

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

**Second Amendment**

THIS **SECOND** AMENDMENT (“Amendment”) is made as of **June 1, 2025**, in San Francisco, California, by and between **Edgewood Center for Children and Families** (“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 modify the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses; and

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WHEREAS, Contractor was competitively selected pursuant to a RFGA entitled CRISIS STABILIZATION UNIT (CSU) AND HOSPITAL DIVERSION PROGRAM (HD) FOR CHILDREN 6-18 OF AGE FOR THE DEPARTMENT OF PUBLIC HEALTH issued through Sourcing Event ID SFGOV-0000008079 and this Amendment is consistent with the terms of the RFP and the awarded Contract; and

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WHEREAS, this Contract is deemed exempt from Chapter 14B of the San Francisco Administrative Code because local preferences are not permitted by the federal and state funding sources and, as such, there is no Local Business Enterprise (“LBE”) subcontracting participation requirement for this Agreement; and

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WHEREAS, this Amendment is consistent with an approval obtained when the Civil Service Commission approved Contract numbers 44670-16/17 and 46987-16/17 on July 15, 2019 and August 3, 2020 respectively; and

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WHEREAS, this Amendment is consistent with an approval obtained from the City’s [Board of Supervisors] under [insert resolution number] approved on [insert date of Commission or Board action] in the amount of [insert Dollar Amount] for the period commencing [Insert Start Date] and ending [Insert End Date]; and

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WHEREAS, the Department has filed Ethics Form 126f4 (Notification of Contract Approval) because this Agreement, as amended herein, has a value of \$100,000 or more in a fiscal year and will require the approval of [**Choose all that apply** an elected officer of the City, a board on which an elected officer of the City serves, a state agency on whose board an elected officer of the City's appointee serves, and/or the Board of Supervisors]; and

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Now, THEREFORE, the parties agree as follows:

## **Article 1      Definitions**

The following definitions shall apply to this Amendment:

1.1      **Agreement.** The term "Agreement" shall mean the Agreement dated October 01, 2023 between Contractor and City, as amended by the:

First Amendment,                      dated July 01, 2024

## **Article 2      Modifications of Scope to the Agreement**

The Agreement is hereby modified as follows:

2.1      **Term of the Agreement.** Article 2 Term of the Agreement of the Original Agreement currently reads as follows:

2.1      **Term.** The term of this Agreement shall commence on October 01, 2023 and expire on September 30, 2025, unless earlier terminated as otherwise provided herein

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

2.2      **Term.** The term of this Agreement shall commence on October 01, 2023 and expire on June 30, 2030, unless earlier terminated as otherwise provided herein.

2.2      **Financial Matters.** Section 3.3.1 Calculation of Charges of the Original Agreement currently reads as follows:

3.3.1      **Calculation of Charges and Contract.** The amount of this Agreement shall not exceed Nine Million Five Hundred Fifty Four Thousand Eight Hundred Seven Dollars (\$9,554,807), the breakdown of which appears in Appendix B, "Calculation of Charges." City shall not be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any Services covered by this Agreement.

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

3.3.1      **Calculation of Charges and Contract.** The amount of this Agreement shall not exceed Thirty One Million Six Hundred Three Thousand Eight Hundred One Dollars (\$31,603,801), the breakdown of which appears in Appendix B, "Calculation of Charges."

City shall not be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any Services covered by this Agreement.

2.3 **Appendix A, A-1, A-2, and A-3.** Appendix A, A-1 and A-1a is hereby replaced in its entirety by Appendix A, A-1, A-2 and A-3, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix A, A-1 and A-1a in any place, the true meaning shall be Appendix A, A-1, A-2 and A-3, which is a correct and updated version.

2.4 **Appendix B, B-1, B-2 and B-3.** Appendix B, B-1 and B-1a is hereby replaced in its entirety by Appendix B, B-1, B-2 and B-3, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B, B-1 and B-1a in any place, the true meaning shall be Appendix B, B-1, B-2 and B-3, which is a correct and updated version.

2.5 **Appendix D.** Appendix D is hereby replaced in its entirety by Appendix D, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix D in any place, the true meaning shall be Appendix D, which is a correct and updated version.

2.6 **Appendix E.** Appendix E is hereby replaced in its entirety by Appendix E Dated: OCPA & CAT v1/10/2024, and Attestation forms 06-07-2017, and Protected Information Destruction Order Purge Certification 01-10-2024, attached to this Amendment and incorporated within the Agreement.

### **Article 3 Updates of Standard Terms to the Agreement**

The Agreement is hereby modified as follows:

3.1 **Section 4.2.1 Qualified Personnel.** *Section 4.2 of the Agreement is replaced in its entirety to read as follows:*

**4.2.1 Qualified Personnel.** Contractor represents and warrants that it is qualified to perform the Services required by City, and that all Services will be performed by competent personnel with the degree of skill and care required by current and sound professional procedures and practices. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit sufficient resources for timely completion within the project schedule.

3.2 **Section 4.5 Assignment.** *Section 4.5 of the Agreement is replaced in its entirety to read as follows:*

**4.5 Assignment.** Services to be performed by Contractor are personal in character. This Agreement may not be directly or indirectly assigned, novated, or otherwise transferred unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

**3.3 Section 10.15 Public Access to Nonprofit Records and Meetings.** *Section 10.15 of the Agreement is replaced in its entirety to read as follows:*

**10.15 Nonprofit Contractor Requirements.**

**10.15.1 Good Standing.** If Contractor is a nonprofit organization, Contractor represents that it is in good standing with the California Attorney General's Registry of Charitable Trusts and will remain in good standing during the term of this Agreement. Contractor shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City's request, Contractor shall provide documentation demonstrating its compliance with applicable legal requirements. If Contractor will use any subcontractors to perform the Agreement, Contractor is responsible for ensuring they are also in compliance with the California Attorney General's Registry of Charitable Trusts for the duration of the Agreement. Any failure by Contractor or its subcontractors to remain in good standing with applicable requirements shall be a material breach of this Agreement.

**10.15.2 Public Access to Nonprofit Records and Meetings.** If Contractor is a nonprofit organization; provides Services that do not include services or benefits to City employees (and/or to their family members, dependents, or their other designated beneficiaries); and receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

**3.4 Section 10.17 Distribution of Beverages and Water.** *Section 10.17 of the Agreement is replaced in its entirety to read as follows:*

**10.17 Distribution of Beverages and Water.**

**10.17.1 Sugar-Sweetened Beverage Prohibition.** The scope of Services in this Agreement includes the sale, provision, or distribution of beverages to or on behalf of City. Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

**10.17.2 Packaged Water Prohibition.** The scope of Services includes the sale, provision, or distribution of water to or on behalf of City. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

**3.5 Section 12.6 Prevention of Fraud, Waste and Abuse.** *The following section is hereby added and incorporated in Article 12 of the Agreement:*

**12.6 Prevention of Fraud, Waste and Abuse.** Contractor shall comply with all laws designed to prevent fraud, waste, and abuse, including, but not limited to, provisions of state and Federal law applicable to healthcare providers and transactions, such as the False Claims Act (31 U.S.C. § 3729 et seq.), the Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)), the



Physician Self-Referral Law (Stark Law, 42 U.S.C. § 1395nn), and California Business & Professions Code § 650. Contractor shall immediately notify City of any suspected fraud, waste, and abuse under state or federal law.

3.6 **Article 13 Data and Security.** *Article 13 is hereby replaced in its entirety to read as follows:*

**13.1 Nondisclosure of Private, Proprietary or Confidential Information.**

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

**13.1.2 City Data; Confidential Information.** In the performance of Services, Contractor may have access to, or collect on City’s behalf, City Data, which may include proprietary or Confidential Information that if disclosed to third parties may damage City. If City discloses proprietary or Confidential Information to Contractor, or Contractor collects such information on City’s behalf, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or Confidential Information.

**13.2 Reserved. (Payment Card Industry (“PCI”) Requirements)**

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

**The parties acknowledge that CONTRACTOR will:**

1. ☒ Do **at least one** or more of the following:
  - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
  - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or

C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

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

- a. **Appendix E** SFDPH Business Associate Agreement (BAA) (1-10-2024)
  - 1. SFDPH Attachment 1 Privacy Attestation (06-07-2017)
  - 2. SFDPH Attachment 2 Data Security Attestation (06-07-2017)
  - 3. SFDPH Attachment 3 Protected Information Destruction Order Purge Certification (01-10-2024)

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

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

### **13.4 Management of City Data.**

**13.4.1 Use of City Data.** Contractor agrees to hold City Data received from, or created or collected on behalf of, City, in strictest confidence. Contractor shall not use or disclose City Data except as permitted or required by the Agreement or as otherwise authorized in writing by City. Any work by Contractor or its authorized subcontractors using, or sharing or storage of, City Data outside the continental United States is prohibited, absent prior written authorization by City. Access to City Data must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. City Data shall not be distributed, repurposed or shared across other applications, environments, or business units of Contractor. Contractor is provided a limited non-exclusive license to use City Data solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to City Data, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

**13.4.2 Disposition of City Data.** Upon request of City or termination or expiration of this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all City Data given to, or collected or created by Contractor on City's behalf, which includes all original media. Once Contractor has received written confirmation from City that City Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractor's environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

**13.5. Ownership of City Data.** The Parties agree that as between them, all rights, including all intellectual property rights, in and to City Data and any derivative works of City Data is the exclusive property of City.

**13.6 Loss or Unauthorized Access to City's Data; Security Breach Notification.**

Contractor shall comply with all applicable laws that require the notification to individuals in the event of unauthorized release of PII, PHI, or other event requiring notification. Contractor shall notify City of any actual or potential exposure or misappropriation of City Data (any "Leak") within twenty-four (24) hours of the discovery of such, but within twelve (12) hours if the Data Leak involved PII or PHI. Contractor, at its own expense, will reasonably cooperate with City and law enforcement authorities to investigate any such Leak and to notify injured or potentially injured parties. Contractor shall pay for the provision to the affected individuals of twenty-four (24) months of free credit monitoring services, if the Leak involved information of a nature reasonably necessitating such credit monitoring. The remedies and obligations set forth in this subsection are in addition to any other City may have. City shall conduct all media communications related to such Leak.

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

## **Article 4      Effective Date**

Each of the modifications set forth in Articles 2 and 3 shall be effective on and after the date of this Amendment.

#### **Article 5      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, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

Recommended by:

\_\_\_\_\_  
Daniel Tsai  
Director of Health  
San Francisco Department of Public Health

Approved as to Form:

David Chiu  
City Attorney

CONTRACTOR

Edgewood Center for Children & Families

DocuSigned by:



8/20/2025 | 2:53 PM PDT

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\_\_\_\_\_  
Lynn Dolce  
Chief Executive Officer  
1801 Vicente Street  
San Francisco, CA 94116

City Supplier number: 0000020937

By: \_\_\_\_\_  
Arnulfo Medina  
Deputy City Attorney

Approved:

Sailaja Kurella  
Director of the Office of Contract  
Administration, and Purchaser

By: \_\_\_\_\_

Name: \_\_\_\_\_

## Appendix A Scope of Services – DPH Behavioral Health Services

### 1. Terms

#### A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Sharon Wong**, Program Manager, Contract Administrator for the City, or his / her designee.

#### B. Reports:

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

#### C. Evaluation:

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

#### D. Possession of Licenses/Permits:

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

#### E. Adequate Resources:

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

#### F. Admission Policy:

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

#### G. San Francisco Residents Only:

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

#### H. Grievance Procedure:

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

**I. Infection Control, Health and Safety:**

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

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

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

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

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

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

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

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

**J. Aerosol Transmissible Disease Program, Health and Safety:**

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third-Party Revenue:

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

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

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

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

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

- 1) Staff evaluations completed on an annual basis.



- 2) Personnel policies and procedures in place, reviewed and updated annually.
- 3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC) to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

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

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

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

V. Compliance with Grant Award Notices:

Contractor recognizes that funding for this Agreement may be provided to the City through federal, State or private grant funds. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

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.

**2. Description of Services**

Contractor agrees to perform the following Services:

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

The detailed description of services is listed below and are attached hereto:

Appendix A-1 – Edgewood Hospital Diversion

Appendix A-2 – Edgewood Crisis Stabilization Unit

Appendix A-3 – Edgewood Partial Hospitalization Program

**3. Services Provided by Attorneys.** Any services to be provided by a law firm or attorney to the City 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.

**Contractor Name:** Edgewood Center for Children and Families

**Program Name:** Edgewood Hospital Diversion

**Appendix A- 1**

**Funding Term:** 7/1/2025-6/30/2026

**Funding Source:** MH CYF Fed SDMC FFP (50%),  
MH CYF State 2011 PSR-EPSDT, MH CYF-GF

## 1. Identifiers:

Program Name: Edgewood Hospital Diversion

Program Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116

Telephone/FAX: (415) 681-3211/(415) 664-7094

Website Address: [www.edgewood.org](http://www.edgewood.org)

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

Executive Director/Program Director: Alyssa Kianidehkian, LMFT

Telephone: (415) 463-0030

Email Address: [alyssaki@edgewood.org](mailto:alyssaki@edgewood.org)

Program Code(s) (if applicable):

- 8858H1

## 2. Nature of Document:

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

## 3. Goal Statement:

Edgewood's Hospital Diversion Program stabilizes youth experiencing acute stress or crisis, psychiatric, behavioral health and/or family problems in order to avoid psychiatric hospitalization, provide a step-down from inpatient hospitalization, Edgewood's Crisis Stabilization Unit (CSU) or longer-term residential treatment. Edgewood provides skills development and family/caregiver support with the goal of returning the youth to a lower level of care. To further stabilize the youth following Hospital Diversion stay, youth may be approved to step down to the Partial Hospitalization program, which is part of the HD programming but at a reduced dosage and length of stay.

Edgewood provides a continuum of care including Crisis Stabilization Unit (CSU), Hospital Diversion (HD), and Partial Hospitalization (PHP) to support youth and families in crisis.

## 4. Priority Population:

Edgewood welcomes and services all ethnicities and populations within San Francisco with focused expertise to meet the unique needs of children between the ages of 12 and 17 that are clinically appropriate for acute intensive treatment in a residential unlocked non-hospital setting.

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

Please see Appendix B, UOS & UDC Allocation.

## 6. Methodology:

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

### A. Outreach, recruitment, promotion, and advertisement

**Contractor Name:** Edgewood Center for Children and Families**Appendix A- 1****Program Name:** Edgewood Hospital Diversion**Funding Term:** 7/1/2025-6/30/2026**Funding Source:** MH CYF Fed SDMC FFP (50%),  
MH CYF State 2011 PSR-EPSDT, MH CYF-GF

Admissions into the Diversion program are planned and take place through DPH Child Crisis and DPH Family Mosaic Project.

Edgewood understands that it is important that staff and management attend and participate in county-wide events and committees to form relationships with other providers to ensure that the youth and families served by this program are provided the best opportunities for safety and stability. As a current contractor in San Francisco County, and the existing provider of CSU and HD services locally, Edgewood maintains the below strategies, including active presence in several collaborative forums, to ensure outreach, engagement and education of the services that are available for youth and families in crisis:

- Consistent and collaborative outreach SFDPH CBHS Comprehensive Crisis Services and SFDPH Family Mosaic Project re: program capacity.
- Outreach presentations and in person tours regularly offered to the system of care.

Edgewood maintains a workforce that is reflective of the diversity of the local labor market, at all levels of employment. We recruit and maintain a diverse staff that currently includes staff that can speak Spanish, French, Cantonese, Mandarin, Hindi, Farsi, Vietnamese, Gujarati, and Samoan. Edgewood staff are also diverse in gender, age, ethnicity, sexual orientation, religion, abilities and disabilities, and in many other respects. Edgewood is dedicated to building a multicultural agency which enlists the full participation of diverse communities.

Edgewood recruits for its various positions by posting at other agencies, junior colleges, colleges, undergraduate and graduate schools, cultural organizations, diverse job boards such as the National Association of Black Social Workers, various social networks, NAMI, and youth drop-in centers. A recruitment bonus is also offered to current staff and a pay differential for bilingual staff. Further, Edgewood works alongside recruitment firms to ensure we are seeking a diverse and experienced workforce to support our youth and families.

Edgewood has a career website that is accessible to all candidates. Our language is inclusive and clearly states our workplace efforts to provide diversity and inclusion for attracting the right candidates.

Edgewood also provides employees with vertical and horizontal career opportunities. We aim to make employees aware of internal growth opportunities and have an internal recruiting process in place. Internal mobility is extremely important for our retention efforts.

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

Enrollment in the HD Program is based upon a client's age, gender, ethnicity, culture, and type of problem, as those variables are considered in relationship to the existing population in the program under consideration. The HD Program shall consider the youth's needs and strengths as well as the likelihood that the youth will benefit from the program. HD includes Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) & Sexual Orientation, Gender Identity and Expression (SOGIE), and non-English-speaking youth. Once a referral is made to Edgewood, the steps to determine eligibility and gather information typically begin within 24 hours of initial contact with the referring party.

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An acceptance of a referral for intake evaluation is not equivalent to admission into the program. The referring party, the family, or Edgewood may terminate the intake at any point should it become clear it would not be feasible to continue.

As part of Edgewood's continuum of care, Edgewood's Crisis Stabilization Unit (CSU) may also refer youth to HD to further stabilize symptoms and to avoid psychiatric hospitalization. Any such referral is complete with collaboration and approval from SFCBHS.

When a referral appears to be appropriate for the HD Program, a request is made to the referring party and/or parent to forward all information that is pertinent to the services being requested including:

- Family and permanency history
- Prior placement history
- Mental health treatment history
- Psychological and psychiatric evaluation(s)
- Medical history
- Education records and individual educational plans (IEP's)
- Court reports
- Discharge summaries (from hospitalizations or other placements)

Pre-placement Visit & Interview: A member of the Intake Team conducts this meeting. During the visit the family is welcomed and informed that families are an integral component of successful treatment. Families are considered the experts of their lives and are viewed as partners by the treatment team. Edgewood recognizes that families who receive our help often have experienced challenging life circumstances, difficulty with previous providers, may distrust the system, and may struggle with relationships. Edgewood is committed to reducing the stigma and barriers associated with receiving treatment. Families are expected to participate in treatment. Edgewood staff will communicate this expectation with the knowledge that we may need to find a variety of ways to continually demonstrate how much Edgewood values family involvement. On occasion, because of the immediacy of placement need or geographic factors, a youth may be scheduled for admission without a pre-placement visit.

Admission Decision: After the visit, the information gathered during the admission process is reviewed by the multidisciplinary Intake Team (which includes the Director of Admissions, Director of Nursing, Acute Intensive Services (AIS) Director, Associate AIS Director, Clinical Supervisor, Milieu Managers or Non-Public School (NPS) Director). The Intake Team discusses the youth or youth's fit for the program and the capacity of the program to address and successfully assist the youth and family. Variables such as the current population, level of staff expertise and the physical environment are carefully considered. When indicated, additional psychological testing, psychiatric evaluation, or other necessary information is requested prior to a final decision to accept a youth or youth for treatment. The Intake Team decides and typically responds to referring agencies regarding

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acceptance or rejection of referral within one (1) business days. If a referral is denied, the reasons are documented on the referral tracker.

Placement in the HD Program is not appropriate for children and youth whose clinical presentation includes the following below.

- Physical, neurological, or mental health needs that are better served in a more specialized treatment or medical facility. Examples include:
  - Children and youth with substance abuse disorders
  - Pregnant youth or youth with babies at the time of entry
  - Children and youth with moderate to severe intellectual disability
  - Diabetic children and youth who are unable to self-monitor or who are not compliant with treatment
  - History of significant sexual predatory behavior
  - Chronic, active fire setting behavior
  - History of serious criminal behavior

Waiting List Policy: Edgewood Center strives to provide smooth and timely access to agency program services. On rare occasions, existing circumstances result in a temporary inability of a program to serve new referrals. When a referral to the Program has been deemed appropriate, yet there is a delay in the program's ability to have the child/youth enter, the Intake Department will provide the referral source a projected entrance date and/or offer to place the child/youth on a wait list. The wait list is maintained by the Intake Department. In general, potential clients are added to the list in ascending order from the earliest date of request for service to the most recent.

Tracking of Referrals: Edgewood's Intake Department maintains a referral tracker. This referral tracker logs each program referral that is made to Edgewood. It includes the following information: Date/time of referral, the client's name, age, identified gender, diagnosis, and the referral source. In addition, it includes the decision made by Edgewood about the acceptance or denial of clients, denial reason. Edgewood team will review referral decisions (acceptance or denials of clients) with SFDPH CBHS Comprehensive Child Crisis and SFDPH Family Mosaic Project on a quarterly basis.

### **C. Service delivery model**

The HD Program provides short term residential services to stabilize youth experiencing acute stress or crisis, psychiatric, behavioral health and/or family problems. The HD Program further stabilizes youth symptoms in order to avoid psychiatric hospitalization, provide a step-down from inpatient hospitalization, Edgewood's Crisis Stabilization Unit (CSU) or longer-term residential treatment, providing skills development and family/caregiver support with the goal of returning the youth to a lower level of care. While the HD program is 24/7/365, with an average length of stay of two weeks, with approval from SF County DPH, youth can reduce their dose/length of stay and step down to PHP programming if clinically indicated.

The programs are designed to assess and stabilize a broad range of youth and family challenges including high-risk behavioral and emotional issues resulting in aggressive and/or self-harming

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behavior. In addition to a short-term stabilization service, Edgewood also offers diagnostic assessment and psychotropic medication evaluation and management, allowing youth to receive acute care outside the confines and cost of a locked inpatient unit. Youth and families are discharged from Edgewood's Diversion programs with a thorough and collaborative safety and treatment plan that concretely addresses safety concerns, referral needs and redeems hope and quality of life.

Upon entry to the HD Program, an initial screen is completed to assess the immediate needs of the youth. When indicated by the screen, additional assessment, referrals and follow up may be required. The initial screen is completed by the assigned intake staff. The initial screen includes the following:

- **Risk Screen and Needs:** Youth are screened for suicide risk, danger to self or others, exploitation, and sexual exploitation using the Columbia Suicide Severity Rating Scale (C-SSRS) and Child and Adolescent Needs and Strengths (CANS). If immediate need is identified, intervention is required, and staff follow the crisis response protocol. C-SSRS and CANS are available to clients and families in threshold languages.
- **Pain Screen:** Youth are screened for pain. When indicated, referral for medical evaluation is made and follow-up may be required. All follow-up efforts are documented in the youth's chart.
- **Nutrition Screen:** Youth are screened for nutritional needs. When indicated, referral for nutritional evaluation is made and follow up may be required. All follow-up efforts are documented in the youth's chart.
- **Trauma Screen:** Youth are screened for trauma. When indicated, further assessment is initiated. Trauma continues to be assessed throughout the course of treatment. Interventions are documented in the youth's chart.

Using information gathered from the referral source, intake meeting, conversations with client, caregivers and external providers, the mental health clinician completes a comprehensive assessment following the youth's admission to the program. Upon completion of the assessment, the Needs and Services Plan (NSP)/Care Plan is developed to address client needs. The primary goal of treatment is to provide intensive clinical and behavioral services to support a reduction in high-risk behaviors so that youth can return to their homes and their communities as quickly as possible. Edgewood's treatment team takes a trauma informed approach in dealing with issues of intergenerational complex trauma and community violence.

The HD (Residential) Program operates 24 hours per day, 7 days a week in one cottage on Edgewood's Vicente Campus located at 1801 Vicente Street in San Francisco. The residential program is licensed by the Department of Social Services Community Care Licensing as a Group Home with a capacity to serve up to 12 youth. The HD Program serves youth ages 12-17. This treatment intervention is anticipated to last approximately 14 days based on clinical and medical necessity and is contracted to provide residential beds for San Francisco Community Behavioral Health Services (CBHS) and Family Mosaic Project (FMP).

When clinically indicated, approved by San Francisco Community Behavioral Health Services (CBHS), and as budget allows, HD youth may transition within our continuum (step down from HD to PHP) to best meet the needs of the youth.

Our HD Program features:

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- Supervision, monitoring, and support to ensure safety after a mental health crisis.
- Strengths-based approach to promote resiliency.
- Family-focused treatment to increase communication and connection with all members of the youth's support system and join families together.
- Target the reduction of high-risk behaviors with emphasis on developing coping strategies and crisis management skills for youth and caregivers.
- Intensive group-based treatment focused on increasing therapeutic skills as well as promoting Holistic/Fully Body Wellness.
- Work towards gradually re-integrating youth into their homes and communities and connecting families with appropriate community-based support (both therapeutic and recreational).
- Dialectical behavior therapy (DBT) informed programming. DBT is a modified type of cognitive behavioral therapy (CBT). Its main goals are to teach people how to live in the moment, develop healthy ways to cope with stress, regulate their emotions, and improve their relationships with others.
- A multi-disciplinary team of well-trained staff members who are committed to providing a safe, therapeutic environment for those who we serve. Team members include therapists, counselors (24/7), program managers, nurses, and psychiatrists. The program has also included support from family partners and nurse practitioners. Therapeutic Programming
  - Therapeutic classroom Monday - Friday
  - Expressive Arts programming
  - Occupational therapy
  - Therapeutic recreation
  - Life skills/Social Skills activities
  - Mindfulness and Holistic Healing groups and activities
- Clinical/Medical Services (Specialty Mental Health Services including, but not limited to)
  - Assessment and Plan Development (as needed)
  - Individual therapy (HD minimum 2x/week)
  - Family therapy or Rehabilitation (minimum 1x/week)
  - Group therapy, including DBT skills (minimum 2x/day)
  - Psychiatry assessment and treatment (HD only)
  - Case Management
  - Rehabilitation (daily)
  - Crisis Intervention (as needed)
- Coordination of care and services, from the initial referral, with Edgewood providers and external providers, including SFDPH Comprehensive Crisis Services and SFDPH Family Mosaic Program.
- Discharge planning, including linkage with community supports and services, including discharge planning with SFDPH Comprehensive Crisis Services SFDPH Family Mosaic Program.



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Edgewood staff and leadership understand the importance of partner relationships in providing quality care to our children/youth and families. SF County Medi-Cal referrals come to us from SFDPH CBHS Comprehensive Child Crisis and SFDPH Family Mosaic Project, so we focus considerable attention on effective communications with these agencies. We use several methods of communication with all parties involved in a child/youth crisis, and we consistently reach out to keep our contacts up-to-date and well-informed.

#### **D. Discharge Planning and exit criteria and process**

The HD Program begins to address discharge planning at the onset of referral and intake in order to support an average length of stay of two weeks. Edgewood staff creates a flexible and responsive discharge transition plan with time frames and goals for community involvement, that is sensitive and relevant to the youth and family's identified culture. The plan is co-created with the youth and parent(s)/caregiver(s). We involve parents/caregivers in identifying strengths that can be used after discharge to help prevent a future crisis and support the client, and in identifying resources in the community (behavioral health providers, informal supports, family support organizations). The plan is defined by specific goals with measurable outcomes developed collaboratively by the youth, their parent(s)/caregiver(s), and their service provider(s). Discharge planning can include things like setting up outpatient appointments with step-down programs or clinics, setting up regular one-on-one therapy sessions with a school social worker, and enrolling clients in teen skills groups offered by local service providers. This process also involves preparing youth and families for the transition home, to an outside program, or to another Edgewood program.

Edgewood engages in verbal discharge planning and shares clinical documentation with the SFDPH Comprehensive Crisis Services or SFDPH Family Mosaic Program on every SFCBH youth admitted to HD to ensure coordination of care. Additionally, Edgewood is connected to Manifest Medex, a statewide health information network, to fulfill CalAIM's interoperability requirements and allow information access to healthcare providers and clients. Healthcare providers and individuals receiving care through Edgewood programs will have access to demographic and assessment information and encounter data.

#### **E. Program staffing**

**Acute Intensive Services (AIS) Programs Director/Group Home Administrator** is responsible for residential program on the Vicente campus and for the supervision of the Associate Director, Milieu Manager, Clinical Supervisor and provides oversight of budget, treatment philosophy, and coordination of care. The AIS Programs Director has a master's degree and clinical license and at least 2-6 years of experience in a mental health setting and is credentialed as a Licensed Marriage and Family Therapist (LMFT) with the county mental health plan. The AIS Programs Director is responsible for providing training, consultation, and oversight to the program and supervises the Clinical Supervisor. The position ensures the program adheres to all contractual and licensing requirements, is a liaison to Community Care Licensing (CCL) analyst, and reviews Incident Reports.

**Associate Director of Acute Intensive Services (AIS) Programs** is responsible for supervision of the Swing Shift Team Lead and relief counselors, supports the Administrator, assists with CCL work, and is designated as the substitute when the Group Home Administrator is absent. The Associate

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Director has a high school diploma, associate degree, bachelor's degree, or master's degree and has at least 1-6 years of experience in a mental health setting. Staff are credentialed as a Mental Health Worker or Mental Health Rehab Specialist with the county mental health plan. The Associate Director reports to the AIS Programs Director.

**Milieu Manager** is responsible for direct oversight of counselor/direct care staff and clients in their assigned cottage and is responsible for the overall functioning of the program. The Milieu Manager has a high school diploma, associate degree, bachelor's degree, or master's degree and has at least 1-6 years of experience in a mental health setting. Staff are credentialed as a Mental Health Worker or Mental Health Rehab Specialist with the county mental health plan. The Milieu Manager reports to the Acute Intensive Services (AIS) Programs Director.

**Counselor/Relief Counselor/Upnight Counselor** is responsible for supervising clients. The Counselor/Relief Counselor/Upnight Counselor has a high school diploma, associate degree, bachelor's degree, or master's degree and has at least 1-4 years of experience in a mental health setting. Staff are credentialed as a Mental Health Worker or Mental Health Rehab Specialist with the county mental health plan. The Counselor reports to the Milieu Manager. The Relief Counselor reports to the Associate Director. The Upnight Counselor reports to the Swing Shift Team Lead.

**Team Lead/Swing Shift Team Lead** is responsible for the supervision of staff and clients and is part of the crisis support team and serve as the designated Facility Manager. The Team Lead/Swing Shift Team Lead has a high school diploma, associate degree, bachelor's degree, or master's degree and has at least 1-6 years of experience in a mental health setting. Staff are credentialed as a Mental Health Worker or Mental Health Rehab Specialist with the county mental health plan. The Team Lead reports to the Milieu Manager. The Swing Shift Team Lead reports to the Associate Director.

**Clinician/Care Manager** is responsible for providing case management, individual, family, and group therapy and is responsible for scheduling individual activities for youth. The program will employ at least one Clinician/Care Manager available to provide mental health services in Spanish. The Therapist and Care Manager is a registered, licensed, or waived clinician with the Board of Behavioral Sciences. The Clinician/Care Manager has a master's degree or doctorate and has at least 1-2 years of experience in a mental health setting. Staff are credentialed as a Licensed Practitioner of the Healing Arts with the county mental health plan. The Clinician/Care Manager reports to the Clinical Supervisor.

**Clinical Supervisor** is responsible for overseeing the clinical team and provides individual and group supervision to Therapists and Care Managers. The Clinical Supervisor is a licensed clinician with the Board of Behavioral Sciences. The Clinical Supervisor has a master's degree or doctorate and has at least 2 years of licensed experience in a mental health setting. Staff are credentialed as a Licensed Practitioner of the Healing Arts with the county mental health plan. The Clinical Supervisor reports to the Clinical Director.

**Nursing Director and Registered Nurses** are responsible for providing basic medical care, administers medication, and schedules all outside medical appointments. The Registered Nurses and Nursing Director are licensed registered nurses with the Board of Registered Nursing. The Nursing Staff/Registered Nurse has bachelor's degree or master's degree and are credentialed as a Registered Nurse with the county mental health plan. The Registered Nurse reports to the Nursing Director who reports to the Medical Director.

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**Psychiatric Nurse Practitioner** may provide consultation and support to the Registered Nurses and mental health staff in the program and may also provide medication support services to youth as needed. The Psychiatric Nurse Practitioner is licensed with the Board of Registered Nursing. The Nurse Practitioner has a master's degree and is credentialed as a Nurse Practitioner with the county mental health plan. The Psychiatric Nurse Practitioner reports to the Medical Director.

**Psychiatric Fellow** provides medication support services to the youth. The Psychiatric Fellow is certified through the Medical Board of California and credentialed as a physician with the county mental health plan. The Psychiatric Fellow reports to the Medical Director.

**Medical Director** is responsible for overseeing the medical services related to the Programs including medical and psychiatric services. The Medical Director is certified through the Medical Board of California and supervises the Nurse Practitioner and Director of Nursing. The Medical Director is credentialed as a Physician with the county mental health plan. The Medical Director reports to the Chief Executive Officer.

#### HD Ancillary Support Position Descriptions

**Director of Admissions** is responsible for overseeing the intake department, screening referrals, marketing/outreach of the program and completing intakes for the programs. The Admissions Director provides direct oversight to the Intake Coordinator. The Admissions Director has a high school diploma, associate degree, bachelor's degree, or master's degree and has at least 1-6 years of experience in a mental health setting. Staff are credentialed as a Mental Health Worker or Mental Health Rehab Specialist with the county mental health plan. The Admissions Director reports to the Senior Director of Programs.

**Intake Coordinator** provides administrative support to the intake department by processing paperwork, entering data, responding to inquiries and developing systems to ensure that the department is running smoothly. The Intake Coordinator may have a high school diploma, associate degree, bachelor's degree, or master's degree. Staff are credentialed as administrative staff with the county mental health plan. The Intake Coordinator reports to the Director of Admissions.

#### **E. Vouchers**

N/A

#### **7. Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the document entitled Children, Youth, and Families Performance Objectives FY25-26.

#### **8. Continuous Quality Improvement:**

Quality Assurance and Improvement (QAI) is a continuous process and occurs across all programs, services, and departments. The responsibility of QAI is shared between direct care providers, supervisors, directors, and Quality Management (QM) staff. QM staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement.

Leadership, Program teams and QM staff review and analyze client satisfaction results, outcome data, program productivity, critical incidents, environment of care, delivery of culturally competent services

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to identify areas for improvement and inform changes in agency practice. Through quality improvement activities such as program review, areas for improvement are identified. QM staff provide timely feedback directly to program staff and managers on areas to correct and improve. QM staff identify patterns in documentation and practice and follow up with managers to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow-up is required to maintain improved levels.

The QM team consists of the Head of Quality Management and Privacy, an Associate Director of Quality Management, two Quality Assurance Managers and two Quality Assurance Administrative Coordinators that support programs across the agency. The QM team supports and monitors the following list of QM activities that are currently in place:

1. Achievement of contract performance objectives and productivity

- Program Managers review productivity data with direct service providers (staff) weekly and monitor against stated expectations. During these meetings, they trouble shoot low census numbers, client engagement, caseloads assignments, discharging planning, etc. to ensure that direct service providers are working towards meeting their productivity.
- Program Leadership and Finance Team review program productivity data monthly and develop action plans based on the data.
- QM staff and Program Teams review contract performance objectives annually and develop action plans based on the data. Evidence of monitoring and completion of corrective plan is maintained in the electronic compliance binder.
- Corrective plans may include staff training, increased oversight by supervisors and QM staff support, and tracking of data to measure progress over time.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits

- Initial documentation training is provided during New Hire Orientation. Managers provide ongoing supervision and support in gaining competency with documentation with documentation standards. QM staff also review staff documentation and provide ongoing training and support, as needed, in either face-to-face or online formats.
- All staff receive regular supervision. Individual supervisors are responsible for reviewing documentation (assessments, CANS, care plans, progress notes, and all other relevant paperwork) for accuracy and adherence to all Medi-Cal and agency documentation standards. In addition to initial review by supervisors, QM staff also performs QM level review of documentation. QM staff review paperwork completion, timeliness, and compliance with all internal and external documentation expectations. QM staff work collaboratively with supervisors to provide feedback and track errors/improvement requests until completion.
- Chart review is ongoing. QM staff audit client documentation for technical and clinical accuracy. Documentation review occurs at admission, at discharge and during the note review process. Program Staff, Supervisors, and QM Staff use a standardized documentation checklist to track documentation compliance requirement to audit documentation. Chart review may also occur upon staff transitions (departures, transfers, staff change, etc.) to ensure completion of the client record and to coordinate a smooth transition to a new service provider. Chart review may also

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be triggered because of findings in a program review or when regular QM review of documents reveals a pattern of concern. Errors are tracked and corrected.

- QM staff review client documentation including assessments, CANS, care plans, progress notes, and all other relevant paperwork. Client diagnosis, supporting rationale, impairment criteria and linkage to goals/objectives, effectiveness of interventions provided. Progress notes are also reviewed for technical errors as well as clinical relevance to treatment outlined in the service plan.
- Depending on the severity of the deficiencies, this may trigger an improvement plan for the staff or program, which may include additional training or oversight by QM staff.

### 3. Cultural Competency of staff and services

- Program Managers and direct service providers (staff) participate in weekly supervision to identify and address issues of culture and diversity. Factors that could impact treatment are addressed by the team. Edgewood programs make every effort to employ staff from diverse backgrounds with language capabilities to serve clients in their preferred languages. Edgewood contracts with Language Back for translation services. When staff are not able to meet the language needs of the client/family, staff contact the Language Bank services for translation services.
- Additionally, staff training needs are communicated to the training department and may be added to the training calendar. All staff participate in mandatory annual Cultural Competency Training.

### 4. Satisfaction with services

- Edgewood programs participate in the SF CBHS consumer perception survey process twice a year. Findings from client satisfaction surveys and program performance objectives are reviewed bi-annually by program staff and agency leadership. Information is analyzed and areas for improvement are identified. In areas that fall below expected results, corrective plans are implemented, and activities are monitored until desired results occur. Continuous follow-up is required to maintain improved levels.
- Edgewood programs have also implemented their own Client and Caregiver Satisfaction Survey. QM and Program Teams review data annually at the end of the fiscal year and identify areas for improvement. Corrective actions are monitored until completed.

### 5. Timely completion and use of outcome data, including CANS and/or ANSA data

- Client paperwork timelines are tracked upon admission. Direct service providers (staff) receive regular notification of documentation timelines and requirements. Paperwork timeliness and use of CANS is reviewed at admission and discharge. CANS items and identified needs are reviewed to confirm that prioritized needs are being addressed and clients are making progress towards established goals and objectives. QM staff support the process by reviewing completion of paperwork within required timelines.

## 9. Required Language: N/A

## 10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY): N/A

**Contractor Name:** Edgewood Center for Children and Families

**Appendix A- 2**

**Program Name:** Edgewood Crisis Stabilization Unit (CSU)

**Funding Term:** 7/1/2025-6/30/2026

**Funding Source:** MH CYF Fed SDMC FFP (50%), MH CYF State 2011 PSR-EPSDT, MH CYF-GF

### 1. Identifiers:

Program Name: Edgewood Crisis Stabilization Unit (CSU)

Program Address, City, State, ZIP: 2681 28th Avenue, San Francisco, CA 94116

Telephone/FAX: (415) 682-3278/(415) 664-7094

Website Address: [www.edgewood.org](http://www.edgewood.org)

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

Executive Director/Program Director: Justine King, LMFT, LPCC

Telephone: (415) 650-7876

Email Address: [jeking@edgewood.org](mailto:jeking@edgewood.org)

Program Code(s) (if applicable): 3898CS

### 2. Nature of Document:

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

### 3. Goal Statement:

The Crisis Stabilization Unit (CSU) is a 5585 receiving and assessment center and offers an intensive service for psychiatric crisis assessment, mental health crisis stabilization, acute intervention, and safety and discharge planning. The goal of this intensive level of care is to prevent inpatient psychiatric hospitalization and assessment in Emergency Departments or the larger community, as well as to stabilize symptoms and continue skills development while providing family/caregiver support. The CSU identifies appropriate community support services and supports linkage to these referrals.

### 4. Priority Population:

Edgewood welcomes and services all ethnicities and populations within San Francisco with focused expertise to meet the unique needs of children between the ages of 6 and 17 that are clinically and medically appropriate for crisis stabilization in an unlocked, family-friendly setting. Edgewood's CSU is the San Francisco County Child and Adolescent WIC 5585 receiving and assessment center.

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

Please see Appendix B, UOS & UDC Allocation.

### 6. Methodology:

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

#### A. Outreach, recruitment, promotion, and advertisement

Edgewood employs a variety of outreach strategies to build community and engage families in the services we offer. Our established networking systems include consistent and prescheduled meetings, email lists, social media posts, and phone calls/zoom meetings. We ensure to contact and notify our

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established partners about new, or expanded services, available services slots, and upcoming events and pilot projects. The Edgewood team understands that it is important that staff and management attend and participate in county-wide events and committees to form, maintain, and nurture relationships with other providers to ensure that the youth and families served by this program are provided the best opportunities for safety and stability. As a current contractor in San Francisco County, and the existing local provider of CSU services, Edgewood uses the strategies, including active presence in several collaborative forums, to ensure outreach, engagement and descriptions of the services are available for youth and families in crisis:

- Consistent and collaborative contact with SFDPH CBHS Comprehensive Child Crisis re: program capacity and openings to county system of care partners, local hospitals, group home and residential settings, as well as outpatient and community-based programs
- Monthly meetings between CSU Leadership and Comprehensive Crisis Services AODs and leadership to discuss client and program needs
- Collaborating with CYF Intensive Services Coordinator regularly to ensure ongoing awareness of CSU as a resource and discuss client needs. Outreach presentations and in person tours regularly offered to the system of care.
- School/District partnership & outreach meetings
  - San Francisco Unified School District (SFUSD) partnership & outreach meetings (2-3x/year)
  - San Francisco Private/Parochial/Independent School forum convenings with mental health counselors and support staff
- Seneca Mobile Response Team (MRT) collaboration (monthly)
- Mobile, in person community outreach conducted by program staff and leadership (ex: visiting local community-based organizations, community centers, Boys & Girls Clubs, YMCAs, etc. to attend staff meetings, drop materials and present information on services offered for youth in need)
- Taraval Police Department partnership & outreach (2x/year collaboration meetings minimum, invitations to campus events)
- Hosting information booths at local community events (ex: SF PRIDE, Suicide Prevention Walks, etc.)
- UCSF Behavioral Emergency Response Team (BERT) coordination
- Hosting the partners listed above and other community agencies for walk-through tours and informational visits regarding CSU services.

Edgewood maintains a workforce that is reflective of the diversity of the local labor market, at all levels of employment. We recruit and maintain a diverse staff that currently includes staff that can speak Spanish, French, Cantonese, Mandarin, Hindi, Farsi, Vietnamese, Gujarati, and Samoan. Edgewood staff are also diverse in gender, age, ethnicity, sexual orientation, religion, abilities and disabilities, and in many other respects. Edgewood is dedicated to building a multicultural agency which enlists the full participation of diverse communities.

Edgewood recruits for its various positions by posting at other agencies, junior colleges, colleges, undergraduate and graduate schools, cultural organizations, diverse job boards such as the National Association of Black Social Workers, various social networks, NAMI, and youth drop-in centers. A recruitment bonus is also offered to current staff and a pay differential for bilingual staff. Further,

**Contractor Name:** Edgewood Center for Children and Families**Appendix A- 2****Program Name:** Edgewood Crisis Stabilization Unit (CSU)**Funding Term:** 7/1/2025-6/30/2026**Funding Source:** MH CYF Fed SDMC FFP (50%), MH CYF State 2011 PSR-EPSDT, MH CYF-GF

Edgewood works alongside recruitment firms to ensure we are seeking a diverse and experienced workforce to support our youth and families.

Edgewood has a career website that is accessible to all candidates. Our language is inclusive and clearly states our workplace efforts to provide diversity and inclusion for attracting the right candidates.

Edgewood also provides employees with vertical and horizontal career opportunities. We aim to make employees aware of internal growth opportunities and have an internal recruiting process in place. Internal mobility is extremely important for our retention efforts.

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

Youth are admitted to the CSU on an emergency basis. Admissions occur 24/7. Youth must be able to Walk, Eat, Talk and Toilet (WETT Criteria) independently to meet admission criteria. The Edgewood CSU provides specialty mental health services lasting less than 24 hours, to or on behalf of, medically stable client for a crisis condition that requires a timelier response than a regularly scheduled visit. Edgewood's CSU is not a primary healthcare specialty services provider. Clients shall be medically stable before admission. This includes the ability to Walk (transfer independently); Eat (not suffering from an active eating disorder and can eat independently); Talk (participate in and benefit from assessment and mental health treatment interventions); and Toilet (independently attend to elimination and hygiene needs). Although clients with autism, mental retardation, epilepsy, or other developmental disorders, alcoholism, other drug abuse, or repeated antisocial behavior can present as danger to self, danger to others and grave disabled, these conditions are not by themselves a mental disorder that qualifies for admission to the CSU.

Clients with a low baseline of functioning e.g., autism or intellectual developmental delay, may qualify for admission if significant distress or impairment due to a co-occurring mental disorder causes the disability as long as the client can meet WETT criteria.

Exclusionary Criteria- we are not able to admit any youth who, in the judgment of staff or a consulting professional:

- Are insulin dependent
- Exhibits behavior dangerous to self or to others that is unable to be managed on the unit.
- Requires an immediate medical evaluation or medical care in a hospital facility. (Examples of this could be: ingesting drugs and alcohol prior to arrival at the CSU that need a higher level of monitoring, reports of ingesting medications in a manner not prescribed, recent injury to the head, significant self-harm injuries i.e.: cutting, burning, being out of guardian care for over 24 hours, etc.)

We accept SF County Medi-Cal clients who are voluntary walk-ins, referred by schools, brought in by law enforcement or ambulance, transfers from local emergency rooms, and referred by the San Francisco Department of Public Health Comprehensive Crisis Services. Edgewood's CSU is the San Francisco County Child and Adolescent WIC 5585 receiving and assessment center.



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All are medically cleared before being admitted to the program. Any youth who is not able to be medically cleared by the CSU is referred to the hospital and provided a form to be given to medical staff to be completed for medical clearance and are eligible for assessment after clearance.

Once medically cleared, the Administrator On-Call will approve admission to the program. The Administrator On-Call will only accept for treatment those youth who have identified care, treatment and service needs that the program can safely meet in less than 24 hours.

Upon admission, CSU staff initiate the informed consent process. Consistent with Edgewood and WIC 5585's value of family involvement, staff shall attempt to obtain consent from the legal guardian as soon as possible. If there is no legal guardian available to sign for consent, a client 12 years or older may be admitted under Minor Consent for Treatment (Family Code §6924).

At the parent/guardian/client request, if the parent(s)/guardian(s)/client primary language is a language other than English, interpreter services will be made available in their primary language. If the guardian or client exhibit a lack of understanding regarding the intake forms and/or process, all information will be explained to them in a manner that facilitates their understanding of the intake forms.

### **C. Service delivery model**

The CSU is an unlocked, mental health specialty program for medically stable youth ages 6 to 17 years (at times serving children aged 5, when appropriate and approved). The program is located at 2681 28<sup>th</sup> Ave. in San Francisco, CA 94116. The CSU also functions as the San Francisco County Receiving Center WIC (Welfare and Institutions Code) 5151 for youth who are placed on a WIC 5150/5585.5 civil commitment hold in San Francisco County. The CSU provides services 24/7/365. The CSU may serve up to a maximum of four (4) clients at a time.

Crisis stabilization is a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. For clients admitted to the CSU, it is expected that the client stay on the CSU will not exceed 23 hours and 59 minutes. When a client is admitted to the CSU, their admission time is documented on the client log. Staff log each hour the client receives crisis stabilization services to ensure that services stay within the timeline and then document discharge time when the client is discharged from the program. From the inception of services, CSU staff works to stabilize the client and develop an aftercare plan to discharge the client within the service timeline. CSU staff document efforts at discharge planning in the client record.

Occasionally, the CSU may be unable to discharge a client within the timelines. This may be due to challenges with identifying a discharge placement (e.g.: no vacant hospital beds, caregiver refusal to pick up client, etc.). When this occurs, CSU staff document all efforts made to safely discharge the client to the appropriate level of care. Activities may include calls to locate a hospital bed, problem solving with caregiver(s), or notifying Human Services Agency (HSA) Family and Children's Services (FCS) when needed. The Milieu Manger reviews the client log for accuracy of admit and discharge times and the Clinical Supervisor reviews the progress note(s) to ensure that challenges and efforts at discharge planning were documented.

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Crisis stabilization claims are based on hours of service provided to, or on behalf of the client. The maximum number of hours claimable for Crisis Stabilization in a 24-hour period shall be 23 hours. When a client is admitted to the CSU, their admission time is documented on the client log. Staff log each hour the client receives crisis stabilization services and documents the mental health interventions provided e.g. assessment, collateral, crisis intervention, therapy, medication support services and case management. When the client is discharged, the Milieu Manger reviews the client log to confirm billable hours.

Our 24-hour Crisis Stabilization Unit (CSU) offers a wide range of services including:

- Comprehensive psychiatric evaluation and risk assessment
- Medical screening
- Collaborative treatment planning with an individualized, strength-based, recovery model
- Crisis stabilization and prevention
- Therapeutic and counseling interventions
- Coping skills building and safety planning
- Parent and guardian support and education
- 24/7 nursing support
- Medication evaluation and support
- Coordination of care and services, from the initial referral, with Edgewood providers and external providers, including SFDPH Comprehensive Crisis Services
- Discharge planning, including linkage with community supports and services, including discharge planning with SFDPH Comprehensive Crisis Services

The CSU's multidisciplinary team takes a strength-based approach with families and other involved professionals to promote safety, assess and teach skills and to develop a realistic treatment plan so that youth can return to their families.

Our staff are trained in a variety of evidence-based practices, including Trauma-Focused Cognitive Behavior Therapy (TF-CBT), Dialectical Behavior Therapy (DBT), Solution-Focused Therapy, and Collaborative Problem-Solving Therapy. Our staff have also received training in Handle with Care, which details verbal and physical de-escalation techniques, and teaches staff how to initiate a physical hold of a client to ensure safety.

If the client is unable to stabilize and return to a community setting, the client may be referred to Edgewood's residential Hospital Diversion (HD) program. In the event the HD program is not the most appropriate (e.g.: client/family decline, client is too young) and/or when there are no other services in place/the youth is on a waitlist, Edgewood will explore other options with Child Crisis. This recommendation is made in partnership with and is reviewed and approved on a case-by-case basis. If the level of imminent danger to self or others, or the gravity of disabling conditions is deemed to require a locked setting, a WIC 5585 is initiated, and the client may be transferred to an

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inpatient psychiatric facility.

#### **D. Discharge Planning and exit criteria and process**

A preliminary disposition decision is developed after initial assessment is completed within the youth's first four-six hours while on the unit. CSU staff will attempt to reach all providers and school supports as well as relevant adults in the youth's life to gather and share information to support the client. Youth spend time engaging with CSU staff, review their crisis and identify skills they can use upon discharge. Youth are discharged either: a) when they have been stabilized and an appropriate aftercare service plan has been agreed upon with the caregiver, or b) when a client meets medical necessity criteria for hospitalization and is discharged to a higher level of care. The CSU Family Partner can provide follow-up support calls and help counsel the caregiver and answer questions related to their child's treatment.

The CSU begins to address discharge planning at the onset of referral and intake and operates from a recovery model. Rather than merely treating or managing symptoms, this model focuses on building resilience by supporting (as opposed to "pathologizing") individuals experiencing a psycho-emotional crisis; viewing the crisis as an opportunity for positive change; and supporting individuals' and families' agency in finding realistic solutions to challenges.

CSU staff work with clients to create discharge plans that will allow them to experience success and improved wellbeing in the least restrictive environment. All CSU clients receive individualized mental health interventions, including the development of a client-driven Safety Plan and Discharge/Aftercare Plan. In addition, clients receive a face-to-face assessment by a CSU clinician prior to discharge to the community. When youth stabilize overnight, they also receive a face-to-face reassessment in addition to the initial assessment on their day of arrival. CSU staff then facilitates an aftercare planning family session with the client and the parent/caregiver. Prior to discharge, client and parent/caregiver identify and address barriers to implementing the Safety Plan and Aftercare Plan, which includes initiating or linking clients to their behavioral health care provider network and other services for follow-up.

CSU currently can refer clients to a variety of programs including, but not limited to, Edgewood's Hospital Diversion Program, Seneca's Mobile Response Team, and Comprehensive Child Crisis services.

A centralized WIC 5151/5585 Receiving Center and Crisis Stabilization Unit ensures that youth with mental disorders in San Francisco are not unnecessarily hospitalized and that they receive services in the least restrictive level of care to prevent and mitigate long-term disability. If the client's WIC 5585 hold is upheld or if a WIC 5585 hold is initiated, the client is transferred to a 72-hour LPS facility for further evaluation and treatment. If the WIC 5585 is not upheld, the client is diverted from hospitalization and connected to community resources. The primary focus of the CSU, for clients who are not in need of an inpatient psychiatric hospitalization, is ongoing assessment, crisis intervention, crisis stabilization, safety planning, and aftercare and discharge planning (WIC 5585.57). Upon discharge, client and their caregiver are referred to their health care network providers and/or other appropriate specialized community providers for follow-up services.

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Edgewood engages in verbal discharge planning and shares clinical documentation and care plan with the Comprehensive Crisis Discharge Planner on every SFCBH youth admitted to the CSU to ensure coordination of care. Additionally, Edgewood is connected to Manifest Medex, a statewide health information network, to fulfill CalAIM's interoperability requirements and allow information access to healthcare providers and clients. Healthcare providers and individuals receiving care through Edgewood programs will have access to demographic and assessment information and encounter data.

## **E. Program staffing**

Edgewood's current CSU staffing model consists of a multidisciplinary team comprised of clinical leaders, nurses, clinicians, and counselors who provide 24/7 care. Ancillary support is also provided by Edgewood's administrative and intake departments. CSU language capacity includes staff who speak Spanish, Tagalog, and Cantonese. Edgewood also uses contract translating services as necessary for languages that are not covered by our staff (e.g. The Language Bank and Certified Languages International, TDD etc.).

### CSU Staff Position Descriptions:

**Director, Crisis Stabilization Unit** leads and manages all clinical systems and operations of crisis stabilization and assessment services, including clinical interventions for children/youth and families and consultation for disposition decisions and referrals. The Director provides supervision and training for program clinicians, contributes to the development of crisis systems and program policies and procedures to ensure they meet professional standards and regulatory requirements, and conducts ongoing clinical quality management and improvement activities to enhance the coordination, communication, and documentation of services. The Director also manages all aspects of the budget, works with Edgewood's Advancement Department to support program development, marketing and outreach efforts and fundraising goals.

**Clinical Supervisor/Manager** is responsible for overseeing the clinical team and provides individual and group supervision to Clinicians. The Clinical Supervisor is a licensed clinician with the Board of Behavioral Sciences.

**Psychiatrist/Medical Director** (physician/ subcontractor) is available and on-call at all times for the provision of those crisis stabilization services that may only be provided by a physician and will be on site for designated periods throughout the week. The psychiatrist provides medication support services and may prescribe and administer medication to clients in the CSU.

**Psychiatric Nurse Practitioner** under the direction of the psychiatrist (physician) may provide consultation and support to the Registered Nurses and mental health staff in the CSU.

**Registered Nurse** At a minimum, there shall be a ratio of at least one registered nurse on-site for each 4 clients receiving crisis stabilization services at any given time. Under the direction of the psychiatrist (physician), the registered nurse provides medication support services and may administer medication to clients in the CSU. The registered nurse is responsible for completing the physical assessment.

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**Licensed, Registered, or Waivered Mental Health Clinician** At a minimum, there shall be a ratio of at least one licensed, registered, or waived mental health clinician on-site for each 4 clients receiving crisis stabilization services at any given time. The mental health clinician is responsible for completing the mental health assessment and determining the client's diagnosis.

**Crisis Counselor** performs various activities while the client is placed in the CSU. The counselor assists with the intake process and may provide collateral, safety/crisis support, and case management services. The counselor observes and monitors clients for symptoms related to their mental health diagnosis and crisis. The counselor also provides additional staffing in the event that additional supportive interventions are needed. The counselor supports the client with activities of daily living while the client is in the CSU.

**Family Partner** is responsible for providing support to families/caregivers, offering resources/referrals to community agencies, providing follow-up support per request, and offering support during the intake and discharge process. Family Partners are also uniquely qualified for the position given their own lived experience as a caregiver to a child who has been a consumer of behavioral health, social services, and/or other systems of care. Staff are credentialed as a Mental Health Worker or Mental Health Rehab Specialist with the county mental health plan.

**Milieu Manager** is responsible for direct oversight of counselor/direct care staff and clients in the CSU and is responsible for the overall functioning of the program.

**Administrator On-Calls** are licensed clinicians proficient in providing and triaging crisis care for children/youth. Onsite staff determine a client's disposition in consultation with the CSU Administrator On-Call.

**F. Vouchers- N/A****7. Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the document entitled Children, Youth, and Families Performance Objectives FY25-26.

**8. Continuous Quality Improvement:**

Quality Assurance and Improvement (QAI) is a continuous process and occurs across all programs, services, and departments. The responsibility of QAI is shared between direct care providers, supervisors, directors, and Quality Management (QM) staff. QM staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement.

Leadership, Program teams and QM staff review and analyze client satisfaction results, outcome data, program productivity, critical incidents, environment of care, delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. Through quality improvement activities such as program review, areas for improvement are identified. QM staff provide timely feedback directly to program staff and managers on areas to correct and improve. QM staff identify patterns in documentation and practice and follow up with managers to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow-up is required to maintain improved levels.

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The QM team consists of the Head of Quality Management and Privacy, an Associate Director of Quality Management, two Quality Assurance Managers and two Quality Assurance Administrative Coordinators that support programs across the agency. The QM team supports and monitors the following list of QM activities that are currently in place:

1. Achievement of contract performance objectives and productivity

- Program Managers review productivity data with direct service providers (staff) weekly and monitor against stated expectations. During these meetings, they trouble shoot low census numbers, client engagement, caseloads assignments, discharging planning, etc. to ensure that direct service providers are working towards meeting their productivity.
- Program Leadership and Finance Team review program productivity data monthly and develop action plans based on the data.
- QM staff and Program Teams review contract performance objectives annually and develop action plans based on the data. Evidence of monitoring and completion of corrective plan is maintained in the electronic compliance binder.
- Corrective plans may include staff training, increased oversight by supervisors and QM staff support, and tracking of data to measure progress over time.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits

- Initial documentation training is provided during New Hire Orientation. Managers provide ongoing supervision and support in gaining competency with documentation with documentation standards. QM staff also review staff documentation and provide ongoing training and support, as needed, in either face-to-face or online formats.
- All staff receive regular supervision. Individual supervisors are responsible for reviewing documentation (assessments, CANS, care plans, progress notes, and all other relevant paperwork) for accuracy and adherence to all Medi-Cal and agency documentation standards. In addition to initial review by supervisors, QM staff also performs QM level review of documentation. QM staff review paperwork completion, timeliness, and compliance with all internal and external documentation expectations. QM staff work collaboratively with supervisors to provide feedback and track errors/improvement requests until completion.
- Chart review is ongoing. QM staff audit client documentation for technical and clinical accuracy. Documentation reviews occur at discharge and during the note review process. Program Staff, Supervisors, and QM Staff use a standardized documentation checklist to track documentation compliance requirement to audit documentation. Chart review may also occur upon staff transitions (departures, transfers, staff change, etc.) to ensure completion of the client record and to coordinate a smooth transition to a new service provider. Chart review may also be triggered because of findings in a program review or when regular QM review of documents reveals a pattern of concern. Errors are tracked and corrected.  
QM staff review client documentation including assessments, CANS, care plans, progress notes, and all other relevant paperwork. Client diagnosis, supporting rationale, impairment criteria and linkage to goals/objectives, effectiveness of interventions provided. Progress notes are also reviewed for technical errors as well as clinical relevance to treatment outlined in the service plan.

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Depending on the severity of the deficiencies, this may trigger an improvement plan for the staff or program, which may include additional training or oversight by QM staff.

### 3. Cultural Competency of staff and services

- Program Managers and direct service providers (staff) participate in weekly supervision to identify and address issues of culture and diversity. Factors that could impact treatment are addressed by the team. Edgewood programs make every effort to employ staff from diverse backgrounds with language capabilities to serve clients in their preferred languages. Edgewood contracts with Language Back for translation services. When staff are not able to meet the language needs of the client/family, staff contact the Language Bank services for translation services.
- Additionally, staff training needs are communicated to the training department and may be added to the training calendar. All staff participate in mandatory annual Cultural Competency Training.

### 4. Satisfaction with services

- Edgewood programs participate in the SF CBHS consumer perception survey process twice a year. Findings from client satisfaction surveys and program performance objectives are reviewed bi-annually by program staff and agency leadership. Information is analyzed and areas for improvement are identified. In areas that fall below expected results, corrective plans are implemented, and activities are monitored until desired results occur. Continuous follow-up is required to maintain improved levels.
- Edgewood programs have also implemented their own Client and Caregiver Satisfaction Survey. QM and Program Teams review data annually at the end of the fiscal year and identify areas for improvement. Corrective actions are monitored until completed.

### 5. Timely completion and use of outcome data, including CANS and/or ANSA data

- Client paperwork timelines are tracked upon admission. Direct service providers (staff) receive regular notification of documentation timelines and requirements. CANS items and identified needs are reviewed to confirm that prioritized needs are being addressed and clients are making progress towards established goals and objectives. QM staff support the process by reviewing completion of paperwork within required timelines.

## 9. Required Language:

## 10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):

**Contractor Name:** Edgewood Center for Children and Families

**Program Name:** Edgewood Partial Hospitalization

**Appendix A- 3**

**Funding Term:** 7/1/2025-6/30/2026

**Funding Source:** MH CYF Fed SDMC FFP (50%),  
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## 1. Identifiers:

Program Name: Edgewood Partial Hospitalization

Program Address, City, State, ZIP: 1801 Vicente Street, San Francisco, CA 94116

Telephone/FAX: (415) 681-3211/(415) 664-7094

Website Address: [www.edgewood.org](http://www.edgewood.org)

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

Executive Director/Program Director: Alyssa Kianidehkian, LMFT

Telephone: (415) 463-0030

Email Address: [alyssaki@edgewood.org](mailto:alyssaki@edgewood.org)

Program Code(s) (if applicable):

- 8858H2

## 2. Nature of Document:

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

## 3. Goal Statement:

Edgewood Center for Children and Families contracts with the City and County of San Francisco Department of Public Health to provide partial hospitalization services. Edgewood's Partial Hospitalization Program (PHP) stabilizes youth experiencing acute stress or crisis, psychiatric, behavioral health and/or family problems in order to avoid psychiatric hospitalization and/or to provide a step-down from Hospital Diversion. Edgewood provides skills development and family/caregiver support while gradually re-integrating youth into their homes and communities with the goal of maintaining the youth at a lower level of care. To further stabilize the youth following a residential stay in Edgewood's Hospital Diversion, youth may be approved to step down to the PHP, which is part of the HD programming but at a reduced dosage and length of stay.

Edgewood provides a continuum of care including Crisis Stabilization Unit (CSU), Hospital Diversion (HD), and Partial Hospitalization (PHP) to support youth and families in crisis.

## 4. Priority Population:

Edgewood welcomes and services all ethnicities and populations within San Francisco with focused expertise to meet the unique needs of children between the ages of 12 and 17 that are clinically appropriate for acute intensive treatment in an unlocked non-hospital setting.

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

Please see Appendix B, UOS & UDC Allocation.

## 6. Methodology:

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



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MH CYF State 2011 PSR-EPSDT, MH CYF-GF**A. Outreach, recruitment, promotion, and advertisement**

Admissions into the Partial Hospitalization program are planned and take place through DPH Child Crisis and DPH Family Mosaic Project.

Edgewood employs a variety of outreach strategies to build community and engage families in the services we offer. Utilizing networking systems such as ongoing meetings, email lists, social media postings, phone calls, and emails, established partners are contacted and notified of new or expanded services, available slots in services, and upcoming events and projects. Edgewood understands that it is important that staff and management attend and participate in county-wide events and committees to form relationships with other providers to ensure that the youth and families served by this program are provided the best opportunities for safety and stability. As a current contractor in San Francisco County, and the existing provider of CSU, HD, and PHP services locally, Edgewood maintains the below strategies, including active presence in several collaborative forums, to ensure outreach, engagement and education of the services that are available for youth and families in crisis:

- Consistent and collaborative outreach SFDPH CBHS Comprehensive Crisis Services and SFDPH Family Mosaic Project re: program capacity.
- Outreach presentations and in person tours regularly offered to the system of care.

Edgewood maintains a workforce that is reflective of the diversity of the local labor market, at all levels of employment. We recruit and maintain a diverse staff that currently includes staff that can speak Spanish, French, Cantonese, Mandarin, Hindi, Farsi, Vietnamese, Gujarati, and Samoan. Edgewood staff are also diverse in gender, age, ethnicity, sexual orientation, religion, abilities and disabilities, and in many other respects. Edgewood is dedicated to building a multicultural agency which enlists the full participation of diverse communities.

Edgewood recruits for its various positions by posting at other agencies, junior colleges, colleges, undergraduate and graduate schools, cultural organizations, diverse job boards such as the National Association of Black Social Workers, various social networks, NAMI, and youth drop-in centers. A recruitment bonus is also offered to current staff and a pay differential for bilingual staff. Further, Edgewood works alongside recruitment firms to ensure we are seeking a diverse and experienced workforce to support our youth and families.

Edgewood has a career website that is accessible to all candidates. Our language is inclusive and clearly states our workplace efforts to provide diversity and inclusion for attracting the right candidates.

Edgewood also provides employees with vertical and horizontal career opportunities. We aim to make employees aware of internal growth opportunities and have an internal recruiting process in place. Internal mobility is extremely important for our retention efforts.

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

Enrollment in the PHP Program is based upon a client's age, gender, ethnicity, culture, and type of problem, as those variables are considered in relationship to the existing population in the program under consideration. The PHP Program shall consider the youth's needs and strengths as well as the likelihood that the youth will benefit from the program. PHP includes Lesbian, Gay, Bisexual,

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Transgender, and Queer/Questioning (LGBTQ) & Sexual Orientation, Gender Identity and Expression (SOGIE), and non-English-speaking youth.

Placement in the PHP Program is not appropriate for children and youth whose clinical presentation includes the following below.

- Physical, neurological, or mental health needs that are better served in a more specialized treatment or medical facility. Examples include:
  - Children and youth with substance abuse disorders
  - Pregnant youth or youth with babies at the time of entry
  - Children and youth with moderate to severe intellectual disability
  - Diabetic children and youth who are unable to self-monitor or who are not compliant with treatment
  - History of significant sexual predatory behavior
  - Chronic, active fire setting behavior
  - History of serious criminal behavior

Admission Decision: The youth's treatment, progress, and discharge needs during an HD stay is reviewed by the multidisciplinary Intake Team (which includes the Director of Admissions, Director of Nursing, Acute Intensive Services (AIS) Director, Associate AIS Director, Clinical Supervisor, Milieu Managers, Therapist or Non-Public School (NPS) Director). The team discusses the youth or youth's fit for PHP and the capacity of the program to address and successfully assist the youth and family. Variables such as the current population, level of staff expertise and the physical environment are carefully considered.

When clinically indicated, approved by San Francisco Community Behavioral Health Services (CBHS) and Family Mosaic Project (FMP) and as budget allows, HD youth may transition within our continuum (step down from HD to PHP) to best meet the needs of the youth. Any such transition is complete with collaboration and approval from SFCBHS.

Waiting List Policy: Edgewood Center strives to provide smooth and timely access to agency program services. On rare occasions, existing circumstances result in a temporary inability of a program to serve new referrals. When a referral to the Program has been deemed appropriate, yet there is a delay in the program's ability to have the child/youth enter, the Intake Department will provide the referral source a projected entrance date and/or offer to place the child/youth on a wait list. The wait list is maintained by the Intake Department. In general, potential clients are added to the list in ascending order from the earliest date of request for service to the most recent.

Tracking of Referrals: Edgewood's Intake Department maintains a referral tracker. This referral tracker logs each program referral that is made to Edgewood. It includes the following information: Date/time of referral, the client's name, age, identified gender, diagnosis, and the referral source. In addition, it includes the decision made by Edgewood about the acceptance or denial of clients, denial reason.

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Edgewood team will review referral decisions (acceptance or denials of clients) with SFDPH CBHS Comprehensive Child Crisis and SFDPH Family Mosaic Project on a quarterly basis.

### **C. Service delivery model**

The PHP Program provides partial hospitalization day services to stabilize youth experiencing acute stress or crisis, psychiatric, behavioral health and/or family problems. The PHP Program further stabilizes youth symptoms to avoid psychiatric hospitalization and/or to provide a step-down from Edgewood's Hospital Diversion (HD), providing skills development and family/caregiver support while gradually re-integrating youth into their homes and communities with the goal of maintaining the youth in a lower level of care. With approval from SF County DPH, youth can reduce their dose/length of stay and step down from HD to PHP programming if clinically indicated.

The PHP Program is designed to assess and stabilize a broad range of youth and family challenges including high-risk behavioral and emotional issues resulting in aggressive and/or self-harming behavior. In addition to a short-term stabilization service, Edgewood also offers diagnostic assessment and psychotropic medication evaluation and management, allowing youth to receive acute care outside the confines and cost of a locked inpatient unit. Youth and families are discharged from Edgewood's PHP program with a thorough and collaborative safety and treatment plan that concretely addresses safety concerns, referral needs and redeems hope and quality of life.

The PHP Program utilizes clinical information (i.e. Initial Screens, Mental Health Assessment, Needs and Services Plan/Care Plan) from the HD Program.

Upon entry to the HD Program, an initial screen is completed to assess the immediate needs of the youth. When indicated by the screen, additional assessment, referrals and follow up may be required. The initial screen is completed by the assigned intake staff. The initial screen includes the following:

- **Risk Screen and Needs:** Youth are screened for suicide risk, danger to self or others, exploitation, and sexual exploitation using the Columbia Suicide Severity Rating Scale (C-SSRS) and Child and Adolescent Needs and Strengths (CANS). If immediate need is identified, intervention is required, and staff follow the crisis response protocol. C-SSRS and CANS are available to clients and families in threshold languages.
- **Pain Screen:** Youth are screened for pain. When indicated, referral for medical evaluation is made and follow-up may be required. All follow-up efforts are documented in the youth's chart.
- **Nutrition Screen:** Youth are screened for nutritional needs. When indicated, referral for nutritional evaluation is made and follow up may be required. All follow-up efforts are documented in the youth's chart.
- **Trauma Screen:** Youth are screened for trauma. When indicated, further assessment is initiated. Trauma continues to be assessed throughout the course of treatment. Interventions are documented in the youth's chart.

The PHP Clinician utilizes the Mental Health Assessment and the Needs and Services Plan (NSP)/Care Plan developed by the mental health clinician at the beginning of the youth's HD stay to address client needs. The Assessment and NSP/Care Plan are updated as needed for PHP Program. The primary goal of treatment is to provide intensive clinical and behavioral services to support a reduction in high-risk behaviors so that youth can return to their homes and their communities as

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quickly as possible. Edgewood's treatment team takes a trauma informed approach in dealing with issues of intergenerational complex trauma and community violence.

The PHP Program operates 6 hours per day, 5 days a week (Monday-Friday) in one cottage on Edgewood's Vicente Campus located at 1801 Vicente Street in San Francisco. The PHP Program serves youth ages 12-17. This treatment intervention is anticipated to last approximately 2-4 weeks based on clinical and medical necessity.

When clinically indicated, approved by San Francisco Community Behavioral Health Services (CBHS) and Family Mosaic Project (FMP), and as budget allows, HD youth may transition within our continuum (step down from HD to PHP) to best meet the needs of the youth.

Our PHP Program features:

- Supervision, monitoring, and support to ensure safety after a mental health crisis.
- Strengths-based approach to promote resiliency.
- Family-focused treatment to increase communication and connection with all members of the youth's support system and join families together.
- Target the reduction of high-risk behaviors with emphasis on developing coping strategies and crisis management skills for youth and caregivers.
- Intensive group-based treatment focused on increasing therapeutic skills as well as promoting Holistic/Fully Body Wellness.
- Work towards gradually re-integrating youth into their homes and communities and connecting families with appropriate community-based support (both therapeutic and recreational).
- Dialectical behavior therapy (DBT) informed programming. DBT is a modified type of cognitive behavioral therapy (CBT). Its main goals are to teach people how to live in the moment, develop healthy ways to cope with stress, regulate their emotions, and improve their relationships with others.
- A multi-disciplinary team of well-trained staff members who are committed to providing a safe, therapeutic environment for those who we serve. Team members include therapists, counselors, program managers, nurses, and psychiatrists. The program has also included support from family partners and nurse practitioners. Therapeutic Programming
  - Therapeutic classroom Monday - Friday
  - Expressive Arts programming
  - Occupational therapy
  - Therapeutic recreation
  - Life skills/Social Skills activities
  - Mindfulness and Holistic Healing groups and activities
- Clinical/Medical Services (Specialty Mental Health Services including, but not limited to)
  - Assessment and Plan Development (as needed)
  - Individual therapy (minimum 2x/week)
  - Family therapy or Rehabilitation (minimum 1x/week)

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- Group therapy, including DBT skills (minimum 2x/day)
- Psychiatry assessment and treatment (PHP only)
- Case Management
- Rehabilitation (daily)
- Crisis Intervention (as needed)
- Coordination of care and services, from the initial referral, with Edgewood providers and external providers, including SFDPH Comprehensive Crisis Services and SFDPH Family Mosaic Program.
- Discharge planning, including linkage with community supports and services, including discharge planning with SFDPH Comprehensive Crisis Services SFDPH Family Mosaic Program.

Edgewood staff and leadership understand the importance of partner relationships in providing quality care to our children/youth and families. SF County Medi-Cal referrals come to us from SFDPD CBHS Comprehensive Child Crisis and SFDPH Family Mosaic Project, so we focus considerable attention on effective communications with these agencies. We use several methods of communication with all parties involved in a child/youth crisis, and we consistently reach out to keep our contacts up-to-date and well-informed.

#### **D. Discharge Planning and exit criteria and process**

The PHP Program begins to address discharge planning at admission in order to support an average length of stay of two-four weeks. Edgewood staff creates a flexible and responsive discharge transition plan with time frames and goals for community involvement, that is sensitive and relevant to the youth and family's identified culture. The plan is co-created with the youth and parent(s)/caregiver(s). We involve parents/caregivers in identifying strengths that can be used after discharge to help prevent a future crisis and support the client, and in identifying resources in the community (behavioral health providers, informal supports, family support organizations). The plan is defined by specific goals with measurable outcomes developed collaboratively by the youth, their parent(s)/caregiver(s), and their service provider(s). Discharge planning can include things like setting up outpatient appointments with step-down programs or clinics, setting up regular one-on-one therapy sessions with a school social worker, and enrolling clients in teen skills groups offered by local service providers. This process also involves preparing youth and families for the transition home, return to school, to an outside program, or to another Edgewood program.

Edgewood engages in verbal discharge planning and shares clinical documentation with the SFDPH Comprehensive Crisis Services or SFDPH Family Mosaic Program on every SFCBH youth admitted to PHP to ensure coordination of care. Additionally, Edgewood is connected to Manifest Medex, a statewide health information network, to fulfill CalAIM's interoperability requirements and allow information access to healthcare providers and clients. Healthcare providers and individuals receiving care through Edgewood programs will have access to demographic and assessment information and encounter data.

#### **E. Program staffing**

**Acute Intensive Services (AIS) Programs Director/Group Home Administrator** is responsible for partial hospitalization program on the Vicente campus and for the supervision of the Associate

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Director, Milieu Manager, Clinical Supervisor and provides oversight of budget, treatment philosophy, and coordination of care. The AIS Programs Director has a master's degree and clinical license and at least 2-6 years of experience in a mental health setting and is credentialed as a Licensed Marriage and Family Therapist (LMFT) with the county mental health plan. The AIS Programs Director is responsible for providing training, consultation, and oversight to the program and supervises the Clinical Supervisor. The position ensures the program adheres to all contractual requirements and reviews Incident Reports.

**Associate Director of Acute Intensive Services (AIS) Programs** is responsible for supervision of the relief counselors, supports the Administrator, and is designated as the substitute when the Director or AIS is absent. The Associate Director has a high school diploma, associate degree, bachelor's degree, or master's degree and has at least 1-6 years of experience in a mental health setting. Staff are credentialed as a Mental Health Worker or Mental Health Rehab Specialist with the county mental health plan. The Associate Director reports to the AIS Programs Director.

**Milieu Manager** is responsible for direct oversight of counselor/direct care staff and clients in their assigned cottage and is responsible for the overall functioning of the program. The Milieu Manager has a high school diploma, associate degree, bachelor's degree, or master's degree and has at least 1-6 years of experience in a mental health setting. Staff are credentialed as a Mental Health Worker or Mental Health Rehab Specialist with the county mental health plan. The Milieu Manager reports to the Acute Intensive Services (AIS) Programs Director.

**Counselor/Relief Counselor/Team Lead** is responsible for supervising clients. The Counselor/Relief Counselor has a high school diploma, associate degree, bachelor's degree, or master's degree and has at least 1-4 years of experience in a mental health setting. Staff are credentialed as a Mental Health Worker or Mental Health Rehab Specialist with the county mental health plan. The Counselor/Team Lead reports to the Milieu Manager. The Relief Counselor reports to the Associate Director.

**Clinician/Care Manager** is responsible for providing case management, individual, family, and group therapy and is responsible for scheduling individual activities for youth. The program will employ at least one Clinician/Care Manager available to provide mental health services in Spanish. The Therapist and Care Manager is a registered, licensed, or waived clinician with the Board of Behavioral Sciences. The Clinician/Care Manager has a master's degree or doctorate and has at least 1-2 years of experience in a mental health setting. Staff are credentialed as a Licensed Practitioner of the Healing Arts with the county mental health plan. The Clinician/Care Manager reports to the Clinical Supervisor.

**Clinical Supervisor** is responsible for overseeing the clinical team and provides individual and group supervision to Therapists and Care Managers. The Clinical Supervisor is a licensed clinician with the Board of Behavioral Sciences. The Clinical Supervisor has a master's degree or doctorate and has at least 2 years of licensed experience in a mental health setting. Staff are credentialed as a Licensed Practitioner of the Healing Arts with the county mental health plan. The Clinical Supervisor reports to the Clinical Director.

**Nursing Director and Registered Nurses** are responsible for providing basic medical care, administers medication, schedules all outside medical appointments. The Registered Nurses and Nursing Director are licensed registered nurses with the Board of Registered Nursing. The Nursing

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Staff/Registered Nurse has bachelor's degree or master's degree and are credentialed as a Registered Nurse with the county mental health plan. The Registered Nurse reports to the Nursing Director who reports to the Medical Director.

**Psychiatric Nurse Practitioner** may provide consultation and support to the Registered Nurses and mental health staff in the program and may also provide medication support services to youth as needed. The Psychiatric Nurse Practitioner is licensed with the Board of Registered Nursing. The Nurse Practitioner has a master's degree and is credentialed as a Nurse Practitioner with the county mental health plan. The Psychiatric Nurse Practitioner reports to the Medical Director.

**Psychiatric Fellow** provides medication support services to the youth. The Psychiatric Fellow is certified through the Medical Board of California and credentialed as a physician with the county mental health plan. The Psychiatric Fellow reports to the Medical Director.

**Medical Director** is responsible for overseeing the medical services related to the Programs including medical and psychiatric services. The Medical Director is certified through the Medical Board of California and supervises the Nurse Practitioner and Director of Nursing. The Medical Director is credentialed as a Physician with the county mental health plan. The Medical Director reports to the Chief Executive Officer.

#### Ancillary Support Position Descriptions

**Director of Admissions** is responsible for overseeing the intake department, screening referrals, marketing/outreach of the program and completing intakes for the programs. The Admissions Director provides direct oversight to the Intake Coordinator. The Admissions Director has a high school diploma, associate degree, bachelor's degree, or master's degree and has at least 1-6 years of experience in a mental health setting. Staff are credentialed as a Mental Health Worker or Mental Health Rehab Specialist with the county mental health plan. The Admissions Director reports to the Senior Director of Programs.

**Intake Coordinator** provides administrative support to the intake department by processing paperwork, entering data, responding to inquiries and developing systems to ensure that the department is running smoothly. The Intake Coordinator may have a high school diploma, associate degree, bachelor's degree, or master's degree. Staff are credentialed as administrative staff with the county mental health plan. The Intake Coordinator reports to the Director of Admissions.

#### **E. Vouchers**

N/A

#### **7. Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the document entitled Children, Youth, and Families Performance Objectives FY25-26.

#### **8. Continuous Quality Improvement:**

Quality Assurance and Improvement (QAI) is a continuous process and occurs across all programs, services, and departments. The responsibility of QAI is shared between direct care providers, supervisors, directors, and Quality Management (QM) staff. QM staff work closely with providers and

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supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement.

Leadership, Program teams and QM staff review and analyze client satisfaction results, outcome data, program productivity, critical incidents, environment of care, delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. Through quality improvement activities such as program review, areas for improvement are identified. QM staff provide timely feedback directly to program staff and managers on areas to correct and improve. QM staff identify patterns in documentation and practice and follow up with managers to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow-up is required to maintain improved levels.

The QM team consists of the Head of Quality Management and Privacy, an Associate Director of Quality Management, two Quality Assurance Managers and two Quality Assurance Administrative Coordinators that support programs across the agency. The QM team supports and monitors the following list of QM activities that are currently in place:

1. Achievement of contract performance objectives and productivity

- Program Managers review productivity data with direct service providers (staff) weekly and monitor against stated expectations. During these meetings, they trouble shoot low census numbers, client engagement, caseloads assignments, discharging planning, etc. to ensure that direct service providers are working towards meeting their productivity.
- Program Leadership and Finance Team review program productivity data monthly and develop action plans based on the data.
- QM staff and Program Teams review contract performance objectives annually and develop action plans based on the data. Evidence of monitoring and completion of corrective plan is maintained in the electronic compliance binder.
- Corrective plans may include staff training, increased oversight by supervisors and QM staff support, and tracking of data to measure progress over time.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits

- Initial documentation training is provided during New Hire Orientation. Managers provide ongoing supervision and support in gaining competency with documentation with documentation standards. QM staff also review staff documentation and provide ongoing training and support, as needed, in either face-to-face or online formats.
- All staff receive regular supervision. Individual supervisors are responsible for reviewing documentation (assessments, CANS, care plans, progress notes, and all other relevant paperwork) for accuracy and adherence to all Medi-Cal and agency documentation standards. In addition to initial review by supervisors, QM staff also performs QM level review of documentation. QM staff review paperwork completion, timeliness, and compliance with all internal and external documentation expectations. QM staff work collaboratively with supervisors to provide feedback and track errors/improvement requests until completion.



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- Chart review is ongoing. QM staff audit client documentation for technical and clinical accuracy. Documentation review occurs at admission, at discharge and during the note review process. Program Staff, Supervisors, and QM Staff use a standardized documentation checklist to track documentation compliance requirement to audit documentation. Chart review may also occur upon staff transitions (departures, transfers, staff change, etc.) to ensure completion of the client record and to coordinate a smooth transition to a new service provider. Chart review may also be triggered because of findings in a program review or when regular QM review of documents reveals a pattern of concern. Errors are tracked and corrected.
- QM staff review client documentation including assessments, CANS, care plans, progress notes, and all other relevant paperwork. Client diagnosis, supporting rationale, impairment criteria and linkage to goals/objectives, effectiveness of interventions provided. Progress notes are also reviewed for technical errors as well as clinical relevance to treatment outlined in the service plan.
- Depending on the severity of the deficiencies, this may trigger an improvement plan for the staff or program, which may include additional training or oversight by QM staff.

### 3. Cultural Competency of staff and services

- Program Managers and direct service providers (staff) participate in weekly supervision to identify and address issues of culture and diversity. Factors that could impact treatment are addressed by the team. Edgewood programs make every effort to employ staff from diverse backgrounds with language capabilities to serve clients in their preferred languages. Edgewood contracts with Language Back for translation services. When staff are not able to meet the language needs of the client/family, staff contact the Language Bank services for translation services.
- Additionally, staff training needs are communicated to the training department and may be added to the training calendar. All staff participate in mandatory annual Cultural Competency Training.

### 4. Satisfaction with services

- Edgewood programs participate in the SF CBHS consumer perception survey process twice a year. Findings from client satisfaction surveys and program performance objectives are reviewed bi-annually by program staff and agency leadership. Information is analyzed and areas for improvement are identified. In areas that fall below expected results, corrective plans are implemented, and activities are monitored until desired results occur. Continuous follow-up is required to maintain improved levels.
- Edgewood programs have also implemented their own Client and Caregiver Satisfaction Survey. QM and Program Teams review data annually at the end of the fiscal year and identify areas for improvement. Corrective actions are monitored until completed.

### 5. Timely completion and use of outcome data, including CANS and/or ANSA data

- Client paperwork timelines are tracked upon admission. Direct service providers (staff) receive regular notification of documentation timelines and requirements. Paperwork timeliness and use of CANS is reviewed at admission and discharge. CANS items and identified needs are reviewed to confirm that prioritized needs are being addressed and clients are making progress towards

**Contractor Name:** Edgewood Center for Children and Families

**Appendix A- 3**

**Program Name:** Edgewood Partial Hospitalization

**Funding Term:** 7/1/2025-6/30/2026

**Funding Source:** MH CYF Fed SDMC FFP (50%),  
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established goals and objectives. QM staff support the process by reviewing completion of paperwork within required timelines.

**9. Required Language:** N/A

**10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):** N/A

## **Appendix B Calculation of Charges**

### **1. Method of Payment**

A. 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. Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner

(1) For contracted services reimbursable by 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 (15<sup>th</sup>) 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) For contracted services reimbursable by 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. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY.

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

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

### **2. Program Budgets and Final Invoice**

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

## Appendix A-1 – Edgewood Hospital Diversion

## Appendix A-1A – Edgewood Crisis Stabilization Unit

B. CONTRACTOR understands that, of this maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$2,636,284** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement as specified in Section 3.7 Contract Amendments; Budgeting Revisions. 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 Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

C. 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.

D. The amount for each fiscal year, to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

CONTRACTOR understands that the CITY may need to adjust funding sources and funding allocations and agrees that these needed adjustments will be executed in accordance with Section 3.7 of this Agreement. In event that such funding source or funding allocation 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 Section 3.7 section of this Agreement.

## (1). Estimated Funding Allocations

<b>Contract Term</b>	<b>Estimated Funding Allocation</b>
October 1, 2023 to June 30, 2024	\$2,810,583
July 1, 2024 to June 30, 2025	\$4,187,904
July 1, 2025 to June 30, 2026	\$4,187,904
July 1, 2026 to June 30, 2027	\$4,288,414
July 1, 2027 to June 30, 2028	\$4,391,336
July 1, 2028 to June 30, 2029	\$4,496,728
July 1, 2029 to June 30, 2030	\$4,604,648
<b>Subtotal</b>	<b>\$28,967,517</b>

Contingency @ 12% (October 1, 2023 to June 30, 2030)	\$2,636,284
<b>Total Revised Not-to-Exceed Amount</b>	<b>\$31,603,801</b>

### 3. Services of Attorneys

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

### 4. State or Federal Medi-Cal Revenues

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

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

### 5. Reports and Services

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

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

DHCS Legal Entity Number 00273							Appendix B, Page 1
Legal Entity Name/Contractor Name Edgewood Center for Children and Families							Fiscal Year 2025-2026
Contract ID Number 1000030382							Funding Notification Date 07/28/25
Appendix Number	B-1	B-2	B-3	B-#	B-#	B-#	
Provider Number	8858	3898	8858				
Program Name	Edgewood Hospital Diversion	Edgewood Crisis Stabilization Unit	Edgewood Partial Hospitalization Program				
Program Code	8858H1	3898CS	8858H2				
Funding Term	7/1/2025-6/30/2026	7/1/2025-6/30/2026	7/1/2025-6/30/2026				
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries	\$ 1,054,271	\$ 1,487,189	\$ 149,609				\$ 2,691,069
Employee Benefits	\$ 263,567	\$ 371,797	\$ 37,403				\$ 672,767
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 1,317,838</b>	<b>\$ 1,858,986</b>	<b>\$ 187,012</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,363,836</b>
Operating Expenses	\$ 137,741	\$ 132,994	\$ 43,500				\$ 314,235
Capital Expenses	\$ -						\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 1,455,579</b>	<b>\$ 1,991,980</b>	<b>\$ 230,512</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,678,071</b>
Indirect Expenses	\$ 218,338	\$ 298,797	\$ 34,577				\$ 551,712
Indirect %	15.0%	15.0%	15.0%	0.0%	0.0%	0.0%	15.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 1,673,917</b>	<b>\$ 2,290,777</b>	<b>\$ 265,089</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,229,783</b>
					Employee Benefits Rate		25.0%
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH CYF Fed SDMC FFP (50%)	\$ 113,083	\$ 343,756	\$ 113,083				\$ 569,922
MH CYF State 2011 PSR-EPST	\$ 113,083	\$ 343,756	\$ 113,083				\$ 569,922
MH CYF County General Fund	\$ 1,447,751	\$ 1,580,584	\$ 19,725				\$ 3,048,060
MH CYF County General Fund 1% CODB		\$ 22,681	\$ 19,198				\$ 41,879
							\$ -
							\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 1,673,917</b>	<b>\$ 2,290,777</b>	<b>\$ 265,089</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,229,783</b>
<b>BHS SUD FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 1,673,917</b>	<b>\$ 2,290,777</b>	<b>\$ 265,089</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,229,783</b>
<b>NON-DPH FUNDING SOURCES</b>							
							\$ -
							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 1,673,917</b>	<b>\$ 2,290,777</b>	<b>\$ 265,089</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,229,783</b>
Prepared By Patricia Hom				Phone Number 415-682-3121			

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

DHCS Legal Entity Number 00273						Appendix Number	B-1
Provider Name Edgewood Center for Children and Families						Page Number	2
Provider Number 8858						Fiscal Year	2025-2026
Contract ID Number 1000030382						Funding Notification Date	07/28/25
Program Name		Edgewood Hospital Diversion					
Program Code		8858H1	8858H1				
Mode (MH) or Modality (SUD)		15	05/60-64				
Service Description		Outpatient Services	24-Hr Residential Other				
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/25-6/30/26	7/1/25-6/30/26				
<b>FUNDING USES</b>						<b>TOTAL</b>	
Salaries & Employee Benefits		\$ 1,190,882	\$ 126,956			\$ 1,317,838	
Operating Expenses		\$ 137,741	\$ -			\$ 137,741	
Capital Expenses						\$ -	
Subtotal Direct Expenses		\$ 1,328,623	\$ 126,956	\$ -	\$ -	\$ 1,455,579	
Indirect Expenses		\$ 199,294	\$ 19,044			\$ 218,338	
Indirect %		15.0%	15.0%	0.0%	0.0%	15.0%	
TOTAL FUNDING USES		\$ 1,527,917	\$ 146,000	\$ -	\$ -	\$ 1,673,917	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH CYF Fed SDMC FFP (50%)		\$ 113,083				\$ 113,083	
MH CYF State 2011 PSR-EPST		\$ 113,083				\$ 113,083	
MH CYF County General Fund		\$ 1,301,751	\$ 146,000			\$ 1,447,751	
						\$ -	
						\$ -	
						\$ -	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 1,527,917	\$ 146,000	\$ -	\$ -	\$ 1,673,917	
<b>BHS SUD FUNDING SOURCES</b>							
						\$ -	
						\$ -	
						\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
<b>OTHER DPH FUNDING SOURCES</b>							
						\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL DPH FUNDING SOURCES		\$ 1,527,917	\$ 146,000	\$ -	\$ -	\$ 1,673,917	
<b>NON-DPH FUNDING SOURCES</b>							
						\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,527,917	146,000	-	-	1,673,917	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Outpatient Blended Rate (FFS)	Fee-For-Service (FFS)				
Unduplicated Clients (UDC)		35	35				
DPH Units of Service		2,110	730				
Unit Type		Hours	Client Day	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 724.13	\$ 200.00	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 724.13	\$ 200.00	\$ -	\$ -	\$ -	
						<b>Total UDC</b>	
						35.00	

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000030382  
 Program Name Edgewood Hospital Diversion  
 Program Code 8858H1

Appendix Number B-1  
 Page Number 3  
 Fiscal Year 2025-2026  
 Funding Notification Date 07/28/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practitioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		Outpatient Services		251962-10000-10001670-0001	251962-10000-10001670-0001
Funding Term		7/1/25-6/30/26		7/1/25-6/30/26		7/1/25-6/30/26	7/1/25-6/30/26
Position Title	Practitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinician/Care Manager	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (M	1.76	\$ 172,823.00	1.76	\$ 172,823.00		
Counselor/Relief Counselor/Upnight Counselor	Mental Health Rehab Specialist	5.71	\$ 344,337.00	5.71	\$ 344,337.00		
Nurse Practitioner	Nurse Practitioner	0.12	\$ 20,832.00	0.12	\$ 20,832.00		
Clinical Supervisor	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (M	0.41	\$ 44,783.00	0.41	\$ 44,783.00		
AIS Programs Director	Non Billing Staffing	0.50	\$ 70,056.00			0.25	\$ 35,028.00
AIS Associate Director	Non Billing Staffing	0.50	\$ 46,180.00			0.50	\$ 46,180.00
Team Lead	Mental Health Rehab Specialist	1.50	\$ 99,434.00	1.50	\$ 99,433.50		
Swing Shift Team Lead	Non Billing Staffing	1.00	\$ 71,826.00			0.50	\$ 35,913.00
Milieu Manager	Non Billing Staffing	0.50	\$ 40,031.00			0.35	\$ 28,022.00
Nursing Director/Registered Nurse	Non Billing Staffing	1.00	\$ 117,084.00			1.00	\$ 117,084.00
Sr Director of Program	Non Billing Staffing	0.00	\$ 8,270.00			0.00	\$ 8,270.00
Director of Admissions	Non Billing Staffing	0.12	\$ 14,430.00				0.12 \$ 14,430.00
Intake Coordinator	Non Billing Staffing	0.07	\$ 4,185.00				0.07 \$ 4,185.00
		0.00	\$ -				
		0.00	\$ -				
		0.00	\$ -				
<b>Totals:</b>		13.19	\$ 1,054,271.00	9.50	\$ 682,208.50	2.60	\$ 270,497.00
<b>Employee Benefits:</b>		25.00%	\$ 263,567.00	25.00%	\$ 170,552.00	25.00%	\$ 67,624.00
<b>TOTAL SALARIES &amp; BENEFITS</b>			<b>\$ 1,317,838.00</b>		<b>\$ 852,761.00</b>		<b>\$ 338,121.00</b>
							<b>\$ 126,956.00</b>



**Appendix B - DPH 4: Operating Expenses Detail**

<b>Contract ID Number</b>	<u>1000030382</u>	<b>Appendix Number</b>	<u>B-1</u>
<b>Program Name</b>	<u>Edgewood Hospital Diversion</u>	<b>Page Number</b>	<u>4</u>
<b>Program Code</b>	<u>8858H1</u>	<b>Fiscal Year</b>	<u>2025-2026</u>
		<b>Funding Notification Date</b>	<u>07/28/25</u>

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	Dept-Auth-Proj-Activity
<b>Funding Term</b>	7/1/25-6/30/26	7/1/25-6/30/26	(mm/dd/yy-mm/dd/yy):
Rent	\$ -		
Utilities (telephone, electricity, water, gas)	\$ 7,000.00	\$ 7,000.00	
Building Repair/Maintenance	\$ 34,000.00	\$ 34,000.00	
<b>Occupancy Total:</b>	<b>\$ 41,000.00</b>	<b>\$ 41,000.00</b>	<b>\$ -</b>
Office Supplies	\$ 2,550.00	\$ 2,550.00	
Photocopying	\$ -		
Program Supplies	\$ 7,716.00	\$ 7,716.00	
Computer Hardware/Software	\$ -		
<b>Materials &amp; Supplies Total:</b>	<b>\$ 10,266.00</b>	<b>\$ 10,266.00</b>	<b>\$ -</b>
Training/Staff Development	\$ 4,250.00	\$ 4,250.00	
Insurance	\$ -		
Professional License	\$ -		
Permits	\$ -		
Equipment Lease & Maintenance	\$ -		
<b>General Operating Total:</b>	<b>\$ 4,250.00</b>	<b>\$ 4,250.00</b>	<b>\$ -</b>
Local Travel	\$ -		
Out-of-Town Travel	\$ -		
Field Expenses	\$ -		
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate, Amounts, and <b>Practitioner Type if Billable Provider</b> )	\$ -		
Dr. Robin Randall, Medical Director, \$165 no more than 20 hours a week or 80 hours a month	\$ 27,225.00	\$ 27,225.00	
<b>Consultant/Subcontractor Total:</b>	<b>\$ 27,225.00</b>	<b>\$ 27,225.00</b>	<b>\$ -</b>
Other (provide detail):	\$ -		
Medical Services	\$ 55,000.00	\$ 55,000.00	
	\$ -		
<b>Other Total:</b>	<b>\$ 55,000.00</b>	<b>\$ 55,000.00</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 137,741.00</b>	<b>\$ 137,741.00</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 00273				Appendix Number B-2			
Provider Name Edgewood Center for Children and Families				Page Number 5			
Provider Number 3898				Fiscal Year 2025-2026			
Contract ID Number 1000030382				Funding Notification Date 07/28/25			
Program Name		Edgewood Crisis Stabilization Unit (CSU)					
Program Code		3898CS	3898CS				
Mode (MH) or Modality (SUD)		10/25-29	10/25-29				
Service Description		DS-Crisis Stab Urgent Care	DS-Crisis Stab Urgent Care				
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/25-6/30/26	7/1/25-6/30/26				
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits		\$ 1,164,151	\$ 694,835	\$ -			\$ 1,858,986
Operating Expenses		\$ 56,791	\$ 76,203	\$ -			\$ 132,994
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 1,220,942	\$ 771,038	\$ -	\$ -	\$ -	\$ 1,991,980
Indirect Expenses		\$ 183,141	\$ 115,656				\$ 298,797
Indirect %		15.0%	15.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 1,404,083	\$ 886,694	\$ -	\$ -	\$ -	\$ 2,290,777
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH CYF Fed SDMC FFP (50%)		\$ 343,756					\$ 343,756
MH CYF State 2011 PSR-EPST		\$ 343,756					\$ 343,756
MH CYF County General Fund		\$ 716,571	\$ 864,013				\$ 1,580,584
MH CYF County General Fund 1% CODB			\$ 22,681				\$ 22,681
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 1,404,083	\$ 886,694	\$ -	\$ -	\$ -	\$ 2,290,777
<b>BHS SUD FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>OTHER DPH FUNDING SOURCES</b>							
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 1,404,083	\$ 886,694	\$ -	\$ -	\$ -	\$ 2,290,777
<b>NON-DPH FUNDING SOURCES</b>							
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,404,083	886,694	-	-	-	2,290,777
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Cost Reimbursement (CR)				
Unduplicated Clients (UDC)		168.16	168.16				
DPH Units of Service		168.16	n/a				
Unit Type		Admission	Admission	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 8,349.92	n/a	\$ -	\$ -	\$ -	Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 8,349.92	n/a	\$ -	\$ -	\$ -	168.00

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000030382  
 Program Name Edgewood Crisis Stabilization Unit (CSU)  
 Program Code 3898CS

Appendix Number B-2  
 Page Number 6  
 Fiscal Year 2025-2026  
 Funding Notification Date 07/28/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		251962-10000-10001670-0001		251962-10000-10001670-0001	
Funding Term		7/1/25-6/30/26		7/1/25-6/30/26		7/1/25-6/30/26	
Position Title	Pracitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries
CSU Director	Non Billing Staffing	0.80	\$ 97,992.00	0.40	\$ 48,996.00	0.40	\$ 48,996.00
Clinical Supervisor/Manager	Non Billing Staffing	0.60	\$ 67,490.00	0.30	\$ 33,667.00	0.30	\$ 33,823.00
Clinician	Non Billing Staffing	4.10	\$ 415,751.00	3.00	\$ 304,208.00	1.10	\$ 111,543.00
Milieu Manager	Non Billing Staffing	0.80	\$ 69,456.00	0.40	\$ 34,728.00	0.40	\$ 34,728.00
Crisis Counselor	Non Billing Staffing	4.15	\$ 284,793.00	3.50	\$ 240,187.00	0.65	\$ 44,606.00
Nurse	Non Billing Staffing	4.10	\$ 479,759.00	2.00	\$ 234,029.00	2.10	\$ 245,730.00
Family Partner	Non Billing Staffing	0.80	\$ 46,176.00	0.37	\$ 21,241.00	0.43	\$ 24,935.00
Psychiatric Nurse Practitioner	Non Billing Staffing	0.03	\$ 4,463.00	0.03	\$ 4,463.00	0.00	\$ -
Administrator On-Call	Non Billing Staffing	0.15	\$ 21,309.00	0.07	\$ 9,802.00	0.08	\$ 11,507.00
		0.00	\$ -				
		0.00	\$ -				
		0.00	\$ -				
<b>Totals:</b>		15.53	\$ 1,487,189.00	10.06	\$ 931,321.00	5.46	\$ 555,868.00
<b>Employee Benefits:</b>		25.00%	\$ 371,797.00	25.00%	\$ 232,830.00	25.00%	\$ 138,967.00
<b>TOTAL SALARIES &amp; BENEFITS</b>			<b>\$ 1,858,986.00</b>		<b>\$ 1,164,151.00</b>		<b>\$ 694,835.00</b>

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000030382

Program Name Edgewood Crisis Stabilization Unit (CSU)

Program Code 3898CS

Appendix Number B-2

Page Number 7

Fiscal Year 2025-2026

Funding Notification Date 07/28/25

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	251962-10000-10001670-0001	Dept-Auth-Proj-Activity
<b>Funding Term</b>	7/1/25-6/30/26	7/1/25-6/30/26	7/1/25-6/30/26	(mm/dd/yy-mm/dd/yy):
Rent	\$ -			
Utilities (telephone, electricity, water, gas)	\$ 9,000.00	\$ 4,500.00	\$ 4,500.00	
Building Repair/Maintenance	\$ 26,000.00	\$ 10,500.00	\$ 15,500.00	
<b>Occupancy Total:</b>	<b>\$ 35,000.00</b>	<b>\$ 15,000.00</b>	<b>\$ 20,000.00</b>	<b>\$ -</b>
Office Supplies	\$ 1,500.00	\$ 291.00	\$ 1,209.00	
Photocopying	\$ -			
Program Supplies	\$ 6,494.00	\$ 3,000.00	\$ 3,494.00	
Computer Hardware/Software	\$ -			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 7,994.00</b>	<b>\$ 3,291.00</b>	<b>\$ 4,703.00</b>	<b>\$ -</b>
Training/Staff Development	\$ -			
Insurance	\$ -			
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -			
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate, Amounts, and <b>Practitioner Type if Billable Provider</b> )	\$ -	\$ -	\$ -	
Dr. Robin Randall, Psychiatric Consultant for CSU - 24/7 on call (\$250/day x 360 days)	\$ 90,000.00	\$ 38,500.00	\$ 51,500.00	
<b>Consultant/Subcontractor Total:</b>	<b>\$ 90,000.00</b>	<b>\$ 38,500.00</b>	<b>\$ 51,500.00</b>	<b>\$ -</b>
Other (provide detail):	\$ -			
	\$ -			
	\$ -			
<b>Other Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 132,994.00</b>	<b>\$ 56,791.00</b>	<b>\$ 76,203.00</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 00273						Appendix Number B-3	
Provider Name Edgewood Center for Children and Families						Page Number 8	
Provider Number 8858						Fiscal Year 2025-2026	
Contract ID Number 1000030382						Funding Notification Date 07/28/25	
Program Name		Edgewood Partial Hospitalization Program					
Program Code		8858H2					
Mode (MH) or Modality (SUD)		15					
Service Description		Outpatient Services					
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/25-6/30/26					
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits		\$	187,012		\$	-	\$ 187,012
Operating Expenses		\$	43,500		\$	-	\$ 43,500
Capital Expenses							\$ -
Subtotal Direct Expenses		\$	230,512	\$	-	\$ -	\$ 230,512
Indirect Expenses		\$	34,577				\$ 34,577
Indirect %		15.0%		0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$	265,089	\$	-	\$ -	\$ 265,089
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH CYF Fed SDMC FFP (50%)		\$	113,083				\$ 113,083
MH CYF State 2011 PSR-EPSTD		\$	113,083				\$ 113,083
MH CYF County General Fund		\$	19,725				\$ 19,725
MH CYF County General Fund 1% CODB		\$	19,198				\$ 19,198
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$	265,089	\$	-	\$ -	\$ 265,089
<b>BHS SUD FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$	-	\$	-	\$ -	\$ -
<b>OTHER DPH FUNDING SOURCES</b>							
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$	-	\$	-	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$	265,089	\$	-	\$ -	\$ 265,089
<b>NON-DPH FUNDING SOURCES</b>							
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$	-	\$	-	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			265,089		-	-	265,089
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Outpatient Blended Rate (FFS)					
Unduplicated Clients (UDC)		14					
DPH Units of Service		300					
Unit Type		Hours					
			0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$	883.63	\$	-	\$ -	Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$	883.63	\$	-	\$ -	14.00

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000030382  
Program Name Edgewood Partial Hospitalization Program  
Program Code 8858H2

Appendix Number B-3  
Page Number 9  
Fiscal Year 2025-2026  
Funding Notification Date 07/28/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practitioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		Outpatient Services		251962-10000-10001670-0001	
Funding Term		7/1/25-6/30/26		7/1/25-6/30/26		7/1/25-6/30/26	
Position Title	Practitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinician/Care Manager	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT, LCSW, LPCC)	0.30	\$ 26,696.00	0.30	\$ 26,696.00		
Counselor/Relief Counselor/Team Lead	Mental Health Rehab Specialist	0.50	\$ 29,936.00	0.50	\$ 29,936.00		
Nurse Practitioner	Nurse Practitioner	0.10	\$ 17,260.00	0.10	\$ 17,260.00		
Clinical Supervisor	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT, LCSW, LPCC)	0.20	\$ 22,428.00	0.20	\$ 22,428.00		
Team Lead	Other Qualified Providers - Other Designated MH Staff that Bill Medi-Cal	0.20	\$ 13,258.00	0.20	\$ 13,258.00		
Milieu Manager	Non Billing Staffing	0.50	\$ 40,031.00			0.50	\$ 40,031.00
		0.00	\$ -				
		0.00	\$ -				
		0.00	\$ -				
		0.00	\$ -				
		0.00	\$ -				
		0.00	\$ -				
Totals:		1.80	\$ 149,609.00	1.30	\$ 109,578.00	0.50	\$ 40,031.00
Employee Benefits:		25.00%	\$ 37,403.00	25.00%	\$ 27,395.00	25.00%	\$ 10,008.00
TOTAL SALARIES & BENEFITS			\$ 187,012.00		\$ 136,973.00		\$ 50,039.00

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000030382

Appendix Number B-3

Program Name Edgewood Partial Hospitalization Program

Page Number 10

Program Code 8858H2

Fiscal Year 2025-2026

Funding Notification Date 07/28/25

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
<b>Funding Term</b>	7/1/25-6/30/26	7/1/25-6/30/26	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ -			
Utilities (telephone, electricity, water, gas)	\$ 2,000.00	\$ 2,000.00		
Building Repair/Maintenance	\$ 16,400.00	\$ 16,400.00		
<b>Occupancy Total:</b>	<b>\$ 18,400.00</b>	<b>\$ 18,400.00</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 500.00	\$ 500.00		
Photocopying	\$ -			
Program Supplies	\$ 1,500.00	\$ 1,500.00		
Computer Hardware/Software	\$ -			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 2,000.00</b>	<b>\$ 2,000.00</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 1,500.00	\$ 1,500.00		
Insurance	\$ -			
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
<b>General Operating Total:</b>	<b>\$ 1,500.00</b>	<b>\$ 1,500.00</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -			
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate, Amounts, and <b>Practitioner Type if Billable Provider</b> )				
	\$ -			
Dr. Robin Randall, Medical Director, \$165 x 40 hours	\$ 6,600.00	\$ 6,600.00		
<b>Consultant/Subcontractor Total:</b>	<b>\$ 6,600.00</b>	<b>\$ 6,600.00</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -			
Medical Services	\$ 15,000.00	\$ 15,000.00		
	\$ -			
<b>Other Total:</b>	<b>\$ 15,000.00</b>	<b>\$ 15,000.00</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 43,500.00</b>	<b>\$ 43,500.00</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 6: Contract-Wide Indirect Detail**

Contractor Name Edgewood Center for Children and Families

Page Number 11

Contract ID Number 1000030382

Fiscal Year 2025-2026

Funding Notification Date 7/28/25

**1. SALARIES & EMPLOYEE BENEFITS**

Position Title	FTE	Amount
CEO	0.13	\$ 35,100.00
COO	0.14	\$ 36,400.00
Sr Director, Financial Operations	0.15	\$ 33,900.00
IT Director	0.12	\$ 21,039.00
Desktop Support Analyst	0.12	\$ 9,600.00
IT Project Manager	0.12	\$ 10,620.00
Executive Assistant	0.12	\$ 11,982.55
CHRO	0.12	\$ 25,210.00
HR Administrator	0.12	\$ 8,986.00
Recruiter	0.12	\$ 11,022.00
Payroll Manager	0.14	\$ 11,938.77
AP Lead	0.14	\$ 10,824.46
Accountant	0.14	\$ 10,580.77
Sr Accountant	0.14	\$ 12,470.77
Controller	0.14	\$ 25,585.54
Revenue & Contracts Manager	0.15	\$ 14,820.00
Billing Clerk	0.15	\$ 10,523.65
Contracts Administrator	0.13	\$ 11,154.00
Facilities Director	0.11	\$ 12,462.00
Facilities Technician	0.11	\$ 6,750.00
Subtotal:	2.61	\$ 330,969.00
Employee Benefits:	25.0%	\$ 82,743.00
<b>Total Salaries and Employee Benefits:</b>		\$ 413,712.00

**2. OPERATING COSTS**

Expenses (Use expense account name in the ledger.)	Amount
Accounting/Audit Fees	\$ 31,000.00
Business Insurance	\$ 75,000.00
Software Subscriptions and Maintenance	\$ 32,000.00
<b>Total Indirect Costs</b>	<b>\$ 551,712.00</b>



## EDGEWOOD CENTER FOR CHILDREN AND FAMILIES

### INDEPENDENT CONTRACTOR AGREEMENT

This Agreement ("Agreement") is made and entered into for the period of July 1, 2025, (the "Effective Date"), through June 30, 2026 (the "Termination Date"), by and between (i) Edgewood Center for Children and Families, a California nonprofit public benefit corporation ("Edgewood") and (ii) Dr. Robin Randall, an individual resident of California ("Contractor").

### RECITALS

WHEREAS, Edgewood desires to contract with Contractor for Contractor to provide Services (as defined below) on the terms and conditions specified in this Agreement.

### AGREEMENT

NOW, THEREFORE, in connection with the foregoing premises and the mutual promises and conditions set forth herein, and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Services; Representations by Contractor. Edgewood hereby engages Contractor, and Contractor hereby accepts such engagement, as an independent contractor to provide certain services described in Exhibit 1 (the "Services") to Edgewood on the terms and conditions set forth in this Agreement. Edgewood shall not control the manner or means by which Contractor performs the Services. Unless otherwise set forth in Exhibit 1, Contractor shall furnish, at Contractor's own expense, the equipment, supplies and other materials used to perform the Services; provided, however, that Edgewood shall provide Contractor with access to its premises and resources to the extent necessary for the performance of the Services. To the extent Contractor performs any Services on Edgewood's premises or using Edgewood's resources, Contractor shall comply with all applicable policies of Edgewood relating to business and office conduct, health and safety and use of Edgewood's facilities, supplies, information technology, equipment, networks and other resources. Contractor represents and warrants that (i) Contractor has the right to enter into this Agreement, to grant the rights granted herein and to perform fully all of Contractor's obligations in this Agreement; (ii) Contractor's entering into this Agreement with Edgewood and the performance of the Services do not and will not conflict with or result in any breach or default under any other agreement to which Contractor is subject; (iii) Contractor has the required skill, experience and qualifications to perform the Services, Contractor shall perform the Services in a professional and workmanlike manner in accordance with best industry standards for similar services and Contractor shall devote sufficient resources to ensure that the Services are performed in a timely and reliable manner; (iv) Contractor shall perform the Services in compliance with all applicable federal, state and local laws and regulations; (v) Edgewood will receive good and valid title to all Deliverables (as defined below), free and clear of all encumbrances and liens of any kind and (vi) all Deliverables are and shall be Contractor's original work (except for material in the public domain or provided by Edgewood) and do not and will not violate or infringe upon the intellectual property right or any other right whatsoever of any person, firm, corporation or other entity.

2. Compensation and Expenses. Edgewood agrees to pay Contractor compensation for the performance of services, payable on completion of the Services to Edgewood's satisfaction, as set forth in Exhibit 1. Contractor is solely responsible for any travel or other costs or expenses incurred by Contractor in connection with the performance of the Services, and in no event shall Edgewood reimburse Contractor for any such costs or expenses, unless agreed upon in writing.

3. Relationship of the Parties. Contractor is an independent contractor of Edgewood, and this



Agreement shall not be construed to create any association, partnership, joint venture, employee or agency relationship between Contractor and Edgewood for any purpose. Contractor has no authority (and shall not hold out Contractor as having authority) to bind Edgewood and Contractor shall not make any agreements or representations on Edgewood's behalf without Edgewood's prior written consent. Without limiting the foregoing, Contractor will not be eligible under this Agreement to participate in any vacation, group medical or life insurance, disability, profit sharing or retirement benefits or any other fringe benefits or benefit plans offered by Edgewood to its employees, and Edgewood will not be responsible for withholding or paying any income, payroll, Social Security or other federal, state or local taxes, making any insurance contributions, including unemployment or disability, or obtaining worker's compensation insurance on Contractor's behalf. Contractor shall be responsible for, and shall indemnify Edgewood against, all such taxes or contributions, including penalties and interest. Any persons employed by Contractor in connection with the performance of the Services shall be Contractor employees and Contractor shall be fully responsible for them.

4. Indemnification. Contractor agrees to indemnify and hold harmless Edgewood and its affiliates and their officers, directors, employees, volunteers, agents, successors and permitted assigns from and against all taxes, losses, damages, liabilities, deficiencies, actions, judgements, interest, awards, penalties, fines, costs and expenses of whatever kind (including reasonable attorneys' fees), arising out of or resulting from, directly or indirectly, (i) any negligent, reckless or intentionally wrongful act of Contractor or Contractor's assistants, employees or agents; (ii) a determination by any person that Contractor is not an independent contractor; or (iii) any breach by Contractor or Contractor's assistants, employees or agents of any representation, warranty or obligation in this Agreement. Edgewood may satisfy such indemnity (in whole or in part) by way of deduction from any payment due to Contractor.

5. Insurance. Contractor shall maintain in force adequate commercial general liability, errors and omissions (professional liability), and any other forms of insurance requested by Edgewood, in each case with insurers reasonably acceptable to Edgewood, with policy limits sufficient to protect and indemnify Edgewood and its affiliates, and each of their officers, directors, agents, employees, subsidiaries, partners, members and controlling persons, from any losses resulting from Contractor or Contractor's agents, servants or employees conduct, acts, or omissions. Edgewood shall be listed as additional insured under such policies, and Contractor shall forward a certificate of insurance verifying such insurance upon Edgewood's written request, which certificate will indicate that such insurance policies may not be canceled before the expiration of a 30 day notification period and that Edgewood will be immediately notified in writing of any such notice of termination.

6. Background Check; TB Test. Contractor agrees that, as a condition of this Agreement, Contractor, and each person providing Services in connection with Contractor, must complete to the satisfaction of Edgewood a background check, including live scan fingerprinting, in accordance with state licensing requirements and Edgewood policies and procedures. If at any time during the term of this Agreement, Edgewood receives information that Contractor is not in compliance with any aspect of such background check or any licensing requirement; this Agreement may be terminated immediately at Edgewood's option. Additionally, if there is a possibility of Contractor coming into contact with Edgewood clients, then Contractor, and each person providing Services in connection with Contractor, must have a clear TB test not more than two years old, or provide physician certification of a clear chest x-ray taken within five years.

7. Confidentiality; Intellectual Property Rights.

a. Definition. As used in this Agreement, "Confidential Information" means any Edgewood business or proprietary information, technical data, trade secrets or know-how, including, but not limited to, research, programs, plans, services, donor information and relationships, client lists and client information, developments, reports, handbooks, finances, and any other information that should reasonably be recognized as confidential information of Edgewood. Confidential Information need not be novel, unique, patentable, copyrightable or constitute a trade secret in order to be considered Confidential. Confidential Information does



not include any of the foregoing items, which have become publicly known and made generally available through no wrongful act of Contractor or of others who were under confidentiality obligations as to the item or items involved or improvements or new versions thereof.

b. Non-Use and Non-Disclosure. Contractor will not, during or subsequent to the term of this Agreement, use Edgewood's Confidential Information for any purpose whatsoever other than the performance of services on behalf of Edgewood or disclose Edgewood's Confidential Information to any third party without written authorization from Edgewood, as well as satisfactory assurances in writing from such third party that the information shall be held strictly confidential as provided herein. It is understood that said Confidential Information shall remain the sole property of Edgewood. Contractor further agrees to take all reasonable precautions to prevent any unauthorized disclosure of such Confidential Information.

c. Former Employer's Confidential Information. Contractor agrees that Contractor will not, during the term of this Agreement, improperly use or disclose any proprietary information or trade secrets of any former or current employer or other person or entity. Contractor will indemnify Edgewood and hold it harmless from and against all claims, liabilities, damages and expenses, including reasonable attorneys' fees and costs of suit, arising out of or in connection with any violation or claimed violation of a third party's rights resulting in whole or in part from Edgewood's use of the work product of Contractor under this Agreement.

d. Third Party Confidential Information. Contractor recognizes that Edgewood has received and in the future will receive from clients or other third parties confidential information subject to a duty on Edgewood's part to maintain the confidentiality of such information and to use it only for certain limited purposes. Contractor agrees that Contractor owes Edgewood and such third parties, during the term of this Agreement and thereafter, a duty to hold all such confidential information in the strictest confidence and not to disclose it to any person, firm or corporation or to use it except as necessary in carrying out the services for Edgewood.

e. Return of Materials. Upon the termination of this Agreement, or upon Edgewood's earlier request, Contractor will deliver to Edgewood all of Edgewood's property or Confidential Information that Contractor may have in Contractor's possession or control. Edgewood retains the right to withhold payment of invoices until such return of Edgewood's property or Confidential Information has been concluded to Edgewood's satisfaction.

f. Intellectual Property Rights. Edgewood is and shall be, the sole and exclusive owner of all right, title and interest throughout the world in and to all the results and proceeds of the Services performed under this Agreement (collectively, the "Deliverables"), including all patents, copyrights, trademarks, trade secrets and other intellectual property rights (collectively, "Intellectual Property Rights") therein. Contractor agrees that the Deliverables are hereby deemed a "work made for hire" as defined in 17 U.S.C. § 101 for Edgewood. If, for any reason, any of the Deliverables do not constitute a "work made for hire," Contractor hereby irrevocably assigns to Edgewood, in each case without additional consideration, all right, title and interest throughout the world in and to the Deliverables, including all Intellectual Property Rights therein. Any assignment of copyrights under this Agreement includes all rights of paternity, integrity, disclosure and withdrawal and any other rights that may be known as "moral rights" (collectively, "Moral Rights"). Contractor hereby irrevocably waives, to the extent permitted by applicable law, any and all claims Contractor may now or hereafter have in any jurisdiction to any Moral Rights with respect to the Deliverables. Upon the request of Edgewood, Contractor shall promptly take such further actions, including execution and delivery of all appropriate instruments of conveyance, as may be necessary to assist Edgewood to prosecute, register, perfect, record or enforce its rights in any Deliverables. In the event Edgewood is unable, after reasonable effort, to obtain Contractor's signature on any such documents, Contractor hereby irrevocably designates and appoints Edgewood as Contractor's agent and attorney-in-fact, to act for and on Contractor's behalf solely to execute and file any such application or other document and do all other lawfully permitted acts to further the prosecution



and issuance of patents, copyrights or other intellectual property protected related to the Deliverables with the same legal force and effect as if Contractor had executed them. Contractor agrees that this power of attorney is coupled with an interest. In order to avoid any doubt, materials that are not the results and proceeds of the Services performed under this Agreement (*i.e.*, materials developed separately from the provision of the Services) shall not be deemed Deliverables under this Agreement and Edgewood shall not acquire ownership of such materials by virtue of this Agreement.

g. Additional Contractor Persons. Contractor shall require each person providing Services in connection with this Agreement to execute written agreements securing for Edgewood the rights provided for in Paragraph 7 prior to such person providing any Services under this Agreement.

8. Terms and Termination.

a. Terms. This Agreement will commence on the Effective Date and will continue until the earlier of (i) final completion of the Services, as indicated on Exhibit 1, or (ii) termination as provided below.

b. Termination. Contractor may terminate this Agreement at any time, for any reason, upon fifteen (15) days prior written notice. Edgewood may terminate this Agreement at any time, for any reason, upon fifteen (15) days written notice. Upon termination of this Agreement, all rights and duties of the parties toward each other shall cease except:

i) Edgewood shall be obliged to pay, within thirty (30) days of the effective date of termination, all amounts owing to Contractor for Services completed and accepted by Edgewood prior to the termination date, if any, in accordance with the provisions of this Agreement; and

ii) Paragraphs 1, 2, 3, 4, 5, 7, 8, 10, 11, 12, 13 and 14 of this Agreement shall survive termination of this Agreement for any reason.

9. Assignment. Contractor shall not assign any rights, or delegate or subcontract any obligations, under this Agreement without Edgewood's prior written consent. Any assignment in violation of the foregoing shall be deemed null and void. Edgewood may freely assign its rights and obligations under this Agreement at any time. Subject to the limits on assignment stated above, this Agreement will inure to the benefit of, be binding upon, and be enforceable against, each of the parties hereto and their respective successors and permitted assigns.

10. Arbitration.

a. Disputes. Except as provided in Paragraph 10(b) below, Edgewood and Contractor agree that any dispute or controversy arising out of, relating to or in connection with the interpretation, validity, construction, performance, breach or termination of this Agreement shall be settled by binding arbitration to be held in the City and County of San Francisco CA by the American Arbitration Association under its rules then in effect and under the Arbitration Rules set forth in California Code of Civil Procedure Section 1280, et seq., including section 1283.05, and pursuant to California law. The arbitrator shall be selected from a list of names provided by AAA. The cost of arbitration shall be split equally between Edgewood and Contractor. The arbitrator may grant injunctions or other relief in such dispute or controversy. The decision of the arbitrator shall be final, conclusive and binding on the parties to the arbitration. Judgment may be entered on the arbitrator's decision in any court of competent jurisdiction.

b. Equitable Relief. The parties may apply to any court of competent jurisdiction for a temporary restraining order, preliminary injunction, or other interim or conservatory relief, as necessary, without breach of this arbitration agreement and without abridgment of the powers of the arbitrator.



c. Consideration. Contractor understands and agrees that each party's promise to resolve claims by arbitration in accordance with the provisions of this Agreement, rather than through the courts, is material consideration for each party's agreement to consummate this Agreement.

d. Acknowledgment. CONTRACTOR HAS READ AND UNDERSTANDS PARAGRAPH 10, WHICH DISCUSSES ARBITRATION. CONTRACTOR UNDERSTANDS THAT BY SIGNING THIS AGREEMENT, CONTRACTOR AGREES TO SUBMIT ANY CLAIMS ARISING OUT OF, RELATING TO, OR IN CONNECTION WITH THIS AGREEMENT, OR THE INTERPRETATION, VALIDITY, CONSTRUCTION, PERFORMANCE, BREACH OR TERMINATION THEREOF, TO BINDING ARBITRATION, EXCEPT AS PROVIDED IN PARAGRAPH 10(B), AND THAT THIS ARBITRATION CLAUSE CONSTITUTES A WAIVER OF CONTRACTOR'S RIGHT TO A JURY TRIAL AND RELATES TO THE RESOLUTION OF ALL DISPUTES RELATING TO ALL ASPECTS OF THE RELATIONSHIP BETWEEN THE PARTIES.

11. Governing Law. The validity of this Agreement, the construction of its terms and determination of the rights and duties of the parties hereto shall all be governed by the laws of the State of California without respect to the conflicts of laws rules of principles thereof.

12. Entire Agreement. This Agreement is the entire agreement of the parties and supersedes any prior agreements between them, whether written or oral, with respect to the subject matter hereof. No waiver, alteration, or modification of any of the provisions of this Agreement shall be binding unless in writing and signed by duly authorized representatives of the parties hereto.

13. Attorneys' Fees. In any action brought by one of the parties to enforce or interpret the provisions of this Agreement, the prevailing party will be entitled to reasonable attorney's fees, in addition to any other relief to which that party may be entitled.

14. Severability. This Agreement is severable to the extent that if any of its provisions should be declared invalid by court of competent jurisdiction, the validity and enforceability of the remaining provisions shall not thereby be adversely affected.

15. Counterparts. This Agreement may be executed in one or more counterparts, including by facsimile or other electronic means, each of which shall be deemed an original, and it shall not be necessary in making proof of this Agreement, to produce or account for more than one such counterpart.

16. Compliance with Law and Policies. If Edgewood believes that Edgewood and Contractor need to revise the Agreement, or enter into any new agreements (including without limitation a Business Associate Agreement), to comply with laws, rules or regulations applicable to Edgewood, including without limitation under the Health Insurance Portability and Accountability Act of 1996 and its implementing privacy and security regulations at 45 C.F.R. Parts 160 and 164 promulgated by the U.S. Department of Health and Human Services, as amended by the federal Health Information Technology for Economic and Clinical Health Act and its implementing regulations, including but not limited to the federal breach notification rule at 45 C.F.R. Part 164, subpart D (collectively "HIPAA"), then Contractor agrees to execute promptly such amendments to this Agreement or additional agreements as Edgewood deems necessary to comply with such laws, rules or regulations. Contractor is aware of and informed about the hazards currently known to be associated with the novel coronavirus referred to as "COVID-19". Contractor agrees to comply with applicable federal, state and local government directives regarding public health risks, including but not limited to COVID-19, and also agrees to comply with Edgewood policies and procedures. Whether services are to be in-person or by video shall be by agreement, but Edgewood reserves the right to decide that remote services are required, at any time.

17. Compliance with Edgewood Discrimination, Harassment and Retaliation Prevention Policy:  
 Edgewood does not tolerate and prohibits discrimination, harassment or retaliation on the basis of race, religious creed, color, age, sex, sexual orientation, gender, gender identity, gender expression, national origin, ancestry, marital status, medical condition as defined by state law, disability, military and veteran status, pregnancy, childbirth and related medical conditions, or any other characteristic protected by applicable federal, state or local laws and ordinances. Contractor agrees to abide by Edgewood's Independent Contractor Discrimination, Harassment and Retaliation Prevention Policy, which is attached to this Agreement as Addendum A, and by this reference made a part hereof.

IN WITNESS WHEREOF, the parties, by their authorized signatories below, have duly executed this Agreement as of the Effective Date.

**CONTRACTOR**

**EDGEWOOD CENTER FOR CHILDREN  
AND FAMILIES**

Signature: 

By: 

Name: Dr. Robin Randall

Name Babak Motie

Title: Medical Director

Title: Chief Operating Officer

Address: 300 Gooding Way #338  
Albany, CA 94706

Address: 1801 Vicente Street  
San Francisco, CA 94116

Tax ID#: On File

Date: 7/24/25

Date: 7/24/25

## **EXHIBIT 1**

### **SERVICES AND COMPENSATION**

#### **Services**

Contractor shall perform the following services ("Services") pursuant to the Agreement:

1. Perform the duties of Medical Director as follows:

Child, adolescent and adult psychiatric services within his scope of practice. These Services to include psychiatric assessment, diagnosis and treatment of eligible Edgewood clients.

2. On-call services for the Edgewood Crisis Stabilization Unit (CSU).

Supervise the operations of the Medical Department at Edgewood including direct or indirect supervision of medical staff members, trainees and independent contractors and the development of appropriate medical department policies and procedures.

3. Consultation and collaboration with Edgewood clinical staff regarding the clinical and medical care of Edgewood clients.

Attend administrative meetings as needed when agreed to by the Contractor and the CEO of Edgewood.

#### **Compensation**

\$165 per hour to be billed within 30 days of the date that services were provided. Hourly services will be billed at no more than 20 hours a week or 80 hours a month. In addition to hourly services, on call services for the CSU will be billed at the rate of \$250 per day funded through SF CBHS.



## ADDENDUM A

### **Independent Contractor Discrimination, Harassment and Retaliation Prevention Policy**

Edgewood does not tolerate and prohibits discrimination, harassment or retaliation by or against independent contractors, employees, clients, volunteers, vendors, job applicants, interns, or any third party on the basis of race, religious creed, color, age, sex, sexual orientation, gender, gender identity, gender expression, national origin, ancestry, marital status, medical condition as defined by state law, disability, military and veteran status, pregnancy, childbirth and related medical conditions, or any other characteristic protected by applicable federal, state or local laws and ordinances.

***Discrimination:*** Discrimination under this policy means treating differently or denying or granting a benefit to an individual because of the individual's protected characteristic.

***Harassment:*** Harassment is defined in this policy as unwelcome verbal, visual or physical conduct creating an intimidating, offensive or hostile environment. Harassment can be verbal (including slurs, jokes, insults, epithets, gestures or teasing), graphic (including offensive posters, symbols, cartoons, drawings, computer displays or emails) or physical conduct (including physically threatening another, blocking someone's way, etc.) that denigrates or shows hostility or aversion towards an individual. Such conduct violates this policy, even if it is not unlawful. Because it is difficult to define unlawful harassment, independent contractors are expected to behave at all times in a professional and respectful manner.

***Sexual Harassment:*** Sexual harassment can include all of the above actions, as well as other unwelcome conduct, such as unwelcome or unsolicited sexual advances, requests for sexual favors, conversations regarding sexual activities and other verbal or physical conduct of a sexual nature.

Examples of conduct that violates this policy include:

- unwelcome sexual advances, leering, whistling, touching, assault, blocking normal movement
- requests for sexual favors or demands for sexual favors in exchange for favorable treatment
- obscene or vulgar gestures, posters or comments
- sexual jokes or comments about a person's body, sexual prowess or sexual deficiencies
- derogatory cartoons, posters and drawings; sexually-explicit emails or voicemails
- uninvited touching of a sexual nature
- unwelcome comments of a sexual nature
- conversation about one's own or someone else's sex life
- conduct or comments consistently targeted at only one gender, even if the content is not sexual
- teasing or other conduct directed toward a person because of the person's gender.

***Retaliation:*** Retaliation means adverse conduct taken because an individual reported an actual or perceived violation of this, or any policy, opposed practices prohibited by this, or any policy, or participated in the reporting and investigation process described below.

***Reporting Procedures:*** If an independent contractor believes that someone has violated this policy, they should promptly bring the matter to the immediate attention of Human Resources.



**Appendix D**  
**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**  
**THIRD PARTY COMPUTER SYSTEM ACCESS AGREEMENT**  
**(SAA)**

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Attachment 1 to SAA - System Specific Requirements

## TERMS AND CONDITIONS

The following terms and conditions govern Third Party access to San Francisco Department of Public Health (“Department” and/or “City”) Computer Systems. Third Party access to Department Computer Systems and Department Confidential Information is predicated on compliance with the terms and conditions set forth herein.

### SECTION 1 - “THIRD PARTY” CATEGORIES

1. **Third Party In General:** means an entity seeking to access a Department Computer System. Third Party includes, but is not limited to, Contractors (including but not limited to Contractor’s employees, agents, subcontractors), Researchers, and Grantees, as further defined below. Category-specific terms for Treatment Providers, Education Institutions, and Health Insurers are set forth Sections 4 through 6, herein.
2. **Treatment Provider:** means an entity seeking access to Department Computer Systems in order to obtain patient information necessary to provide patient treatment, billing, and healthcare operations, including access for Physician Practices, Hospitals, Long Term Care Facilities, and Nursing Homes.
3. **Education Institution:** means an entity seeking access to Department Computer Systems to support the training of its students while performing education activities at Department facilities.
4. **Health Insurer:** means an entity seeking access to provide health insurance or managed care services for Department patients.

### SECTION 2 - DEFINITIONS

1. **“Agreement”** means an Agreement between the Third Party and Department that necessitates Third Party’s access to Department Computer System. Agreement includes, but is not limited to, clinical trial agreements, accreditation agreements, affiliation agreements, professional services agreements, no-cost memoranda of understanding, and insurance network agreements.
2. **“Department Computer System”** means an information technology system used to gather and store information, including Department Confidential Information, for the delivery of services to the Department.
3. **“Department Confidential Information”** means information contained in a Department Computer System, including identifiable protected health information (“PHI”) or personally identifiable information (“PII”) of Department patients.
4. **“Third Party”** and/or **“Contractor”** means a Third Party Treatment Provider, Education Institution, and/or Health Insurer, under contract with the City.
5. **“User”** means an individual who is being provided access to a Department Computer Systems on behalf of Third Party. Third Party Users include, but are not limited to, Third Party’s employees, students/trainees, agents, and subcontractors.

### SECTION 3 – GENERAL REQUIREMENTS

1. **Third Party Staff Responsibility.** Third Party is responsible for its work force and each Third Party User’s compliance with these Third Party System Access Terms and Conditions.
2. **Limitations on Access.** User’s access shall be based on the specific roles assigned by Department to ensure that access to Department Computer Systems and Department Confidential Information is limited to the minimum necessary to perform under the Agreement.

3. **Qualified Personnel.** Third Party and Department (i.e., training and onboarding) shall ensure that Third Party Users are qualified to access a Department Computer System.

4. **Remote Access/Multifactor Authentication.** Department may permit Third Party Users to access a Department Computer System remotely. Third Party User shall use Department's multifactor authentication solution when accessing Department systems remotely or whenever prompted.

5. **Issuance of Unique Accounts.** Department will issue a unique user account for each User of a Department Computer System. Third Party User is permitted neither to share such credentials nor use another user's account.

6. **Appropriate Use.** Third Party is responsible for the appropriate use and safeguarding of credentials for Department Computer System access issued to Third Party Users. Third Party shall take the appropriate steps to ensure that their employees, agents, and subcontractors will not intentionally seek out, download, transfer, read, use, or disclose Department Confidential Information other than for the use category described in Section 1 – "Third Party" Categories.

7. **Notification of Change in Account Requirements.** Third Party shall promptly notify Department via Third Party's Report for DPH Service Desk ([dph.helpdesk@sfdph.org](mailto:dph.helpdesk@sfdph.org)) in the event that Third Party or a Third Party User no longer has a need to use Department Computer Systems(s), or if the Third Party User access requirements change. Such notification shall be made no later than one (1) business day after determination that use is no longer needed or that access requirements have changed.

8. **Assistance to Administer Accounts.** The Parties shall provide all reasonable assistance and information necessary for the other Party to administer the Third Party User accounts.

9. **Security Controls.** Third Party shall appropriately secure Third Party's computing infrastructure, including but not limited to computer equipment, mobile devices, software applications, and networks, using industry standard tools to reduce the threat that an unauthorized individual could use Third Party's computing infrastructure to gain unauthorized access to a Department Computer System. Third Party shall also take commercially reasonable measures to protect its computing infrastructure against intrusions, viruses, worms, ransomware, or other disabling codes. General security controls include, but are not limited to:

a **Password Policy.** All users must be issued a unique username for accessing City Data. Third Party must maintain a password policy based on information security best practices as required by 45 CFR § 164.308 and described in NIST Special Publication 800-63B.

b **Workstation/Laptop Encryption.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must be configured with full disk encryption using a FIPS 140-2 certified algorithm.

c **Endpoint Protection Tools.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must maintain a current installation of comprehensive anti-virus, anti-malware, anti-ransomware, desktop firewall, and intrusion prevention software with automatic updates scheduled at least daily.

d **Patch Management.** To correct known security vulnerabilities, Third Party shall install security patches and updates in a timely manner on all Third Party-owned workstations, laptops, tablets, smart phones, and similar devices that access Department Computer Systems based on Third Party's risk assessment of such patches and updates, the technical requirements of Third Party's computer systems, and the vendor's written recommendations. If patches and

updates cannot be applied in a timely manner due to hardware or software constraints, mitigating controls must be implemented based upon the results of a risk assessment.

e **Mobile Device Management.** Third Party shall ensure both corporate-owned and personally owned mobile devices have Mobile Device Management (MDM) installed. Given the prevalence of restricted data in Third Party's environment, all mobile devices used for Third Party's business must be encrypted. This applies to both corporate-owned and privately-owned mobile devices. At a minimum, the MDM should: Enforce an entity's security policies and perform real-time compliance checking and reporting; Enforce strong passwords/passcodes for access to mobile devices; Perform on-demand remote wipe if a mobile device is lost or stolen; Mandate device encryption.

10. **Auditing Accounts Issued.** Department reserves the right to audit the issuance and use of Third Party User accounts. To the extent that Department provides Third Party with access to tools or reports to audit what Department Confidential Information a Third Party User has accessed on a Department Computer System, Third Party must perform audits on a regular basis to determine if a Third Party User has inappropriately accessed Department Confidential Information.

11. **Assistance with Investigations.** Third Party must provide all assistance and information reasonably necessary for Department to investigate any suspected inappropriate use of a Department Computer Systems or access to Department Confidential Information. The Department may terminate a Third Party' User's access to a Department Computer System following a determination of inappropriate use of a Department Computer System.

12. **Inappropriate Access, Failure to Comply.** If Third Party suspects that a Third Party User has inappropriately accessed a Department Computer System or Department Confidential Information, Third Party must immediately, and within no more than one (1) business day, notify Department.

13. **Policies and Training.** Third Party must develop and implement appropriate policies and procedures to comply with applicable privacy, security and compliance rules and regulations. Third Party shall provide appropriate training to Third Party Users on such policies. Access will only be provided to Third Party Users once all required training is completed.

14. **Third Party Data User Confidentiality Agreement.** Before Department Computer System access is granted, as part of Department's compliance, privacy, and security training, each Third Party User must complete Department's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

15. **Corrective Action.** Third Party shall take corrective action upon determining that a Third Party User may have violated these Third Party System Access Terms and Conditions.

16. **No Technical or Administrative Support.** Except as provided herein or otherwise agreed, the Department will provide no technical or administrative support to Third Party or Third Party User(s) for Department Computer System access; provided, however, that the foregoing does not apply to technical or administrative support necessary to fulfill Third Party's contractual and/or legal obligations, or as required to comply with the terms of this Agreement.

#### **SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS**

1. **Permitted Access, Use and Disclosure.** Treatment Providers and Treatment Provider Users shall access Department Confidential Information of a patient/client in accordance with applicable privacy rules and data protection laws. Requests to obtain data for research purposes require approval from an Institutional Review Board (IRB).

2. **Redisclosure Prohibition.** Treatment Providers may not redisclose Department Confidential Information, except as otherwise permitted by law.

3. **HIPAA Security Rule.** Under the HIPAA Security Rule, Treatment Providers must implement safeguards to ensure appropriate protection of protected/electronic health information (PHI/EHI), including but not limited to the following:

- a) Ensure the confidentiality, integrity, and security of all PHI/EHI they create, receive, maintain or transmit when using Department Computer Systems;
- b) Identify and protect against reasonably anticipated threats to the security or integrity of the information;
- c) Protect against reasonably anticipated, impermissible uses or disclosures; and
- d) Ensure compliance by their workforce.

## **SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS**

1. **Education Institution is Responsible for its Users.** Education Institutions shall inform Education Institution Users (including students, staff, and faculty) of their duty to comply with the terms and conditions herein. Department shall ensure that all Education Institution Users granted access to a Department Computer System shall first successfully complete Department's standard staff training for privacy and compliance, information security and awareness, and software-application specific training before being provided User accounts and access to Department Computer Systems.

2. **Tracking of Training and Agreements.** Department shall maintain evidence of all Education Institution Users (including students, staff, and faculty) having successfully completed Department's standard staff training for privacy and compliance and information security and awareness. Such evidence shall be maintained for a period of five (5) years from the date of graduation or termination of the Third Party User's access.

## **SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS**

1. **Permitted Access, Use and Disclosure.** Health Insurers and Health Insurer Users may access Department Confidential Information only as necessary for payment processing and audits, including but not limited to quality assurance activities, wellness activities, care planning activities, and scheduling.

2. **Member / Patient Authorization.** Before accessing, using, or further disclosing Department Confidential Information, Health Insurers must secure all necessary written authorizations from the patient / member or such individuals who have medical decision-making authority for the patient / member.

## **SECTION 7 - DEPARTMENT'S RIGHTS**

1. **Periodic Reviews.** Department reserves the right to perform regular audits to determine if a Third Party's access to Department Computer Systems complies with these terms and conditions.

2. **Revocation of Accounts for Lack of Use.** Department may revoke any account if it is not used for a period of ninety (90) days.

3. **Revocation of Access for Cause.** Department and Third Party reserves the right to suspend or terminate a Third Party User's access to Department Computer Systems at any time for cause, i.e., the Parties determined that a Third-Party User has violated the terms of this Agreement and/or Applicable law.

4. **Third Party Responsibility for Cost.** Each Third Party is responsible for its own costs incurred in connection with this Agreement or accessing Department Computer Systems.

## **SECTION 8 - DATA BREACH; LOSS OF CITY DATA.**

1. **Data Breach Discovery.** Following Third Party's discovery of a breach of City Data disclosed to Third Party pursuant to this Agreement, Third Party shall notify City in accordance with applicable laws. Third Party shall:

- i. mitigate, to the extent practicable, any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. comply with any requirements of federal and state laws as applicable to Third Party pertaining to the breach of City Data.

2. **Investigation of Breach and Security Incidents.** To the extent a breach or security system is identified within Third Party's System that involves City Data provided under this Agreement, Third Party shall investigate such breach or security incident. For the avoidance of doubt, City shall investigate any breach or security incident identified within the City's Data System. To the extent of Third Party discovery of information that relates to the breach or security incident of City Data, Third Party User shall inform the City of:

- i. the City Data believed to have been the subject of breach;
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used, accessed or acquired the City Data;
- iii. to the extent known, a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. to the extent known, a description of the probable and proximate causes of the breach or security incident;

3. **Written Report.** To the extent a breach is identified within Third Party's System, Third Party shall provide a written report of the investigation to the City as soon as practicable; provided, however, that the report shall not include any information protected under the attorney-client privileged, attorney-work product, peer review laws, and/or other applicable privileges. The report shall include, but not be limited to, the information specified above, as well as information on measures to mitigate the breach or security incident.

4. **Notification to Individuals.** If notification to individuals whose information was breached is required under state or federal law, Third Party shall cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach

5. **Sample Notification to Individuals.** If notification to individuals is required, Third Party shall cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

6. **Media Communications.** The Parties shall together determine any communications related to a Data Breach.

7. **Protected Health Information.** Third Party and its subcontractors, agents, and employees shall comply with all federal and state laws regarding the transmission, storage and protection of all PHI disclosed to Third Party by City. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI given to Third Party by City, Third Party shall indemnify City for the amount of such fine or penalties or damages, including costs of notification, but only in proportion to and to the extent that such fine, penalty or damages are caused by or result from the impermissible acts or omissions of Third Party. This section does not apply to the extent fines or penalties or damages were caused by the City or its officers, agents, subcontractors or employees.

**A. Attachment 1 to SAA  
System Specific Requirements**

**I. For Access to Department Epic through Care Link the following terms shall apply:**

**A. Department Care Link Requirements:**

1. Connectivity.
  - a) Third Party must obtain and maintain an Internet connection and equipment in accordance with specifications provided by Epic and/or Department. Technical equipment and software specifications for accessing Department Care Link may change over time. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.
2. Compliance with Epic Terms and Conditions.
  - a) Third Party will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the Department Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing Department Care Link:
3. Epic-Provided Terms and Conditions
  - a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
  - b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

**II. For Access to Department Epic through Epic Hyperspace the following terms shall apply:**

**B. Department Epic Hyperspace:**

1. Connectivity.
  - a) Third Party must obtain and maintain an Internet connection and required equipment in accordance with specifications provided by Epic and Department. Technical equipment and software specifications for accessing Department Epic Hyperspace will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System in accordance with the terms of this agreement.
2. Application For Access and Compliance with Epic Terms and Conditions.
  - a) Prior to entering into agreement with Department to access Department Epic Hyperspace, Third Party must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at:  
<https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation notifies Department, in writing, of Third Party's permissions to access Department Epic Hyperspace



prior to completing this agreement. Third Party will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

### **III. For Access to Department myAvatar the following terms shall apply:**

#### **A. Department myAvatar**

##### **1. Connectivity.**

- a. Third Party must obtain an Internet connection and required equipment in accordance with specifications provided by Department. Technical equipment and software specifications for accessing Department myAvatar will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.

##### **2. Information Technology (IT) Support.**

- a. Third Party must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

##### **3. Access Control.**

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at:  
<https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Applicants must complete the myAvatar Account Request Form found at  
[https://www.sfdph.org/dph/files/CBHSDocs/BHISdocs/UserDoc/Avatar\\_Account\\_Request\\_Form.pdf](https://www.sfdph.org/dph/files/CBHSDocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf)
- c. All licensed, waived, registered and/or certified providers must complete the Department credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.

### **I. For Access to Department Epic through OutReach**

#### **A. Department OutReach Requirements:**

##### **1. Connectivity.**

- d) Third Party Responsibility: The Third Party is required to obtain and maintain an active internet connection and necessary equipment in compliance with the specifications provided by both Epic and the Department.
- d) Technical Equipment Changes: The specifications for accessing OutReach may be updated over time. Third Party must ensure their equipment and software align with these specifications and bear any related costs.
- d) Equipment Ownership: Access to the system by Third Party Data Users must occur exclusively through equipment owned, leased, and maintained by the Third Party.
- d) Equipment Purchase: Compatible equipment required for use with OutReach is the responsibility of the Third Party.

##### **2. Compliance with Epic Terms and Conditions**

- a) Obligations: The Third Party will access and use the system strictly according to Epic's Terms and Conditions. Data Users must electronically accept these terms during their initial login to OutReach.

##### **3. Epic-Provided Terms and Conditions**

- a) Usage Rules: Basic rules are provided by Epic that apply when using the Epic OutReach account. These include:

- a. Purpose of Use: Access to Epic OutReach is intended to facilitate care for shared patients, manage referral data, or further legitimate business interests with respect to data from an Epic customer's system.
- b. Restrictions: Users are prohibited from using Epic OutReach to develop similar software to EpicCare Link. Additionally, account information must not be shared with individuals outside the organization.

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

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

**RECITALS**

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

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

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

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

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

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

**1. Definitions.**

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

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

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

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

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

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

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

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

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

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

**k. Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or

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with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

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

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

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

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

## 2. Obligations of Business Associate.

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

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

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

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

**e. Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

**f. Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this

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BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

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

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

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

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

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

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

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

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



## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

**o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents.**

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

**3. Termination.**

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

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

**c. Effect of Termination.** Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

**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 of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

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

**4. Amendment to Comply with Law.**

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

**5. Reimbursement for Fines or Penalties.**

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

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

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

Attachment 3 – Protected Information Destruction Order Purge Certification 01-10-2024

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

Contractor Name:		Contractor City Vendor ID	
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## PRIVACY ATTESTATION

**INSTRUCTIONS:** Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

**Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

### I. All Contractors.

DOES YOUR ORGANIZATION...							Yes	No*
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?							
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?							
	If yes:	Name & Title:		Phone #		Email:		
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]							
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]							
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?							
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization to do so <b>AND</b> that health information is <b>only transferred or created on encrypted devices approved by SFDPH Information Security staff?</b>							

### II. Contractors who serve patients/clients and have access to SFDPH PHI, must also complete this section.

If Applicable: DOES YOUR ORGANIZATION...		Yes	No*
G	Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?		
H	Have evidence in each patient's / client's chart or electronic file that a <a href="#">Privacy Notice</a> that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.)		
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?		
J	Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?		
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?		

**III. ATTEST:** Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date	
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**IV. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Contractor Name:		Contractor City Vendor ID	
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## DATA SECURITY ATTESTATION

**INSTRUCTIONS:** Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

**Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

### I. All Contractors.

DOES YOUR ORGANIZATION...						Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]						
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?						
	Date of last Data Security Risk Assessment/Audit:						
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:						
C	Have a formal Data Security Awareness Program?						
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?						
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?						
	If yes:	Name & Title:		Phone #			
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]						
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?						
I	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?						

**II. ATTEST:** Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date	
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**III. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Attachment 3 to Appendix E

Protected Information Destruction Order  
Purge Certification - Contract ID # \_\_\_\_\_

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated \_\_\_\_\_ (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

**Electronic Data:** Per the Secretary’s guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization (“NIST”).

**Hard-Copy Data:** Per the Secretary’s guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

\*\*\*\*\*

Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

So Certified

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Date: