and service organizations.

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

All youth and SFP participants must register with the Beacon Center by completing a registration form that requires parent/guardian consent. The registration form also includes emergency contact information, end of day arrangements, and any health or safety issues the staff should know, HIPPA requirements and waivers of liability. The Beacon Center's SUD Prevention program focuses on the CMCA environmental prevention and the Strengthening Families Program. Youth can enter the Beacon Center SUD Prevention program at any point during the year.

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.

Our SUD Prevention Programs are offered Monday through Friday, 3:30-8:30pm, during the school year and between 9am-3:00pm during the summer months. Services are provided at James Denman Middle School, 241 Oneida Avenue, San Francisco, CA 94112.

The Beacon's prevention approach is focused on using evidence based programs CMCA and SFP. In collaboration with other SF prevention providers (i.e. EP Coalition), we will engage youth in implementing the Communities Mobilizing for Change on Alcohol (CMCA,) which is a nationally recognized model program that uses community organizing strategies to reduce youth access to alcohol by changing community policies and practices. CMCA employs a range of organizing techniques to address legal, institutional, social, and health issues in order to reduce youth alcohol use. Youth will lead Environmental Prevention projects with the support of Beacon staff to survey, assess and identify school and community norms and common beliefs around ATOD access, use and abuse. Beacon staff will recruit and organize middle and high school youth to engage in 8-10

week long environmental prevention projects that will culminate in a City-wide Meet-up at the end of the school year.

The Strengthening Families Program is a comprehensive prevention approach engaging the entire family using the SAMSA approved evidence-based curriculum over a 14-week period. This family skills training program have proven to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and improve social competencies and school performance. SFP helps to reduce substance abuse and delinquency risk factors by building on protective factors such as improving family relationships, parenting skills, and improving the youth's social and life skills. Families will be recruited through our program's outreach strategies as well as through school counseling offices, partner agency referrals, staff relationships with youth participants, and self referrals.

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.

Beacon staff will recruit and organize 20 high school youth to engage in the implementation the evidence based CMCA program. Through trainings and planning efforts, youth will gain a thorough understanding of environmental factors (norms, media, policies, and accessibility), and the reduction of access through social, commercial, and community stakeholder policies. With support from staff, youth participants will plan community organizing activities such as neighborhood walks, community mapping projects, conduct research studies and schedule one-on-one conversations with community stakeholders, and develop observation tools to gather data for analysis. They will then utilize the findings to collaborate with other prevention providers to select a city-wide campaign to reduce youth access to alcohol. Youth will be committed to at least one full cycle (typically a 8-10 week session) and then be able to continue participating in the same project or enroll into another activity.

For the Strengthening Families Program (SFP,) the Beacon will aim to recruit and graduate 24 families this fiscal year. Families who attend 12 out of the 14 sessions will graduate from the program. The SFP outcomes will include increased family strengths and resilience and reduced risk factors in problem behaviors, delinquency, academic and social problems, and alcohol and drug use in children. Data will be gathered through the pre and post tests. For youth and adults who need additional services after SFP, they can participate in a variety of other Beacon programs or receive referrals to other entities who can continue to provide support such as the OMI Family Resource Center or Beacon Case Management Services or SUD/mental health counseling.

E. Program staffing (which staff will be involved in what aspects of the service development and delivery). Indicate if any staff position is not funded by DPH.

Please See Exhibit B for program staffing.

7. Objectives and Measurements:

A. Standardized Objectives

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

8. Continuous Quality Improvement (CQI):

The SFP and CMCA Environmental Prevention interventions are evaluated annually using validated pre- and post-test questionnaires that measure change in youth attitudes, beliefs, knowledge and behavior toward alcohol use (SFP and CMCA EP), as well as the increase in protective factors within a young person's life that can prevent or reduce alcohol use (SFP). SFP and CMCA EP evaluation results are used to inform program planning

9. Required Language (if applicable):

A. For BHS CYF SOC SUD Prevention Services: Contractor will adhere to all stipulated SFHN-BHS CYF requirements for SUD Prevention Services including all stipulations of content, service strategies, timelines, standards of practice, and reporting requirements as put forth by the SFHN-BHS CYF-SUD Prevention Services Program Manager, Mega-RFP-23-2009, and the California Department of Health Care Services.

B. Changes may occur to the composition of CSAP Strategy prevention service targets during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS CYF SOC SUD Prevention Services Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for fulfilling approved work plan service targets and for collaborating with the SFHN-BHS CYF SUD Prevention Services Program Manager on any needed changes

Appendix B **Calculation of Charges**

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five

(45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon **the effective date** of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health **of an invoice or claim submitted by Contractor, and** of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and Mental Health Service Act (Prop 63) portions of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program are listed below:

- Appendix B-1: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program
- Appendix B-2: Positive Avenues to School Success (PASS) Program
(Trauma and Recovery Services)
- Appendix B-3: Intensive Supervision and Clinical Services (ISCS) Program
- Appendix B-4: Oceanview, Merced Heights, Ingleside, (OMI) / Excelsior Beacon Center

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not **Five Million Eight Hundred Thirty-Five Thousand, Nine Hundred Eleven Dollars (\$5,835,911)** for the period of **July 1, 2018 through June 30, 2022**.

CONTRACTOR understands that, of this maximum dollar obligation, **(\$625,276)** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until

such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and Appendix B,

Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2018	through	June 30, 2019	\$ 1,156,066
July 1, 2019	through	June 30, 2020	\$ 1,330,545
July 1, 2020	through	June 30, 2021	\$ 1,351,414
July 1, 2021	through	June 30, 2022	\$ 1,372,610
<hr/>		Subtotal	\$ 5,210,635
<hr/>		12% Contingency	\$ 625,276
<hr/>		Contract Not-to Exceed Amount	\$ 5,835,911

CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

To provide for continuity of services while a new agreement was developed, the Department of Public Health established a contract with CONTRACTOR for the same services and for a contract term which partially overlaps the term of this new agreement. The existing contract shall be superseded by this new agreement, effective the first day of the month following the date upon which the Controller's Office certifies as to the availability of funds for this new agreement.

3. Services of Attorneys

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

4. State or Federal Medi-Cal Revenues

A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

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

5. Reports and Services

No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

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

DHCS Legal Entity Number (MH) 00146 DHCS Legal Entity Name (MH)/Contractor Name (SA) YMCA of San Francisco, Urban Services CID 1000010841					Appendix B, page 5
				Fiscal Year: 2018-2019	
				Funding Notification Date: 8/15/2018	
Contract Appendix Number	B-1	B-2	B-3	B-4	
Provider Number	38BV	38BV	38BV	383853	
Program Name(s)	EPSDT	PASS Program	ISCS	OMI/Excelsior Youth Center	
Program Code(s)	38BV3	38BVC3	38BV4	None	
Funding Term	7/1/18 - 6/30/19	7/1/18 - 6/30/19	7/1/18 - 12/31/18	7/1/18 - 6/30/19	TOTAL
FUNDING USES					
Salaries	\$ 290,058	\$ 96,271	\$ 124,400	\$ 182,283	\$ 693,012
Employee Benefits	\$ 78,639	\$ 30,004	\$ 35,574	\$ 51,042	\$ 195,259
Subtotal Salaries & Employee Benefits	\$ 368,698	\$ 126,275	\$ 159,974	\$ 233,325	\$ 888,271
Operating Expenses	\$ 72,829	\$ 8,723	\$ 7,906	\$ 27,544	\$ 117,003
Subtotal Direct Expenses	\$ 441,527	\$ 134,998	\$ 167,880	\$ 260,869	\$ 1,005,274
Indirect Expenses	\$ 66,229	\$ 20,250	\$ 25,181	\$ 39,130	\$ 150,790
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES	\$ 507,756	\$ 155,248	\$ 193,062	\$ 300,000	\$ 1,156,066
					28.2%
BHS MENTAL HEALTH FUNDING SOURCES					
MH FED SDMC FFP (50%) CYF	\$ 188,482	\$ 6,500	\$ 36,184		\$ 231,166
MH STATE CYF 2011 PSR-EPSDT	\$ 170,134	\$ -	\$ 32,566		\$ 202,700
MH CYF COUNTY General Fund	\$ 111,868	\$ 8,144	\$ 44,725		\$ 164,737
MH CYF COUNTY WO CODB	\$ 909	\$ -	\$ 1,941		\$ 2,850
MH WO DCYF Violence Prev Prog			\$ 77,646		\$ 77,646
MH MHSAs (CSS)		\$ 140,604			\$ 140,604
MH WO DCYF Prop J Collaborative	\$ 36,363	\$ -			\$ 36,363
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 507,756	\$ 155,248	\$ 193,062	\$ -	\$ 856,066
BHS SUBSTANCE ABUSE FUNDING SOURCES					
SA FED - SAPT Primary Prevention Set-Aside, CFDA #93.959				\$ 300,000	\$ -
SA FED - SAPT Adolescent Tx Svcs, CFDA #93.959					\$ -
SA COUNTY - General Fund					\$ -
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	\$ -	\$ -	\$ -	\$ 300,000	\$ 300,000
OTHER DPH FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES	\$ 507,756	\$ 155,248	\$ 193,062	\$ 300,000	\$ 1,156,066
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 507,756	\$ 155,248	\$ 193,062	\$ 300,000	\$ 1,156,066
Prepared By	Ashley Blum	Phone Number 415-561-0631			

Appendix B -DPH 6: Contract-Wide Indirect Detail

Contractor Name: YMCA of San Francisco, Urban Services	Appendix B, page 6
Contract CID: 1000010841	Fiscal Year: 2018-2019
	Funding Notification Date: 8/15/2018

1. SALARIES & BENEFITS

Position Title	FTE	Amount
Executive Director	0.1200	\$ 18,000
Associate Executive Director	0.0800	\$ 8,320
Executive Assistant	0.0500	\$ 2,080
Director of HR/Payroll	0.1000	\$ 12,500
AP/Payroll Accountant	0.1000	\$ 5,200
Director of Finance	0.0800	\$ 16,000
Senior Accountant	0.0700	\$ 5,950
Director of Compliance	0.0900	\$ 18,000
Subtotal:	0.69	\$ 86,050
Employee Fringe Benefits:	28.0%	\$ 24,094
Total Salaries and Benefits:		\$ 110,144

2. OPERATING COSTS

Expense line item:	Amount
Payroll, Audit, HR management, in-house trainings	\$ 10,200
IT, Accounting Services	\$ 9,800
Rent	\$ 12,546
Utilities (gas, electricity, garbage, etc)	\$ 8,100
Total Operating Costs	\$ 40,646
Total Indirect Costs (Salaries & Benefits + Operating Costs)	\$ 150,790

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA)	YMCA of San Francisco, Urban Services	Appendix #	B-1
Provider Name	YMCA of San Francisco, Urban Services	Page #	1
Provider Number	38BV	Fiscal Year	2018-2019
		Funding Notification Date	8/15/2018
Program Name	EPSDT	EPSDT	EPSDT
Program Code	38BV3	38BV3	
Mode/SFC (MH) or Modality (SA)	15/10-57	15/01-09	
Service Description	MH Svcs	Case Mgt Brokerage	
Funding Term (07/01/18-06/30/19):	07/01/18-06/30/19	07/01/18-06/30/19	TOTAL
FUNDING USES			
Salaries & Employee Benefits	339,202	29,496	368,698
Operating Expenses	67,003	5,826	72,829
Subtotal Direct Expenses	406,205	35,322	- 441,527
Indirect Expenses	60,931	5,298	66,229
TOTAL FUNDING USES	467,136	40,620	- 507,756
BHS MENTAL HEALTH FUNDING SOURCES	Accounting Code (Index Code or Detail)		
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	173,403	15,079
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	156,523	13,611
MH CYF COUNTY General Fund	251962-10000-10001670-0001	89,487	7,781
MH CYF COUNTY WO CODB	251962-10000-10001670-0001	836	73
MH WO DCYF Prop J Collaborative	251962-10002-10001799-0004	33,454	2,909
General Fund CODB	251962-10000-10001670-0001	13,432	1,168
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	467,136	40,620	- 507,756
TOTAL DPH FUNDING SOURCES	467,136	40,620	- 507,756
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	467,136	40,620	- 507,756
BHS UNITS OF SERVICE AND UNIT COST			
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	144,033	17,933	
Unit Type	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.24	\$ 2.27	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.24	\$ 2.27	
Published Rate (Medi-Cal Providers Only)	\$ 3.90	\$ 3.05	Total UDC
Unduplicated Clients (UDC)	94	0	94

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: EPSDT
 Program Code: 38BV3

Appendix #: B-1
 Page # 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 8/15/2018

	TOTAL	251962-10000-10001670-0001		251962-10002-10001799-0004												
		Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Head of Services	0.07	\$ 11,236	0.07	\$ 10,449.18	0.00	\$ 786										
Program Director	0.25	\$ 27,423	0.23	\$ 25,503.55	0.02	\$ 1,920										
Clinical Services Director	0.50	\$ 40,911.36	0.47	\$ 38,047.56	0.04	\$ 2,864										
Administrative Director	0.13	\$ 12,366.97	0.12	\$ 11,501.28	0.01	\$ 866										
Assoc. Director of Clinical Services	0.66	\$ 44,787.86	0.61	\$ 41,652.71	0.05	\$ 3,135										
Lead Clinician	0.80	\$ 40,484.12	0.74	\$ 37,650.23	0.06	\$ 2,834										
Case Manager	0.15	\$ 9,281.84	0.14	\$ 8,632.11	0.01	\$ 650										
Clinical Case Manager	0.50	\$ 26,005.39	0.47	\$ 24,185.01	0.04	\$ 1,820										
Clinical Case Manager	0.50	\$ 25,637.88	0.47	\$ 23,843.23	0.04	\$ 1,795										
Clinical Case Manager	0.50	\$ 18,199.20	0.47	\$ 16,925.26	0.04	\$ 1,274										
Clinical Case Manager	0.50	\$ 21,927.23	0.47	\$ 20,392.32	0.04	\$ 1,535										
Clinical Case Manager	0.50	\$ 5,956.00	0.47	\$ 5,539.08	0.04	\$ 417										
Documentation Supervisor	1.00	\$ 5,841	0.93	\$ 5,432.54	0.07	\$ 409										
Totals:	6.06	\$ 290,058	5.64	\$ 269,754	0.42	\$ 20,304	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -		

Employee Fringe Benefits:	27.11%	\$ 78,639	27.11%	\$ 73,134.62	27.11%	\$ 5,505	0.00%		0.00%		0.00%		0.00%		
----------------------------------	--------	-----------	--------	--------------	--------	----------	-------	--	-------	--	-------	--	-------	--	--

TOTAL SALARIES & BENEFITS	\$ 368,698	\$ 342,889	\$ 25,809	\$ -	\$ -	\$ -	\$ -
--------------------------------------	------------	------------	-----------	------	------	------	------

Appendix B - DPH 4: Operating Expenses Detail

Program Name: EPSDT
 Program Code: 38BV3

Appendix #: B-1
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 8/15/2018

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	251962-10002-10001799-0004	MH MHSA (CSS) - HMHMPROP63 PMHS63-1703		
Term (01/01/18-06/30/18):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			
Rent	\$ 24,162	\$ 21,990	\$ 2,172			
Utilities(telephone, electricity, water, gas)	\$ 4,645	\$ 4,227	\$ 418			
Building Repair/Maintenance	\$ 2,725	\$ 2,480	\$ 245			
Occupancy Total:	\$ 31,532	\$ 28,697	\$ 2,835	\$ -	\$ -	\$ -
Office Supplies	\$ 3,169	\$ 2,884	\$ 285			
Photocopying	\$ -	\$ -				
Program Supplies	\$ 3,729	\$ 3,394	\$ 335			
Computer Hardware/Software	\$ 10,000	\$ 9,101	\$ 899			
Materials & Supplies Total:	\$ 16,898	\$ 15,379	\$ 1,519	\$ -	\$ -	\$ -
Training/Staff Development	\$ 6,680	\$ 6,079	\$ 601			
Insurance	\$ 4,481	\$ 4,079	\$ 403			
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ 3,400	\$ 3,094	\$ 306			
General Operating Total:	\$ 14,561	\$ 13,252	\$ 1,309	\$ -	\$ -	\$ -
Local Travel	\$ 8,483	\$ 7,721	\$ 762			
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Staff Travel Total:	\$ 8,483	\$ 7,721	\$ 762	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant/Subcontractor lines as necessary)	\$ -					
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -					
Food for client meetings and staff training (\$80/month for therapy sessions held at SFUSD schools, plus \$100 quarterly for staff trainings)	\$ 1,355	\$ 1,233.19	\$ 122			
	\$ -					
Other Total:	\$ 1,355	\$ 1,233.00	\$ 122.00	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 72,829	\$ 66,282	\$ 6,547	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00146		Provider Name YMCA of San Francisco, Urban Services		Appendix # B-2	
Provider Number 38BV		Page # 1		Fiscal Year 2018-2019	
		Funding Notification Date 8/15/2018			
Program Name	Trauma & Recovery	Trauma & Recovery			
Program Code	38BVC3	38BVC3			
Mode/SFC (MH) or Modality (SA)	15/10-57	15/01-09			
Service Description	MH Svcs	Case Mgt Brokerage			
Funding Term (7/1/18-6/30/19)	07/01/18-06/30/19	07/01/18-06/30/19			TOTAL
FUNDING USES					
Salaries & Employee Benefits	102,283	23,992		-	126,275
Operating Expenses	7,066	1,657			8,723
Subtotal Direct Expenses	109,348	25,650		-	134,998
Indirect Expenses	16,403	3,847		-	20,250
TOTAL FUNDING USES	125,751	29,497		-	155,248
BHS MENTAL HEALTH FUNDING SOURCES	Accounting Code (Index Code or Detail)				
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	5,265	1,235		6,500
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	-	-		-
MH CYF COUNTY General Fund	251962-10000-10001670-0001	6,597	1,547		8,144
MH CYF COUNTY WO CODB	251962-10000-10001670-0001	-	-		-
MH WO DCYF Prop J Collaborative	251962-10002-10001799-0004				-
MH MHSA (CSS)	251984-17156-10031199-0017	113,889	26,715		140,604
MH WO DCYF Violence Prev Prog	251962-10002-10001799-0003	-	-		-
General Fund CODB	251962-10000-10001670-0001	-	-		-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	125,751	29,497		-	155,248
TOTAL DPH FUNDING SOURCES	125,751	29,497		-	155,248
TOTAL NON-DPH FUNDING SOURCES	-	-		-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	125,751	29,497		-	155,248
BHS UNITS OF SERVICE AND UNIT COST					
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	40,305	13,110			
Unit Type	Staff Minute	Staff Minute	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.12	\$ 2.25		\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.12	\$ 2.25		\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 3.90	\$ 3.05			Total UDC
Unduplicated Clients (UDC)	19	5			24

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: PASS Program
 Program Code: 38BVC3

Appendix #: B-2
 Page #: 2
 Fiscal Year: 2018-2019
 Notification Date: 8/15/2018

	TOTAL		251962-10000-10001670-0001		251984-17156-10031199-0017			
Term:	07/01/18-06/30/19		07/01/18-06/30/19		07/01/18-06/30/19		07/01/18-06/30/19	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Case Manager	1.00	\$ 49,881	0.09	\$ 4,489.26	0.91	\$ 45,391		
Case Manager	1.00	\$ 46,391	0.09	\$ 4,175.16	0.91	\$ 42,216		
Totals:	2.00	\$ 96,271	0.18	\$ 8,664	1.82	\$ 87,607	0.00	\$ -
Employee Fringe Benefits:	31.17%	\$ 30,004	31.17%	\$ 2,700.34	31.17%	\$ 27,303	0.00%	\$ -
TOTAL SALARIES & BENEFITS		\$ 126,275		\$ 11,365		\$ 114,910		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: PASS Program
 Program Code: 38BVC3

Appendix #: B-2
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 8/15/2018

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	251984-17156-10031199-0017	(CR) 251962-10000-10001670-0001		
Term (07/01/18-06/30/19):		07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ -	\$ -	\$ -	\$ -		
Utilities(telephone, electricity, water, gas)	\$ -	\$ -	\$ -	\$ -		
Building Repair/Maintenance	\$ -	\$ -	\$ -	\$ -		
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -	\$ -		
Program Supplies	\$ -	\$ -	\$ -	\$ -		
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -		
Materials & Supplies Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -	\$ -	\$ -		
Insurance	\$ 1,346	\$ 121.16	\$ 1,225			
Professional License	\$ -	\$ -	\$ -	\$ -		
Permits	\$ -	\$ -	\$ -	\$ -		
Equipment/Vehicle Lease & Maintenance	\$ 4,034	\$ 363.03	\$ 3,671			
General Operating Total:	\$ 5,380	\$ 484	\$ 4,896	\$ -	\$ -	\$ -
Local Travel	\$ -					
Out-of-Town Travel	\$ -					
Field Expenses/Parking	\$ -					
Vehicle Operating	\$ 1,183	\$ 106.50	\$ 1,077			
Vehicle Insurance	\$ 2,160	\$ 194.40	\$ 1,966			
Staff Travel Total:	\$ 3,343	\$ 301	\$ 3,042	\$ -	\$ -	\$ -
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):						
	\$ -	\$ -	\$ -	\$ -		
	\$ -	\$ -	\$ -	\$ -		
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 8,723	\$ 785	\$ 7,938	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA) YMCA of San Francisco, Urban Services Provider Name YMCA of San Francisco, Urban Services Provider Number 38BV						Appendix # B-3 Page # 1 Fiscal Year 2018-2019 Funding Notification 8/15/2018
Program Name	VPI-ISCS	VPI-ISCS	VPI-ISCS	VPI-ISCS	VPI-ISCS	
Program Code	38BV4	38BV4	38BV4	38BV4	38BV4	
Mode/SFC (MH) or Modality (SA)	15/10-57	15/07	15/57	15/01-09	45/10-19	
Service Description	MH Svcs	Intensive Care Coordination (ICC)	Intensive Home Based Services (IHBs)	Case Mgt Brokerage	MH Promotion	
Funding Term (07/1/18-12/31/18)	07/1/18-12/31/18	07/1/18-12/31/18	07/1/18-12/31/18	07/1/18-12/31/18	07/1/18-12/31/18	TOTAL
FUNDING USES						
Salaries & Employee Benefits	122,110	7,999	7,999	3,199	18,667	159,974
Operating Expenses	6,035	395	395	158	923	7,906
Subtotal Direct Expenses	128,145	8,394	8,394	3,358	19,590	167,880
Indirect Expenses	19,222	1,259	1,259	504	2,938	25,181
TOTAL FUNDING USES	147,366	9,653	9,653	3,860	22,529	193,062
BHS MENTAL HEALTH FUNDING SOURCES						
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	31,268	2,048	2,048	819	36,184
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	28,142	1,843	1,843	737	32,566
MH CYF COUNTY General Fund	251962-10000-10001670-0001	24,366	1,596	1,596	638	16,529
MH CYF COUNTY WO CODB	251962-10000-10001670-0001	1,677	110	110	44	1,941
MH WO DCYF Violence Prev Prog	251962-10002-10001799-0003	61,913	4,056	4,056	1,622	6,000
						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	147,366	9,653	9,653	3,860	22,529	193,062
TOTAL DPH FUNDING SOURCES	147,366	9,653	9,653	3,860	22,529	193,062
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	147,366	9,653	9,653	3,860	22,529	193,062
BHS UNITS OF SERVICE AND UNIT COST						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	50,125	4,388	3,283	1,755	185	
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.94	\$ 2.20	\$ 2.94	\$ 2.20	\$ 121.85	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.94	\$ 2.20	\$ 2.94	\$ 2.20	\$ 121.85	
Published Rate (Medi-Cal Providers Only)	\$ 3.90	\$ 3.90	\$ 3.90	\$ 3.05	\$ 139.20	Total UDC
Unduplicated Clients (UDC)	30	5	10	10		55

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: ISCS
 Program Code: 38BV4

Appendix #: B-3
 Page # 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 8/15/2018

	TOTAL		251962-10000-10001670-0001		251962-10002-10001799-0003									
Term (07/01/18-12/31/18):			07/1/18-12/31/18		07/1/18-12/31/18									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Head of Services	0.07	\$ 5,475.95	0.04	\$ 3,285.57	0.03	\$ 2,190.38								
Program Director	0.25	\$ 11,473.33	0.15	\$ 6,884.00	0.10	\$ 4,589.33								
Clinical Services Director	0.50	\$ 21,682.89	0.30	\$ 13,009.74	0.20	\$ 8,673.16								
Assoc. Director of Clinical Services	0.33	\$ 12,114.08	0.20	\$ 7,268.45	0.13	\$ 4,845.63								
Lead Clinician	0.50	\$ 1,445.11	0.30	\$ 867.07	0.20	\$ 578.04								
Case Manager	0.85	\$ 15,525.87	0.51	\$ 9,315.52	0.34	\$ 6,210.35								
Clinical Case Manager	0.50	\$ 14,759.58	0.30	\$ 8,855.75	0.20	\$ 5,903.83								
Clinical Case Manager	0.50	\$ 13,587.36	0.30	\$ 8,152.41	0.20	\$ 5,434.94								
Clinical Case Manager	0.50	\$ 8,585	0.30	\$ 5,151.19	0.20	\$ 3,434.12								
Clinical Case Manager	0.50	\$ 1,693	0.30	\$ 1,015.85	0.20	\$ 677.24								
Clinical Case Manager	0.50	\$ 11,299.60	0.30	\$ 6,779.76	0.20	\$ 4,519.84								
Clinical Supervisor	1.00	\$ 3,947	0.60	\$ 2,368.46	0.40	\$ 1,578.98								
Administrative Director	0.13	\$ 2,810	0.08	\$ 1,686.00	0.05	\$ 1,124.00								
		\$ -												
Totals:	6.13	\$ 124,400	3.68	\$ 74,640	2.45	\$ 49,760	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	28.60%	\$ 35,574.15	28.60%	\$ 21,344.49	28.60%	\$ 14,229.66	0.00%							
TOTAL SALARIES & BENEFITS		\$ 159,974		\$ 95,984		\$ 63,990		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name: ISCS
 Program Code: 38BV4

Appendix #: B-3
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 8/15/2018

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	251962-10002-10001799-0003					
Term (07/01/18-12/31/18):		07/1/18-12/31/18	07/1/18-12/31/18					
Rent	\$ 4,261	\$ 2,557	\$ 1,704					
Utilities(telephone, electricity, water, gas)	\$ 667	\$ 400	\$ 267					
Occupancy Total:	\$ 4,929	\$ 2,957	\$ 1,971	\$ -				
Insurance	\$ 1,823	\$ 1,094	\$ 729					
General Operating Total:	\$ 1,823	\$ 1,094	\$ 729	\$ -				
Local Travel	\$ 1,154	\$ 693	\$ 462					
Staff Travel Total:	\$ 1,154	\$ 693	\$ 462	\$ -				
TOTAL OPERATING EXPENSE	\$ 7,906	\$ 4,744	\$ 3,162	\$ -				

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Legal Entity Name (MH)/Contractor Name (SA) YMCA of San Francisco, Urban Services Provider Name YMCA of San Francisco, Urban Services Provider Number 383853						Appendix # B-4		
						Page # 1		
						Fiscal Year 2018-2019		
						Funding Notification Date 8/15/2018		
Program Name		OMI/Excelsior Youth Center	OMI/Excelsior Youth Center	OMI/Excelsior Youth Center	OMI/Excelsior Youth Center	OMI/Excelsior Youth Center		
Program Code		None	None	None	None	None		
Mode/SFC (MH) or Modality (SA)		PriPrev-12	PriPrev-13	PriPrev-14	PriPrev-16	PriPrev-17		
Service Description		SA-PriPrevention Info Dissemination	SA-PriPrevention Education	SA-PriPrevention Alternatives	SA-PriPrevention Cmmty Based	SA-PriPrevention Problem Identification & Referral		
Funding Term (07/01/18-06/30/19)		07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
FUNDING USES						TOTAL		
Salaries & Employee Benefits		18,666	68,458	96,457	47,878	1,867	233,325	
Operating Expenses		2,204	8,081	11,387	5,652	220	27,544	
Capital Expenses							-	
Subtotal Direct Expenses		20,870	76,539	107,843	53,530	2,087	260,869	
Indirect Expenses		3,130	11,481	16,176	8,030	313	39,130	
TOTAL FUNDING USES		24,000	88,020	124,020	61,560	2,400	300,000	
BHS MENTAL HEALTH FUNDING SOURCES		Accounting Code (Index Code or Detail)						
							-	
							-	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-	
BHS SUBSTANCE ABUSE FUNDING SOURCE		Accounting Code (Index Code or Detail)						
SA FED - SAPT Primary Prevention Set-Aside, C		240646-10000-10001681-0003	24,000	88,020	124,020	61,560	2,400	300,000
							-	
							-	
							-	
This row left blank for funding sources not in drop-down list							-	
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		24,000	88,020	124,020	61,560	2,400	300,000	
OTHER DPH FUNDING SOURCES		Accounting Code (Index Code or Detail)						
							-	
							-	
This row left blank for funding sources not in drop-down list							-	
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	
TOTAL DPH FUNDING SOURCES		24,000	88,020	124,020	61,560	2,400	300,000	
NON-DPH FUNDING SOURCES								
							-	
This row left blank for funding sources not in drop-down list							-	
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		24,000	88,020	124,020	61,560	2,400	300,000	
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service		400	978	1,378	1,026	40		
Unit Type		Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 60.00	\$ 90.00	\$ 90.00	\$ 60.00	\$ 60.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 60.00	\$ 90.00	\$ 90.00	\$ 60.00	\$ 60.00		
Published Rate (Medi-Cal Providers Only)		\$ -	\$ -	\$ -	\$ -	\$ -	Total UDC	
Unduplicated Clients (UDC)			24	10			34	

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: OMI/Excelsior Youth Center
 Program Code: N/A

Appendix #: B-4
 Page # 2
 Fiscal Year: 2018-2019

Funding Notification Date: 8/15/2018

checked

	TOTAL		240646-10000-10001681-0003											
Term			07/01/18 - 06/30/19											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Head of Services	0.01	\$ 1,550	0.01	\$ 1,550										
Program Director	0.38	\$ 17,734	0.38	\$ 17,734										
Family Engagement Coordinator	0.95	\$ 56,311	0.95	\$ 56,311										
SFP Facilitator	0.18	\$ 4,354	0.18	\$ 4,354										
SFP Facilitator	0.11	\$ 4,822	0.11	\$ 4,822										
SFP Facilitator	0.11	\$ 3,684	0.11	\$ 3,684										
SFP Childwatch	0.06	\$ 1,190	0.06	\$ 1,190										
SFP Childwatch	0.06	\$ 1,190	0.06	\$ 1,190										
SFP Childwatch	0.06	\$ 595	0.06	\$ 595										
SFP Childwatch	0.06	\$ 595	0.06	\$ 595										
SFP Coordinator	1.00	\$ 38,465	1.00	\$ 38,465										
EP Coordinator	1.00	\$ 43,839	1.00	\$ 43,839										
Administrative Director	0.12	\$ 7,954	0.12	\$ 7,954										
	0.00	\$ -												
	0.00	\$ -												
Totals:	4.10	\$ 182,283	4.10	\$ 182,283	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	28.00%	\$ 51,042	28.00%	\$ 51,042	0.00%	\$ -	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 233,325		\$ 233,325		\$ -								

Appendix B - DPH 4: Operating Expenses Detail

Program Name: OMI/Excelsior Youth Center
Program Code: N/A

Appendix #: B-4
Page #: 3
Fiscal Year: 2018-2019
Certification Date: 8/15/2018

**Appendix C
Insurance Waiver**

Reserved

Appendix D
Reserved (formerly “Additional Terms”)

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

YMCA of San Francisco

July 1, 2018

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

RECITALS

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

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

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

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

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

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

1. Definitions.

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

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

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

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

YMCA of San Francisco

July 1, 2018

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

YMCA of San Francisco

July 1, 2018

2. Obligations of Business Associate.

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

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

c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].

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

e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

YMCA of San Francisco

July 1, 2018

in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

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

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

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

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

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

YMCA of San Francisco

July 1, 2018

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

k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the “Secretary”) for purposes of determining BA’s compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

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

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

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

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

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

YMCA of San Francisco

July 1, 2018

3. Termination.

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

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

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

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

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

YMCA of San Francisco

July 1, 2018

subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

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

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

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

**Appendix F
Invoice**

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M15 JL 18

Ct. Blanket No.: BPHM **TBD**

Ct. PO No.: POHM **TBD**

Fund Source: GF/ MH WO DCYF Prop J

Invoice Period : **July 2018**

Final Invoice: (Check if Yes)

ACE Control Number:

Contractor: YMCA of San Francisco - Urban

Address: 1426 Fillmore St., Suite 204, San Francisco, CA 94115



Tel. No.: (415) 674-0880

Fax No.: (415)

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Community Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Delivered THIS PERIOD				Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables				
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	LIEN	UOS	CLIENTS			
B-1 EPSDT PC# 38BV3															
15/ 10 - 57 MH Svcs	144,033				\$ 3.24	\$ -	0.000		0.00%		144,033.000	\$ 466,666.92			
15/ 01 - 09 Case Mgt Brokerage	17,933				\$ 2.27	\$ -	0.000		0.00%		17,933.000	40,707.91 \$ 507,374.33			
B-3 VPI- ISCS PC# - 38BV4															
15/ 10 - 57 MH Svcs	50,125				\$ 2.94	\$ -	0.000		0.00%		50,125.000	147,367.50			
15/ 07 Intensive Care Coordination (ICC)	4,388				\$ 2.20	\$ -	0.000		0.00%		4,388.000	9,653.60			
15/ 57 Intensive Home Based Svcs (IHBS)	3,283				\$ 2.94	\$ -	0.000		0.00%		3,283.000	9,652.02			
15/ 01 - 09 Case Mgt Brokerage	1,755				\$ 2.20	\$ -	0.000		0.00%		1,755.000	3,861.00			
4/ 10 - 19 MH Promotion	185				\$ 121.85	\$ -	0.000		0.00%		185.000	22,542.25 193,076.37			
TOTAL	221,702		0.000				0.000		0.00%		221,702.000	\$ 700,451.20			
	Budget Amount		\$ 700,817.00				Expenses To Date	% of Budget	Remaining Budget						
			\$ -				\$ -	0.00%	\$ 700,817.00						
	SUBTOTAL AMOUNT DUE				\$ -		NOTES:								
	Less: Initial Payment Recovery						MH WO DCYF - 251962-10002-10001799-0004 - \$114,010.00								
							MH CYF GF - 251962-10000-10001670-0001 - \$583,957.00								
	(For DPH Use) Other Adjustments						GF - WO CODB - 251962-10000-10001670-0001 - \$2,850.00								
	NET REIMBURSEMENT				\$ -										

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature:

Date:

Title:

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment	
_____ Authorized Signatory	_____ Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Contractor: YMCA of San Francisco - Urban

Address: 1426 Fillmore St. Suite 204, San Francisco, CA 94115

Tel. No.: (415) 674-0880

Fax No.: (415)

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Control Number

INVOICE NUMBER: S03 JL 18

Ct. Blanket No.: BPHM **TBD**

Ct PO No : POHM TBD

Funding Source: **SAPT Primary Prevention Set-Aside**

Invoice Period : July 2018

Final Injunction: Check if Yes

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
-----------------------------------	------------------------------	-----------------------------------	-------------------------------	------------------------	------------------------------------

Unpublished Coeffs for MDS Using Opt-

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ **Date:** _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Appendix G
Dispute Resolution Procedure
for Health and Human Services Nonprofit Contractors
9-06

Introduction

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

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

Dispute Resolution Procedure

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

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

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

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

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

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

Appendix H

Reserved

Appendix I
THE DECLARATION OF COMPLIANCE

Each Fiscal Year, CONTRACTOR attests with a Declaration of Compliance that each program site has an Administrative Binder that contains all of the forms, policies, statements, and documentation required by Community Behavioral Health Services (CBHS). The Declaration of Compliance also lists requirements for site postings of public and client information, and client chart compliance if client charts are maintained. CONTRACTOR understands that the Community Programs Business Office of Contract Compliance may visit a program site at any time to ensure compliance with all items of the Declaration of Compliance.

Appendix J

**SUBSTANCE USE DISORDER SERVICES
such as
Drug Medi-Cal,
Federal Substance Abuse Block Grant (SABG),
Organized Delivery System (DMC-ODS)
Primary Prevention or
State Funded Services**

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

Drug Medi-Cal (DMC) services for substance use treatment in the Contractor's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code (hereinafter referred to as HSC), Sections 14021.51 – 14021.53, and 14124.20 – 14124.25 of the Welfare and Institutions Code (hereinafter referred to as W&IC), and Title 22 of the California Code of Regulations (hereinafter referred to as Title 22), Sections 51341.1, 51490.1, and 51516.1, and Part 438 of the Code of Federal Regulations, hereinafter referred to as 42 CFR 438.

The City and County of San Francisco and the provider enter into this Intergovernmental Agreement by authority of Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Block Grants (SABG) for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse. SABG recipients must adhere to Substance Abuse and Mental Health Administration's (SAMHSA) National Outcome Measures (NOMs).

The objective is to make substance use treatment services available to Medi-Cal and other non-DMC beneficiaries through utilization of federal and state funds available pursuant to Title XIX and Title XXI of the Social Security Act and the SABG for reimbursable covered services rendered by certified DMC providers.

Reference Documents

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Block Grant Requirements

<https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations

<https://www.law.cornell.edu/cfr/text/42/part-54>

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix – County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Services Network Guidelines 2016

Document 1H(a): Service Code Descriptions

Document 1J(a): Non-Drug Medi-Cal Audit Appeals Process

Document 1J(b): DMC Audit Appeals Process

Document 1K: Drug and Alcohol Treatment Access Report (DATAR)

<http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

Document 1P: Alcohol and/or Other Drug Program Certification Standards (March 15, 2004)

http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx

Document 1T: CalOMS Prevention Data Quality Standards

Document 1V: Youth Treatment Guidelines

http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

Document 2A: Sobky v. Smoley, Judgment, Signed February 1, 1995

Document 2C: Title 22, California Code of Regulations

<http://ccr.oal.ca.gov>

Document 2E: Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Updated July 1, 2004)

http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf

Document 2F: Standards for Drug Treatment Programs (October 21, 1981)

http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf

Document 2G Drug Medi-Cal Billing Manual

http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf

Document 2K: Multiple Billing Override Certification (MC 6700)

Document 2L(a): Good Cause Certification (6065A)

Document 2L(b): Good Cause Certification (6065B)

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 2P(a): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Non-Perinatal (form and instructions)

Document 2P(b): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Perinatal (form and instructions)

Document 2P(c): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Non-Perinatal (form and instructions)

Document 2P(d): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Perinatal (form and instructions)

Document 2P(e): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Non-Perinatal (form and instructions)

Document 2P(f): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Perinatal (form and instructions)

Document 2P(g): Drug Medi-Cal Cost Report Forms – Residential – Perinatal (form and instructions)

Document 2P(h): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Non-Perinatal (form and instructions)

Document 2P(i): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Perinatal (form and instructions)

Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs
<http://www.calregs.com>

Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors
<http://www.calregs.com>

Document 3J: CalOMS Treatment Data Collection Guide

http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Document 3O: Quarterly Federal Financial Management Report (QFFMR) 2014-15

http://www.dhcs.ca.gov/provgovpart/Pages/SUD_Forms.aspx

Document 3S CalOMS Treatment Data Compliance Standards

Document 3V Culturally and Linguistically Appropriate Services (CLAS) National Standards

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Document 4D : Drug Medi-Cal Certification for Federal Reimbursement (DHCS100224A)

Document 5A : Confidentiality Agreement

FOR CONTRACTS WITH DRUG MEDI-CAL, FEDERAL SAPT OR STATE FUNDS:

I. Subcontractor Documentation

The provider shall require its subcontractors that are not licensed or certified by DHCS to submit organizational documents to DHCS within thirty (30) days of execution of an initial subcontract, within ninety (90) days of the renewal or continuation of an existing subcontract or when there has been a change in subcontractor name or ownership. Organizational documents shall include the subcontractor's Articles of Incorporation or Partnership Agreements (as applicable), and business licenses, fictitious name permits, and such other information and documentation as may be requested by DHCS.

Records

Contractor shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. Contractor will make these records available to State, upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allowability, and allocability of costs incurred by Contractor.

1. Contracts with audit firms shall have a clause to permit access by State to the working papers of the external independent auditor, and copies of the working papers shall be made for State at its request.
2. Providers shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.
3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.
4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
5. Provider's shall require that all subcontractors comply with the requirements of this Section A.
6. Should a provider discontinue its contractual agreement with subcontractor, or cease to conduct business in its entirety, provider shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.

If provider cannot physically maintain the fiscal and program records of the subcontractor, then arrangements shall be made with State to take possession and maintain all records.

7. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, Contractor shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of State funds.

II Patient Record Retention

Provider agrees to establish, maintain, and update as necessary, an individual patient record for each beneficiary admitted to treatment and receiving services.

Drug Medi-Cal contracts are controlled by applicable provisions of: (a) the W&I, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

Established by DMC status and modality of treatment, each beneficiary's individual patient record shall include documentation of personal information as specified in either AOD Standards; Title 22; and Title 9. Contractor agrees to maintain patient records in accordance with the provision of treatment regulations that apply.

Providers, regardless of DMC certification status, shall maintain all of the documentation in the beneficiary's individual patient record for a minimum of seven (7) years from the date of the last face-to-face contact between the beneficiary and the provider.

In addition providers shall maintain all of the documentation that the beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause results from beneficiary-related delays, for a minimum of seven (7) years from the date of the last face-to-face contact. If an audit takes place during the three year period, the contractor shall maintain records until the audit is completed.

III. Control Requirements

1) Performance under the terms of this Exhibit A, Attachment I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol combined program allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall: (i) establish, and shall require its providers to establish, written policies and procedures consistent with the following requirements; (ii) monitor for compliance with the written procedures; and (iii) be held accountable for audit exceptions taken by DHCS against the Contractor and its contractors for any failure to comply with these requirements:

- a) HSC, Division 10.5, commencing with Section 11760;
- b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000;
- c) Government Code Section 16367.8;
- d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;
- e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-65 and 66;
- f) The Single Audit Act Amendments of 1996 (Title 31, USC Sections 7501-7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.
- g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137;
- h) Title 42, CFR, Sections 8.1 through 8.6;
- i) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances; and,
- j) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

K) Medi-Cal Eligibility Verification

<http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx>

Providers shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.

- 2) The provisions of this Exhibit A, Attachment I are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Intergovernmental Agreement.
- 3) Providers shall adhere to the applicable provisions of Title 45, CFR, Part 96, Subparts C and L, as applicable, in the expenditure of the SABG funds. Document 1A, 45 CFR 96, Subparts C and L, is incorporated by reference.
- 4) Documents 1C incorporated by this reference, contains additional requirements that shall be adhered to by those Contractors that receive Document 1C. This document is:

- a) Document 1C, Driving-Under-the-Influence Program Requirements;

C. In accordance with the Fiscal Year 2011-12 State Budget Act and accompanying law(Chapter 40, Statues of 2011 and Chapter 13, Statues of 2011, First ExtraordinarySession), providers that provide Women and Children's Residential TreatmentServices shall comply with the program requirements (Section 2.5, RequiredSupplemental/Recovery Support Services) of the Substance Abuse and Mental HealthServices Administration's Grant Program for Residential Treatment for Pregnant and Postpartum Women, RFA found at <http://www.samhsa.gov/grants/grantannouncements/ti-14-005>.

IV Provider's Agents and Subcontractors

a. To enter into written agreements with any agents, including subcontractors and vendors to whom Contractor provides Department PHI, that impose the same restrictions and conditions on such agents, subcontractors and vendors that apply to providers with respect to such Department PHI under this Exhibit F, and that require compliance with all applicable provisions of HIPAA, the HITECH Act and the HIPAA regulations, including the requirement that any agents, subcontractors or vendors implement reasonable and appropriate administrative, physical, and technical safeguards to protect such PHI. As required by HIPAA, the HITECH Act and the HIPAA regulations, including 45 CFR Sections 164.308 and 164.314, Provider shall incorporate, when applicable, the relevant provisions of this Exhibit F-1 into each subcontract or subaward to such agents, subcontractors and vendors, including the requirement that any security incidents or breaches of unsecured PHI be reported to provider. In accordance with 45 CFR Section 164.504(e)(1)(ii), upon Contractor's knowledge of a material breach or violation by its subcontractor of the agreement between Provider and the subcontractor, Provider shall:

- i) Provide an opportunity for the subcontractor to cure the breach or end the violation and terminate the agreement if the subcontractor does not cure the breach or end the violation within the time specified by the Department; or
- ii) Immediately terminate the agreement if the subcontractor has breached a material term of the agreement and cure is not possible.

V Breaches and Security Incidents

During the term of this Agreement, Provider agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps:

- a. **Initial Notice to the Department**

(1) To notify the Department **immediately by telephone call or email or fax** upon the discovery of a breach of unsecured PHI in electronic media or in any other media if the PHI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person.

(2) To notify the Department **within 24 hours (one hour if SSA data) by email or fax** of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement or this Exhibit F-1, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by provide as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of provider. Notice shall be provided to the Information Protection Unit, Office of HIPAA Compliance. If the incident occurs after business hours or on a weekend or holiday and involves electronic PHI, notice shall be provided by calling the Information Protection Unit (916.445.4646, 866-866-0602) or by emailing privacyofficer@dhcs.ca.gov). Notice shall be made using the DHCS “Privacy Incident Report” form, including all information known at the time. Provider shall use the most current version of this form, which is posted on the DHCS Information Security Officer website (www.dhcs.ca.gov, then select “Privacy” in the left column and then “Business Partner” near the middle of the page) or use this link: <http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx> Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of Department PHI, Provider shall take:

- i) Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and
- ii) Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

b. **Investigation and Investigation Report.**

To immediately investigate such suspected security incident, security incident, breach, or unauthorized access, use or disclosure of PHI. Within 72 hours of the discovery, Provider shall submit an updated “Privacy Incident Report” containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the Information Protection Unit.

c. **Complete Report.**

To provide a complete report of the investigation to the Department Program Contract Manager and the Information Protection Unit within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall be submitted on the “Privacy Incident Report” form and shall include an assessment of all known factors relevant to a determination of whether a breach occurred under applicable provisions of HIPAA, the HITECH Act, and the HIPAA regulations. The report shall also include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure. If the Department requests information in addition to that listed on the “Privacy Incident Report” form, provider shall make reasonable efforts to provide the Department with such information. If, because of the circumstances of the incident, provider needs more than ten (10) working days from the discovery to submit a complete report, the Department may grant a

reasonable extension of time, in which case provider shall submit periodic updates until the complete report is submitted. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated “Privacy Incident Report” form. The Department will review and approve the determination of whether a breach occurred and whether individual notifications and a corrective action plan are required.

d. Responsibility for Reporting of Breaches

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors, provider is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary (after obtaining prior written approval of DHCS). If a breach of unsecured Department PHI involves more than 500 residents of the State of California or under its jurisdiction, Contractor shall first notify DHCS, then the Secretary of the breach immediately upon discovery of the breach. If a breach involves more than 500 California residents, provider shall also provide, after obtaining written prior approval of DHCS, notice to the Attorney General for the State of California, Privacy Enforcement Section. If Contractor has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents or vendors may report the breach or incident to the Department in addition to provider, provider shall notify the Department, and the Department and provider may take appropriate action to prevent duplicate reporting.

e. Responsibility for Notification of Affected Individuals

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors and notification of the affected individuals is required under state or federal law, provider shall bear all costs of such notifications as well as any costs associated with the breach. In addition, the Department reserves the right to require provider to notify such affected individuals, which notifications shall comply with the requirements set forth in 42 U.S.C. section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days after discovery of the breach. The Department Privacy Officer shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made. The Department will provide its review and approval expeditiously and without unreasonable delay.

f. Department Contact Information

To direct communications to the above referenced Department staff, the provider shall initiate contact as indicated herein. The Department reserves the right to make changes to the contact information below by giving written notice to the provider. Said changes shall not require an amendment to this Addendum or the Agreement to which it is incorporated.

VI Additional Provisions for Substance Abuse Block Grant (SABG)

A. Additional Intergovernmental Agreement Restrictions

This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner including, but not limited to, 42 CFR 438.610(c)(3).

B. Nullification of DMC Treatment Program SUD services (if applicable)

The parties agree that if the Contractor fails to comply with the provisions of W&I Code, Section 14124.24, all areas related to the DMC Treatment Program SUD services shall be null and void and severed from the remainder of this Intergovernmental Agreement.

In the event the DMC Treatment Program Services component of this Intergovernmental Agreement becomes null and void, an updated Exhibit B, Attachment I shall take effect reflecting the removal of federal Medicaid funds and DMC State General Funds from this Intergovernmental Agreement. All other requirements and conditions of this Intergovernmental Agreement shall remain in effect until amended or terminated.

C. Hatch Act

Provider agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

D. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Provider agrees that information produced through these funds, and which pertains to drug and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol- related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Intergovernmental Agreement, Contractor agrees that it shall enforce, and shall require its subcontractors to enforce, these requirements.

E. Noncompliance with Reporting Requirements

Provider agrees that DHCS has the right to withhold payments until provider has submitted any required data and reports to DHCS, as identified in this Exhibit A, Attachment I or as identified in Document 1F(a), Reporting Requirement Matrix for Counties.

F. Debarment and Suspension

Contractor shall not subcontract with any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The Contractor shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001.

G. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Intergovernmental Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

H. Restriction on Distribution of Sterile Needles

No Substance Abuse Block Grant (SABG) funds made available through this Intergovernmental Agreement shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

I. Health Insurance Portability and Accountability Act (HIPAA) of 1996

If any of the work performed under this Intergovernmental Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit G, DHCS and provider shall cooperate to assure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit G for additional information.

1) Trading Partner Requirements

- a) No Changes. Provider hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a))
- b) No Additions. Provider hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))
- c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications. (45 CFR Part 162.915 (c))
- d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard’s implementation specification. (45 CFR Part 162.915 (d))

2) Concurrence for Test Modifications to HHS Transaction Standards

Provider agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Provider agrees that it shall participate in such test modifications.

3) Adequate Testing

Provider is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Provider has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4) Deficiencies

The Provider agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the provider is acting as a clearinghouse for that provider. If the provider is a clearinghouse, the provider agrees to properly communicate deficiencies and

other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5) Code Set Retention

Both Parties understand and agree to keep open code sets being processed or used in this Intergovernmental Agreement for at least the current billing period or any appeal period, whichever is longer.

6) Data Transmission Log

Both Parties shall establish and maintain a Data Transmission Log, which shall record any and all Data Transmission taking place between the Parties during the term of this Intergovernmental Agreement. Each Party shall take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the Parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

I. Nondiscrimination and Institutional Safeguards for Religious Providers

Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

J. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, CCR, Division 4, Chapter 8. (Document 3H).

K. Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Intergovernmental Agreement shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

L. Intravenous Drug Use (IVDU) Treatment

Provider shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo SUD treatment (42 USC 300x-23 and 45 CFR 96.126(e)).

M. Tuberculosis Treatment

Provider shall ensure the following related to Tuberculosis (TB):

- 1) Routinely make available TB services to each individual receiving treatment for SUD use and/or abuse;
- 2) Reduce barriers to patients' accepting TB treatment; and,

3) Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

N. Trafficking Victims Protection Act of 2000

Provider and its subcontractors that provide services covered by this Intergovernmental Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to:
<http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim>

O. Tribal Communities and Organizations

Provider shall regularly assess (e.g. review population information available through Census, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight in potential barriers) the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the Contractor's geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness and accessibility of services available to AI/NA communities within the Provider's county.

P. Participation of County Behavioral Health Director's Association of California.

- 1) The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director's Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services.
- 2) The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

Q. Youth Treatment Guidelines

Provider shall follow the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Intergovernmental Agreement is required for new guidelines to be incorporated into this Intergovernmental Agreement.

R. Perinatal Services Network Guidelines

Contractor must comply with the perinatal program requirements as outlined in the Perinatal Services Network Guidelines. The Perinatal Services Network Guidelines are attached to this contract as Document 1G, incorporated by reference. The Contractor must comply with the current version of these guidelines until new Perinatal Services Network Guidelines are established and adopted. The incorporation of any new Perinatal Services Network Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Services Network Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

S. Restrictions on Grantee Lobbying – Appropriations Act Section 503

- 1) No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress or any State legislative body itself.
- 2) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any Intergovernmental Agreement recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

T. Byrd Anti-Lobbying Amendment (31 USC 1352)

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

U. Nondiscrimination in Employment and Services

By signing this Intergovernmental Agreement, provider certifies that under the laws of the United States and the State of California, incorporated into this Intergovernmental Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

V. Federal Law Requirements:

- 1) Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.
- 2) Title IX of the education amendments of 1972 (regarding education and programs and activities), if applicable.
- 3) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
- 4) Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
- 5) Age Discrimination in Employment Act (29 CFR Part 1625).
- 6) Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
- 7) Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.

- 8) Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
- 9) Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
- 10) Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
- 11) Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
- 12) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- 13) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

W. State Law Requirements:

- 1) Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).
- 2) Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
- 3) Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 10800.
- 4) No state or federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.
- 5) Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Intergovernmental Agreement or terminate all, or any type, of funding provided hereunder.

X. Additional Contract Restrictions

1. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

Y. Information Access for Individuals with Limited English Proficiency

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials

explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

2. Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

Z. Investigations and Confidentiality of Administrative Actions

1) Provider acknowledges that if a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to W&I Code, Section 14043.36(a). Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved. The DHCS may also issue a Payment Suspension to a provider pursuant to W&I Code, Section 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a Payment Suspension is in effect.

2) Provider shall execute the Confidentiality Agreement, attached as Document 5A. The Confidentiality Agreement permits DHCS to communicate with Contractor concerning subcontracted providers that are subject to administrative sanctions.

W. This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner.

A1. Subcontract Provisions

Provider shall include all of the foregoing provisions in all of its subcontracts.

B1. Conditions for Federal Financial Participation

1) Provider shall meet all conditions for Federal Financial Participation, consistent with 42 CFR 438.802, 42 CFR 438.804, 42 CFR 438.806, 42 CFR 438.808, 42 CFR 438.810, 42 CFR 438.812.

2) Pursuant to 42 CFR 438.808, Federal Financial Participation (FFP) is not available to the Contractor if the Contractor:

a) Is an entity that could be excluded under section 1128(b)(8) as being controlled by a sanctioned individual;

b) Is an entity that has a substantial contractual relationship as defined in section 431.55(h)(3), either directly or indirectly, with an individual convicted of certain crimes described in section 1128(8)(B); or

c) Is an entity that employs or contracts, directly or indirectly, for the furnishing of health care utilization review, medical social work, or administrative services, with one of the following:

i. Any individual or entity excluded from participation in federal health care programs under section 1128 or section 1126A; or

ii. An entity that would provide those services through an excluded individual or entity.

Providers shall include the following requirements in their subcontracts with providers:

1. In addition to complying with the sub contractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.

2. Each subcontract shall:

i. Fulfill the requirements of 42 CFR Part 438 that are appropriate to the service or activity delegated under the subcontract.

ii. Ensure that the Contractor evaluates the prospective subcontractor's ability to perform the activities to be delegated.

iii. Require a written agreement between the Contractor and the subcontractor that specifies the activities and report responsibilities delegated to the subcontractor; and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.

iv. Ensure that the Contractor monitor the subcontractor's performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

v. Ensure that the Contractor identifies deficiencies or areas for improvement, the subcontractor shall take corrective actions and the Contractor shall ensure that the subcontractor implements these corrective actions.

3. The Contractor shall include the following provider requirements in all subcontracts with providers:

i. Culturally Competent Services: Providers are responsible to provide culturally competent services. Providers shall ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services shall be available for beneficiaries, as needed.

ii. Medication Assisted Treatment: Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.

iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. Counties will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews.

The required EBPs include:

a. Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.

b. Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

c. Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

d. Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

e. Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psychoeducational groups provide information designed to have a direct application to beneficiaries' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

C1. Beneficiary Problem Resolution Process

1. The Contractor shall establish and comply with a beneficiary problem resolution process.

2. Contractor shall inform subcontractors and providers at the time they enter into a subcontract about:

i. The beneficiary's right to a state fair hearing, how to obtain a hearing and the representation rules at the hearing.

ii. The beneficiary's right to file grievances and appeals and the requirements and timeframes for filing.

iii. The beneficiary's right to give written consent to allow a provider, acting on behalf of the beneficiary, to file an appeal. A provider may file a grievance or request a state fair hearing on behalf of a beneficiary, if the state permits the provider to act as the beneficiary's authorized representative in doing so.

iv. The beneficiary may file a grievance, either orally or in writing, and, as determined by DHCS, either with DHCS or with the Contractor.

v. The availability of assistance with filing grievances and appeals.

vi. The toll-free number to file oral grievances and appeals.

vii. The beneficiary's right to request continuation of benefits during an appeal or state fair hearing filing although the beneficiary may be liable for the cost of any continued benefits if the action is upheld.

viii. Any state determined provider's appeal rights to challenge the failure of the Contractor to cover a service.

3. The Contractor shall represent the Contractor's position in fair hearings, as defined in 42 CFR 438.408 dealing with beneficiaries' appeals of denials, modifications, deferrals or terminations of covered services. The Contractor shall carry out the final decisions of the fair hearing process with respect to issues within the scope of the Contractor's responsibilities under this Agreement. Nothing in this section is intended to prevent the Contractor from pursuing any options available for appealing a fair hearing decision.

i. Pursuant to 42 CFR 438.228, the Contractor shall develop problem resolution processes that enable beneficiary to request and receive review of a problem or concern he or she has about any issue related to the Contractor's performance of its duties, including the delivery of SUD treatment services.

4. The Contractor's beneficiary problem resolution processes shall include:

i. A grievance process;

ii. An appeal process; and,

iii. An expedited appeal process.

Additional Provisions DMC-ODS

1. Additional Intergovernmental Agreement Restrictions

i. This Agreement is subject to any additional restrictions, limitations, conditions, or statutes enacted or amended by the federal or state governments, which may affect the provisions, terms, or funding of this Agreement in any manner.

2. Voluntary Termination of DMC-ODS Services

i. The Contractor may terminate this Agreement at any time, for any reason, by giving 60 days written notice to DHCS. The Contractor shall be paid for DMC-ODS services provided to beneficiaries up to the date of termination. Upon termination, the Contractor shall immediately begin providing DMC services to beneficiaries in accordance with the State Plan.

3. Nullification of DMC-ODS Services

i. The parties agree that failure of the Contractor, or its subcontractors, to comply with W&I section 14124.24, the Special Terms and Conditions, and this Agreement, shall be deemed a breach that results in the termination of this Agreement for cause.

ii. In the event of a breach, the DMC-ODS services shall terminate. The Contractor shall immediately begin providing DMC services to the beneficiaries in accordance with the State Plan.