

File No. 151030

Committee Item No. 4

Board Item No. 34

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance

Date December 2, 2015

Board of Supervisors Meeting

Date December 8, 2015

Cmte Board

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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
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Completed by: Victor Young Date November 23, 2015

Completed by: VY Date 12/3/15

1 [Contract Amendment - Alternative Family Services - Behavioral Health Services - Not to
2 Exceed \$18,732,139]

3 **Resolution approving amendment number one to the Department of Public Health**
4 **contract for behavioral health services with Alternative Family Services to extend the**
5 **contract by two years, from July 1, 2010, through December 31, 2015, to July 1, 2010,**
6 **through December 31, 2017, with a corresponding increase of \$7,674,939 for a total**
7 **amount not to exceed \$18,732,139.**

8
9 WHEREAS, The mission of the Department of Public Health is to protect and promote
10 the health of all San Franciscans; and

11 WHEREAS, The Department of Public Health provides health and behavioral health
12 services through a wide network of approximately 300 Community-Based Organizations and
13 service providers; and

14 WHEREAS, In 2010, the Department of Public Health selected Alternative Family
15 Services through a Request For Proposals process to provide behavioral health services for
16 the period of July 1, 2010, through December 31, 2015; and

17 WHEREAS, The Board of Supervisors approved the original agreement for these
18 services under Resolution No. 563-10; and

19 WHEREAS, The Department of Public Health wishes to extend the term of that
20 contract in order to allow the continuation of services while Requests For Proposals are
21 administered to take into account the changes to behavioral health services business needs
22 related to the Affordable Care Act and the State Department of Health Care Services' 1115
23 Demonstration Waiver pertaining to the delivery of substance abuse Drug Medi-Cal funded
24 services; and
25

1 WHEREAS, The San Francisco Charter, Section 9.118, requires that contracts entered
2 into by a department or commission having a term in excess of ten years, or requiring
3 anticipated expenditures by the City and County of ten million dollars, to be approved by the
4 Board of Supervisors; and


5 WHEREAS, The Department of Public Health requests approval of an amendment to
6 the Department of Public Health contract for behavioral health services with Alternative Family
7 Services to extend the contract by two years, from July 1, 2010, through December 31, 2015,
8 to July 1, 2010, through December 31, 2017, with a corresponding increase of
9 \$7,674,939 for a total not-to-exceed amount of \$18,732,139; now, therefore, be it

10 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health
11 and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and
12 County of San Francisco to amend the contract with Alternative Family Services, extending
13 the term of the contract by two years, through December 31, 2017, and increasing the total,
14 not-to-exceed amount of the contract by \$7,674,939 to \$18,732,139; and, be it

15 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being
16 fully executed by all parties, the Director of Health and/or the Director of the Office of Contract
17 Administration/Purchaser shall provide the final contract amendment to the Clerk of the Board
18 for inclusion into the official file (File No. 151030).

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RECOMMENDED:



Barbara A. Garcia,
Director of Health

APPROVED:



Mark Morewitz,
Health Commission Secretary

Items 1 through 20
Files 15-1030, 15-1031, 15-1032, 15-1033, 15-1034, 15-1035, 15-1036, 15-1038, 15-1039, 15-1040, 15-1043, 15-1044, 15-1046, 15-1047, 15-1048, 15-1049 & 15-1050

Department:
 Department of Public Health
 (DPH)

EXECUTIVE SUMMARY

Legislative Objectives

- In 2010, the Board of Supervisors extended 22 behavioral health contracts between DPH and 18 non-profit organizations and the Regents of the University of California at San Francisco. The proposed resolutions would amend 17 of the 22 behavioral health services contracts between DPH and 14 non-profit organizations (15 contracts) and the Regents of the University of California at San Francisco (2 contracts) to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract.

Key Points

- In June 2015, DPH informed the Board of Supervisors of their intention to request two-year contract extensions for their behavioral health services contracts in order to meet the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver regarding Medi-Cal organized drug delivery system.
- The extension period would allow DPH to have sufficient time to complete the planning process, issue new RFPs, and award new contracts for behavioral health services.

Fiscal Impact

- The current total not-to-exceed amount of the 17 contracts is \$651,283,455. DPH is requesting a total increase in these contracts of \$225,289,816 for total contract not-to-exceed amounts of \$876,573,271.
- The Budget and Legislative Analyst found the requested increase for each of the 17 contracts to be reasonable, based on actual and projected contract expenditures.

Policy Consideration

- DPH is now in the process of determining how to best align contracted services with the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration, and plans to issue Requests for Proposals (RFP) in approximately March 2016. DPH considers the two-year contract extension to be necessary in order to prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of these RFPs, and award new contracts, while preventing any break in service delivery.

Recommendation

- Approve the proposed resolutions.

MANDATE STATEMENT

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

BACKGROUND

In December 2010, the Board of Supervisors retroactively approved the extension of 22 contracts between the Department of Public Health (DPH) and 18 non-profit organizations and the Regents of the University of California at San Francisco for the provision of behavioral health services. The 22 contracts were extended for five years and six months from July 1, 2010 through December 31, 2015.¹ Funding for the 22 contracts was a combination of (i) General Funds, (ii) State Realignment and State General Funds, (iii) Federal Medi-Cal and other Federal funds, (iv) Work Orders, grants, and other State funds, and (v) 12 percent contingencies on the total combined not-to-exceed amount, which did not have a designated funding source.

In June 2015, DPH informed the Board of Supervisors of their intention to request two-year contract extensions for their behavioral health services contracts in order to meet the requirements of the Affordable Care Act. DPH has been involved in a planning process to optimize and integrate contracted community based services into DPH's San Francisco Health Network, an integrated service delivery system. The extension period would allow DPH to have sufficient time to complete the planning process, issue new RFPs, and award new contracts for behavioral health services.

DETAILS OF PROPOSED LEGISLATION

The proposed resolutions would amend 17 of the 22 behavioral health services contracts between DPH and 14 non-profit organizations (15 contracts) and the Regents of the University of California at San Francisco (2 contracts) to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract, as shown in the Table 1 below.

The 14 non-profit organizations include Alternative Family Services, HealthRight360 (formerly Walden House), Baker Places, Central City Hospitality House, Community Awareness and Treatment Services, Conard House, Edgewood Center for Children and Families, Family Service Agency of San Francisco, Hyde Street Community Service, Instituto Familiar de la Raza, Progress

¹ The 18 non-profit organizations included Alternative Family Services, Asian American Recovery Services (now HealthRight360), Baker Places, Bayview Hunters Point Foundation for Community Improvement, Central City Hospitality House, Community Awareness and Treatment Services, Community Vocational Enterprises, Conard House, Edgewood Center for Children and Families, Family Service Agency, Hyde Street Community Service, Instituto Familiar de la Raza, Progress Foundation, Richmond Area Multi-Services (two contracts), San Francisco Study Center, Seneca Center, Walden House (now HealthRight360), and Westside Community Mental Health Center.

Foundation, Richmond Area Multi-Services (two contracts), Seneca Center, and Westside Community Mental Health Center.²

In addition to meeting new requirements for the Affordable Care Act, DPH must also comply with the State Department of Health Care Services 1115 demonstration waiver regarding Medical organized drug delivery system, which was approved by the State in August 2015. Ms. Michelle Ruggels, Director of the DPH Business Office, explained that DPH will need to make significant changes to the current substance abuse delivery system and in some cases, create new service models. DPH is now in the process of determining how to best align contracted services with the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver.

FISCAL IMPACT

The current total not-to-exceed amount of the 17 contracts is \$651,283,455. DPH is requesting a total increase in these contracts of \$225,289,816 for total contract not-to-exceed amounts of \$876,573,271, as shown in the Table below.

² There are five outstanding contracts that were extended in 2010 but are not included in the proposed resolution. The Bayview Hunters Point Foundation for Community Improvement contract was approved for a two-year extension by the Board of Supervisors in October 2015. The San Francisco Study Center, Asian American Recovery Services (now HealthRight360), and Community Vocational Enterprises no longer have contracts with DPH. One additional Regents of the University of California at San Francisco contract will be submitted for review at a later date.

Table. Current and Proposed Contract Not-to-Exceed Amounts³

Contractor	Item No.	Current Not-to-Exceed Amount	Requested Increase	Revised Not-to-Exceed Amount
Alternative Family Services	15-1030	\$11,057,200	\$7,674,939	\$18,732,139
Baker Places	15-1031	69,445,722	15,981,652	85,427,374
Central City Hospitality	15-1032	15,923,347	3,636,666	19,560,013
Community Awareness and Treatment Services	15-1033	35,699,175	6,454,201	42,153,376
Conard House	15-1034	37,192,197	16,867,780	54,059,977
Edgewood Center for Children and Families	15-1035	36,958,528	19,276,057	56,234,585
Family Service Agency of San Francisco	15-1036	45,483,140	14,976,909	60,460,049
HealthRight360 (former Walden contract)	15-1038	69,451,787	22,073,719	91,525,506
Hyde Street Community Services	15-1039	17,162,210	5,968,409	23,130,619
Instituto Familiar de la Raza	15-1040	14,219,161	11,917,749	26,136,910
Progress Foundation	15-1043	92,018,333	28,972,744	120,991,077
The Regents of the University of California San Francisco (CCM) ¹	15-1044	24,962,815	9,380,507	34,343,322
The Regents of the University of California San Francisco (CCM-SPR) ²	15-1046	32,024,839	22,521,671	54,546,510
Richmond Area Multi-Services, Inc. (RAMS - Children)	15-1047	19,904,452	9,721,109	29,625,561
Richmond Area Multi-Services, Inc. (RAMS - Adults)	15-1048	22,602,062	10,989,524	33,591,586
Seneca Center	15-1049	63,495,327	6,134,854	69,630,181
Westwide Community Mental Health Center	15-1050	43,683,160	12,741,326	56,424,486
Total		\$651,283,455	\$225,289,816	\$876,573,271

Source: Department of Public Health staff.

The Budget and Legislative Analyst found the requested increase for each of the 17 contracts to be reasonable, based on actual and projected contract expenditures.

³ DPH will submit specific revised resolutions to the December 2, 2015 Budget and Finance Committee with corrected language or amounts. The Table above is based on the revised resolutions.

Five Contracts have Significant Expenditure Increases

Alternative Family Services (increase of \$7,674,939). According to Ms. Michelle Ruggels, DPH Director of Business Office, DPH costs for this contract have increased because the Department is required to serve an increasing number of foster care children who are San Francisco residents but who are placed outside of the county. DPH contracted with Alternative Family Services to ensure that DPH complies with State mandates to complete assessments for all out-of-county placements. Previously 30-40 percent of foster care youth received an assessment. DPH now completes assessments for all foster care youth placements, and has budgeted for the associated cost increases.

Edgewood Center for Children and Families (increase of \$19,276,057). In 2014, DPH received a State grant in the amount of \$1,751,827 funded with Mental Health Services Act funding, which will fund two new DPH programs including the Youth Crisis Stabilization Center and the Mobile Crisis Team (File 14-0511).⁴ According to Ms. Ruggels, the remaining portion of these program costs will be reimbursed by Medi-Cal for those clients with Medi-Cal eligibility.

The Regents of the University of California at San Francisco: Citywide Case Management – Single Point of Responsibility (CCM-SPR; increase of 22,521,671). DPH has expanded all intensive care management programs. In FY 2012-13, DPH transferred the Citywide Forensics program from the Citywide Case Management program to Citywide Case Management program for Single Point of Responsibility (CCM-SPR) as the CCM-SPR contract uses a capitation model rather than fee-for-service.⁵ During this time, DPH also expanded the Citywide Focus program, which provides outpatient mental health services to reduce unnecessary institutional care for high risk and mentally ill transitional aged youth, adults, and older adults. Both of these programs are funded through the federal Mental Health Services Act.

Richmond Area Multi-Services, Inc. for Children (RAMS Children; increase of \$9,721,109). DPH costs for implementing Wellness Centers in high schools increased as the Wellness programs have been gradually expanded to additional high schools. DPH will receive reimbursements for program costs from Medi-Cal.

Richmond Area Multi-Services, Inc. for Adults (increase of \$10,989,524). Program costs will increase mainly because of four programs, including the I-Ability Vocational IT program, Asian Pacific Islander Mental Health Collaborative, the Peer Specialist Mental Health Certificate program, and the Broderick Street Adult Residential Facility. All of these programs will be funded by the State Mental Health Services Act.

POLICY CONSIDERATION

Ms. Ruggels advised that the purpose of extending the current contract period by two years until December 31, 2017 is to allow the Department to:

⁴ DPH received this grant to participate in a program entitled Mental Health Triage Personnel Grant for the period from April 1, 2014 through June 30, 2014.

⁵ Under a capitation model, the contractor is paid a flat fee for each client rather than a fee for each service.

- (a) Complete its planning process to identify any service model changes necessary to better meet the needs of the Department's integrated service delivery system, the San Francisco Health Network, in response to the implementation of the Affordable Care Act;
- (b) Finalize its plan for addressing the new requirements of the State Department of Health Care Services 1115 demonstration waiver (Drug Medi-Cal Organized Delivery System) approved by the State in August 2015, which will require significant changes to the current substance abuse delivery system, including entirely new service models; and
- (c) Prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of these RFPs, and award new contracts, while preventing any break in service delivery.

DPH will finalize its RFP schedule, which is estimated to be completed by March 2016, pending the completion of an evaluation of community-based services that meet the requirements of the Affordable Care Act and the State's 1115 demonstration waiver.

According to Ms. Ruggels, DPH will prepare a schedule for the issuance of the multiple RFPs for behavioral health services that includes the timeline of the issuance of the RFPs, as well as the effective date of the new services. DPH will submit the new contracts to the Board of Supervisors for approval in accordance with Charter Section 9.118(b).

RECOMMENDATION

Approve the proposed resolutions.



City and County of San Francisco

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

October 5, 2015

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Attached please find a proposed resolution for Board of Supervisors approval for the extension of 22 behavioral health services contracts for two years, with corresponding increases in each contract amount, as shown in the resolution.

These contract amendments require Board of Supervisors approval under San Francisco Charter Section 9.118, as they have either already been approved by the Board and the proposed amendment exceeds \$500,000, or they have not previously been approved by the Board and the total contract amount exceeds \$10 million.

The following is a list of accompanying documents:

- o Resolution
- o Proposed amendments
- o Original agreements and any previous amendment
- o Forms SFEC-126 for the Board of Supervisors and Mayor

The following person may be contacted regarding this matter: Jacquie Hale, Director, Office of Contracts Management and Compliance, Department of Public Health, (415) 554-2609 (Jacquie.Hale@sfdph.org).

Thank you for your time and consideration.

Sincerely,

Jacquie Hale
Director
DPH Office of Contracts Management and Compliance

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 SAN FRANCISCO
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**City and County of San Francisco
Office of Contract Administration
Purchasing Division**

First Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015 in San Francisco, California, by and between **Alternative Family Services, Inc.** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to amend the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses;

NOW, THEREFORE, Contractor and the City agree as follows:

1. Definitions. The following definitions shall apply to this Amendment:

1a. Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 from RFP 23-2009, dated July 31, 2009, Contract Numbers BPHM11000030, between Contractor and City, as amended to a Sole Source by this First amendment.

1b. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

1c. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. Modifications to the Agreement. The Agreement is hereby amend as follows:

2a. Section 2 of the Agreement currently reads as follows:

2. Term of the Agreement

Subject to Section 2, the term of this Agreement shall be from July 1, 2010 through December 31, 2015.

Such Section is hereby amended in its entirety to read as follows:

2. Term of the Agreement

Subject to Section 2, the term of this Agreement shall be from July 1, 2010 through December 31, 2017.

2b. Section 5 of the Agreement currently reads as follows:

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Eleven Million Fifty Seven Thousand Two Hundred Dollars (\$11,057,200)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No 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 Department of Public Health 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.

In no event shall City be liable for interest or late charges for any late payments.

Such section is hereby amended in its entirety to read as follows:

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Eighteen Million Seven Hundred Thirty-Two Thousand One Hundred Thirty-Nine Dollars (\$18,732,139)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No 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 Department of Public Health 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.

In no event shall City be liable for interest or late charges for any late payments.

2c. Insurance. Section 15 is hereby replaced in its entirety to read as follows:

15. Insurance

a. 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:

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

2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

3) 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.

4) 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.

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

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

2) 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.

c. 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 the Section entitled "Notices to the Parties."

d. 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.

e. 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.

f. 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.

g. 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.

h. 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.

Notwithstanding the foregoing, the following insurance requirements are waived or modified in accordance with the terms and conditions stated in Appendix C Insurance.

2d. Replacing "Earned Income Credit (EIC) Forms" Section with "Consideration of Criminal History in Hiring and Employment Decisions" Section. Section 32 "Earned Income Credit (EIC) Forms" is hereby replaced in its entirety to read as follows:

32. Consideration of Criminal History in Hiring and Employment Decisions.

a. 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 www.sfgov.org/olse/fco. A partial listing of some of Contractor's obligations under Chapter 12T is set forth in this Section. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

b. 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, shall apply only when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco, and 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.

c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant's or potential applicant for

employment's, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection 32 above. Contractor or Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.

f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of \$50 for a second violation and \$100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.

2e. Protection of Private Information. Section 64 is hereby added to the Agreement, as follows:

64. Protection of Private Information. Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contactor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action

against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

2f. Health Care Accountability Ordinance. Section 44 is hereby replaced in its entirety to read as follows:

44. Health Care Accountability Ordinance.

Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission.

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice

proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

2g. Add Appendices A-1 & A-2 dated 7/1/2015 to Agreement as amended.

2h. Delete Appendix B-Calculation of Charges and replace in its entirety with Appendix B-Calculation of Charges dated 7/1/2015 to Agreement as amended.

2i. Add Appendix B-CBHS Budget Documents/ Appendices B-1 and B-2 dated 7/1/2015 to Agreement as amended.

2j. Delete Appendix D-Additional Terms and replace in its entirety with Appendix D- Additional Terms dated 7/1/2015 to Agreement as amended.

2k. Delete Appendix E-HIPAA Business Associate Agreement and replace in its entirety with Appendix E-HIPAA Business Associate Agreement dated 5/19/2015 to Agreement as amended.

3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2015.

4. Legal Effect. Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

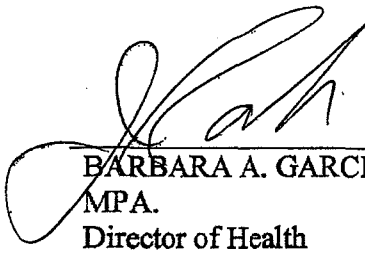
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

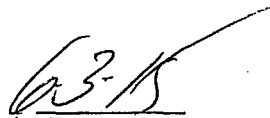
CONTRACTOR

Recommended by:

Alternative Family Services




BARBARA A. GARCIA,
MPA.
Director of Health



Date

Approved as to Form:

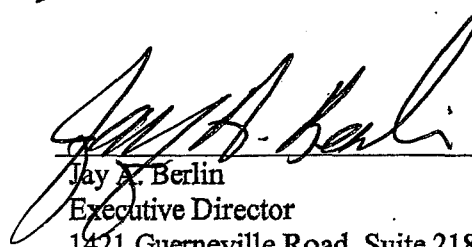
DENNIS J. HERRERA
City Attorney

By  _____
KATHY MURPHY
Deputy City Attorney



Date

Approved:

 _____
Jay A. Berlin
Executive Director
1421 Guerneville Road, Suite 218
Santa Rosa, CA 94503



Date

City vendor number: 22377

JACI FONG
Director of the Office of
Contract Administration, and
Purchaser

Date

1. Identifiers:

Program Name: AFS Outpatient Behavioral Health Program
Program Address: 250 Executive Park Blvd, #4900
City, State, ZIP: San Francisco, CA 94134
Telephone: 415-656-0116 FAX: 415-656-0117
Website Address: afs4kids.org

Person Completing this Narrative: Lisa Hilley, Mental Health Director
Telephone: 415-672-5686
Email Address: lhilley@afs4kids.org

Program Code(s): 38GSOP (Alternative Family Services OP)

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

The goal of the program is to improve or enhance the client(s)' interpersonal, adaptive, and communication skills; connection with their family; and emotional and psychological well being and in so doing support permanency and stability for children and families involved with the foster care system by addressing their unique behavioral health needs.

4. Target Population:

The target population for these programs is San Francisco County children and youth ages 0 to 21 who: 1) have full scope Medi-Cal, 2) are involved or at risk for becoming involved in the foster care system and 3) qualify for EPSDT services. Within the population described above, children and youth who are receiving Intensive Treatment Foster Care through AFS's FFA will be prioritized for receipt of services.

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

See CRDC. Services will include the following. Mental Health Services include Assessment, Plan Development, Individual Therapy, Individual Rehabilitation, Intensive Home Based Services, Family Therapy, Group Therapy, and Collateral. AFS will also provide Case Management, Intensive Care Coordination, and Crisis Intervention as necessary. Lastly, AFS will also provide Medication Support Management.

See CRDC for details.

6. Methodology:

Direct Client Services:

- A. **Outreach, Recruitment, Promotion, and Advertisement:** All referrals will be received from Foster Care Mental Health. AFS will work with FCMH to prioritize any children or youth placed in AFS ITFC homes and who are in need of mental health services.
- B. **Admission and Intake Process:** AFS will obtain all referrals from Foster Care Mental Health (FCMH). In order to conduct the initial assessment, all clients must have full-scope Medi-Cal. Within the first 30 days, clients will be assessed to ensure that they are eligible for EPSDT services, such that, each client must have a qualifying DSM-IV Axis I diagnosis and meet medical necessity criteria for services.

C. Service delivery model: Program phases, Location, Length of Stay, and Hours of Operation:

Intake: Within 48 hours of receipt of referral, AFS staff contacts families and referring party to present a brief introduction to AFS and to schedule an intake appointment at the time and location preferred by the client. The intake also marks the beginning of “engagement work” for AFS that includes building rapport.

Assessment & Early Identification: Ideally, youth are assessed immediately upon entry into the foster care system and at any transition point thereafter (i.e., before and after placement change and system exit). For AFS clients, every case receives a formal comprehensive psychosocial assessment using the Child and Adolescent Strengths and Needs (CANS) assessment. Youth and caregivers are active participants in the collection, review and prioritization of data.

Assessment Only. For clients referred for assessment only, AFS clinicians will complete an initial Assessment and Brief CANS within 30 days of episode opening. The AFS clinician will provide a written summary of needs and strengths and recommendations for mental health services. Based on client needs and FCMH authorization, the AFS clinician may provide ongoing services in order to coordinate care and participate on the Child and Family Team.

Treatment Planning: Clients, clinicians, Mental Health Rehab Specialists (MHRS) and other key individuals develop a treatment plan of care to prioritize client needs, goals and service strategies. As assessment information changes, treatment planning will change accordingly.

Service Provision and Appropriateness Monitoring: Immediately following the assessment and treatment planning phases the clinician will work with the client to address goals. For the general target population described in Item #4, planned services may include a combination of individual therapy, family therapy, individual rehabilitation, and case management. For clients in the priority population (ITFC clients) planned services may also include intensive care coordination (ICC) and intensive home based services (IHBS) to focus on restoring, improving or maintaining daily living skills, functional skills, social skills and support resources. IR or IHBS services may be provided by a Mental Health Rehab Specialist (MHRS) who will coordinate and collaborate with the clinician.

A great deal of attention is placed on ensuring that the intensity and frequency of services are appropriate to meet the needs of clients and their families. AFS matches interventions and practices to the needs of clients. Services are closely monitored for appropriateness through supervision and CQI processes. AFS Quality Management will monitor the provision of IR Services at the child- and program-level for clients in ITFC placements via an internal monthly report submitted to the Program Director and Mental Health Director.

Service Coordination and Collaboration: Coordination and collaboration is a foundational aspect of the AFS clinical model. To achieve client goals, services must be coordinated among all the involved stakeholders such as county case workers, probation officers, FFA workers, lawyers, schools, foster families, and biological families.

Community Linkage and Discharge Planning: A critical aspect of treatment is working to create a network of natural and formal supports in the clients' lives to reinforce and maintain treatment gains and increase the likelihood of successful outcomes.

Location - Locations and times of service delivery will be flexible and planned to meet clients' needs as much as possible. Both programs are community based; services will, whenever clinically and

logistically possible, be delivered to clients in the least restrictive and most therapeutically appropriate environment possible. The continuum of visitation sites may vary from tightly supervised, in-office sessions to less structured community venues and client homes.

Length of Stay - Treatment planning will be organized to allow clients to move to lower levels of services or a step-down plan within six to nine months of service initiation.

Hours of Operation - Services will be provided to clients' and their families from the hours of 9:00 to 8:00 p.m. and weekends as needed and when possible.

D. Discharge Planning and Exit Process:

Discharge Planning: As mentioned above, a critical aspect of all services is discharge planning and linkages to formal and informal services and supports. At service initiation, service providers in collaboration with the client and family create a discharge plan to identify and begin to link clients and their families to community supports and to outline resources for clients following service completion.

Exit Process: Data from the Child and Adolescent Needs and Strength Assessment (CANS) (collected every 6 months and during any transition points) helps to monitor and match service needs to client and family needs. This allows for systematic monitoring of service appropriateness. Clients are discharged when treatment goals are met or when a less intensive service may be more appropriate.

E. Program Staffing: All services will be provided by staff who are qualified to deliver EPSDT services. Overall program responsibility is given to Dr. Lisa Hilley, Mental Health Director. Specific day to day program responsibility is vested in Holly Oswald, Psy.D., Program Director. Clinical supervision of staff is divided between Program Director Oswald and licensed Clinical Supervisors. Services are delivered by a team of master's level clinicians and MHRS qualified staff. Quality Assurance is the responsibility of Quality Assurance Director Dr. Joseph Turner, who oversees a staff of Quality Management Specialists and Clerks.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Children, Youth, and Families Performance Objectives FY14-15 (Attached as Appendix A-3).

8. Continuous Quality Improvement:

The overall CQI program (i.e., quality planning, monitoring and improving) is guided by the agency's CQI committee (referred to as the Performance & Quality Improvement committee) and implemented by all AFS employees. The agency-level CQI committee meets monthly for about 3 hours and is composed of the agency CEO, COO, CFO and the Division Directors for Foster Care, Mental Health and Quality Management.

Program-level CQI (e.g., AFS' San Francisco Mental Health Program) is guided by the local CQI meeting (bi-weekly meeting between program and QM management staff) and implemented by local staff. In addition, structured activities (e.g., utilization review; peer review; etc.) function as CQI methods for the program.

- A. **Performance-Contract & Productivity:** Contract performance is monitored at various levels in the agency: (a) bi-weekly during the Mental Health Management meeting; (b) bi-weekly during the QM-Program Management meeting; (c) monthly at the agency CQI committee meeting. Additionally, the CFO, Mental Health Director and Clinical Director meet monthly to review staff productivity and service intensity issues (e.g., looking at levels of Collateral contacts, a key indicator of collaboration and coordination for AFS' population children in the foster care system). Clinical Supervisors and Program Directors meet on a weekly basis to review clinician caseload, service intensity and care coordination.

AFS generates a report at opening for each client through our internal data base which allows us to track due dates and ensure timely submission of Assessments, Treatment Plans and service delivery.

- B. **Documentation Quality, including a description of internal audits:** Service quality is monitored at various levels of the agency: (a) program supervision; (b) peer-review (monthly review of charts by peers); (c) utilization review (monthly review of charts by external agency); (d) internal Medi-Cal audits (three audits per year, across programs). AFS will continue to utilize internal Quality Assurance and Clinical Managers to review documentation quality and seek outside consultation as needed to identify best practices, internal review and auditing tools, methods and infrastructure development, as well as, conduct quarterly documentation trainings.

AFS internal audits are as follows:

- a. **Peer Review:** under the direction of the Program Director and Clinical Supervisors, mental health clinicians' conduct a monthly review of client charts (second Thursday of the month). The Peer Review is modeled after the PURQC process.
- b. **Utilization Review (UR):** under the direction of the Program Director and QM Associates, AFS conducts UR with its partner agency A Better Way, Inc on a monthly basis (last Wednesday of the month). The QM Unit-collates data on UR outcomes (i.e., number of charts identified as conditional, passing, failing) and compares with the benchmark (95% passing or conditional).
- C. **Cultural Competency:** Cultural competence is monitored at the local level: (a) supervision; (b) trainings (for managers and clinicians). The Program Director works closely with the Human Resources Department to review hiring and advertising practices to ensure that newly hired staff consistently meets our client's cultural and language needs. AFS also utilizes contractors and/or The Department of Public Health Language Access Services when interpreter services are needed in languages outside of the language capacity of AFS staff. AFS conducts three Cultural Competency trainings per year, tailoring trainings to match clientele backgrounds, ethnicities and languages.
- D. **Client Satisfaction:** Client satisfaction is measured through State-administered and/or AFS-administered satisfaction surveys. AFS conducts a San Francisco County client survey once a year. Additionally, AFS is looking to implement an internal pre/post client survey. AFS has also implemented a survey via Survey Monkey which targets County Social Workers to gather data for the purpose of enhancing the quality of our services and maintaining/improving our relationship with our referral source.
- E. **Measurement, analysis, and use of CANS data:** Program (a) participates in Super User calls on a monthly basis, (b) utilizes SF county reports (Pivot Charts) when available to evaluate treatment, and (c) created and analyzed our Theory of Change Clinical Formulation. AFS is also in the process of implementing "Using CANS in Supervision" and the TCOM strategies created by John Lyons.

1. Identifiers:

Program Name: AFS Therapeutic Visitation
Program Address: 250 Executive Park Blvd, #4900
City, State, ZIP: San Francisco, CA 94134
Telephone: 415-656-0116 FAX: 415-656-0117
Website Address: afs4kids.org

Person Completing this Narrative: Lisa Hilley, Mental Health Director
Telephone: 415-672-5686
Email Address: lhilley@afs4kids.org

Program Code(s): 38GS01 (AFS SF Therapeutic Visitation)

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

This AFS Therapeutic Visitation (TVS) program is specifically designed to bring targeted, time-limited, and evidenced-informed mental health services to San Francisco's foster youth and their families who are separated due to allegations of abuse and neglect and are currently in the reunification process. The program is organized to reduce traditional barriers to service provision providing clients, their families, and foster families highly coordinated, flexible, convenient, and culturally and linguistically competent services. We believe that by integrating our longstanding expertise in the field of foster care with well chosen evidence based mental health practices we can:

- Maintain and strengthen family connections
- Enhance and strengthen family-child relationships
- Reduce youth emotional/behavioral problems that hinder their ability to live in a family environment

4. Target Population:

The target population for these programs is San Francisco County children and youth ages 2 to 18 who: 1) have full scope Medi-Cal, 2) are involved or at risk for becoming involved in the foster care system and 3) qualify for EPSDT services. Limited supervised visitation services are provided to children and families who do not have full scope Medi-Cal (see Supervised Visitation Services description below).

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

Services will include the following. Mental Health Services include Assessment, Plan Development, Individual Therapy, Individual Rehabilitation, Intensive Home Based Services, Family Therapy, Group Therapy, and Collateral. AFS will also provide Case Management, Intensive Care Coordination, and Crisis Intervention as necessary. AFS will also provide Medication Support Management. As of FY15-16, Supervised Visitation Services (Mode 60 services) will be provided, when arranged. See CRDC for details.

6. Methodology:

Direct client services

- A. Outreach, Recruitment, Promotion, and Advertisement: All referrals will be received from Foster Care Mental Health.
- B. Admission and Intake Process: AFS will obtain all referrals from Foster Care Mental Health. In order to conduct the initial assessment, all clients must have full-scope Medi-Cal. Within the first 30 days, clients will be assessed to ensure that they are eligible for EPSDT services, such that, each client must have a qualifying DSM-IV Axis I diagnosis and meet medical necessity criteria for services. Describe the program admission, enrollment and/or intake criteria and process where applicable.
- C. Service delivery model: Program phases, Location, Length of Stay, and Hours of Operation
Intake: Within 48 hours of receipt of referral, AFS staff contacts families and referring party to present a brief introduction to AFS and to schedule an intake appointment at the time and location preferred by the client. The intake also marks the beginning of "engagement work" for AFS that includes building rapport.

Assessment & Early Identification: Ideally, youth are assessed immediately upon entry into the foster care system and at any transition point thereafter (i.e., before and after placement change and system exit). For AFS clients, every case receives a formal comprehensive psychosocial assessment using the Child and Adolescent Strengths and Needs (CANS) assessment. Youth and caregivers are active participants in the collection, review and prioritization of data.

Treatment Planning: Clients, clinicians and other key individuals develop a treatment plan of care to prioritize client needs, goals and service strategies. As assessment information changes, treatment planning will change accordingly.

Service Provision and Appropriateness Monitoring: A great deal of attention is placed on ensuring that the intensity and frequency of services are appropriate to meet the needs of clients and their families. AFS matches interventions and practices to the needs of clients. Services are closely monitored for appropriateness through supervision and CQI processes.

Service Coordination and Collaboration: Coordination and collaboration is a foundational aspect of the AFS clinical model. To achieve client goals, services must be coordinated among all the involved stakeholders such as county case workers, probation officers, FFA workers, lawyers, schools, foster families, and biological families.

Community Linkage and Discharge Planning: A critical aspect of treatment is working to create a network of natural and formal supports in the clients' lives to reinforce and maintain treatment gains and increase the likelihood of successful outcomes.

Location: Locations and times of service delivery will be flexible and planned to meet clients' needs as much as possible. Both programs are community based; services will, whenever clinically and logistically possible, be delivered to clients in the least restrictive and most therapeutically appropriate environment possible. The continuum of visitation sites may vary from tightly supervised, in-office sessions to less structured community venues and client homes.

Length of Stay: Treatment planning will be organized to allow clients to move to lower levels of services or a step-down plan within six to nine months of service initiation.

Hours of Operation: Services will be provided to clients' and their families from the hours of 9:00 to 8:00 p.m. and weekends as needed and when possible.

Supervised Visitation Services: At AFS, Supervised Visitation Services (a Mode 60 service) are provided on a limited basis for six to nine months. This supervision of client family visits is managed by trained staff that are present at all times to ensure visits are safe and aligned with the Visit Plan. The primary focus of the visits is to promote safety and well-being for children and youth during visits. To promote safe and positive family interactions, families may receive parent coaching and/or support from the AFS staff. Families are referred directly from Protective Social Workers. Upon receiving the referrals, AFS conducts a Risk and Safety Assessment to determine whether the Supervised Visitation Services are suitable for the referred parent(s), caregiver(s), and child (ren). If accepted, the AFS staff obtains initial paperwork from the PSW and contacts the family to schedule the first visit. These Mode 60 services are not input into AVATAR, though they can lead to Mode 15 services which are recorded in AVATAR.

- D. **Discharge Process:** As mentioned above, a critical aspect of all services is discharge planning and linkages to formal and informal services and supports. At service initiation, service providers in collaboration with the client and family create a discharge plan to identify and begin to link clients and their families to community supports and to outline resources for clients following service completion.

Data from the Child and Adolescent Needs and Strength Assessment (CANS) (collected every 6 months and during any transition points) helps to monitor and match service needs to client and family needs. This allows for systematic monitoring of service appropriateness. Clients are discharged when treatment goals are met or when a less intensive service may be more appropriate.

- E. **Program Staffing:** All services will be provided by staff who are qualified to deliver EPSDT services. Overall program responsibility is given to Dr. Lisa Hilley, Mental Health Director. Specific day to day program responsibility is vested in Dr. Holly Oswald, Program Director. Clinical supervision of staff is divided between Dr. Oswald and licensed Clinical Supervisors. Services are delivered by a team of master's level clinicians and MHRS qualified staff. Quality Assurance is the responsibility of Quality Assurance Director Dr. Joseph Turner, who oversees a staff of Quality Management Specialists and Clerks.

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Program-level CQI (e.g., AFS' San Francisco Mental Health Program) is guided by the local CQI meeting (bi-weekly meeting between program and QM management staff) and implemented by local staff. In addition, structured activities (e.g., utilization review; peer review; etc.) function as CQI methods for the program.

- A. **Performance-Contract & Productivity:** Contract performance is monitored at various levels in the agency: (a) bi-weekly during the Mental Health Management meeting; (b) bi-weekly during the QM-Program Management meeting; (c) monthly at the agency CQI committee meeting. Additionally, the CFO, Mental Health Director and Clinical Director meet monthly to review staff productivity and service intensity issues (e.g., looking at levels of Collateral contacts, a key indicator of collaboration and coordination for AFS' population children in the foster care system). Clinical Supervisors and Program Directors meet on a weekly basis to review clinician caseload, service intensity and care coordination.

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- D. **Client Satisfaction:** Client satisfaction is measured through State-administered and/or AFS-administered satisfaction surveys. AFS conducts a San Francisco County client survey once a year. Additionally, AFS is looking to implement an internal pre/post client survey. AFS has also implemented a survey via Survey Monkey which targets County Social Workers to gather data for the purpose of enhancing the quality of our services and maintaining/improving our relationship with our referral source.
- E. **Measurement, analysis, and use of CANS data:** Program (a) participates in Super User calls on a monthly basis, (b) utilizes SF county reports (Pivot Charts) when available to evaluate treatment, and (c) created and analyzed our Theory of Change Clinical Formulation. AFS is also in the process of implementing "Using CANS in Supervision" and the TCOM strategies created by John Lyons.

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

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."

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary
CRDC B1 – B2

Appendix B-1 AFS Outpatient Behavioral Services
Appendix B-2 AFS Therapeutic Visitation Services

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 exceed **Eighteen Million Seven Hundred Thirty-Two Thousand One Hundred Thirty-Nine Dollars (\$18,732,139)** for the period of **July 1, 2010 through December 31, 2017**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$700,434** 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 a 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, 2010 through December 31, 2010	\$897,500 (BPHM08000043)
July 1, 2010 through June 30, 2011	\$897,500
July 1, 2011 through June 30, 2012	\$1,895,000
July 1, 2012 through June 30, 2013	\$2,131,153
July 1, 2013 through June 30, 2014	\$2,324,850
July 1, 2014 through June 30, 2015	\$2,699,169
July 1, 2015 through June 30, 2016	\$2,699,169
July 1, 2016 through June 30, 2017	\$3,036,562
July 1, 2017 through December 31, 2017	<u>\$1,450,803</u>
Sub.Total of July 1, 2010 through December 31, 2017	\$18,031,706
Contingency Available	<u>\$700,434</u>

Total of July 1, 2010 through December 31, 2017 \$18,732,139

(3) 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.

(4) CONTRACTOR further understands that, \$897,500 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM08000043 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM08000043 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. 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.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. 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.

CBHS BUDGET DOCUMENTS

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH):		00510		Prepared By/Phone #: F.Seisdedos 707.576.7700		Fiscal Year: 2015/2016	
DHCS Legal Entity Name (MH)/Contractor Name (SA):		ALTERNATIVE FAMILY SERVICES, INC.		Document Date: 7/1/2015		Appendix B-Summary Page: 1 of 1	
Contract CMS # (CDTA use only):		6973					
Contract Appendix Number:		B-1	B-2	B-#	B-#	B-#	B-#
Appendix A/Program Name:		Outpatient Behavioral Health Program	Therapeutic Visitation Services Program				
Provider Number		38GS	38GS				
Program Code(s)		38GSOP	38GS01				
FUNDING TERM:		7/1/15-6/30/16	7/1/15-6/30/16	-/-/-/-/-/-	-/-/-/-/-/-	-/-/-/-/-/-	-/-/-/-/-/-
TOTAL							
FUNDING USES							
Salaries & Employee Benefits:		1,225,238	637,261				1,862,499
Operating Expenses:		327,029	170,092				497,121
Capital Expenses:							0
Subtotal Direct Expenses:		1,552,267	807,353				2,359,620
Indirect Expenses:		223,371	116,178				339,549
Indirect %:		14.4%	14.4%				14.4%
TOTAL FUNDING USES		1,775,638	923,531				2,699,169
						Employee Fringe Benefits %:	25.0%
CBHS MENTAL HEALTH FUNDING SOURCES							
MH FED - SDMC Regular FFP (50%)		832,500	367,223				1,199,723
MH STATE - EPSDT State Match		638,815	338,054				976,869
MH COUNTY - General Fund		66,685	30,161				96,846
HSA WORK ORDER AS Local Match		193,685	29,169				222,854
County GF WO CODB		1,743	2,780				4,523
MH WORK ORDER - County Work Order Fund		42,210	156,144				198,354
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		1,775,638	923,531	-	-	-	2,699,169
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES							
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		1,775,638	923,531	0	0	0	2,699,169
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES		0	0	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,775,638	923,531	-	-	-	2,699,169

CBHS BUDGET DOCUMENTS

Appendix B Indirect page: 1 of 1

DPH 7: Contract-Wide Indirect Cost Detail

Contractor Name	ALTERNATIVE FAMILY SERVICES INC	
Document Date:	07/01/15	
Fiscal Year:	2015/16	

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
CEO	0.17	\$ 26,186
Exec Systems Manager	0.17	\$ 8,955
COO	0.17	\$ 27,047
Business Systems Director	0.17	\$ 14,620
CFO	0.17	\$ 25,586
Resource Develop Supvr	0.03	\$ 951
ACCOUNTING MGR	0.17	\$ 13,706
FINANCIAL ANALYST	0.17	\$ 12,792
HR MANAGER	0.17	\$ 12,792
MARKETING DIRECTOR	0.03	\$ 2,229
HR ASSISTANT	0.17	\$ 7,785
STAFF ACCOUNTANT	0.17	\$ 8,241
STAFF ACCOUNTANT	0.17	\$ 8,013
STAFF ACCOUNTANT	0.17	\$ 6,842
		\$ -
		\$ -
EMPLOYEE FRINGE BENEFITS	26%	\$ 45,695
TOTAL SALARIES & BENEFITS		\$ 221,442

2. OPERATING COSTS

Expenditure Category	Amount
Admin Consultants	\$ 11,880
Audit	\$ 5,482
Bank Charges	\$ -
Board Related	\$ 365
Computer Systems Admin	\$ 42,398
Contributions	\$ -
	\$ -
Executive Travel	\$ 1,188
Facilities Expense	\$ 13,901
Insurance	\$ 14,255
Licenses & Fees	\$ 55
Membership Dues	\$ 3,290
Payroll Service	\$ 9,138
Printing	\$ 329
Publications	\$ 137
Rent	\$ 8,772
Staff Related Expenses	\$ 6,826
Translation Fund	\$ 92
	\$ -
TOTAL OPERATING COSTS	\$ 118,107

TOTAL INDIRECT COSTS **\$ 339,549**
Admin Salaries & Benefits + Operating Costs

CBHS BUDGE DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): ALTERNATIVE FAMILY SERVICES INC					Appendix/Page #: B-1, Page 1	
Provider Name: ALTERNATIVE FAMILY SERVICES INC					Document Date: 7/1/2015	
Provider Number: 38GS					Fiscal Year: 2015/2016	
Program Name:	OUTPATIENT SERVICES	OUTPATIENT SERVICES	OUTPATIENT SERVICES	OUTPATIENT SERVICES		
Program Code (formerly Reporting Unit):	38GSOP	38GSOP	38GSOP	38GSOP		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79		
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention OP	TOTAL	
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	
FUNDING USES						
Salaries & Employee Benefits:	204,635	1,006,793	10,027	3,783	1,225,238	
Operating Expenses:	54,619	268,724	2,676	1,010	327,029	
Capital Expenses (greater than \$5,000):	-	-	-	-	-	
Subtotal Direct Expenses:	259,254	1,275,517	12,703	4,793	1,552,267	
Indirect Expenses:	37,307	183,546	1,828	690	223,371	
TOTAL FUNDING USES:	296,561	1,459,063	14,531	5,483	1,775,638	
CBHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	139,041	684,075	6,813	2,571	832,500
MH STATE - EPSDT Realignment	HMHMCP751594	106,692	524,922	5,228	1,973	638,815
MH COUNTY - General Fund	HMHMCP751594	11,137	54,796	546	206	66,685
SA WORK ORDER AS Local Match	HMHMCHMTCHWO	32,349	159,153	1,585	598	193,685
County GF WO CODB	HMHMCP751594	292	1,432	14	5	1,743
MH WORK ORDER - County Work Order Fund	HMHMCHCWSNWO	7,050	34,684	345	130	42,210
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		296,561	1,459,063	14,531	5,483	1,775,638
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		296,561	1,459,063	14,531	5,483	1,775,638
NON-DPH FUNDING SOURCES						
						0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		296,561	1,459,063	14,531	5,483	1,775,638
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Case Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	FFS	FFS	FFS	FFS
DPH Units of Service:		145,373	552,675	2,984	1,413	
Unit Type:		Staff Minute	Staff Minute	Staff Minute	Staff Minute	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		2.04	2.64	4.87	3.88	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		2.04	2.64	4.87	3.88	0.00
Published Rate (Medi-Cal Providers Only):		2.95	3.25	5.25	4.50	
Unduplicated Clients (UDC):		90	90	10	8	Total UDC: 90

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38GSOP
 Program Name: Outpatient Behavioral Health Services
 Document Date: 7/1/15

Appendix/Page #: B-1, Page 2

Position Title	TOTAL		General Fund: Includes FFP + State EPSDT + County GF (HMHMCP751594)		HSA WO As Local Match (HMHMCHMTCHWO) + CODB		HSA WORK ORDER (HMHMCHCWSNWO)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Term:	7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16		Term:		Term:	
Mental Health Director	0.23	\$ 23,654	0.20	20,488	0.03	2,603	0.01	562				
Training Director	0.23	\$ 20,951	0.20	18,147	0.03	2,306	0.01	498				
MH Assistant Director	0.23	\$ 19,149	0.20	16,586	0.03	2,108	0.01	455				
QA Director	0.31	\$ 28,702	0.27	24,861	0.03	3,159	0.01	682				
QA Assistant Director	0.31	\$ 19,234	0.27	16,660	0.03	2,117	0.01	457				
Billing Specialist	0.61	\$ 25,302	0.53	21,916	0.07	2,785	0.02	601				
Quality Analysts	0.61	\$ 26,631	0.53	23,067	0.07	2,931	0.02	633				
Quality Mgmt Clerks	1.23	\$ 47,344	1.07	41,008	0.14	5,211	0.03	1,125				
Administrative Mgr	0.35	\$ 18,773	0.30	16,261	0.04	2,066	0.01	446				
Intake Worker	0.35	\$ 17,066	0.30	14,782	0.04	1,878	0.01	406				
Clinical Supervisor	0.35	\$ 22,186	0.30	19,217	0.04	2,442	0.01	527				
Clinical Supervisor	1.42	\$ 88,746	1.23	76,869	0.16	9,767	0.03	2,110				
Program Director	0.71	\$ 49,151	0.62	42,573	0.08	5,410	0.02	1,168				
Contingent Psychiatrist	0.11	\$ 38,338	0.10	33,207	0.01	4,220	0.00	911				
MH Rehab Specialists	2.12	\$ 69,734	1.84	60,401	0.23	7,675	0.05	1,658				
MH Clinicians (Includes Katie A)	9.91	\$ 465,360	8.58	403,080	1.09	51,218	0.24	11,062				
		\$ -										
		\$ -					0.34					
		\$ -										
		\$ -										
		\$ -										
		\$ -										
Totals:	19.08	\$ 980,322	16.53	\$ 849,123	2.10	\$ 107,895	0.45	\$ 23,304	0.00	\$ 0	0.00	\$ 0
Employee Fringe Benefits:	25.0%	\$244,916	25.0%	212,138	25.0%	26,956	25.0%	5,822				
TOTAL SALARIES & BENEFITS		\$ 1,225,238		\$ 1,061,261		\$ 134,851		\$ 29,126		\$ 0		\$ 0

CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): ALTERNATIVE FAMILY SERVICES INC					Appendix/Page #: B-2, Page1
Provider Name: ALTERNATIVE FAMILY SERVICES INC					Document Date: 7/1/2015
Provider Number: 38GS					Fiscal Year: 2015/2016
Program Name:	Therapeutic Visitation	Therapeutic Visitation	Therapeutic Visitation	Therapeutic Visitation	Therapeutic Visitation
Program Code (formerly Reporting Unit):	38GS01	38GS01	38GS01	38GS01	Mode 60 NON-M-CAL HSA WORK ORDER (HMHMCHCWSNWO)
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79	60/78
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	Other Non-Medical Client Support Exp
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
FUNDING USES					
Salaries & Employee Benefits:	59,637	501,413	2,135	5,073	69,003
Operating Expenses:	15,918	133,832	571	1,355	18,417
Capital Expenses (greater than \$5,000):					
Subtotal Direct Expenses:	75,555	635,245	2,706	6,428	87,420
Indirect Expenses:	10,872	91,412	388	925	12,580
TOTAL FUNDING USES:	86,427	726,657	3,094	7,353	100,000
TOTAL					923,531
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	38,539	324,026	1,379	3,278
MH STATE - EPSDT Realignment	HMHMCP751594	35,477	298,288	1,270	3,018
MH COUNTY - General Fund	HMHMCP751594	3,165	26,613	113	269
HSA WORK ORDER AS Local Match	HMHMCHMTCHWO	3,061	25,738	110	260
County GF WO CODB	HMHMCP751594	293	2,452	10	25
MH WORK ORDER - County Work Order Fund	HMHMCHCWSNWO	5,891	49,539	211	502
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		86,427	726,657	3,094	7,353
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		86,427	726,657	3,094	7,353
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		86,427	726,657	3,094	7,353
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS
DPH Units of Service:	42,366	275,249	635	1,895	800
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.04	2.64	4.87	3.88	125.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	2.04	2.64	4.87	3.88	125.00
Published Rate (Medi-Cal Providers Only):	2.95	3.25	5.25	4.50	
Unduplicated Clients (UDC):	65	65	19	45	20
					Total UDC:

2020

CBHS BUDG DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38GS01
 Program Name: THERAPEUTIC VISITATION
 Document Date: 7/1/15

Appendix/Page #: B-2, Page 2

Position Title	TOTAL		General Fund: Includes FFP + State EPSDT + County GF (HMHMCP751594)		Funding Source 1: HSA WO As Local Match (HMHMCHMTCHWO)		Funding Source 2: HSA WORK ORDER (HMHMCHCWSNWO)		Mode 60 NON-M-CAL HSA WORK ORDER (HMHMCHCWSNWO)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Mental Health Director	0.09	\$ 12,303	0.06	8,736	0.00	380	0.01	1,855	0.01	1,332		
Training Director	0.09	\$ 10,897	0.06	7,738	0.00	336	0.01	1,643	0.01	1,180		
MH Assistant Director	0.09	\$ 9,959	0.06	7,072	0.00	307	0.01	1,502	0.01	1,078		
QA Director	0.13	\$ 14,928	0.09	10,601	0.00	461	0.02	2,251	0.02	1,616		
QA Assistant Director	0.13	\$ 10,004	0.09	7,104	0.00	309	0.02	1,508	0.02	1,083		
Billing Specialist	0.25	\$ 13,160	0.18	9,345	0.01	406	0.04	1,984	0.03	1,425		
Quality Analysts	0.25	\$ 13,851	0.18	9,836	0.01	427	0.04	2,088	0.03	1,500		
Quality Mgmt Clerks	0.51	\$ 24,624	0.35	17,486	0.02	760	0.07	3,713	0.07	2,666		
Administrative Mgr	0.15	\$ 9,764	0.10	6,934	0.00	301	0.02	1,472	0.02	1,057		
Intake Worker	0.15	\$ 8,876	0.10	6,303	0.00	274	0.02	1,338	0.02	961		
Clinical Supervisor	0.15	\$ 11,539	0.10	8,194	0.00	356	0.02	1,740	0.02	1,249		
Clinical Supervisor	0.59	\$ 46,158	0.41	32,777	0.02	1,424	0.09	6,959	0.08	4,998		
Program Director	0.29	\$ 25,564	0.20	18,153	0.01	789	0.04	3,854	0.04	2,768		
Contingent Psychiatrist	0.05	\$ 19,940	0.03	14,160	0.00	615	0.01	3,006	0.01	2,159		
MH Rehab Specialists	0.88	\$ 36,269	0.61	25,755	0.03	1,119	0.13	5,468	0.12	3,927		
MH Clinicians (Includes Katie A)	4.09	\$ 242,040	2.83	171,874	0.12	7,467	0.60	36,491	0.54	26,208		
							0.86					
Totals:	7.89	\$ 509,877	5.45	\$ 362,067	0.24	\$ 15,729	1.16	\$ 76,872	1.05	\$ 55,210		
Employee Fringe Benefits:	25.0%	\$ 127,384	25.0%	\$ 90,456	25.0%	\$ 3,930	25.0%	\$ 19,205	25.0%	\$ 13,793		
TOTAL SALARIES & BENEFITS		\$ 637,261		\$ 452,523		\$ 19,659		\$ 96,077		\$ 69,003		\$ 0

CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Program Code: 38GS01

Program Name: THERAPEUTIC VISITATION

Document Date: 7/1/15

Appendix/Page #: B-2, Page 3

Expenditure Category	TOTAL	General Fund: Includes FFP + State EPSDT + County GF (HMHMCP751594)	Funding Source 1: HSA WO As Local Match (HMHMCHMTCHWO)	Funding Source 2: HSA WORK ORDER (HMHMCHCWSNWO)	Mode 60 NON-M:CAL HSA WORK ORDER (HMHMCHCWSNWO)	Term: _____
Occupancy:						
Rent	53,997	38,344	1,666	8,141	5,847	
Utilities (telephone, electricity, water, gas)	9,328	6,624	288	1,406	1,010	
Building Repair/Maintenance	564	400	17	85	61	
Materials & Supplies:						
Office Supplies	5,039	3,578	155	760	546	
Photocopying	-	-	-	-	-	
Printing	236	167	7	36	26	
Program Supplies	3,956	2,809	122	596	428	
Computer hardware/software	23,077	16,387	712	3,479	2,499	
General Operating:						
Training/Staff Development	22,636	16,074	698	3,413	2,451	
Insurance	5,514	3,916	170	831	597	
Professional License	-	-	-	-	-	
Permits	-	-	-	-	-	
Equipment Lease & Maintenance	2,823	2,005	87	426	306	
Staff Travel:						
Local Travel	42,922	30,479	1,324	6,471	4,648	
Out-of-Town Travel	-	-	-	-	-	
Field Expenses	-	-	-	-	-	
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name,						
CONSULTANT/SUBCONTRACTOR (Provide Name,						
CONSULTANT/SUBCONTRACTOR (Provide Name,						
(add more Consultant lines as necessary)						
Other:						
TOTAL OPERATING EXPENSE	\$ 170,092	\$120,783	\$5,247	\$25,644	\$18,417	\$0

2022

**Appendix D
Additional Terms**

1. PROTECTED HEALTH INFORMATION AND BAA

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, transmission, and storage of health information.

The parties acknowledge that CONTRACTOR is one of the following:

CONTRACTOR will render services under this contract that include possession or knowledge of identifiable Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY.

Specifically, CONTRACTOR will:

- Create PHI
- Receive PHI
- Maintain PHI
- Transmit PHI and/or
- Access PHI

The Business Associate Agreement (BAA) in Appendix E is required. Please note that BAA requires attachments to be completed.

CONTRACTOR will not have knowledge of, create, receive, maintain, transmit, or have access to any Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY.

The Business Associate Agreement is not required.

2. 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.



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

In order to access SFDPH Systems, BA must have their employees/agents sign and retain in their files the *User Agreement for Confidentiality, Data Security and Electronic Signature* form located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>

During the term of this contract, the BA will be required to complete the *SFDPH Privacy, Data Security and Compliance Attestations* located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf> and the *Data Trading Partner Request [to Access SFDPH Systems]* located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information (“PHI”) (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the CONTRACT 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”).
- C. 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 Agreement.
- D. 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 Agreement to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the HIPAA Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this Agreement, 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



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- 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, 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.
 - 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 Agreement, 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** means any of the following activities: i) conducting quality assessment and improvement activities; ii) reviewing the competence or qualifications of health care professionals; iii) underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits; iv) conducting or arranging for medical review, legal services, and auditing functions; v) business planning development; vi) business management and general administrative activities of the entity. This 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



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and 164.501. For the purposes of this Agreement, 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.

2. Obligations of Business Associate.

- a. **Permitted Uses.** BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI 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)].
- b. **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 Contract [MOU] and Agreement, 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 Agreement 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. k. of the Agreement, 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



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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)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, 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 in full for the health care item or service to which the PHI 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 Contract.
- d. **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 Contract or this Agreement, 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).
- e. **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.d. 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.
- f. **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 six (6) 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



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- (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.
- g. **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.
- h. **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)].
- i. **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.
- j. **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.
- k. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- l. **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 Agreement; 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,



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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)]

- m. **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 Agreement, 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 Agreement 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.**

3. Termination.

- a. **Material Breach.** A breach by BA of any provision of this Agreement, as determined by CE, shall constitute a material breach of the CONTRACT and this Agreement and shall provide grounds for immediate termination of the CONTRACT and this Agreement, any provision in the CONTRACT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the CONTRACT and this Agreement, 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 CONTRACT and this Agreement 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 Agreement 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.



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- 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 Agreement, 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 CONTRACT or this Agreement 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 Agreement embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Contract upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the CONTRACT or this Agreement when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Contract or this Agreement 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 use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days.

Attachments (links)

- ***Privacy, Data Security, and Compliance Attestations*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf>
- ***Data Trading Partner Request to Access SFDPH Systems and Notice of Authorizer*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>
- ***User Agreement for Confidentiality, Data Security and Electronic Signature Form*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>



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Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Office email: compliance.privacy@sfdph.org
Office telephone: 415-554-2787
Confidential Privacy Hotline (Toll-Free): 1-855-729-6040 *
Confidential Compliance Hotline: 415-642-5790



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/16/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

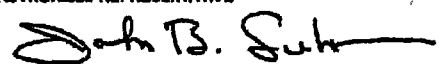
PRODUCER Suhr Risk Services 5300 Stevens Creek Blvd. San Jose, CA 95129 Jeff State - House	CONTACT NAME: Jeff State, CRIS, CWCS PHONE (A/C, No, Ext): 408-510-5440 FAX (A/C, No): E-MAIL ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Nonprofits Ins. Alliance of CA</td> <td>011845</td> </tr> <tr> <td>INSURER B: Cypress Insurance Company (CA)</td> <td>10855</td> </tr> <tr> <td>INSURER C: Princeton Excess & Surplus</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Nonprofits Ins. Alliance of CA	011845	INSURER B: Cypress Insurance Company (CA)	10855	INSURER C: Princeton Excess & Surplus		INSURER D:		INSURER E:		INSURER F:
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INSURER D:														
INSURER E:														
INSURER F:														
INSURED Alternative Family Services Attn: Martha Duarte 1421 Guerneville Road, Ste 218 Santa Rosa, CA 95403														

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X	201502235NPO	01/17/2016	01/17/2016	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 20,000	
	<input checked="" type="checkbox"/> see "Other Cov"					PERSONAL & ADV INJURY \$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000	
POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS- COMP/OP AGG \$ 2,000,000	
						Emp Ben. \$ Included	
	AUTOMOBILE LIABILITY		201502235NPO	01/17/2016	01/17/2016	COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS					<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS					<input checked="" type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (PER ACCIDENT) \$	
						\$	
A	UMBRELLA LIAB		201502235UMB	01/17/2015	01/17/2016	EACH OCCURRENCE \$ 10,000,000	
	EXCESS LIAB					CLAIMS-MADE	AGGREGATE \$ 7,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	3300067138141	07/01/2014	07/01/2015	WG STALL-TORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					OTH-ER	EL EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						EL DISEASE -EA EMPLOYEE \$ 1,000,000
						EL DISEASE -POLICY LIMIT \$ 1,000,000	
A	Social Service		201502235NPO	01/17/2015	01/17/2016	Per Occur \$ 1,000,000	
	Professional Liab					Aggregate \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder and The City and County of San Francisco, its agents, officers and employees are named additional insured with respect to liability arising out of named insured's operations per endorsement form G2026 attached.

CERTIFICATE HOLDER SFDOPHE San Francisco Dept. of Public Health 1380 Howard St., 4th Floor San Francisco, CA 94103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Additional Insured Person(s) or Organization(s):

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



CERTIFICATE OF LIABILITY INSURANCE

ALTER-3 OP ID: CH

DATE (MM/DD/YYYY)
06/28/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Suhr Risk Services 5300 Stevens Creek Blvd. San Jose, CA 95128 Jeff State - House	CONTACT NAME: Jeff State, CRIS, CWCS PHONE (A/C, No, Ext): 408-510-5440 FAX (A/C, No): E-MAIL: ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>RAC #</th> </tr> <tr> <td>INSURER A: Cypress Insurance Company (CA)</td> <td>10855</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	RAC #	INSURER A: Cypress Insurance Company (CA)	10855	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	RAC #													
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INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED: Alternative Family Services Attn: Martha Duarte 1421 Guerneville Road, Ste 218 Santa Rosa, CA 95403														

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

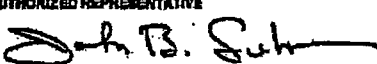
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

OPER LTR	TYPE OF INSURANCE	ADDITIONAL INSURED (Y/N)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJE CT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/PROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRE D AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	3300067138151	07/01/2015	07/01/2016	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: All operations of the named insured with regards to work with the certificate holders.

Certificate holder and The City and County of San Francisco, its agents, officers and employees.

CERTIFICATE HOLDER SFDPHE San Francisco Dept. of Public Health 1380 Howard St., 4th Floor San Francisco, CA 94103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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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
Alternative Family Services, Inc.

This Agreement is made this 1st day of July, 2010 in the City and County of San Francisco, State of California, by and between **Alternative Family Services, Inc.** hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the Department of Public Health, Community Behavioral Health Services, ("Department") wishes to secure community based mental health services; and,

WHEREAS, a Request for Proposal ("RFP") was issued on **July 31, 2009** and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number PSC 4152-09/10 on June 21, 2010;

Now, THEREFORE, the parties agree as follows:

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.

2. Term of the Agreement. Subject to Section 1, the term of this Agreement shall be from **July 1, 2010 to December 31, 2015.**

3. Effective Date of Agreement. This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.

4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.

5. **Compensation.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Eleven Million Fifty Seven Thousand Two Hundred Dollars (\$11,057,200)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No 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 **Department of Public Health** 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. In no event shall City be liable for interest or late charges for any late payments.

6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.

7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."

8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (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.

9. **Disallowance.** If Contractor claims or receives payment from City for a service, 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. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

10. **Taxes.** Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands 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:

- 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;
- 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.
- 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.
- 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.

11. Payment Does Not Imply Acceptance of Work. The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship 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.

12. Qualified Personnel. Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

13. Responsibility for Equipment. City shall not be responsible for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City.

14. Independent Contractor; Payment of Taxes and Other Expenses

a. **Independent Contractor.** 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 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.

b. **Payment of 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, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

15. Insurance

a. 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:

- 1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- 2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- 3) 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.
- 4) 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 professional services to be provided under this Agreement.

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

- 1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- 2) 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.

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy 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.

d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section:

e. 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.

f. 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.

g. 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.

h. Before commencing any operations under this Agreement, 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. Failure to maintain insurance shall constitute a material breach of this Agreement.

i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

16. Indemnification

Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising 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 in effect on or validly retroactive to the date of this Agreement, 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. 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 in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

17. 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. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

18. Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 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.

19. Left blank by agreement of the parties. (Liquidated damages)

20. Default; Remedies. Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

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

- | | |
|---|---------------------------------------|
| 8. Submitting False Claims; Monetary Penalties. | 37. Drug-free workplace policy, |
| 10. Taxes | 53. Compliance with laws |
| 15. Insurance | 55. Supervision of minors |
| 24. Proprietary or confidential information of City | 57. Protection of private information |
| 30. Assignment | 58. Graffiti removal |
- And, item J of Appendix D attached to this Agreement

2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

3) Contractor (a) is generally not paying its debts as they become due, (b) 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, (c) makes an assignment for the benefit of its creditors, (d) 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 (e) takes action for the purpose of any of the foregoing.

4) A court or government authority enters an order (a) 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, (b) 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 (c) ordering the dissolution, winding-up or liquidation of Contractor.

b. 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, 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 all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.

c. 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.

21. Termination for Convenience

a. 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.

b. Upon receipt of the notice, 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:

1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.

2) Not placing any further orders or subcontracts for materials, services, equipment or other items.

3) Terminating all existing orders and subcontracts.

4) 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.

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

6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.

7) 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.

c. 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:

1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work 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 or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

3) 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.

4) 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.

d. 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 the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on 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 such subsection (c).

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; (2) any claim which City

may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

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

22. Rights and Duties upon Termination or Expiration. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

- | | |
|---|---|
| 8. Submitting false claims | 26. Ownership of Results |
| 9. Disallowance | 27. Works for Hire |
| 10. Taxes | 28. Audit and Inspection of Records |
| 11. Payment does not imply acceptance of work | 48. Modification of Agreement. |
| 13. Responsibility for equipment | 49. Administrative Remedy for Agreement Interpretation. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 50. Agreement Made in California; Venue |
| 15. Insurance | 51. Construction |
| 16. Indemnification | 52. Entire Agreement |
| 17. Incidental and Consequential Damages | 56. Severability |
| 18. Liability of City | 57. Protection of private information. |
| 24. Proprietary or confidential information of City | And, item 1 of Appendix D attached to this Agreement. |

Subject to the immediately preceding sentence, upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and 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. This subsection shall survive termination of this Agreement.

23. Conflict of Interest. Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

24. Proprietary or Confidential Information of City

a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of 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 data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information

contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

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

To CITY: Office of Contract Management and Compliance
Department of Public Health
1380 Howard Street, Room 442
San Francisco, California 94103
FAX: (415) 252-3088
e-mail: Ada.ling@sfdph.org

And: Francine Austin, Program Manager
Contract Development & Technical Assistance
Department of Public Health
1380 Howard Street, 5/F
San Francisco, California 94103
FAX: (415) 255-3567
e-mail: Francine.austin@sfdph.org

To CONTRACTOR: 1421 Guerneville Road, Suite 218
Santa Rosa, CA 95403
FAX: (707)656-0117
e-mail: jberlin@afs4kids.org

Any notice of default must be sent by registered mail.

26. Ownership of Results. Any interest of Contractor or its Subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors in connection with services to be performed under this Agreement, shall become the property of and will be transmitted to City. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

27. Works for Hire. If, in connection with services performed under this Agreement, Contractor or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, 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 are the property of the City. If it is ever determined that any works created by Contractor or its

subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

28. Audit and Inspection of Records

a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. 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 less 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 conferred upon City by this Section.

b. 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 \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. If Contractor expends less than \$500,000 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.

c. The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement 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.

d. 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.

29. Subcontracting. Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

30. 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 the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

31. 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.

32. Earned Income Credit (EIC) Forms. Administrative Code section 120 requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the

following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 120 of the San Francisco Administrative Code.

33. Local Business Enterprise Utilization; Liquidated Damages

a. The LBE Ordinance.

Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

b. Compliance and Enforcement

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Human Rights Commission or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of HRC") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of HRC will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17.

By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the HRC shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City.

Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of HRC or the Controller upon request.

34. Nondiscrimination; Penalties

a. Contractor Shall Not Discriminate. In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor,

applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

b. Subcontracts. Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

c. Nondiscrimination in Benefits. 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 bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

d. Condition to Contract. As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.

e. Incorporation of Administrative Code Provisions by Reference. The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

35. MacBride Principles--Northern Ireland. Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

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

37. Drug-Free Workplace Policy. Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents or assigns will be deemed a material breach of this Agreement.

38. Resource Conservation. Chapter 5 of the San Francisco Environment Code ("Resource Conservation") is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

39. Compliance with Americans with Disabilities Act. Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

40. Sunshine Ordinance. In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

41. Public Access to Meetings and Records. If the 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 shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make-good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

42. Limitations on Contributions. Through execution of 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. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that 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. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

43. Requiring Minimum Compensation for Covered Employees

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at www.sfgov.org/olse/mco. A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

44. Requiring Health Benefits for Covered Employees. Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

- a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission..
- b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.
- c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.
- d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.
- e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.
- f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.
- g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.
- h. Contractor shall keep itself informed of the current requirements of the HCAO.
- i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.
- j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.
- k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.
- l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.
- m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

45. First Source Hiring Program

a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

b. **First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs maybe certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

- 6) Set the term of the requirements.
- 7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.
- 8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.
- 9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

c. **Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

d. **Exceptions.** Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

e. **Liquidated Damages.** Contractor agrees:

- 1) To be liable to the City for liquidated damages as provided in this section;
- 2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;
- 3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations;
- 4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;
- 5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

(a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

(b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

Therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

6) That the failure of contractors to comply with this Chapter, except property contractors, may be subject to the debarment and monetary penalties set forth in Sections 6.80 et seq. of the San Francisco Administrative Code, as well as any other remedies available under the contract or at law; and

Violation of the requirements of Chapter 83 is subject to an assessment of liquidated damages in the amount of \$5,000 for every new hire for an Entry Level Position improperly withheld from the first source hiring process. The assessment of liquidated damages and the evaluation of any defenses or mitigating factors shall be made by the FSHA.

f. **Subcontracts.** Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

46. Prohibition on Political Activity with City Funds. In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.

47. Preservative-treated Wood Containing Arsenic. Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

48. Modification of Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement.

49. Administrative Remedy for Agreement Interpretation – DELETED by mutual agreement of the parties

50. 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.

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

52. Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."

53. Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances 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.

54. Services Provided by Attorneys. Any services to be provided by a law firm or attorney must be reviewed and approved in writing in advance by the City Attorney. 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.

55. Supervision of Minors. Contractor, and any subcontractors, shall comply with California Penal Code section 11105.3 and request from the Department of Justice records of all convictions or any arrest pending adjudication involving the offenses specified in Welfare and Institution Code section 15660(a) of any person who applies for employment or volunteer position with Contractor, or any subcontractor, in which he or she would have supervisory or disciplinary power over a minor under his or her care. If Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach (separately and collectively, "Recreational Site"), Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or volunteer position to provide those services if that person has been convicted of any offense that was listed in former Penal Code section 11105.3 (h)(1) or 11105.3(h)(3). If Contractor, or any of its subcontractors, hires an employee or volunteer to provide services to minors at any location other than a Recreational Site, and that employee or volunteer has been convicted of an offense specified in Penal Code section 11105.3(c), then Contractor shall comply, and cause its subcontractors to comply with that section and provide written notice to the parents or guardians of any minor who will be supervised or disciplined by the employee or volunteer not less than ten (10) days prior to the day the employee or volunteer begins his or her duties or tasks. Contractor shall provide, or cause its subcontractors to provide City with a copy of any such notice at the same time that it provides notice to any parent or guardian. Contractor shall expressly require any of its subcontractors with supervisory or disciplinary power over a minor to comply with this section of the Agreement as a condition of its contract with the subcontractor. Contractor acknowledges and agrees that failure by Contractor or any of its subcontractors to comply with any provision of this section of the Agreement shall constitute an Event of Default. Contractor further acknowledges and agrees that such Event of Default shall be grounds for the City to terminate the Agreement, partially or in its entirety, to recover from Contractor any amounts paid under this Agreement, and to withhold any future payments to Contractor. The remedies provided in this Section shall not be limited to any other remedy available to the City hereunder, or in equity or law for an Event of Default, and each remedy may be exercised individually or in combination with any other available remedy. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

56. 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.

57. Protection of Private Information. Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

58. Graffiti Removal. Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti.

Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

Any failure of Contractor to comply with this section of this Agreement shall constitute an Event of Default of this Agreement.

59. Food Service Waste Reduction Requirements. Effective June 1, 2007 Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

60. Left blank by agreement of the parties. (Slavery era disclosure)

61. Cooperative Drafting. This Agreement has been drafted through a cooperative effort of both parties, 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.

62. Dispute Resolution Procedure. A Dispute Resolution Procedure is attached under the Appendix G to address issues that have not been resolved administratively by other departmental remedies.

63. Additional Terms. Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

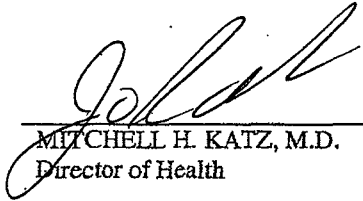
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Alternative Family Services




MITCHELL H. KATZ, M.D.
Director of Health

10-28-10
Date


Approved as to Form:

DENNIS J. HERRERA
City Attorney



By: TERENCE HOWZEIL
Deputy City Attorney


11/4/10
Date



Jay Berlin
Executive Director
1421 Guerneville Road, Suite 218
Santa Rosa, CA 94503

10/20
Date

Approved:



NAOMI KELLY
Director Office of Contract
Administration and Purchaser

12/15/10
Date

City vendor number: 22377

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: N/A (Insurance Waiver) Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: Private Policy Compliance
- I: Emergency Response

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Appendix A

COMMUNITY BEHAVIORAL HEALTH SERVICES

The following requirements are incorporated into Appendix A, as provided in this Agreement under Section 4. SERVICES.

A. Contract Administrator:

In performing the SERVICES hereunder, CONTRACTOR shall report to Francine Austin, Contract Administrator for the CITY, or her designee.

B. Reports:

(1) 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.

(2) CONTRACTOR agrees to submit to the Director of Public Health or his designated agent (hereinafter referred to as "DIRECTOR") the following reports: Annual County Plan Data; Utilization Review Data and Quarterly Reports of De-certifications; Peer Review Plan, Quarterly Reports, and relevant Peer Review data; Medication Monitoring Plan and relevant Medication Monitoring data; Charting Requirements, Client Satisfaction Data, Program Outcome Data, and Data necessary for producing bills and/or claims in conformance with the State of California Uniform Method for Determining Ability to Pay (UMDAP; the state's sliding fee scale) procedures.

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.

Space owned, leased or operated by providers, including satellites, and used for SERVICES or staff shall meet local fire codes. Documentation of fire safety inspections and corrections of any deficiencies shall be made available to reviewers upon request.

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.

F. Admission Policy:

Admission policies for the SERVICES shall be in writing and available to the public. 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, except to the extent that the SERVICES are to be rendered to a specific population as described in Appendix A.

CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and State statutes and regulations. CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

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, §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 record keeping.

(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. 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."

K. 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, 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.

(3) CONTRACTOR agrees that funds received by CONTRACTOR from a source other than the CITY to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the CITY and deducted by CONTRACTOR from its billings to the CITY to ensure that no portion of the CITY'S reimbursement to CONTRACTOR is duplicated.

L. Billing and Information System

CONTRACTOR agrees to participate in the CITY'S Community Mental Health Services (CMHS) and Community Substance Abuse Services (CSAS) Billing and Information System (BIS) and to follow data reporting procedures set forth by the CMHS/CSAS BIS and Quality Improvement Units.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. 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.

O. 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.

P. Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures

In the provision of SERVICES under Community Mental Health Services or Community Substance Abuse Services contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by Community Mental Health Services or Community Substance Abuse Services, 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.

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.

2. Description of Services

Detailed description of services are listed below and are attached hereto

Appendix A-1 AFS Outpatient Behavioral Services

Appendix A-2 AFS Therapeutic Visitation Services

Contractor: Alternative Family Services
 Programs: Outpatient Behavioral Services & Therapeutic Visitation Services
 Contract Term: 7/1/10 - 6/30/11
 CMS Contract #: 6973

Appendix A-Summary
 7/1/10 - 6/30/11

Funding Source(s): SDMC Reg FFP, ARRA SFDMC
 FFP, EPSDT State Match,
 County Work Order, HSA
 Work Order Local Match, GF

SUMMARY

Service Providers: Alternative Family Services
Fiscal Agency: N/A
Total Contract Amount: \$1,795,000
System of Care: CYF

Provider Address: 250 Executive Park Blvd, Suite 4900, San Francisco, CA 94134
Provider Phone: (415) 656-0116 **Provider Fax #:** (415) 656-0117
Contact Person: Cherrlynn Hubbard, Program Director
 415-200-9552
chubbard@afs4kids.org;
 Lisa Hilley, Director, cell phone # (415)672-5686;
 lhilley@afs4kids.org;
 Martha Duarte Name, CFO, cell phone # (707)529-5670;
 mduarte@alternativefamilyservices.org

Program Name: AFS Outpatient Behavioral Services

Appendix A-1

Amount Year One: \$790,000 **Funding Source:** SDMC Reg FFP, ARRA SFDMC FFP, EPSDT State Match, County Work Order, HSA Work Order Local Match, GF

Term : 7/1/10 - 6/30/11
Definition and # of UOS: 1 UOS = a minute of Outpatient Mental Health Services (272,414); or Case Mngt. (15,644); or Medication Support (3,278); or Crisis Intervention (8,144)

Total Number of UDC: 69 **Total UOS** 299,480

Program Name: AFS Therapeutic Visitation Services

Appendix A-2

Amount Year One: \$ 1,005,000 **Funding Source:** SDMC Reg FFP, ARRA SFDMC FFP, EPSDT State Match, County Work Order, HSA Work Order Local Match

Term: 7/1/10 - 6/30/11
Definition and # of UOS: 1 UOS = a minute of Outpatient Mental Health Services (346,552); or Case Mngt. (19,901); or Medication Support (4,170); or Crisis Intervention (10,361)

Total Number of UDC: 71 **Total UOS** 380,984

Contractor: Alternative Family Services
 Program: AFS Outpatient Behavioral Health Program
 City Fiscal Year (CBHS only): FY 10/11

Appendix A-1
 Contract Term: 07 /01 /10 through 06 /30 /11

1. **Program Name:** AFS Outpatient Behavioral Health Program
Program Address : 250 Executive Park Blvd, Suite 4900
City, State, Zip Code: San Francisco, CA 94134
Telephone: (415) 656-0116
Facsimile: (415) 656-0117

2. **Nature of Document** (check one)
 New **Renewal** **Modification**

3. **Goal Statement**
 The goal of the program is to improve or enhance the client(s)' interpersonal, adaptive, and communication skills; connection with their family; and emotional and psychological well being and in so doing support permanency and stability for children and families involved with the foster care system by addressing their unique behavioral health needs.

4. **Target Population**
 The target population for these programs is San Francisco County children and youth ages 2 to 18 who: 1) have full scope Medi-Cal, 2) are involved or at risk for becoming involved in the foster care system and 3) qualify for EPSDT services.

5. **Modality(ies)/Interventions**
 See CRDC. Services will include Assessment, Plan Development, Individual Therapy, Individual Rehabilitation, Family Therapy, Group Therapy, Collateral, Case Management, and Crisis Intervention.

Description of Services	Number of Units of Service (UOS)	Number of Unduplicated Clients (UDC)
Outpatient Services 1 UOS = 1 minute of Mental Health, Case Management, Medication Support or Crisis Intervention services provided by a licensed professional staff.		
Mental Health Services 4.62 FTE x Approx. 20.91 hours/week x 47 weeks x 60 minutes =	272,414	69
Case Management 4.62 FTE x Approx. 1.2 hours/week x 47 weeks x 60 minutes =	15,644	69
Medication Support 4.62 FTE x Approx. .25 hours/week x 47 weeks x 60 minutes =	3,278	4
Crisis Intervention 4.62 FTE x Approx. .63 hours/week x 47 weeks x 60 minutes =	8,144	7

Annual Total UOS	299,480	
Annual Total UDC		69

6. Methodology

All referrals will be received from Foster Care Mental Health.

A. Outreach, Recruitment, Promotion, and Advertisement: As a foster family agency with approximately 100 San Francisco children care we have ready access to a population greatly in need of mental health services. We are also in constant contact with San Francisco child welfare workers who may have foster children on their caseloads in need of mental health services.

B. Admission Process: AFS will obtain all referrals from Foster Care Mental Health. In order to conduct the initial assessment, all clients must have full-scope Medi-Cal. Within the first 30 days, clients will be assessed to ensure that they are eligible for EPSDT services, such that, each client must have a qualifying DSM-IV Axis I diagnosis and meet medical necessity criteria for services.

C. Service delivery model: Program phases, Location, Length of Stay, and Hours of Operation

Program Phases. The AFS Outpatient Program for foster children is composed of six phases that every client experiences:

1. Intake: Within 24 hours of receipt of referral, AFS staff contacts families to present a brief introduction to AFS and to schedule an intake appointment at the time and location preferred by the client. The intake also marks the beginning of "engagement work" for AFS that includes building rapport.
2. Assessment & Early Identification: Ideally, youth are assessed immediately upon entry into the foster care system and at any transition point thereafter (i.e., before and after placement change and system exit). For AFS clients, every case receives a formal comprehensive psychosocial assessment using the Child and Adolescent Strengths and Needs (CANS) assessment. Youth and caregivers are active participants in the collection, review and prioritization of data.
3. Treatment Planning: Clients, clinicians and other key individuals develop a treatment plan of care to prioritize client needs, goals and service strategies. As assessment information changes, treatment planning will change accordingly.
4. Service Provision and Appropriateness Monitoring: A great deal of attention is placed on ensuring that the intensity and frequency of services are appropriate to meet the needs of clients and their families. AFS matches interventions and practices to the needs of clients. Services are closely monitored for appropriateness through supervision and CQI processes.
5. Service Coordination and Collaboration: Coordination and collaboration is a foundational aspect of the AFS clinical model. To achieve client goals, services

must be coordinated among all the involved stakeholders such as county case workers, probation officers, FFA workers, lawyers, schools, foster families, and biological families.

6. Community Linkage and Discharge Planning: A critical aspect of treatment is working to create a network of natural and formal supports in the clients' lives to reinforce and maintain treatment gains and increase the likelihood of successful outcomes.

Location - Locations and times of service delivery will be flexible and planned to meet clients' needs as much as possible. Both programs are community based; services will, whenever clinically and logistically possible, be delivered to clients in the least restrictive and most therapeutically appropriate environment possible. The continuum of visitation sites may vary from tightly supervised, in-office sessions to less structured community venues and client homes.

Length of Stay - Treatment planning will be organized to allow clients to move to lower levels of services or a step-down plan within six to nine months of service initiation.

Hours of Operation - Services will be provided to clients' and their families from the hours of 9:00 to 8:00 p.m. and weekends as needed and when possible.

- D. **Exit Process**: As mentioned above, a critical aspect of all services is discharge planning and linkages to formal and informal services and supports. At service initiation, service providers in collaboration with the client and family create a discharge plan to identify and begin to link clients and their families to community supports and to outline resources for clients following service completion.

Data from the Child and Adolescent Needs and Strength Assessment (CANS) (collected every 6 months and during any transition points) helps to monitor and match service needs to client and family needs. This allows for systematic monitoring of service appropriateness. Clients are discharged when treatment goals are met or when a less intensive service may be more appropriate.

- E. **Staffing**: All services will be provided by staff who are qualified to deliver EPSDT services. Overall program responsibility is given to Dr. Lisa Hilley, Mental Health Director. Specific day to day program responsibility is vested in Cherrlynn Hubbard, LCSW, Program Director. Clinical supervision of staff is divided between Program Director Hubbard and licensed Clinical Supervisors (To be hired). Services are delivered by a team of masters level clinicians. Quality Assurance is the responsibility of Quality Assurance Director Dr. Joseph Turner, who oversees a staff of Quality Management Specialists and Clerks.

7. Objectives and Measurements

Objective A.1: Reduced Psychiatric Symptoms

A.1a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. Note: Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Evaluation:

Staff:	QM Associate will use Avatar to determine (a) the children served in the reporting time and (b) use the MHS140 to determine if a client was hospitalized in the reporting period. This data was not required nor collected in FY09-10.
Data Source and Tools	Avatar and MHS140 are the sources of data.
Data & Frequency	Data = inpatient hospitalizations represented on the MHS140 from July 1, 2010 to June 30, 2011.
Data Reporting	Data will be collected and analyzed by a QM Associate. The Program Director will include these data in the end of Fiscal Year Report for CBHS.

A.1.e 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment goals at discharge.

Note: If data is available on AVATAR.

Evaluation:

Staff:	Clinical staff complete the Closing Summary available in the Avatar system and objective status (completion status) is also entered into the Avatar system. QM Associate monitors closing status monthly.
Data Source and Tools	AVATAR (if report is available)
Data & Frequency	If available in AVATAR – monthly report on objective/goal completion status for clients discharged during the time period July 1, 2010 to June 30, 2011.
Data Reporting	If available, a QM Associate will provide a monthly summary report to the Program Director. Program Director will include these data in the end of Fiscal Year Report for CBHS.

A.1.f. Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire.

Evaluation:

Staff:	Program Director trains staff in CANS certification and faxes materials to demonstrate this to CBHS within 30 days of hire. QM unit tracks CANS certifications.
Data Source and Tools	Internal CANS certification tracking spreadsheet.
Data & Frequency	Data = hire date & certification date from July 1, 2010 to June 30, 2011.
Data Reporting	QM Unit will compile date of hire, date of certification and generate a quarterly report for the Program Director.

A.1.g Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. Note: For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

Evaluation:

Staff:	Clinical staff submit assessment and treatment plan data directly into the Avatar System within 30 days of episode opening. Clinical supervisors monitor and review timely submission of CANS assessment and treatment plans as they are entered. QM Associate monitors submission of assessment and treatment plans monthly.
Data Source and Tools	AVATAR
Data & Frequency	Data = Completion date of treatment plans and assessments are reviewed and evaluated at the program level monthly.
Data Reporting	A QM Associate will provide a monthly summary report to the Program Director. The Program Director will include these data in the end of Fiscal Year Report for CBHS.

A.1.h CYF agency representatives attend regularly scheduled Super User calls.

Note: For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

Evaluation:

Staff:	Program Director and/or Intake and/or QM Director will attend calls
Data Source and Tools	Internal tracking sheet
Data & Frequency	Data = name of AFS staff in attendance, by date from July 1, 2010 to June 30, 2011.
Data Reporting	Program Director tracks attendance on calls and will include these data in the end of Fiscal Year Report for CBHS.

A.1.i Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date

and every 6 months thereafter. *Note:* For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Evaluation:

Staff:	Clinical staff enter re-assessment data directly into the Avatar System within 30 days of the 6 month anniversary of the episode opening and every 6 months thereafter. Clinical supervisors review timely submission of CANS re-assessments as they are entered. QM Associate monitors submission of assessment and treatment plans monthly.
Data Source and Tools	AVATAR
Data & Frequency	Data = completion date of Re-assessment reports are reviewed at the program level monthly.
Data Reporting	A QM Associate will provide a monthly summary report to the Program Director. The Program Director will include these data in the end of Fiscal Year Report for CBHS.

A.1.j Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. *Note:* For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Evaluation:

Staff:	Clinical staff enter treatment plan update data directly into the Avatar System. Clinical supervisors review timely submission of updated treatment plans as they are entered. QM Associate monitors submission of assessment and treatment plans monthly.
Data Source and Tools	AVATAR
Data & Frequency	Data = completion date of updated Treatment Plan reports are reviewed at the program level monthly.
Data Reporting	A QM Associate will provide a monthly summary report to the Program Director. The Program Director will include these data in the end of Fiscal Year Report for CBHS.

Objective A.3: Increase Stable Living Environment

A.3.a 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Evaluation:

Staff:	Clinical staff collect intake data (housing status) at entrance to program.
Data Source and Tools	Client self-report
Data & Frequency	Housing status is collected at intake for every client from July 1, 2010 to June 30, 2011.
Data Reporting	The Program Director will include these data in the end of Fiscal Year Report for CBHS.

Objective B.2: Access to Service

B.2.a During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

Evaluation:

Staff:	Clinical staff document services and these service data are imported to Avatar monthly.
Data Source and Tools	Avatar
Data & Frequency	Client service data are uploaded to Avatar monthly.
Data Reporting	CBHS accesses these data and provides reports to contractors.

Objective F.1: Health Disparity in African Americans

F.1.b All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

Evaluation:

Staff:	Clinical staff collect medical history, PCP and last appointment at assessment and re-assessment.
Data Source and Tools	Data source = CANS assessment
Data & Frequency	Data elements = Medical history, PCP and last appointment collected at intake and annually.
Data Reporting	QM will report data to Program Director monthly. The Program Director will include these data in the end of Fiscal Year Report.

F.1.c 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Evaluation:

Staff:	Clinical staff will collect PCP information at discharge.
Data Source and Tools	Data source = Avatar

Data & Frequency	Data = The presence of a PCP provider at discharge from July 1, 2010 to June 30, 2011.
Data Reporting	QM will report data to Program Director monthly. The Program Director will include these data in the end of Fiscal Year Report for CBHS.

Objective G.1: Alcohol Use/Dependency

G.1.a For all contractors and civil service clinical, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

Evaluation:

Staff:	Program Director will ensure that all materials are displayed and distributed.
Data Source and Tools	n/a
Data & Frequency	On a monthly schedule resource and educational materials are checked and restocked if necessary.
Data Reporting	Verification of this will be created by QM/Program Director and will be included in the end of Fiscal Year report for CBHS.

G.1.b All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Evaluation:

Staff:	Clinical staff implement and report to clinical supervisors regarding evidence based practices/interventions that have a positive impact on clients (e.g., Triple P; TF-CBT)
Data Source and Tools	Data source = ECBI, UCLA-PTSD/CPSS, etc.. and program chart reviews.
Data & Frequency	Interventions used by clinical staff will be reviewed weekly in supervision. A summary of interventions utilized and client level outcome data will be collected at 6 month intervals.
Data Reporting	Program Director will compile and summarize data and report back to CBHS Children's System of Care Program Manager and Children Youth & Family Director every 6 months.

Objective H.1: Planning for Performance Objective FY 2011-2012

H.1.a Contractors and Civil Service Clinical will remove any barriers to access services by African American individual and Families.

Evaluation:

Staff:	n/a
Data Source and Tools	Data Source = feedback from CBHS (SOC, Program Review, and Quality Improvement unit) via new client surveys.
Data & Frequency	Data = specific recommended interventions by CBHS.
Data Reporting	As described in the Performance Objectives FY10-11 document, AFS will establish performance improvement objectives for the following year.

H.1. b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families

Evaluation:

Staff:	n/a
Data Source and Tools	Data Source = retention data from CBHS (Program Evaluation unit).
Data & Frequency	Data = specific program retention data.
Data Reporting	As described in the Performance Objectives FY10-11 document, AFS will establish performance improvement objectives for the following year based on [our] client retention data.

8. Continuous Quality Improvement

Alternative Family Services will comply with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPPA), Cultural Competency, and Client Satisfaction.

Evaluation and CQI Activities

The primary focus of the AFS Outpatient Behavioral Health (OBH) program evaluation is the improvement of child and youth functioning and well-being. For example, based on the services provided, we expect to see a decrease in the frequency and severity of mental health symptoms, problem behaviors and improved life functioning as measured by standardized assessment tools. All assessments are routinely collected at intake to the program by clinical staff and then entered and managed by QA staff. AFS will collect and summarize data within each program component to assess the client "flow" through the program and opportunities for improvement. The collection of CQI and outcome data will help AFS to determine whether or not the program is successfully achieving its goals.

In addition, AFS is committed to ongoing reviews of current policies and practices in order to improve the quality of services to children and families. These CQI activities are outlined below:

- a. Each clinician's charts will be reviewed by clinical committee of other professionals inside and outside of the agency to explore quality of assessment, treatment, and discharge planning. Clinicians will receive feedback to help improve their skills and outcomes with clients. Measurement – monthly PURQC data form.
- b. Billing and documentation quality will undergo ongoing evaluation by the QA department led by Dr. Joe Turner. This will include review of progress notes, assessments, and treatment plans for clinical appropriateness and regulatory compliance. Follow-up trainings, policy changes, and computerization will be utilized to improve compliance. At year-end, each and every chart is re-evaluated to assure there is a progress note matching every service billed.
- c. Each clinician will be required to do at least one Case Conference where they present a case in front of clinical staff from their individual program (i.e., psychologist, clinical supervisor, and other clinicians). The presenting clinician will be given verbal feedback.

Contractor: Alternative Family Services
 Program: AFS Therapeutic Visitation Services
 City Fiscal Year (CBHS only): FY 10/11

Appendix A-2
 Contract Term: 07/01/10 through 06/30/11

1. **Program Name:** AFS Therapeutic Visitation Services Program
Program Address : 250 Executive Park Blvd, Suite 4900
City, State, Zip Code: San Francisco, CA 94134
Telephone: (415) 656-0116
Facsimile: (415) 656-0117

2. **Nature of Document (check one)**
 New Renewal Modification

3. **Goal Statement**

This AFS Therapeutic Visitation (TVS) program is specifically designed to bring targeted, time-limited, and evidenced-informed mental health services to San Francisco's foster youth and their families who are separated due to allegations of abuse and neglect and are currently in the reunification process. The program is organized to reduce traditional barriers to service provision providing clients, their families, and foster families highly coordinated, flexible, convenient, and culturally and linguistically competent services. We believe that by integrating our longstanding expertise in the field of foster care with well chosen evidence based mental health practices we can:

- Maintain and strengthen family connections
- Enhance and strengthen family-child relationships
- Reduce youth emotional/behavioral problems that hinder their ability to live in a family environment

4. **Target Population**

The target population for these programs is San Francisco County children and youth ages 2 to 18 who: 1) have full scope Medi-Cal, 2) are involved or at risk for becoming involved in the foster care system and 3) qualify for EPSDT services.

5. **Modality(ies)/Interventions**

See CRDC. Services will include Assessment, Plan Development, Individual Therapy, Individual Rehabilitation, Family Therapy, Group Therapy, Collateral, Case Management, and Crisis Intervention.

Description of Services	Number of Units of Service (UOS)	Number of Unduplicated Clients (UDC)
Outpatient Therapeutic Visitation Services 1 UOS = 1 minute of Mental Health, Case Management, Medication Support or Crisis Intervention services provided by a licensed professional staff.		

City Fiscal Year (CBHS only): FY 10/11

Mental Health Services 5.88 FTE x Approx. 20.9 hours/week x 47 weeks x 60 minutes =	346,552	71
Case Management 5.88 FTE x 1.2 hours/week x 47 weeks x 60 minutes =	19,901	71
Medication Support 5.88 FTE x .25 hours/week x 47 weeks x 60 minutes =	4,170	3
Crisis Intervention 5.88 FTE x Approx. .62 hours/week x 47 weeks x 60 minutes =	10,361	7
Annual Total UOS	380,984	
Annual Total UDC		71

6. Methodology

All referrals will be received from Foster Care Mental Health.

- A. Outreach, Recruitment, Promotion, and Advertisement:** As a foster family agency with approximately 100 San Francisco children care we have ready access to a population greatly in need of mental health services. We are also in constant contact with San Francisco child welfare workers who may have foster children on their caseloads in need of mental health services.
- B. Admission Process:** AFS will obtain all referrals from Foster Care Mental Health. In order to conduct the initial assessment, all clients must have full-scope Medi-Cal. Within the first 30 days, clients will be assessed to ensure that they are eligible for EPSDT services, such that, each client must have a qualifying DSM-IV Axis I diagnosis and meet medical necessity criteria for services.
- C. Service delivery model: Program phases, Location, Length of Stay, and Hours of Operation**

Program Phases. The AFS TVS Program for foster children is composed of six phases that every client experiences:

- Intake: Within 24 hours of receipt of referral, AFS staff contacts families to present a brief introduction to AFS and to schedule an intake appointment at the time and location preferred by the client. The intake also marks the beginning of "engagement work" for AFS that includes building rapport.
- Assessment & Early Identification: Ideally, youth are assessed immediately upon entry into the foster care system and at any transition point thereafter (i.e., before and after placement change and system exit). For AFS clients, every case receives a formal comprehensive psychosocial assessment using the Child and Adolescent Strengths and

City Fiscal Year (CBHS only): FY 10/11

- Needs (CANS) assessment. Youth and caregivers are active participants in the collection, review and prioritization of data.
3. Treatment Planning: Clients, clinicians and other key individuals develop a treatment plan of care to prioritize client needs, goals and service strategies. As assessment information changes, treatment planning will change accordingly.
 4. Service Provision and Appropriateness Monitoring: A great deal of attention is placed on ensuring that the intensity and frequency of services are appropriate to meet the needs of clients and their families. AFS matches interventions and practices to the needs of clients. Services are closely monitored for appropriateness through supervision and CQI processes.
 5. Service Coordination and Collaboration: Coordination and collaboration is a foundational aspect of the AFS clinical model. To achieve client goals, services must be coordinated among all the involved stakeholders such as county case workers, probation officers, FFA workers, lawyers, schools, foster families, and biological families.
 6. Community Linkage and Discharge Planning: A critical aspect of treatment is working to create a network of natural and formal supports in the clients' lives to reinforce and maintain treatment gains and increase the likelihood of successful outcomes.

Location - Locations and times of service delivery will be flexible and planned to meet clients' needs as much as possible. Both programs are community based; services will, whenever clinically and logistically possible, be delivered to clients in the least restrictive and most therapeutically appropriate environment possible. The continuum of visitation sites may vary from tightly supervised, in-office sessions to less structured community venues and client homes.

Length of Stay - Treatment planning will be organized to allow clients to move to lower levels of services or a step-down plan within six to nine months of service initiation.

Hours of Operation - Services will be provided to clients' and their families from the hours of 9:00 to 8:00 p.m. and weekends as needed and when possible.

- D. **Exit Process**: As mentioned above, a critical aspect of all services is discharge planning and linkages to formal and informal services and supports. At service initiation, service providers in collaboration with the client and family create a discharge plan to identify and begin to link clients and their families to community supports and to outline resources for clients following service completion.

Data from the Child and Adolescent Needs and Strength Assessment (CANS) (collected every 6 months and during any transition points) helps to monitor and match service needs to client and family needs. This allows for systematic monitoring of service appropriateness. Clients are discharged when treatment goals are met or when a less intensive service may be more appropriate.

City Fiscal Year (CBHS only): FY 10/11

E. Staffing: All services will be provided by staff who are qualified to deliver EPSDT services. Overall program responsibility is given to Dr. Lisa Hilley, Mental Health Director. Specific day to day program responsibility is vested in Cherrlynn Hubbard, LCSW, Program Director. Clinical supervision of staff is divided between Program Director Hubbard and licensed Clinical Supervisors (To be hired). Services are delivered by a team of masters level clinicians. Quality Assurance is the responsibility of Quality Assurance Director Dr. Joseph Turner, who oversees a staff of Quality Management Specialists and Clerks.

7. Objectives and Measurements

Objective A.1: Reduced Psychiatric Symptoms

A.1a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. Note: Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Evaluation:

Staff:	QM Associate will use Avatar to determine (a) the children served in the reporting time and (b) use the MHS140 to determine if a client was hospitalized in the reporting period. This data was not required nor collected in FY09-10.
Data Source and Tools	Avatar and MHS140 are the sources of data.
Data & Frequency	Data = inpatient hospitalizations represented on the MHS140 from July 1, 2010 to June 30, 2011.
Data Reporting	Data will be collected and analyzed by a QM Associate. The Program Director will include these data in the end of Fiscal Year Report for CBHS.

A.1.e 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment goals at discharge. Note: If data is available on AVATAR

Evaluation:

Staff:	Clinical staff complete the Closing Summary available in the Avatar system and objective status (completion status) is also entered into the Avatar system. QM Associate monitors closing status monthly.
Data Source and Tools	AVATAR (if report is available)
Data & Frequency	If available in AVATAR – monthly report on objective/goal completion status for clients discharged during the time period July 1, 2010 to June 30, 2011.
Data Reporting	If available, a QM Associate will provide a monthly summary report to the Program Director. Program Director will include these data in the end of Fiscal Year Report for CBHS.

City Fiscal Year (CBHS only): FY 10/11

A.1.f. Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire

Evaluation:

Staff:	Program Director trains staff in CANS certification and faxes materials to demonstrate this to CBHS within 30 days of hire. QM unit tracks CANS certifications.
Data Source and Tools	Internal CANS certification tracking spreadsheet
Data & Frequency	Data = hire date & certification date from July 1, 2010 to June 30, 2011.
Data Reporting	QM Unit will compile date of hire, date of certification and generate a quarterly report for the Program Director.

A.1.g Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. Note: For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

Evaluation:

Staff:	Clinical staff submit assessment and treatment plan data directly into the Avatar System within 30 days of episode opening. Clinical supervisors monitor and review timely submission of CANS assessment and treatment plans as they are entered. QM Associate monitors submission of assessment and treatment plans monthly.
Data Source and Tools	AVATAR
Data & Frequency	Data = Completion date of treatment plans and assessments are reviewed and evaluated at the program level monthly.
Data Reporting	A QM Associate will provide a monthly summary report to the Program Director. The Program Director will include these data in the end of Fiscal Year Report for CBHS.

A.1.h. CYF agency representatives attend regularly scheduled Super User calls.

Note: For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

Evaluation:

Staff:	Program Director and/or Intake and/or QM Director will attend calls
Data Source and Tools	Internal tracking sheet
Data & Frequency	Data = name of AFS staff in attendance, by date from July 1, 2010 to June 30, 2011.
Data Reporting	Program Director tracks attendance on calls and will include these data in the end of Fiscal Year Report for CBHS.

City Fiscal Year (CBHS only): FY 10/11

A.1.i Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. Note: For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Evaluation:

Staff:	Clinical staff enter re-assessment data directly into the Avatar System within 30 days of the 6 month anniversary of the episode opening and every 6 months thereafter. Clinical supervisors review timely submission of CANS re-assessments as they are entered. QM Associate monitors submission of assessment and treatment plans monthly.
Data Source and Tools	AVATAR
Data & Frequency	Data = completion date of Re-assessment reports are reviewed at the program level monthly.
Data Reporting	A QM Associate will provide a monthly summary report to the Program Director. The Program Director will include these data in the end of Fiscal Year Report for CBHS.

A.1.j Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. Note: For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Evaluation:

Staff:	Clinical staff enter treatment plan update data directly into the Avatar System. Clinical supervisors review timely submission of updated treatment plans as they are entered. QM Associate monitors submission of assessment and treatment plans monthly.
Data Source and Tools	AVATAR
Data & Frequency	Data = completion date of updated Treatment Plan reports are reviewed at the program level monthly.
Data Reporting	A QM Associate will provide a monthly summary report to the Program Director. The Program Director will include these data in the end of Fiscal Year Report for CBHS.

Objective A.3: Increase Stable Living Environment

A.3.a 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Evaluation:

City Fiscal Year (CBHS only): FY 10/11

Staff:	Clinical staff collect intake data (housing status) at entrance to program
Data Source and Tools	Client self-report
Data & Frequency	Housing status is collected at intake for every client from July 1, 2010 to June 30, 2011.
Data Reporting	The Program Director will include these data in the end of Fiscal Year Report for CBHS.

Objective B.2: Access to Service

B.2.a During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

Evaluation:

Staff:	Clinical staff document services and these service data are imported to Avatar monthly.
Data Source and Tools	Avatar
Data & Frequency	Client service data are uploaded to Avatar monthly.
Data Reporting	CBHS accesses these data and provides reports to contractors.

Objective F.1: Health Disparity in African Americans

F.1.b All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

Evaluation:

Staff:	Clinical staff collect medical history, PCP and last appointment at assessment and re-assessment.
Data Source and Tools	Data source = CANS assessment
Data & Frequency	Data elements = Medical history, PCP and last appointment collected at intake and annually.
Data Reporting	QM will report data to Program Director monthly. The Program Director will include these data in the end of Fiscal Year Report for CBHS.

F.1.c 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Evaluation:

Staff:	Clinical staff will collect PCP information at discharge.
Data Source and Tools	Data source = Avatar

City Fiscal Year (CBHS only): FY 10/11

Data & Frequency	Data = The presence of a PCP provider at discharge from July 1, 2010 to June 30, 2011.
Data Reporting	QM will report data to Program Director monthly. The Program Director will include these data in the end of Fiscal Year Report for CBHS.

Objective G.1: Alcohol Use/Dependency

G.1.a For all contractors and civil service clinical, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

Evaluation:

Staff:	Program Director will ensure that all materials are displayed and distributed.
Data Source and Tools	n/a
Data & Frequency	On a monthly schedule resource and educational materials are checked and restocked if necessary.
Data Reporting	Verification of this will be created by QM/Program Director and will be included in the end of Fiscal Year report for CBHS.

G.1.b All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Evaluation:

Staff:	Clinical staff implement and report to clinical supervisors regarding evidence based practices/interventions that have a positive impact on clients (e.g., Triple P; TF-CBT)
Data Source and Tools	Data source = ECBI, UCLA-PTSD/CPSS, etc., and program chart reviews
Data & Frequency	Interventions used by clinical staff will be reviewed weekly in supervision. A summary of interventions utilized and client level outcome data will be collected at 6 month intervals.
Data Reporting	Program Director will compile and summarize data and report back to CBHS Children's System of Care Program Manager and Children Youth & Family Director every 6 months.

Objective H.1: Planning for Performance Objective FY 2011-2012

City Fiscal Year (CBHS only): FY 10/11

H.1.a Contractors and Civil Service Clinical will remove any barriers to access services by African American individual and Families.

Evaluation:

Staff:	n/a
Data Source and Tools	Data Source = feedback from CBHS (SOC, Program Review, and Quality Improvement unit) via new client surveys
Data & Frequency	Data = specific recommended interventions by CBHS
Data Reporting	As described in the Performance Objectives FY10-11 document, AFS will establish performance improvement objectives for the following year.

H.1. b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

Evaluation:

Staff:	n/a
Data Source and Tools	Data Source = retention data from CBHS (Program Evaluation unit)
Data & Frequency	Data = specific program retention data
Data Reporting	As described in the Performance Objectives FY10-11 document, AFS will establish performance improvement objectives for the following year based on [our] client retention data.

8. Continuous Quality Improvement

Alternative Family Services will comply with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPPA), Cultural Competency, and Client Satisfaction.

Evaluation and COI Activities

The primary focus of the AFS Therapeutic Services (TVS) program evaluation is the improvement of child and youth functioning and well-being. For example, based on the services provided, we expect to see a decrease in the frequency and severity of mental health symptoms, problem behaviors and improved life functioning as measured by standardized assessment tools. All assessments are routinely collected at intake to the program by clinical staff and then entered and managed by QA staff. AFS will collect and summarize data within each program component to assess the client "flow" through the program and opportunities for improvement. The collection of

City Fiscal Year (CBHS only): FY 10/11

CQI and outcome data will help AFS to determine whether or not the program is successfully achieving its goals.

In addition, AFS is committed to ongoing reviews of current policies and practices in order to improve the quality of services to children and families. These CQI activities are outlined below:

- a. Each clinician's charts will be reviewed by clinical committee of other professionals inside and outside of the agency to explore quality of assessment, treatment, and discharge planning. Clinicians will receive feedback to help improve their skills and outcomes with clients. Measurement – monthly PURQC data form.
- b. Billing and documentation quality will undergo ongoing evaluation by the QA department led by Dr. Joe Turner. This will include review of progress notes, assessments, and treatment plans for clinical appropriateness and regulatory compliance. Follow-up trainings, policy changes, and computerization will be utilized to improve compliance. At year-end, each and every chart is re-evaluated to assure there is a progress note matching every service billed.
- c. Each clinician will be required to do at least one Case Conference where they present a case in front of clinical staff from their individual program (i.e., psychologist, clinical supervisor, and other clinicians). The presenting clinician will be given verbal feedback.

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 portion 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 Budgets are listed below and are attached hereto.

Budget Summary

CRDC B1 - B2

Appendix B-1 AFS Outpatient Behavioral Services

Appendix B-2 AFS Therapeutic Visitation Services

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 exceed **Eleven Million Fifty Seven Thousand Two Hundred Dollars (\$11,057,200)** for the period of **July 1, 2010 through December 31, 2015**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$1,184,700** 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 a 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, 2010 through December 31, 2010	\$897,500 (BPHM08000043)
July 1, 2010 through June 30, 2011	\$897,500
July 1, 2011 through June 30, 2012	\$1,795,000
July 1, 2012 through June 30, 2013	\$1,795,000
July 1, 2013 through June 30, 2014	\$1,795,000
July 1, 2014 through June 30, 2015	\$1,795,000
July 1, 2015 through December 31, 2015	<u>\$897,500</u>
Total of July 1, 2010 through December 31, 2015	\$9,872,500

(3) 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.

(4) CONTRACTOR further understands that, \$897,500 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM08000043 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM08000043 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. 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.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. 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.

DPH Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New	Renewal	Modification		
If modification, Effective Date of Mod.:				VENDOR ID (DPH USE ONLY):		9/29/2
LEGAL ENTITY NUMBER:		00510				
LEGAL ENTITY/CONTRACTOR NAME: ALTERNATIVE FAMILY SERVICES, INC.						
APPENDIX NUMBER	B-1	B-2	B-#	B-#	B-#	TOTAL
PROVIDER NUMBER	38GS	38GS				
PROVIDER/Program NAME:	AFS- Outpatient Services	AFS- Therapeutic Visitation				
CBHS FUNDING TERM:	7/1/10- 6/30/11	7/1/10- 6/30/11				
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	533,767	679,340				1,213,108
OPERATING EXPENSE	171,411	218,160				389,571
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	705,179	897,500				1,602,679
INDIRECT COST AMOUNT	84,621	107,700				192,321
INDIRECT %	12%	12%				
TOTAL FUNDING USES:	790,000	1,005,000				1,795,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	375,000	475,000				850,000
ARRA SDMC FFP (11.59)	86,925	110,105				197,030
STATE REVENUES - click below						
EPSDT State Match	250,575	317,395				567,970
GRANTS - click below						
Please enter other funding source here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency)	40,000	55,000				95,000
H.S.A. Work order - Local Match	30,000	47,500				77,500
3RD PARTY PAYOR REVENUES - click below						
Please enter other funding source here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND	7,500					7,500
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	790,000	1,005,000				1,795,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
Please enter other funding source here if not in pull down						
WORK ORDERS - click below						
Please enter other funding source here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other funding source here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	790,000	1,005,000				1,795,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	790,000	2,080,000				1,795,000

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

FISCAL YEAR: JULY 1, 2010- JUNE 30, 2011		APPENIDX #:		B-2 PAGE 1		
LEGAL ENTITY NAME: ALTERNATIVE FAMILY SERVICES		PROVIDER #:		9/29/10		
PROVIDER NAME: ALTERNATIVE FAMILY SERVICES						
REPORTING UNIT NAME:	THERAPEUTIC VISITATION	THERAPEUTIC VISITATION	THERAPEUTIC VISITATION	THERAPEUTIC VISITATION		
REPORTING UNIT:	38GS01	38GS01	38GS01	38GS01		
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/01-09	15/60-69	15/70-79		
SERVICE DESCRIPTION	MH Svcs	Case Mgt Brokerage	Medication Support	Crisis Intervention-OP	#N/A	TOTAL
CBHS FUNDING TERM:	10-11	10-11	10-11	10-11		
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	611,406	27,174	13,587	27,174		679,340
OPERATING EXPENSE	196,344	8,726	4,363	8,726		218,160
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	807,750	35,900	17,950	35,900	0	897,500
INDIRECT COST AMOUNT	96,750	4,300	2,150	4,300		107,500
TOTAL FUNDING USES:	904,500	40,200	20,100	40,200	0	1,005,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	427,500	19,000	9,500	19,000		475,000
ARRA SDMC FFP (11.59)	99,095	4,404	2,202	4,404		110,105
STATE REVENUES - click below						
EPSDT State Match	285,656	12,696	6,348	12,696		317,395
GRANTS - click below						
CFDA #:						
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
H.S.A. Workorder Non-Medical Clients	49,500	2,200	1,100	2,200		55,000
H.S.A. Workorder as Local Match	42,750	1,900	950	1,900		47,500
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	904,500	40,200	20,100	40,200	-	1,005,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH REVENUES	904,500	40,200	20,100	40,200	-	1,005,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	904,500	40,200	20,100	40,200	-	1,005,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	346,552	19,901	4,170	10,361		380,984
PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	2.02	4.82	3.88		
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.61	2.02	4.82	3.88		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	3.25	2088 2.95	5.25	4.50		
UNDUPLICATED CLIENTS	71	71	71	71		

ALTERNATIVE FAMILY SERVICES, INC.

APPENDIX #: 5-1 PAGE 2

Document Date: 09/29/10

Provider Number (same as line 7 on DPH 1): 38GS
 Provider Name (same as line 8 on DPH 1): OUTPATIENT SERVICES

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		H.S.A. WORK ORDER LOCAL MATCH		H.S.A. WORK ORDER NON-MEDICAL		GRANT #3: COUNTY GF (matched)	
	Proposed Transaction Term: 07/1/10-06/30/11		Proposed Transaction Term: 07/1/10-06/30/11		Proposed Transaction Term: 07/1/10-06/30/11		Proposed Transaction Term: 07/1/10-06/30/11		Proposed Transaction Term: 07/1/10-06/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Mental Health Director	0.20	19,800	0.18	18,046	0.01	752	0.01	1,003	0.00	0
Program Director	0.44	32,120	0.40	29,274	0.02	1,220	0.02	1,626	0.00	0
Quality Management Director	0.20	16,830	0.18	15,339	0.01	639	0.01	852	0.00	0
Training Director	0.20	14,850	0.18	13,534	0.01	564	0.01	752	0.00	0
Intake Director	0.44	25,080	0.40	22,858	0.02	952	0.02	1,270	0.00	0
Clinical Supervisor	0.44	28,600	0.40	26,066	0.02	1,086	0.02	1,448	0.00	0
Clinical Supervisor 0-5	0.22	16,500	0.20	15,038	0.01	627	0.01	835	0.00	0
Clinicians	4.62	221,760	4.21	202,110	0.18	8,421	0.23	11,228	0.00	0
Clerical Support	0.44	23,051	0.40	21,008	0.02	875	0.02	1,167	0.00	0
Billing/QA Clerks	0.68	22,239	0.62	20,269	0.03	845	0.03	1,126	0.00	0
Quality management Associates	0.68	31,094	0.62	28,339	0.03	1,181	0.03	1,574	0.00	0
TOTALS	8.54	\$451,924	7.79	\$411,880	0.32	\$17,162	0.43	\$22,882	0.00	\$0

EMPLOYEE FRINGE BENEFITS 18% \$81,843 18% \$74,591 18% \$3,108 18% \$4,144 #DIV/0! \$0

TOTAL SALARIES & BENEFITS \$533,767 \$486,472 \$20,270 \$27,026 \$0

ALTERNATIVE FAMILY SERVICES, INC.

APPENDIX #: B-2 PAGE 2

Document Date: 09/29/10

Provider Number (same as line 7 on DPH 1): 38GS01

Provider Name (same as line 8 on DPH 1): THERAPEUTIC VISITATION

2090

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		H.S.A. WORK ORDER LOCAL MATCH		H.S.A. WORK ORDER NON-MEDICAL		GRANT #3:	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Mental Health Director	0.25	25,200	0.23	22,630	0.01	1,191	0.01	1,379		
Program Director	0.56	40,880	0.50	36,711	0.03	1,932	0.03	2,237		
Quality Management Director	0.25	21,420	0.23	19,235	0.01	1,012	0.01	1,172		
Training Director	0.25	18,900	0.23	16,972	0.01	893	0.01	1,034		
Intake Director	0.56	31,920	0.50	28,664	0.03	1,509	0.03	1,747		
Clinical Supervisor	0.56	36,400	0.50	32,688	0.03	1,720	0.03	1,992		
Clinical Supervisor 0-5	0.28	21,000	0.25	18,858	0.01	993	0.02	1,149		
Clinicians	5.88	282,240			0.28	13,340	0.32	15,446		
Clerical Support	0.56	29,337	0.50	26,345	0.03	1,387	0.03	1,606		
Billing/QA Clerks	0.68	28,305	0.61	25,418	0.03	1,338	0.04	1,549		
Quality management Associates	0.68	39,574	0.61	35,538	0.03	1,870	0.04	2,166		
TOTALS	10.51	\$575,176	4.15	\$263,059	0.50	\$27,185	0.57	\$31,477		

EMPLOYEE FRINGE BENEFITS	18%	\$104,164	18%	\$47,640	18%	\$4,923	18%	\$5,701		
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TOTAL SALARIES & BENEFITS		\$679,340		\$310,700		\$32,108		\$37,178		
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DPH 4: Operating Expenses Detail

APPENDIX #: B-1 PAGE 3
Document Date:

Provider Number (same as line 7 on DPH 1): 38GS09
Provider Name (same as line 8 on DPH 1): ALTERNATIVE FAMILY SERVICES; OUTPATIENT SERVICES

2091

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: H.S.A. WORK ORDER LOCAL MATCH	GRANT #2: H.S.A. WORK ORDER NON- MEDICAL	GRANT #3: COUNTY GF (matched)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	7/1/10-06/30/11	7/1/10-06/30/11	7/1/10-06/30/11	7/1/10-06/30/11	7/1/10-06/30/11
Rental of Property	38,632	35,209	1,467	1,956	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	5,588	5,093	212	283	0
Office Supplies, Postage	4,004	3,649	152	203	0
Building Maintenance Supplies and Repair	5,720	5,213	217	290	0
Printing and Reproduction	3,344	3,048	127	169	0
Equipment	3,168	2,887	120	160	0
Staff Training	21,261	19,377	807	1,077	0
Staff Travel-(Local & Out of Town)	13,970			707	0
Rental of Equipment	3,256	2,967	124	165	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)					
Mark Cooper	5,500	5,013	209	278	0
Virginia Fenner	9,548	8,702	363	483	0
Varsity Technologies	17,380	15,840	660	880	0
Lisa Scott Lee	9,680	8,822	368	490	0
OTHER					
Telephone	10,648	9,705	404	539	0
Clinitrac Software License fees	12,320	11,228	468	624	0
Treatment Supplies	3,300	3,008	125	167	0
Other Staff Related	4,092	3,729	155	207	0
TOTAL OPERATING EXPENSE	\$171,411	\$143,491	\$5,979	\$8,679	\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-2 PAGE 3
 Document Date: 9/22/2010

Provider Number (same as line 7 on DPH 1): 38GS01

Provider Name (same as line 8 on DPH 1): ALTERNATIVE FAMILY SERVICES; THERAPEUTIC VISITATION SVS.

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: H.S.A. WORK ORDER LOCAL MATCH	GRANT #2: H.S.A. WORK ORDER NON- MEDICAL
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	7/1/10-06/30/11	7/1/10-06/30/11	7/1/10-06/30/11	7/1/10-06/30/11
Rental of Property	49,168	44,153	2,324	2,691
Utilities(Elec, Water, Gas, Phone, Scavenger)	7,112	6,387	336	389
Office Supplies, Postage	5,096	4,576	241	279
Building Maintenance Supplies and Repair	7,280	6,538	344	398
Printing and Reproduction	4,256	3,822	201	233
Equipment	4,032	3,621	191	221
Staff Training	27,060	24,300	1,279	1,481
Staff Travel-(Local & Out of Town)	17,780			973
Rental of Equipment	4,144	3,721	196	227
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)				
Mark Cooper	7,000	6,286	331	383
Virginia Fenner	12,152	10,913	574	665
Varsity Technologies	22,120	19,864	1,045	1,211
Lisa Scott Lee	12,320	11,063	582	674
	0			
OTHER				
Telephone	13,552	12,170	641	742
Clinitract Software License fees	15,680	14,081	741	858
Treatment Supplies	4,200	3,772	199	230
Other Staff Related	5,208	4,677	246	285
TOTAL OPERATING EXPENSE	\$218,160	\$179,943	\$9,471	\$11,939

DPH 6: Contract-Wide Indirect Detail

CONTRACTOR NAME: ALTERNATIVE WILY SERVICES, INC.

DATE: 09/22/10

FISCAL YEAR:

07/01/10-06/30/11

LEGAL ENTITY #: 0510

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Executive Director	0.14	\$ 20,690
Associate Director	0.14	\$ 19,494
Chief Financial Officer	0.14	\$ 16,606
Accounting Manager	0.14	\$ 10,108
Human Resources Manager	0.14	\$ 8,086
Staff Accountants	0.51	\$ 17,556
Administrative Assistant	0.11	\$ 4,505
Development Director	0.14	\$ 8,664
EMPLOYEE FRINGE BENEFITS	1.48	\$ 19,144
TOTAL SALARIES & BENEFITS		\$ 124,854

2. OPERATING COSTS

Expenditure Category	Amount
Facility Expenses	7,540
Utilities	1,155
Office Related	1,837
Staff Related	1,430
Information Technology Related	13,718
Travel	17,128
Membership	6,931
Professional Services	3,899
Outsourced Services	5,343
Rent	4,332
Other General Overhead Svcs.	4,155
TOTAL OPERATING COSTS	\$ 67,468

TOTAL INDIRECT COSTS

\$ 192,321

(Salaries & Benefits + Operating Costs)

TOTAL SALARIES & BENEFITS \$1,213,106 19.05

Operating Expenses

Allocations based on pertinent relative program FTE or direct program cost as permitted by funding source.

Occupancy:

Rent:

Offices at 250 Executive Ste 4900 & 4668; Rent allocated based on FTE
Amongst SF Foster Care and SFDPH Staff \$87,800
.73 * \$120,273.97/year =

Utilities:

Includes: electric, water, telephones, internet access allocated
amongst SF Foster Care and SFDPH Staff based on FTE. \$36,900
.73 * \$50,547.95/year =

Building Maintenance:

Includes janitorial, general and misc. repairs allocated on relative FTE. \$13,000
.73 * \$17,808.22/year =
Total Occupancy: \$137,700

Materials and Supplies:

Office Supplies: Includes general office supplies, paper, pens, etc... \$9,100
100% x \$9,100/year

Printing/Reproduction:

Includes the direct cost of production for program brochures and
community outreach efforts to the SFDPH 100% \$7,600
100% x \$7,600/year

Equipment includes computer and office equipment less than \$1,500
in single value 100% \$7,200
100% x \$7,200/year

Program Supplies:

Includes treatment activities & supplies for clients & their families such as
therapeutic games, life skill activities, art supplies, educational or nutritional
supplies and may support community gatherings and socialization events. \$7,500
100% x \$7,500/year
Total Materials and Supplies: \$31,400

General Operating:

Insurance:

Insurance is charged via indirect cost allocation. 0

Staff Training:

Includes training new staff on Triple P and O-5 and other quality
improvement and evidence-based practices. \$48,321
17 staff x \$2,842.41/ year=

Rental of Equipment:

Allocation of postage meter and reproduction equipment based on
relative FTE amongst FC and SFDPH staff. \$7,400
.73 * \$10,136.99/year =

Software Licensing Fees for Clintrak, MH/Medical Billing Database \$28,000
100% x \$28,000/year=

Other: staff related expenses to include: employment/staff screening
fees; continuing education expenses related to CEU's to maintain
staff/clinician licensure and support staff education/skills level; as well
as foster, team building for at least one annual staff retreat. \$9,300
100% x \$9,300/year=
Total General Operating: \$93,021

Staff Travel (Local & Out of Town):

Includes largely mileage for staff \$31,750
.50 per mile x 277 ave. # of miles/month x 12 months x 19.05 staff
Direct **\$31,750**

Consultants/Subcontractors:

Mark Cooper (Medical Billing Phasing Out): \$65 hourly rate x 192.31
hours \$12,500
Virginia Fenner (MH Database developer for in-house Medical DB):
\$75 hourly rate x 289.33 hours \$21,700
Varsity Technologies - Support for Avatar and for MH Database
development; HIPPA compliance; and general IT support; Allocated amongst
MH programs based on UOS budgeted; est. average \$125 hourly rate x 316
of hours. \$39,500
Lisa Scott Lee - Consultation for QA Function and Clinical File Quality Mgt.
est. average \$200 hourly rate x 11 of hours. \$22,000

Total Consultants/Subcontractors: \$95,700

TOTAL OPERATING COSTS: \$389,571

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs) \$1,602,679

INDIRECT COSTS: Are calculated at SFDPH max (12% of Direct) \$192,321

CONTRACT TOTAL: 2094 \$1,795,000

CBHS BUDGET JUSTIFICATION

38GSOP & 38GS01

Document Date: 9/29/10

Provider Name: ALTERNATIVE FAMILY SERVICES FOSTER CARE OUTPATIENT AND THERAPEUTIC VISITATION SERVICES. (BUDGET ALLOCATED AMONGST OP AND TVS ON RELATIVE CONTRACT VALUE)

Date: 9/29/10

Fiscal Year: 10-11

Salaries and Benefits	Salaries	FTE
Mental Health Director: Responsibilities: to oversee all mental health Medi-Cal mental health program operations and supervise Program Directors. Minimum Qualifications: PhD in relevant mental health field with at least 2-4 years experience in program administration. Base salary \$100,000.	45,000	0.45
Program Director (Licensed, 100% Allocated to SF DPH) Responsibilities: to oversee SFDPH Mental Health programs and supervise Clinical Supervisors and line staff. Minimum Qualifications: Licensed Mental Health clinician with at least 2 years experience in mental health program supervision. Base salary \$73,000.	73,000	1.00
Quality Management Director: Responsibilities: to direct agency-wide QM activities of all mental health programs. Supervises Billing QA clerk and QM Associates. Minimum Qualifications: PhD in relevant mental health field; plus at least 2-4 years research and administration experience. Base salary \$85,000.	88,250	0.45
Training Director Responsibilities: to coordinate and direct agency-wide staff educational/training activities. Minimum Qualifications: Mental Health licensure plus 2-4 years experience administrating Medi-Cal, mental health programs. Base salary \$75,000.	83,750	0.45
Intake Director: Responsibilities: to manage client intake process and case load distribution to program clinicians. Minimum Qualifications: Mental Health licensure plus 2 years minimum experience in MediCal MH program administration. Base salary \$57,000.	57,000	1.00
Clinical Supervisor: Responsibilities: to supervise program clinicians' client case load and work activities. Minimum Qualifications: Mental Health licensure with at least 2-4 year supervisory experience. Base salary \$65,000.	65,000	1.00
Clinical Supervisor 0-5: to be hired. Responsibilities: to supervise specialty therapeutic services for children ages 0-5. Minimum Qualifications: Mental Health licensure, plus 2-4 years supervisory experience. Base salary \$75,000.	37,500	0.50
Clinicians: Responsibilities: to provide community based therapeutic mental health services. Minimum Qualifications: Mental Health licensure or license-eligible status plus at least 1 year of experience. Base salary \$48,000.	504,000	10.50
Clerical Support: Responsibilities: to perform general clerical duties, managing office, reception, phones, word processing and supports IT staff. Minimum Qualifications: 5 years experience in office support activities and proficiency in Microsoft applications. Base salary \$52,388.	52,388	1.00
Billing/QA Clerks. Responsibilities: to perform data entry into county systems, Medi-cal eligibility, and billing quality assurance. Minimum Qualifications: 1-2 years of clerical experience in a supporting MediCal programs and proficiency with Microsoft applications. Base salary \$37,440.	50,544	1.35
Quality management Associates - Responsibilities: to review and audit client records and maintain client chart quality standards Minimum Qualifications: Licensed mental health clinicians plus 2-4 years experience. Base salary \$52,347.	70,868	1.35
	\$1,027,100	19.05
Benefits at 18.11% reflecting agency overall burden	\$186,008	
2010 BENEFITS	\$186,008	

**Appendix C
Insurance Waiver**

RESERVED

Appendix D
Additional Terms

1. HIPAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- A Business Associate subject to the terms set forth in Appendix E;
- Not Applicable, CONTRACTOR will not have access to Protected Health Information.

2. 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.

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.

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.

Appendix E

BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract 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 thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. 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(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** 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.
- c. **Covered Entity** 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.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** 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. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.
 - g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
 - h. **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.
 - i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
 - j. **Protected Health Information or PHI** means any information, 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; and (ii) that identifies the individual or with respect to where 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. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
 - k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
 - l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
 - m. **Unsecured PHI** 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).
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. 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 (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
 - b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. 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 (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 for 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 Addendum and only disclosed 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 of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c. **Prohibited Uses and Disclosures.** 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 in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). 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); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection

and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under 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 an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).

- h.* **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any 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. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i.* **Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for 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 or 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 or subcontractors for at least six (6) 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 and is subject to this requirement. 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. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.
- j.* **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 the

Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

- k. **Minimum Necessary.*** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] 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."
- l. **Data Ownership.*** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- m. **Business Associate's Insurance.*** BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.
- n. **Notification of Breach.*** During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o. **Breach Pattern or Practice by Covered Entity.*** Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement 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.
- p. **Audits, Inspection and Enforcement.*** Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms

mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum. BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

3. Termination

- a. **Material Breach.** A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the Contract, effective immediately, if (i) BA is named as a 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 Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA or its agents or 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 of Section 2 of this Addendum to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible [45 C.F.R. Section 164.504(e)(ii)(2)(I)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed.

4. Limitation of Liability

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

5. Disclaimer

CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations 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.

6. **Certification**

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

7. **Amendment**

- a. **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 Contract or Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable 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 Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Contract upon thirty (30) calendar days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this Section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

8. **Assistance in Litigation or Administrative Proceedings**

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

9. **No Third-Party Beneficiaries**

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

10. **Effect on Contract**

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

11. Interpretation

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

12. Replaces and Supersedes Previous Business Associate Addendums or Agreements

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.

Appendix F

Invoice

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

Appendix F
 PAGE A

Control Number

Contractor: Alternative Family Services, Inc.

Address: 1421 Guerneville Road, Suite 218, Santa Rosa, CA 95403

Tel. No.: (707) 576-7700

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:	MD1 JL 0
Cl. Blanket No.: BPHM	TBD
Cl. PO No.: POHM	TBD
Fund Source:	GF, Fed MediCal & ESPDT
Invoice Period:	July 2010
Final Invoice:	(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
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Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 Outpatient Services RU# 38GSOP												
15/10 - 59 MH Svcs	248,276				\$ 2.61	\$ -	0.000		0.00%		248,276.000	\$ 648,000.36
15/01 - 09 Case Mgt Brokerage	14,257				\$ 2.02	\$ -	0.000		0.00%		14,257.000	28,799.14
15/60-69 Medication Support	2,987				\$ 4.82	\$ -	0.000		0.00%		2,987.000	14,387.34
15/70 - 79 Crisis Intervention-OP	7,423				\$ 3.88	\$ -	0.000		0.00%		7,423.000	28,801.24
B-2 Therapeutic Visitation RU# 389S01												\$ 719,998.08
15/10 - 59 MH Svcs	311,207				\$ 2.61	\$ -	0.000		0.00%		311,207.000	812,250.27
15/01 - 09 Case Mgt Brokerage	17,871				\$ 2.02	\$ -	0.000		0.00%		17,871.000	36,099.42
15/60-69 Medication Support	3,745				\$ 4.82	\$ -	0.000		0.00%		3,745.000	18,050.90
15/70 - 79 Crisis Intervention-OP	9,304				\$ 3.88	\$ -	0.000		0.00%		9,304.000	36,099.52
TOTAL	605,766		0.000				0.000		0.00%		605,766.000	\$ 1,622,498.19

SUBTOTAL AMOUNT DUE \$ _____
 Less: Initial Payment Recovery _____
 (For DPH Use) Other Adjustments _____
NET REIMBURSEMENT \$ _____

NOTES:

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:
 DPH Fiscal/Invoice Processing
 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

Control Number

Contractor: Alternative Family Services, Inc.

Address: 1421 Guerneville Road, Suite 218, Santa Rosa, CA 95403

Tel. No.: (707) 576-7700

Contract Term: 07/01/2010 - 08/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M02 JL 0

Cl.Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD User.Cd

Fund Source: DHS Work Order

Invoice Period: July 2010

Final Invoice: (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

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-1 Outpatient Services RU# 38GSOP												
15/ 10 - 59 MH Svcs	13,793				\$ 2.61	\$ -	0.000		0.00%		13,793.000	\$ 35,998.73
15/ 01 - 09 Case Mgt Brokerage	792				\$ 2.02	\$ -	0.000		0.00%		792.000	1,598.84
15/ 60-69 Medication Support	166				\$ 4.82	\$ -	0.000		0.00%		166.000	800.12
15/ 70 - 79 Crisis Intervention-OP	412				\$ 3.88	\$ -	0.000		0.00%		412.000	1,598.56 \$ 39,996.25
B-2 Therapeutic Visitation RU# 38GS01												
15/ 10 - 59 MH Svcs	18,955				\$ 2.61	\$ -	0.000		0.00%		18,955.000	49,498.65
15/ 01 - 09 Case Mgt Brokerage	1,089				\$ 2.02	\$ -	0.000		0.00%		1,089.000	2,199.78
15/ 60-69 Medication Support	228				\$ 4.82	\$ -	0.000		0.00%		228.000	1,098.96
15/ 70 - 79 Crisis Intervention-OP	567				\$ 3.88	\$ -	0.000		0.00%		567.000	2,199.96 \$ 54,997.35
TOTAL	36,012		0.000				0.000		0.00%		36,012.000	\$ 94,995.60

SUBTOTAL AMOUNT DUE	\$ -
Less: Initial Payment Recovery	
(For DPH Use) Other Adjustments	
NET REIMBURSEMENT	\$ -

NOTES:

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: _____
 Title: _____

Date: _____

Send to:
 DPH Fiscal/Invoice Processing
 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

Control Number

Contractor: Alternative Family Services, Inc.

Address: 1421 Guerneville Road, Suite 218, Santa Rosa, CA 95403

Tel. No.: (707) 576-7700

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M03 JL 0

Cl.Blanket No.: BPHM User Cd

Cl. PO No.: POHM

Fund Source: DHS Work Order & Local Match

Invoice Period: July 2010

Final Invoice: (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

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Rept. Unit Modality/Mode # - Svc Func (MH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables		
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS		UOS	CLIENTS	
Outpatient Service RU# 38GSOP (Local Match)												
15/ 10 - 59 MH Svcs	10,345				\$ 2.61	\$ -	0.000		0.00%	10,345.000		\$ 27,000.45
15/ 01 - 09 Case Mgt Brokerage	594				\$ 2.02	\$ -	0.000		0.00%	594.000		1,199.88
15/ 60-69 Medication Support	124				\$ 4.82	\$ -	0.000		0.00%	124.000		597.68
15/ 70 - 79 Crisis Intervention-OP	309				\$ 3.88	\$ -	0.000		0.00%	309.000		1,198.92 \$ 29,996.93
B-2a Therapeutic Visitation 38GS01 San Francisco (Local Match)												
15/ 10 - 59 MH Svcs	16,379				\$ 2.61	\$ -	0.000		0.00%	16,379.000		42,749.19
15/ 01 - 09 Case Mgt Brokerage	941				\$ 2.02	\$ -	0.000		0.00%	941.000		1,900.82
15/ 60-69 Medication Support	197				\$ 4.82	\$ -	0.000		0.00%	197.000		949.54 \$ 45,599.55
15/ 70 - 79 Crisis Intervention-OP	490				\$ 3.88	\$ -	0.000		0.00%	490.000		1,901.20
TOTAL	29,379		0.000				0.000		0.00%	29,379.000		\$ 77,497.68

SUBTOTAL AMOUNT DUE	\$ -	NOTES:
Less: Initial Payment Recovery		
(For DPH Use) Other Adjustments		
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:
 DPH Fiscal/Invoice Processing
 1380 Howard St. - 4th Floor
 San Francisco, CA 94103.

DPH Authorization for Payment

 Authorized Signatory _____ Date _____

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 or 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

San Francisco Department of Public Health Privacy Policy Compliance Standards

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation showing individual was trained exists

Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

Appendix I

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 sites. 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.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID 15
ALTER-3

DATE (MM/DD/YYYY)
06/18/10

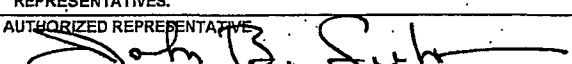
PRODUCER Fuhr Risk Services 300 Stevens Creek Blvd. San Jose CA 95129 Phone: 408-510-5440 Fax: 408-510-5490 INSURED Alternative Family Services Attn: Martha Duarte 1421 Guerneville Rd., Ste 218 Santa Rosa, CA 95403	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <table border="1" style="width: 100%;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Nonprofits Ins. Alliance of CA</td> <td></td> </tr> <tr> <td>INSURER B: Advantage Workers Comp</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Nonprofits Ins. Alliance of CA		INSURER B: Advantage Workers Comp		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Nonprofits Ins. Alliance of CA													
INSURER B: Advantage Workers Comp													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR	ADD'L TR	INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> see *Other Cov* GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	201002235NPO	01/17/10	01/17/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. Included
A			AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	201002235NPO	01/17/10	01/17/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
			GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A			EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	201002235UMBPO	01/17/10	01/17/11	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 1,000,000 \$ \$
3			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	3089013	07/01/10	07/01/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
			Social Services Professional Liab.	201002235NPO	01/17/10	01/17/11	Per Claim 1,000,000 Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder and The City and County of San Francisco, its agents, officers and employees are named additional insured with respect to liability arising out of named insured's operations per endorsement form G2026 attached. *10 day notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER SFDPDPE San Francisco Dept. of Public Health 1380 Howard St., 4th Floor San Francisco, CA 94103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	--

POLICY NUMBER: 201002235NPO

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

San Francisco Department of Public Health

The City and County of San Francisco, its agents, officers and employees

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured, but only with respect to liability arising out of your operations or premises owned by or rented to you.

CG 20 26 11 85 Copyright, Insurance Services Office, Inc., 1984

1 [Contract Approval - 18 Non-Profit Organizations and the University of California of San
2 Francisco - Behavioral Health Services - \$674,388,406]

3 **Resolution retroactively approving \$674,388,406 in contracts between the Department**
4 **of Public Health and 18 non-profit organizations and the University of California at San**
5 **Francisco, to provide behavioral health services for the period of July 1, 2010 through**
6 **December 31, 2015.**

7
8 WHEREAS, The Department of Public Health has been charged with providing needed
9 behavioral health services to residents of San Francisco; and,

10 WHEREAS, The Department of Public Health has conducted Requests for Proposals
11 or has obtained appropriate approvals for sole source contracts to provide these services; and

12 WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10
13 million to be approved by the Board of Supervisors; and

14 WHEREAS, Contracts with providers will exceed \$10 million for a total of
15 \$674,388,406, as follows:

16 Alternative Family Services, \$11,057,200;

17 Asian American Recovery Services, \$11,025,858;

18 Baker Places, \$69,445,722;

19 Bayview Hunters Point Foundation for Community Improvement, \$27,451,857;

20 Central City Hospitality House, \$15,923,347;

21 Community Awareness and Treatment Services (CATS), \$12,464,714;

22 Community Vocational Enterprises (CVE), \$9,705,509;

23 Conard House, \$37,192,197;

24 Edgewood Center for Children and Families, \$29,109,089;

25 Family Service Agency, \$45,483,140;

1 Hyde Street Community Service, \$17,162,210;
2 Instituto Familiar de la Raza, \$14,219,161;
3 Progress Foundation, \$92,018,333;
4 Richmond Area Multi-Services, \$34,773,853;
5 San Francisco Study Center, \$11,016,593;
6 Seneca Center, \$63,495,327;
7 Walden House, \$54,256,546;
8 Westside Community Mental Health Center, \$43,683,160;
9 Regents of the University of California, \$74,904,591; and

10 WHEREAS, The Department of Public Health estimates that the annual payment of
11 some contracts may be increased over the original contract amount, as additional funds
12 become available between July 2010 and the end of the contract term; now, be it

13 RESOLVED, That the Board of Supervisors hereby retroactively approves these
14 contracts for the period of July 1, 2010, through December 31, 2015; and, be it

15 FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director
16 of the Department of Public Health and the Purchaser, on behalf of the City and County of
17 San Francisco, to execute agreements with these contractors, as appropriate; and, be it

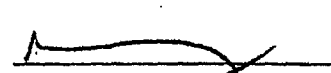
18 FURTHER RESOLVED, That the Board of Supervisors requires the Department of
19 Public Health to submit a report each June with increases over the original contract amount,
20 as additional funds become available during the term of contracts.

21
22 RECOMMENDED:

23 

24 Mitchell Katz, M.D.
25 Director of Health

APPROVED:



Mark Morewitz, Secretary to the
Health Commission



City and County of San Francisco
Tails
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 100927

Date Passed: December 07, 2010

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco, to provide behavioral health services for the period of July 1, 2010, through December 31, 2015.

December 01, 2010 Budget and Finance Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE

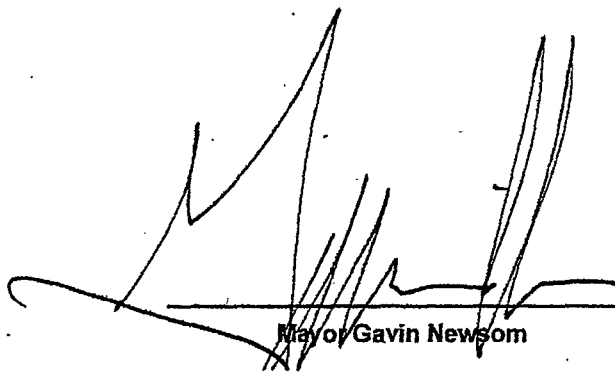
December 01, 2010 Budget and Finance Committee - RECOMMENDED AS AMENDED

December 07, 2010 Board of Supervisors - ADOPTED


Ayes: 11 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Dufty, Elsbernd, Mar, Maxwell and Mirkarimi

File No. 100927

I hereby certify that the foregoing Resolution was ADOPTED on 12/7/2010 by the Board of Supervisors of the City and County of San Francisco.



Mayor Gavin Newsom



Angela Calvillo
Clerk of the Board

December 8, 2010
Date Approved

October 05, 2015

Alternative Family Services, Inc
\$18,732,139

**FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL**
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Alternative Family Services	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1. Please see list of members of Board of Directors attached. 2. CEO: Jay A. Berlin, CFO: Martha E. Duarte, CPO: James R. Gold 3. Persons with more than 20% ownership: Not for profit 4. Subcontractors listed in contract: N/A 5. Political committees sponsored or controlled by contractor: N/A	
Contractor address: 1421 Guerneville Road, Suite 218, Santa Rosa, CA 95403	
Date that contract was approved:	Amount of contract: Not to exceed \$18,732,139
Describe the nature of the contract that was approved: Provide Mental Health Services include Assessment, Plan Development, Individual Therapy, Individual Rehabilitation, Intensive Home Based Services, Family Therapy, Group Therapy, and Collateral.	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed