

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

First Amendment

THIS AMENDMENT (this “Amendment”) is made as of **February 1, 2021** in San Francisco, California, by and between **Alternative Family Services, Inc** (“Contractor”) and the **City and County of San Francisco**, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through Request for Proposals (“RFP”), RFP 33-2016 issued on 11/2/16 and RFP 1-2017 issued on 3/24/17, and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 46987-16/17 on August 3, 2020; and.

NOW, THEREFORE, Contractor and the City 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 January 1, 2018, (Contract ID# 1000010827) between Contractor and City as amended by this First amendment.

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

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

2.1 Definitions. *The following is hereby added to the Agreement as a Definition in Article 1:*

1.10 “Confidential Information” means confidential City information including, but not limited to, personally-identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

2.2 Term. *Section 2.1 Term of the Agreement currently reads as follows:*

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on March 31, 2021, unless earlier terminated as otherwise provided herein.

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

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

2.3 Payment. *Section 3.3.1 Payment of the Agreement currently reads as follows:*

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediately preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Six Hundred Eighty Thousand Two Hundred Eighty Eight Dollars (\$9,680,288)**. The breakdown of charges associated with this Agreement appears in Appendix B, “Calculation of Charge ns,” attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event

shall the amount of this Agreement exceed **Nine Million Nine Hundred Ninety Eight Thousand Nine Hundred Six Dollars (\$9,998,906)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

2.4 Contract Amendments; Budgeting Revisions. *The following is hereby added and incorporated into Article 3 of the Agreement:*

3.7 Contract Amendments; Budgeting Revisions.

3.7.1 Formal Contract Amendment. Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.7.2 City Revisions to Program Budgets. The City shall have authority, without the execution of a Formal Amendment, to purchase additional Services and/or make changes to the work in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the Compensation or the Term by use of a written City Program Budget Revision.

3.7.13.7.3 City Program Scope Reduction. Given the local emergency, the pandemic, and the City's resulting budgetary position, and in order to preserve the Agreement and enable Contractor to continue to perform work albeit potentially on a reduced basis, the City shall have authority during the Term of the Agreement, without the execution of a Formal Amendment, to reduce scope, temporarily suspend the Agreement work, and/or convert the Term to month-to-month (Program Scope Reduction), by use of a written Revision to Program Budgets, executed by the Director of Health, or his or her designee, and Contractor. Contractor understands and agrees that the City's right to effect a Program Scope Reduction is intended to serve a public purpose and to protect the public fisc and is not intended to cause harm to or penalize Contractor. Contractor provides City with a full and final release of all claims arising from a Program Scope Reduction. Contractor further agrees that it will not sue the City for damages arising directly or indirectly from a City Program Scope Reduction.

2.5 Assignment. *The following is hereby added to Article 4 of the Agreement, replacing the previous Section 4.5 in its entirety:*

4.5 Assignment. The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture, a joint venture partner, (collectively referred to as an "Assignment") unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City's approval of any such Assignment is subject to the Contractor demonstrating to City's reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into

contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

2.6 Insurance. *The following is hereby added to Article 5 of the Agreement, replacing the previous Section 5.1 in its entirety:*

5.1 Insurance

5.1.1 Required Coverages. Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

- (a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage.
- (c) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- (d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 for each claim with respect to negligent acts, errors or omissions in connection with the Services.
- (e) Blanket Fidelity Bond or Crime Policy with limits of in the amount of any Initial Payment included under this Agreement covering employee theft of money written with a per loss limit.
- (f) Reserved (Technology Errors and Omissions Coverage).
- (g) Contractor shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than \$1,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

5.1.3 Contractor's Commercial General Liability and Commercial Automobile Liability Insurance policies shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this

Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

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

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

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

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

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

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

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

2.7 Indemnification. *The following is hereby added to Article 5 of the Agreement, replacing the previous Section 5.2.1 in its entirety:*

5.2.1 Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability

imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

2.8 Withholding. *The following is hereby added to Article 7 of the Agreement:*

7.3 Withholding. Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

2.9 Consideration of Salary History. *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.4 in its entirety:*

10.4 Consideration of Salary History. Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at <https://sfgov.org/olse/consideration-salary-history>. Contractor is

required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

2.10 Limitations on Contributions. *The following is hereby added to Article 10 of the Agreement, replacing the previous 10.11 in its entirety:*

10.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges its obligations under section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

2.11 Distribution of Beverages and Water. *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.17 in its entirety:*

10.17 Distribution of Beverages and Water.

10.17.1 Sugar-Sweetened Beverage Prohibition. 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. 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.

2.12 Notification of Legal Requests. *The following is hereby added to Article 11 of the Agreement:*

11.14 Notification of Legal Requests. Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to

City's Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

2.13 Exclusion Lists and Employee Verification. *The following is hereby added to Article 12 of the Agreement:*

12.5 Exclusion Lists and Employee Verification

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

2.14 Management of City Data and Confidential Information, *The following is hereby added and incorporated into Article 13 of the Agreement:*

13.5 Management of City Data and Confidential Information

13.5.1 Access to City Data. City shall at all times have access to and control of all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), and shall be able to retrieve it in a readable format, in electronic form and/or print, at any time, at no additional cost.

13.5.2 Use of City Data and Confidential Information. Contractor agrees to hold City's Confidential Information received from or created on behalf of the City in strictest confidence. Contractor shall not use or disclose City's Data or Confidential Information except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Confidential Information outside the United States is subject to prior written authorization by the City. Access to City's Confidential Information must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data or Confidential Information 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 the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data or Confidential Information 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.

13.5.3 Disposition of Confidential Information. Upon termination of Agreement or request of City, Contractor shall within forty-eight (48) hours return all Confidential Information which includes all original media. Once Contractor has received written confirmation from City that Confidential Information has been successfully transferred to City, Contractor shall within ten (10) business days purge all Confidential Information from its servers, any hosted environment Contractor has used in performance of this Agreement, 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.

The Appendices listed below are Amended as follows:

2.15 Appendices A, A-1 through A-3 dated 2/1/2021 (i.e., February 1, 2021) are hereby added for FY 2020-21.

2.16 Appendices B, B-1 and B-2 dated 2/1/2021 (i.e., February 1, 2021) are hereby added for FY 2020-21.

2.17 Delete Appendix E-HIPAA Business Associate Agreement with Original Agreement and replace in its entirety with Appendix E-HIPAA Business Associate Agreement dated 4/12/18 to Agreement as amended.

2.18 Appendix F: Invoices Templates corresponding with this FY 20-21 First Amendment are hereby added for Fiscal Year 2020-21.

Article 3 Effective Date

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

Article 4 Legal Effect

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

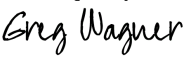
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY


CONTRACTOR

Recommended by:

Alternative Family Services, Inc

DocuSigned by:

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Grant Colfax, MD
Director of Health
Department of Public Health


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

Approved as to Form:

Dennis J. Herrera
City Attorney


Supplier ID: 00000025708

DocuSigned by:

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By: _____

Henry Lifton Date
Deputy City Attorney

Approved:

DocuSigned by:

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Sailaja Kurella Date
Acting Director, Office of Contract
Administration, and Purchaser

Appendix A Scope of Services – DPH Behavioral Health Services

1. Terms

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| <ul style="list-style-type: none"> A. Contract Administrator B. Reports C. Evaluation D. Possession of Licenses/Permits E. Adequate Resources F. Admission Policy G. San Francisco Residents Only H. Grievance Procedure I. Infection Control, Health and Safety J. Aerosol Transmissible Disease Program, Health and Safety K. Acknowledgement of Funding L. Client Fees and Third Party Revenue M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | <ul style="list-style-type: none"> N. Patients' Rights O. Under-Utilization Reports P. Quality Improvement Q. Working Trial Balance with Year-End Cost Report R. Harm Reduction S. Compliance with Behavioral Health Services Policies and Procedures T. Fire Clearance U. Clinics to Remain Open V. Compliance with Grant Award Notices |
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- 2. Description of Services
- 3. Services Provided by Attorneys

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Valerie Wiggins**, 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.

Detailed description of services are listed below and are attached hereto

Appendix A-1 AFS Outpatient Behavioral Health Program

Appendix A-2 AFS Therapeutic Visitation Services

Appendix A-3 AFS Treatment Foster Care

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: Alternative Family Services	Appendix A-1
Program Name: AFS Outpatient Behavioral Health Program	Contract Term: 07/01/20-6/30/21

1. Page 1 of 6 Identifiers:

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

Executive Director/Program Director: Jay Berlin / Tricca Leverenz
 Telephone: 707-576-7700 x 314
 Email Address: jberlin@afs4kids.org
 Program Code(s): 38GSOP

2. Nature of Document:

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

3. Goal Statement:

The goal of this program is to improve the client(s)' interpersonal, adaptive, and communication skills. Additionally, we strive to improve their connection with their family to support their emotional and psychological well-being. In so doing, our goal is to support permanency and stability for children and families with a special emphasis and expertise to serve children and youth involved with the foster care system by addressing their unique behavioral health needs.

4. Target Population:

The target population for this program is child welfare involved children and youth ages 0 to 20 of San Francisco County. The program meets the unique needs of children and youth involved in or at risk of becoming involved in the foster care system.

AFS will also provide limited non Medi-Cal reimbursable support services to children and families who 1) do not have full scope Medi-Cal or 2) require additional support services per approval of Foster Care Mental Health and Human Services Agency (see description below).

5. Modality(s)/Intervention(s)

See Cost Reporting/Data Collection (CRDC) in FY 20-21 Appendix B-1. Modes of Services include: Case Management Brokerage, Mental Health Services, Community Client Services – Outpatient Services.

Contractor Name: Alternative Family Services	Appendix A-1
Program Name: AFS Outpatient Behavioral Health Program	Contract Term: 07/01/20-6/30/21

6. Methodology:

Indirect Services and Activities (Funded by Work Order)

Permanency Worker (.75 FTE)

- All SF County youth placed in AFS foster homes will receive intensive permanency case planning services, intensified case review and management, and specialized training for social workers managing these placements.

SF Recruitment Program Activities

- AFS will provide foster and kin parent services for perspective San Francisco Resource Parents. Activities will include outreach, recruitment, parent training, and ongoing support during the approval process.

Other Support Services

- AFS may provide limited non Medi-Cal support services to assist clients in reaching their goals, including, but not limited to, progress reporting to PSWs, coordination efforts, and outreach.

Direct Client Services:

A. Outreach, recruitment, promotion, and advertisement:

All referrals are obtained from Foster Care Mental Health (FCMH). AFS will work with FCMH to prioritize any children or youth placed in AFS ISFC homes and in need of mental health services.

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

AFS will obtain all referrals from FCMH. Assessments will take place within the first 30 days of receiving the referral. AFS will work with FCMH to facilitate appropriate referral and linkage to services.

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

- #### C. Non EPSDT Services:
- limited client support services will be provided to current AFS clients and/or SF Dependents placed in AFS homes to increase the likelihood of permanency, safety, and well-being. Support services include, but are not limited to, outreach to legal representatives, engagement prior to a client’s opening, transitional support, coordination of systems, facilitating appropriate community resources for SF Dependents, and transportation. These services will be funded by a work order and monitored by the AFS Program Director. All services will be documented and tracked in the AFS Electronic Health Record.

D. Mental Health Service delivery model:

Contractor Name: Alternative Family Services	Appendix A-1
Program Name: AFS Outpatient Behavioral Health Program	Contract Term: 07/01/20-6/30/21

- a) Assessment & Early Identification: Ideally, youth are assessed immediately upon entry into the foster care system and at any transition point thereafter (i.e., before and after placement change and system exit). For AFS clients, every case receives a formal comprehensive psychosocial assessment using the Child and Adolescent Strengths and Needs (CANS) assessment system. Youth and caregivers are active participants in the collection, review and prioritization of data.
- b) Assessment Only. For clients referred for assessment only, AFS clinicians will complete an initial Assessment and Brief CANS within 30 days of episode opening. The AFS clinician will provide a written summary of needs, strengths and recommendations for mental health services. Based on client needs and FCMH authorization, the AFS clinician may provide ongoing services in order to coordinate care and participate on the Child and Family Team.
- c) Treatment Planning: Clients, clinicians and other key individuals develop a treatment plan of care to prioritize client needs, goals and service strategies. As assessment information changes, treatment planning will change accordingly.
- d) Service Provision and Appropriateness Monitoring:
 - i. Immediately following the assessment and treatment planning phases the clinician will work with the client to address goals. For the general target population described in Item #4, planned services may include a combination of individual therapy, family therapy, individual rehabilitation, and/or case management. For clients in the priority population (ISFC clients) planned services may also include intensive care coordination (ICC) and intensive home based services (IHBS) to focus on restoring, improving or maintaining daily living skills, functional skills, social skills and support resources. IR, ICC and IHBS services may be provided by a Mental Health Rehab Specialist (MHRS) who will coordinate and collaborate with the clinical team.
 - ii. A great deal of attention is placed on ensuring that the intensity and frequency of services are appropriate to meet the needs of clients and their families. AFS matches interventions and practices to the needs of clients. Services are closely monitored for appropriateness through supervision and CQI processes. AFS Quality Management will monitor the provision of IR Services at the child- and program-level for clients in ITFC placements via an internal monthly report submitted to the Program Director and Mental Health Director.
- e) Service Coordination and Collaboration: Coordination and collaboration is a foundational aspect of the AFS clinical model. To achieve client goals, services must be coordinated among all the involved stakeholders such as county case workers, probation officers, FFA workers, lawyers, schools, foster families, and biological families.
- f) Community Linkage: A critical aspect of treatment is working to create a network of natural and formal supports in the clients' lives to reinforce and maintain treatment gains and increase the likelihood of successful outcomes. AFS consistently partners with multiple other providers to ensure continuity of service during the referral process, as well as to ensure coordinated care. AFS has worked closely with A Better Way, Seneca, and Fred Finch, all whom provide Mental Health Services to children who are Dependents of San Francisco. Additionally, we also have partnered with First Stop, Horizon's, La Casa de Las Madres, and Urban Services YMCA.

Contractor Name: Alternative Family Services	Appendix A-1
Program Name: AFS Outpatient Behavioral Health Program	Contract Term: 07/01/20-6/30/21

E. Discharge Planning and exit criteria and process:

As mentioned above, a critical aspect of all services is discharge planning and linkages to formal and informal services and supports. At service initiation, service providers in collaboration with the client and family create a discharge plan to identify and begin to link clients and their families to community supports, and to outline resources for clients following service completion. Common community support agencies are First Stop, Horizon's, La Casa de Las Madres, and Urban Services YMCA.

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

F. Program staffing:

All services will be provided by staff that is qualified to deliver EPSDT services. Overall program responsibility is given to Mental Health Director, Tricca Leverenz, LCSW. Specific day to day program responsibility is vested in Program Director, Kimberly Porter-Leite, LMFT. Clinical supervision of staff is shared by Kimberly Porter-Leite and licensed Clinical Supervisors. Services are delivered by a team of master's level clinicians, MHRS qualified staff, and Quality Management Associates.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Children, Youth, and Families Performance Objectives FY 20-21 located at www.sfdph.org/cdta.

8. Continuous Quality Improvement:

The overall program quality is guided by the agency's Continuous Quality Improvement (CQI) Structure, which is documented in the AFS CQI Plan, and led by the CQI Steering Committee and the CQI Working Committees. The CQI working committees are: AFS Program Quality & Compliance Committee led by the Compliance Officer/CFO; the Program Outcomes Committee led by the Chief Program Officer, The Staff Development & Safety Committee led by the CFO; and, the Information Systems Committee led by the Director of Special Projects. The CQI Oversight Committee is led by the CEO and includes the agency's leadership team. The CQI Steering Committee meets on a regular basis and the Working Committee meets, at a minimum, on a quarterly basis.

Program-level quality initiatives are addressed in bi-weekly meeting between program and QM management staff, and implemented by program supervisors and managers. In addition, structured activities (e.g., utilization review; clinical review; etc.) function as CQI methods for the program.

Contractor Name: Alternative Family Services	Appendix A-1
Program Name: AFS Outpatient Behavioral Health Program	Contract Term: 07/01/20-6/30/21

- A. Performance-Contract & Productivity: Contract performance is monitored at various levels in the agency: (a) monthly during the Mental Health Management meeting; (b) bi-monthly during the Program CQI Management meeting; (c) quarterly at the agency CQI Steering Committee. The Program Compliance Committee reviews specific contractual obligations while staff productivity is reviewed monthly by Management. Program managers and Quality Management staff look at service intensity issues (e.g., looking at levels of Collateral contacts, a key indicator of collaboration and coordination for AFS' population children in the foster care system) during their biweekly meetings. Clinical Supervisors and Program Directors meet on a weekly basis to review clinician caseload, service intensity and care coordination.

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

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

AFS internal audits are as follows:

- a. Utilization Review (UR): Under the direction of the AFS SF Program Director and QM Associates. The QM Unit-collates data on UR outcomes (i.e., number of charts identified as conditional, passing, failing) and compares with the benchmark (95% passing or conditional).
 - b. Clinical Case Peer Review: Will be in conjunction with the Level 2 PURQC process. Is a Peer Review in the format of a live case-consultation. Cases are selected based on length of service, level of service, and level of Clinical need.
 - c. Level 2 PURQC: AFS will participate in the pilot project to further solidify expectations and procedures for this higher level clinical review of all charts open longer than 36 months of service.
- C. Cultural Competency: Cultural competence is monitored at the local level: (a) supervision and (b) trainings (for managers and clinicians). The Program Director works closely with the Human Resources Department to review hiring and advertising practices to ensure that newly hired staff consistently meets our client's cultural and language needs. AFS also utilizes contractors and/or The Department of Public Health Language Access Services when interpreter services are needed in languages outside of the language capacity of AFS staff. AFS conducts three Cultural Competency trainings per year, tailoring trainings to match clientele backgrounds, ethnicities and languages.
- D. Client Satisfaction: Client satisfaction is measured through State-administered and/or AFS-administered satisfaction surveys. AFS conducts a San Francisco County client survey twice a year. Additionally, AFS is looking to implement an internal pre/post client survey. AFS has also implemented a survey via Survey Monkey, which targets County Social Workers to gather data for

Contractor Name: Alternative Family Services	Appendix A-1
Program Name: AFS Outpatient Behavioral Health Program	Contract Term: 07/01/20-6/30/21

the purpose of enhancing the quality of our services, and maintaining/improving our relationship with our referral source.

- E. Measurement, analysis, and use of CANS data: Program (a) participates in Super User calls on a monthly basis, (b) utilizes SF county reports (Pivot Charts) when available to evaluate treatment, and (c) created and analyzed our Theory of Change Clinical Formulation. AFS is also in the process of implementing "Using CANS in Supervision" and the TCOM strategies created by John Lyons.

9. Required Language: N/A

Contractor Name: Alternative Family Services	Appendix A-2
Program Name: AFS Therapeutic Visitation	Contract Term: 07/01/20-06/30/21

1. Identifiers:

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

Executive Director/Program Director: Jay Berlin
Telephone: 707-576-7700 x 314
Email Address: jberlin@afs4kids.org
Program Code(s): 38GS01

2. Nature of Document:

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

4. Goal Statement:

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

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

5. Target Population:

The target population for this program is San Francisco County child welfare involved children and youth ages 2 to 17, of all ethnicities and populations. The program is designed with a focused emphasis and expertise to meet the unique needs of children and youth involved or at risk for becoming involved in the foster care system. Limited supervised visitation services are provided to children and families who do not have full scope Medi-Cal (see Supervised Visitation Services description below).

Contractor Name: Alternative Family Services	Appendix A-2
Program Name: AFS Therapeutic Visitation	Contract Term: 07/01/20-06/30/21

6. Modality(s)/Intervention(s)

See Cost Reporting/Data Collection (CRDC), FY 20-21 Appendix B-2. Mode of Services will include the following: Mental Health Services include Assessment, Plan Development, Individual Therapy, Individual Rehabilitation (IR), Intensive Home Based Services, (IHBS) Family Therapy, Group Therapy, and Collateral. AFS will also provide Case Management, Intensive Care Coordination (ICC).

7. Methodology:

Direct client services

- A. Outreach, Recruitment, Promotion, and Advertisement: All referrals will be received from Foster Care Mental Health.
- B. Admission and Intake Process: AFS will obtain all referrals from Foster Care Mental Health. Assessments for services will be conducted within the first 30 days. AFS will work with Foster Care mental health to facilitate appropriate referrals.

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

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

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

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

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

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

Contractor Name: Alternative Family Services	Appendix A-2
Program Name: AFS Therapeutic Visitation	Contract Term: 07/01/20-06/30/21

Community Linkage: A critical aspect of treatment is working to create a network of natural and formal supports in the clients' lives to reinforce and maintain treatment gains and increase the likelihood of successful outcomes. AFS consistently partners with multiple other providers to ensure continuity of service during the referral process, as well as to ensure coordinated care. AFS has worked closely with A Better Way, Seneca, and Fred Finch, all of which provide Mental Health Services to children who are Dependents of San Francisco. Additionally, we also have partnered with First Stop, Horizon's, La Casa de Las Madres, and Urban Services YMCA.

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

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

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

Supervised Visitation Service and other Support Services (Funded by Work Order): At AFS, Supervised Visitation Services are provided on a limited basis for six to nine months. These services are managed by trained staff who are present at all times to ensure visits are safe and aligned with the Visitation Plan. The primary focus of the visits is to promote safety and well-being for children and youth. To promote safe and positive family interactions, families may receive parent coaching and/or support from the AFS staff. Families are referred directly from Protective Social Workers. AFS may also provide additional support services in order to help families reach their goals, including, but not limited to, progress updates to PSWs, debrief meetings with families, and coordination with other providers. Upon receiving the referrals, AFS conducts a Risk and Safety Assessment to determine whether the Supervised Visitation Services are suitable for the referred parent(s), caregiver(s), and child (ren). If accepted, the AFS staff obtains initial paperwork from the PSW, and contacts the family to schedule the first visit.

- D. **Discharge Process:** As mentioned above, a critical aspect of all services is discharge planning and linkages to formal and informal services and supports. At service initiation, service providers in collaboration with the client and family create a discharge plan to identify and begin to link clients and their families to community supports, and to outline resources for clients following service completion. Common community support agencies are First Stop, Horizon's, La Casa de Las Madres, and Urban Services YMCA.

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

Contractor Name: Alternative Family Services	Appendix A-2
Program Name: AFS Therapeutic Visitation	Contract Term: 07/01/20-06/30/21

E. **Program Staffing:** All services will be provided by staff that is qualified to deliver EPSDT services. Overall program responsibility is given to Tricca Leverenz, LCSW, Mental Health Director. Specific day to day program responsibility is vested in Kimberly Porter-Leite, LMFT, Program Director. Clinical supervision of staff is shared by Ms. Porter-Leite and licensed Clinical Supervisors. Services are delivered by a team of master's level clinicians, MHRS qualified staff, and Quality Management Associates.

8. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Children, Youth, and Families Performance Objectives FY 20-21 located at www.sfdph.org/cdta.

9. Continuous Quality Improvement:

The overall program quality is guided by the agency's Continuous Quality Improvement (CQI) Structure which is documented in the AFS CQI Plan, and led by the CQI Steering Committee and the CQI Working Committees. The CQI working committees are: AFS Program Quality & Compliance Committee led by the Compliance Officer/CFO; the Program Outcomes Committee led by the Chief Program Officer, The Staff Development & Safety Committee led by the CFO; and, the Information Systems Committee led by the Director of Special Projects. The CQI Oversight Committee is led by the CEO and includes the agency's leadership team. The CQI Steering Committee meets on a regular basis and the Working Committee meets, at a minimum, on a quarterly basis.

Program-level quality initiatives are addressed in bi-weekly meeting between program and QM management staff, and implemented by program supervisors and managers. In addition, structured activities (e.g., utilization review; clinical review; etc.) function as CQI methods for the program.

- A. Performance-Contract & Productivity: Contract performance is monitored at various levels in the agency: (a) monthly during the Mental Health Management meeting; (b) bi-monthly during the Program CQI Management meeting; (c) quarterly at the agency CQI Steering Committee. The Program Compliance Committee reviews specific contractual obligations while staff productivity is reviewed monthly by Management. Program managers and Quality Management staff look at service intensity issues (e.g., looking at levels of Collateral contacts, a key indicator of collaboration and coordination for AFS' population children in the foster care system) during their biweekly meetings. Clinical Supervisors and Program Directors meet on a weekly basis to review clinician caseload, service intensity and care coordination.

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

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

Contractor Name: Alternative Family Services	Appendix A-2
Program Name: AFS Therapeutic Visitation	Contract Term: 07/01/20-06/30/21

AFS internal audits are as follows:

- a. Utilization Review (UR): Under the direction of the AFS SF Program Director and QM Associates. The QM Unit-collates data on UR outcomes (i.e., number of charts identified as conditional, passing, failing) and compares with the benchmark (95% passing or conditional).
 - b. Critical Case Peer Review: Will be in conjunction with the Level 2 PURQC process. Is a Peer Review in the format of a live case-consultation. Cases are selected based on length of service, level of service, and level of Clinical need.
 - c. Level 2 PURQC: AFS will participate in the pilot project to further solidify expectations and procedures for this higher level clinical review of all charts open longer than 36 months of service.
- C. Cultural Competency: Cultural competence is monitored at the local level: (a) supervision and (b) trainings (for managers and clinicians). The Program Director works closely with the Human Resources Department to review hiring and advertising practices to ensure that newly hired staff consistently meets our client's cultural and language needs. AFS also utilizes contractors and/or The Department of Public Health Language Access Services when interpreter services are needed in languages outside of the language capacity of AFS staff. AFS conducts three Cultural Competency trainings per year, tailoring trainings to match clientele backgrounds, ethnicities and languages.
- D. Client Satisfaction: Client satisfaction is measured through State-administered and/or AFS-administered satisfaction surveys. AFS conducts a San Francisco County client survey twice a year. Additionally, AFS is looking to implement an internal pre/post client survey. AFS has also implemented a survey via Survey Monkey, which targets County Social Workers to gather data for the purpose of enhancing the quality of our services, and maintaining/improving our relationship with our referral source.
- E. Measurement, analysis, and use of CANS data: Program (a) participates in Super User calls on a monthly basis, (b) utilizes SF county reports (Pivot Charts) when available to evaluate treatment, and (c) created and analyzed our Theory of Change Clinical Formulation. AFS is also in the process of implementing "Using CANS in Supervision" and the TCOM strategies created by John Lyons.

10. Required Language:

None

Contractor Name: Alternative Family Services	Appendix A-3
Program Name: AFS Treatment Foster Care	Contract Term: 07/01/20-06/30/21

1. Identifiers:

Program Name: AFS Treatment Foster Care
 Program Address: 250 Executive Park Blvd, Suite 4900
 City, State, ZIP: San Francisco, CA 94134
 Telephone/FAX: 415-656-0117
 Website Address: www.afs4kids.org

Executive Director/Program Director: Jay Berlin
 Telephone: 707-576-7700 x 314
 Email Address: jberlin@afs4kids.org
 Program Code(s): 38GSTF

2. Nature of Document:

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

4. Goal Statement:

AFS Therapeutic Foster Care program is specifically designed to bring targeted Specialty Mental Health Services to San Francisco Dependents placed in qualified AFS TFC Resource Parent homes.

Contractor shall provide services to help clients accomplish the following goals:

- Assist clients in moving to a lower level of care;
- Assist clients in avoiding a higher level of care;
- Reduce psychiatric hospitalizations;
- Continue to enhance the quality of client/family life and community functioning; and
- Improve each Resource Parents' ability to support the client's mental health needs and reduce mental health barriers to success through training and close supervision.

5. Target Population:

Contractor shall serve youth under the age of 21 who are San Francisco County Dependents and are placed in AFS TFC Resource Parent homes who meet medical necessity for Specialty Mental Health Services (SMHS), and are at risk of entering, or are stepping down from, a higher level of care. A subset of these children and youth may be eligible for Katie A. services. Contractor shall notify all Katie A. eligible children and youth of additional services that can be requested.

Contractor Name: Alternative Family Services	Appendix A-3
Program Name: AFS Treatment Foster Care	Contract Term: 07/01/20-06/30/21

6. Modality(s)/Intervention(s)

Modes of Services will include the following Specialty Mental Health Services based on the needs of the client: Therapeutic Foster Care services, Assessment, Plan Development, Individual Therapy, Individual Rehabilitation (IR), Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), Family Therapy, Case Management and Collateral services.

7. Methodology:

Direct client services

A. Outreach, Recruitment, Promotion, and Advertisement: Youth referred for AFS TFC services will be identified by San Francisco Human Services MAST team as being at risk for higher level of care, or as being in need for support in transitioning from a Short Term Residential Treatment Program to a Resource Family home. All referrals will then be initiated and managed by Foster Care Mental Health, (FCMH).

B. Admission and Intake Process: AFS Intake Coordinator will process referrals from Foster Care Mental Health according to all guidelines.

Within 48 hours of receipt of referral from FCMH, AFS Mental Health staff will contact all important parties: PSW, AFS Case Manager, AFS TFC Resource Parent(s) and client. Initial appointment will be scheduled and services will commence.

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

Assessment & Early Identification: A comprehensive Mental Health CANS Assessment will be completed to confirm medical necessity and to determine service intensity. Youth and Caregivers are active participants in the collection, review and prioritization of information pertaining to client's medical needs.

Treatment Planning: Clients, Clinicians and other key individuals develop a Treatment Plan of Care to prioritize client needs, goals and service strategies.

Service Provision and Appropriateness Monitoring: AFS Mental Health staff will ensure that the intensity and frequency of services are appropriate to meet client need. AFS matches interventions and practices to the needs of clients. Services are closely monitored for appropriateness through supervision and the Continuous Quality Improvement (CQI) processes.

Service Coordination and Collaboration: Coordination and collaboration is a foundational aspect of the AFS clinical model. To achieve client goals, services must be coordinated among all the involved stakeholders such as PSW's, probation officers, FFA workers, lawyers, schools, Resource Families, and biological family members.

Community Linkage: A critical aspect of treatment is working to create a network of natural and formal supports in the clients' lives to reinforce and maintain treatment gains and increase the likelihood of successful outcomes. AFS consistently partners with multiple other providers to ensure continuity of service during the referral process, as well as to ensure coordinated care. AFS has

Contractor Name: Alternative Family Services	Appendix A-3
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worked closely with Comprehensive Crisis Services, CA Better Way, Seneca, and Fred Finch, all of which provide Mental Health Services to children who are Dependents of San Francisco. Additionally, we also have partnered with First Stop, Horizon's, La Casa de Las Madres, and Urban Services YMCA.

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

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

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

- D. Discharge Process: As mentioned above, a critical aspect of all services is discharge planning and linkages to formal and informal services and supports. At service initiation, service providers in collaboration with the client and family create a discharge plan to identify and begin to link clients and their families to community supports, and to outline resources for clients following service completion. Common community support agencies are First Stop, Horizon's, La Casa de Las Madres, and Urban Services YMCA.

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

- E. Program Staffing: All services will be provided by staff that is qualified to deliver EPSDT services. Overall program responsibility is given to Patricia Leverenz, LCSW, Mental Health Director. Specific day to day program responsibility is vested in Kimberly Porter-Leite, LMFT, Program Director. Clinical supervision of staff is shared by Ms. Porter-Leite and licensed Clinical Supervisors. Services are delivered by a team of master's level clinicians, MHRS qualified staff, and Quality Management Associates.

8. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Children, Youth, and Families Performance Objectives FY20-21 located at www.sfdph.org/cdta.

9. Continuous Quality Improvement:

The overall program quality is guided by the agency's Continuous Quality Improvement (CQI) Structure, which is documented in the AFS CQI Plan, and led by the CQI Steering Committee and the CQI Working Committees. The CQI working committees are: AFS Program Quality & Compliance

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Committee led by the Compliance Officer/CFO; the Program Outcomes Committee led by the Chief Program Officer, The Staff Development & Safety Committee led by the CFO; and, the Information Systems Committee led by the Director of Special Projects. The CQI Oversight Committee is led by the CEO and includes the agency's leadership team. The CQI Steering Committee meets on a regular basis and the Working Committee meets, at a minimum, on a quarterly basis.

Program-level quality initiatives are addressed in bi-weekly meeting between program and QM management staff and implemented by program supervisors and managers. In addition, structured activities (e.g., utilization review; clinical review; etc.) function as CQI methods for the program.

- A. Performance-Contract & Productivity: Contract performance is monitored at various levels in the agency: (a) monthly during the Mental Health Management meeting; (b) bi-monthly during the Program CQI Management meeting; (c) quarterly at the agency CQI Steering Committee. The Program Compliance Committee reviews specific contractual obligations while staff productivity is reviewed monthly by Management. Program managers and Quality Management staff look at service intensity issues (e.g., looking at levels of Collateral contacts, a key indicator of collaboration and coordination for AFS' population children in the foster care system) during their biweekly meetings. Clinical Supervisors and Program Directors meet on a weekly basis to review clinician caseload, service intensity and care coordination.

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

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

AFS internal audits are as follows:

- a. Utilization Review (UR): Under the direction of the AFS SF Program Director and QM Associates. The QM Unit-collates data on UR outcomes (i.e., number of charts identified as conditional, passing, failing) and compares with the benchmark (95% passing or conditional).
 - b. Critical Case Peer Review: Will be in conjunction with the Level 2 PURQC process. Is a Peer Review in the format of a live case-consultation. Cases are selected based on length of service, level of service, and level of Clinical need.
- C. Cultural Competency: Cultural competence is monitored at the local level: (a) supervision and (b) trainings (for managers and clinicians). The Program Director works closely with the Human Resources Department to review hiring and advertising practices to ensure that newly hired staff consistently meets our client's cultural and language needs. AFS also utilizes contractors and/or The Department of Public Health Language Access Services when interpreter services are needed in

Contractor Name: Alternative Family Services	Appendix A-3
Program Name: AFS Treatment Foster Care	Contract Term: 07/01/20-06/30/21

languages outside of the language capacity of AFS staff. AFS conducts three Cultural Competency trainings per year, tailoring trainings to match clientele backgrounds, ethnicities and languages.

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

10. Required Language:

None

Appendix B

Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 3.3, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

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

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

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

2. Program Budgets and Final Invoice

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

Budget Summary

CRDC B1 – B2

Appendix B-1 AFS Outpatient Behavioral Health Program

AFS Treatment Foster Care

Appendix B-2 AFS Therapeutic Visitation Services

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Nine Million Nine Hundred Ninety-Eight Thousand Nine Hundred Six Dollars (\$9,998,906)** for the period of **July 1, 2018 through June 30, 2022**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$527,839** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2018 through June 30, 2019	\$1,598,083
July 1, 2019 through June 30, 2020	\$2,624,328
July 1, 2020 through June 30, 2021	\$2,624,328
July 1, 2021 through June 30 , 2022	<u>\$2,624,328</u>
Subtotal - July 1, 2018 through June 30 , 2022	\$9,471,067
Contingency	<u>\$527,839</u>
TOTAL - July 1, 2018 through June 30 , 2022	\$9,998,906

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

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.

CBHS BUDGET

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

DHCS Legal Entity Number 00510
 Legal Entity Name/Contractor Name ALTERNATIVE FAMILY SERVICES, INC.
 Contract ID Number 1000010827

Summary Page: 1 of 1
 Fiscal Year 2020-2021
 Funding Notification Date 10/6/2020

Appendix Number	B-1/A-1	B-1/A-3	B-2/A-2	
Provider Number	38GS	38GS	38GS	
Program Name	Outpatient Behavioral Health	Treatment Foster Care	Therapeutic Visitation Services	
Program Code	38GSOP	38GSTF	38GS01	
Funding Term	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021	
FUNDING USES				TOTAL
Salaries	\$ 935,207	57,710	\$ 401,675	\$ 1,394,592
Employee Benefits	\$ 243,154	\$ 15,004	\$ 104,435	\$ 362,593
Subtotal Salaries & Employee Benefits	\$ 1,178,361	\$ 72,714	\$ 506,110	\$ 1,757,185
Operating Expenses	\$ 326,769	\$ 57,723	\$ 140,350	\$ 524,842
Capital Expenses	\$ -	\$ -	\$ -	\$ -
Subtotal Direct Expenses	\$ 1,505,130	\$ 130,437	\$ 646,460	\$ 2,282,027
Indirect Expenses	\$ 225,770	\$ 19,563	\$ 96,968	\$ 342,301
Indirect %	15%	15%	15%	15%
TOTAL FUNDING USES	\$ 1,730,900	\$ 150,000	\$ 743,428	\$ 2,624,328
	Employee Benefits Rate			27%
MH CYF Fed SDMC FFP (50%)	\$ 681,239	\$ 75,000	\$ 277,223	\$ 1,033,462
MH CYF State 2011 PSR-EPSDT	\$ 453,762	\$ 75,000	\$ 277,223	\$ 805,985
MH WO HSA GF Match	\$ 133,565			\$ 133,565
MH CYF County General Fund	\$ 93,912			\$ 93,912
MH WO HSA CWS Non-IVE Overmatch	\$ 120,150		\$ 41,177	\$ 161,327
MH WO HSA CWS Permanency	\$ 67,568			\$ 67,568
MH CYF County General Fund	\$ 180,704		\$ 147,805	\$ 328,509
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,730,900	\$ 150,000	\$ 743,428	\$ 2,624,328
TOTAL DPH FUNDING SOURCES	\$ 1,730,900	\$ 150,000	\$ 743,428	\$ 2,624,328
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,730,900	\$ 150,000	\$ 743,428	\$ 2,624,328
Prepared By	Martha E. Duarte, CFO			707-529-5670

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

DHCS Legal Entity Number 00510							B-1	
Provider Name ALTERNATIVE FAMILY SERVICES, INC.							Page: 1	
Provider Number 38GS OUTPATIENT SERVICES							Fiscal Year 2020-2021	
Contract ID Number 1000010827							Funding Notification Date 10/6/2020	
Program Name	OUTPATIENT SERVICES	OUTPATIENT SERVICES	OUTPATIENT SERVICES	OUTPATIENT SERVICES	OUTPATIENT SERVICES	TREATMENT FOSTER CARE		
Program Code	38GSOP	38GSOP	38GSOP	38GSOP	38GSOP	38GSTF		
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57	45/20-29	45/20-29	45/20-29	05/95-98		
Service Description	Case Mgt Brokerage	Mental Health Services	OS-Cmmty Client Svcs	OS-Cmmty Client Svcs	OS-Cmmty Client Svcs	24-Hr Therapeutic Foster Care (TFC)		
Funding Term (07/01/2020-06/30/2021):	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021		
FUNDING USES							TOTAL	
Salaries & Employee Benefits	139,132	788,413	81,795	46,000	123,021	72,714	1,251,075	
Operating Expenses	38,583	218,635	22,683	12,755	34,113	57,723	384,492	
Subtotal Direct Expenses	177,715	1,007,048	104,478	58,755	157,134	130,437	1,635,567	
Indirect Expenses	26,657	151,058	15,672	8,813	23,570	19,563	245,333	
TOTAL FUNDING USES	204,372	1,158,106	120,150	67,568	180,704	150,000	1,880,900	
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity							
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	102,186	579,053			75,000	756,239	
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	67,686	386,076			75,000	528,762	
MH WO HSA GF Match	251962-10002-10001803-0006	20,413	113,152				133,565	
MH CYF County General Fund	251962-10000-10001670-0001	14,087	79,825				93,912	
MH WO HSA CWS Non-IVE Overmatch	251962-10002-10001803-0002			120,150			120,150	
MH WO HSA CWS Permanency	251962-10002-10001803-0018				67,568		67,568	
MH CYF County General Fund	251962-10000-10001670-0001					180,704	180,704	
			-	-	-		-	
TOTAL DPH FUNDING SOURCES		204,372	1,158,106	120,150	67,568	180,704	\$ 150,000	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 204,372	1,158,106	120,150	67,568	180,704	\$ 150,000	1,880,900	
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased								
SUD Only - Number of Outpatient Group Counseling Sessions								
SUD Only - Licensed Capacity for Narcotic Treatment Programs								
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	95,057	289,527	572	322	860	395	386,732	
Unit Type	Staff Minute	Staff Minute	Staff Hours	Staff Hours	Staff Hours	Client Day		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.15	\$ 4.00	\$ 210.05	\$ 210.05	\$ 210.05	\$ 380.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.15	\$ 4.00	\$ 210.05	\$ 210.05	\$ 210.05	\$ 380.00		
Published Rate (Medi-Cal Providers Only)	\$ 6.00	\$ 7.00	N/A	N/A	N/A	N/A	Total UDC	
Unduplicated Clients (UDC)	11	32	16	16	16	11	60	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number <u>1000010827</u>										Appendix Number <u>B-1</u>				
Program Name <u>OUTPATIENT SERVICES/TFC</u>										Page Number <u>2</u>				
Program Code <u>38GSOP/38GSTF</u>										Fiscal Year <u>2020-2021</u>				
										Funding Notification Date <u>10/6/20</u>				
	TOTAL		251962-10000-10001670-0001 (A-1) Mode 15		251962-10000-10001670-0001 (A-1) Mode 45		251962-10000-10001670-0001 (A-3)		251962-10002-10001803-0002 (A-1) Mode 45		251962-10002-10001803-0006 (A-1) Mode 15		251962-10002-10001803-0018 (A-1) Mode 45	
Funding Term:	7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Mental Health Clinicians	8.90	\$ 640,780	5.95	\$ 428,501	0.88	\$ 63,010	0.52	\$ 37,242	0.58	\$ 41,894	0.65	\$ 46,572	0.33	\$ 23,560
MHRS/Parent Partner	0.36	\$ 19,992	0.24	\$ 13,369	0.04	\$ 1,966	0.02	\$ 1,162	0.02	\$ 1,307	0.03	\$ 1,453	0.01	\$ 735
Clinical Supervisor	1.57	\$ 133,139	1.05	\$ 89,033	0.15	\$ 13,092	0.09	\$ 7,738	0.10	\$ 8,705	0.11	\$ 9,677	0.06	\$ 4,895
Program Director	0.71	\$ 69,418	0.48	\$ 46,421	0.07	\$ 6,826	0.04	\$ 4,035	0.05	\$ 4,539	0.05	\$ 5,045	0.03	\$ 2,552
Intake Coordinator /Admin Support	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Mental Health Director	0.22	\$ 26,885	0.15	\$ 17,979	0.02	\$ 2,644	0.01	\$ 1,563	0.01	\$ 1,758	0.02	\$ 1,954	0.01	\$ 988
Chief Program Officer	0.10	\$ 7,476	0.07	\$ 4,999	0.01	\$ 735	0.01	\$ 435	0.01	\$ 489	0.01	\$ 543	0.00	\$ 275
Quality Management Associates	1.42	\$ 59,237	0.95	\$ 39,613	0.14	\$ 5,825	0.08	\$ 3,443	0.09	\$ 3,873	0.10	\$ 4,305	0.05	\$ 2,178
Compliance Manager	0.25	\$ 20,505	0.17	\$ 13,712	0.02	\$ 2,016	0.01	\$ 1,192	0.02	\$ 1,341	0.02	\$ 1,490	0.01	\$ 754
Information System Coordinator	0.20	\$ 15,485	0.13	\$ 10,355	0.02	\$ 1,523	0.01	\$ 900	0.01	\$ 1,012	0.01	\$ 1,125	0.01	\$ 569
Totals:	13.73	992,917	9.18	663,982	1.35	97,636	0.79	57,710	0.90	64,917	1.00	72,165	0.51	36,507
Employee Benefits:	26%	258,158	26%	172,635	26%	25,385	26%	15,004	26%	16,878	26%	18,763	26%	9,493
TOTAL SALARIES & BENEFITS	\$ 1,251,075		836,617		123,021		\$ 72,714		81,795		90,928		46,000	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010827				Appendix Number B-1			
Program Name OUTPATIENT SERVICES				Page Number 3			
Program Code 38GSOP				Fiscal Year 2020-2021			
				Funding Notification Date 10/6/2020			
Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001 (A-1) Mode 15	251962-10000-10001670-0001 (A-1) Mode 45	251962-10000-10001670-0001 (A-3)	251962-10002-10001803-0002 (A-1) Mode 45	251962-10002-10001803-0006 (A-1) Mode 15	251962-10002-10001803-0018 (A-1) Mode 45
Funding Term	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021
Rent	\$ 79,330	\$ 53,456	\$ 7,952	\$ 3,705	\$ 5,356	\$ 5,940	\$ 2,921
Utilities (telephone, electricity, water, gas)	\$ 35,313	\$ 23,658	\$ 3,548	\$ 1,700	\$ 2,386	\$ 2,718	\$ 1,303
Building Repair/Maintenance	\$ 36,257	\$ 25,093	\$ 3,562	\$ 1,107	\$ 2,399	\$ 2,788	\$ 1,308
Occupancy Total:	\$ 150,900	\$ 102,207	\$ 15,062	\$ 6,512	\$ 10,140	\$ 11,446	\$ 5,533
Office Supplies	\$ 10,275	\$ 6,318	\$ 1,357	\$ 550	\$ 626	\$ 702	\$ 722
Program Supplies	\$ 20,647	\$ 13,777	\$ 2,028	\$ 1,200	\$ 1,366	\$ 1,531	\$ 745
Computer Hardware/Software	\$ 42,992	\$ 29,587	\$ 4,223	\$ 1,500	\$ 2,844	\$ 3,287	\$ 1,551
Materials & Supplies Total:	\$ 73,914	\$ 49,682	\$ 7,608	\$ 3,250	\$ 4,836	\$ 5,520	\$ 3,018
Training/Staff Development	\$ 27,230	\$ 18,169	\$ 2,675	\$ 1,583	\$ 1,801	\$ 2,019	\$ 983
Insurance	\$ 7,582	\$ 5,059	\$ 745	\$ 440	\$ 502	\$ 562	\$ 274
Professional License	\$ 3,318	\$ 2,214	\$ 326	\$ 193	\$ 219	\$ 246	\$ 120
Equipment Lease & Maintenance	\$ 1,593	\$ 1,063	\$ 156	\$ 93	\$ 105	\$ 118	\$ 58
General Operating Total:	\$ 39,723	\$ 26,505	\$ 3,902	\$ 2,309	\$ 2,628	\$ 2,945	\$ 1,434
Local Travel	\$ 62,525	\$ 43,520	\$ 6,142	\$ 1,634	\$ 4,137	4,836	\$ 2,256
Staff Travel Total:	\$ 62,525	\$ 43,520	\$ 6,142	\$ 1,634	\$ 4,137	\$ 4,836	\$ 2,256
Consultant/Subcontractor (TSL Consulting, Database Maintenance & Support for CANS & Medi-Cal Billing, rate \$ 95 hr. X 149.90 hrs	\$ 14,240	\$ 9,501	\$ 1,399	\$ 828	\$ 942	\$ 1,056	\$ 514
Consultant/Subcontractor Total:	\$ 14,240	\$ 9,501	\$ 1,399	\$ 828	\$ 942	\$ 1,056	\$ 514
Resource Family Pass-Through	\$ 43,190	\$ -	\$ -	\$ 43,190	\$ -	\$ -	\$ -
Other Total:	\$ 43,190	\$ -	\$ -	\$ 43,190	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 384,492	\$ 231,416	\$ 34,113	\$ 57,723	\$ 22,683	\$ 25,802	\$ 12,755

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

DHCS Legal Entity Number **00510**Provider Name **ALTERNATIVE FAMILY SERVICES, INC.**Provider Number **38GS**Contract ID Number **1000010827****THERAPEUTIC VISITATION**

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Page: 1
Fiscal Year: 2020-2021
Funding Notification Date: 10/6/2020

Program Name	THERAPEUTIC VISITATION	THERAPEUTIC VISITATION	THERAPEUTIC VISITATION	THERAPEUTIC VISITATION	
Program Code	38GS01	38GS01	38GS01	38GS01	
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57	45/20-29	45/20-29	
Service Description	Case Mgt Brokerage	Mental Health Services	Mode 45 Fee for Service	Mode 45 Fee for Service	
Funding Term (07/01/2020-06/30/2021):	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021	07/01/2020-06/30/2021	
FUNDING USES					TOTAL
Salaries & Employee Benefits	56,617	320,837	28,034	100,622	506,110
Operating Expenses	15,701	88,974	7,773	27,902	140,350
Subtotal Direct Expenses	72,318	409,811	35,807	128,524	646,460
Indirect Expenses	10,848	61,469	5,370	19,281	96,968
TOTAL FUNDING USES	83,166	471,280	41,177	147,805	743,428
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	41,583	235,640		277,223
MH CYF State 2011 PSR-EPST	251962-10000-10001670-0001	41,583	235,640		277,223
MH WO HSA CWS Non-IVE Overmatch	251962-10002-10001803-0002			41,177	41,177
MH CYF County General Fund	251962-10000-10001670-0001			147,805	147,805
TOTAL DPH FUNDING SOURCES	83,166	471,280	41,177	147,805	743,428
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 83,166	471,280	41,177	147,805	743,428
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs					
	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
Payment Method					
DPH Units of Service	38,682	117,820	196	704	157,402
Unit Type	Staff Minute	Staff Minute	Staff Hours	Staff Hours	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.15	\$ 4.00	\$ 210.05	\$ 210.05	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.15	\$ 4.00	\$ 210.05	\$ 210.05	
Published Rate (Medi-Cal Providers Only)	\$ 6.00	\$ 7.00	N/A	N/A	Total UDC
Unduplicated Clients (UDC)	11	32	16	16	60

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010827
 Program Name THERAPEUTIC VISITATION
 Program Code 38GS01

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 Page Number 2
 Fiscal Year 2020-2021
 Funding Notification Date 10/6/20

	TOTAL		251962-10000-10001670-0001 (A-2) Mode 15		251962-10000-10001670-0001 (A-2) Mode 45		251962-10002-10001803-0002 (A-2) Mode 45	
Funding Term:	7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Mental Health Clinicians	3.60	\$ 259,221	2.69	\$ 193,325	0.71	\$ 51,537	0.19	14,358
MHRS/Parent Partner	0.14	\$ 8,088	0.10	\$ 6,032	0.03	\$ 1,608	0.01	448
Clinical Supervisor	0.63	\$ 53,860	0.47	\$ 40,169	0.12	\$ 10,708	0.03	2,983
Program Director	0.29	\$ 28,082	0.22	\$ 20,943	0.06	\$ 5,583	0.02	1,555
Mental Health Director	0.09	\$ 10,876	0.07	\$ 8,111	0.02	\$ 2,162	0.00	602
Chief Program Officer	0.04	\$ 3,024	0.03	\$ 2,255	0.01	\$ 601	0.00	167
Quality Management Associates	0.58	\$ 23,964	0.43	\$ 17,872	0.11	\$ 4,764	0.03	1,327
Compliance Manager	0.10	\$ 8,295	0.07	\$ 6,186	0.02	\$ 1,649	0.01	459
Information System Coordinator	0.08	\$ 6,265	0.06	\$ 4,672	0.02	\$ 1,246	0.00	347
Totals:	5.55	401,675	4.15	299,567	1.10	79,859	0.30	22,249
Employee Benefits:	26%	104,435	26%	77,887	26%	20,763	26%	5,785
TOTAL SALARIES & BENEFITS		\$ 506,110		377,454		100,622		28,034

CBHS BUDGET

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number <u>1000010827</u>		Appendix Number <u>B-2</u>		
Program Name <u>THERAPEUTIC VISITATION</u>		Page Number <u>3</u>		
Program Code <u>38GS01</u>		Fiscal Year <u>2020-2021</u>		
		Funding Notification Date <u>10/6/2020</u>		
Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001 (A-2) Mode 15	251962-10000-10001670-0001 (A-2) Mode 45	251962-10002-10001803-0002 (A-2) Mode 45
Funding Term	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021
Rent	\$ 34,373	\$ 26,047	\$ 6,494	\$ 1,832
Utilities (telephone, electricity, water, gas)	\$ 14,217	\$ 10,488	\$ 2,897	\$ 817
Building Repair/Maintenance	\$ 14,668	\$ 10,939	\$ 2,909	\$ 820
Occupancy Total:	\$ 63,258	\$ 47,474	\$ 12,300	\$ 3,469
Office Supplies	\$ 4,225	\$ 2,857	\$ 1,154	\$ 229
Program Supplies	\$ 8,352	\$ 6,229	\$ 1,656	\$ 467
Computer Hardware/Software	\$ 17,392	\$ 12,971	\$ 3,448	\$ 973
Materials & Supplies Total:	\$ 29,969	\$ 22,057	\$ 6,258	\$ 1,669
Training/Staff Development	\$ 11,015	\$ 8,215	\$ 2,184	\$ 616
Insurance	\$ 3,067	\$ 2,287	\$ 608	\$ 172
Professional License	\$ 1,342	\$ 1,001	\$ 266	\$ 75
Equipment Lease & Maintenance	\$ 645	\$ 481	\$ 128	\$ 36
General Operating Total:	\$ 16,069	\$ 11,984	\$ 3,186	\$ 899
Local Travel	\$ 25,294	\$ 18,864	\$ 5,015	\$ 1,415
Staff Travel Total:	\$ 25,294	\$ 18,864	\$ 5,015	\$ 1,415
Consultant/Subcontractor (TSL Consulting, Database Maintenance & Support for CANS & Medi-Cal Billing, rate \$ 95 hr. X 60.63 hrs)	\$ 5,760	\$ 4,296	\$ 1,142	\$ 322
Consultant/Subcontractor Total:	\$ 5,760	\$ 4,296	\$ 1,142	\$ 322
COVID Supplies	\$ -	\$ -	\$ -	\$ -
Resource Family Pass-Through	\$ -	\$ -	\$ -	\$ -
Other Total:	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 140,350	\$ 104,675	\$ 27,902	\$ 7,773

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name ALTERNATIVE FAMILY SERVICES, INC. Indirect Detail Page: 1 of 1
 Contract ID Number 1000010827 Fiscal Year 2020-2021
 Funding Notification Date 10/6/2020

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
CEO	0.14	33,780
CPO	0.14	21,800
CFO	0.14	21,394
Financial Controller	0.14	14,301
Financial Analyst	0.11	9,043
Sr. Accountant	0.11	6,901
Accounting I	0.57	28,556
Director of Marketing	0.06	4,004
HR Manager	0.14	13,586
HR Generalist	0.14	8,293
HR Specialist	0.14	7,437
Subtotal :	1.83	169,095
Employee Benefits:	31%	52,419
Total Salaries and Employee Benefits:		221,514
Staff Training & Licensure		583
Staff Recruitment		-
Staff Travel, mileage		3,096
Staff Travel, conferences		-
Rent		13,209
Document Storage		686
Maintenance & repairs		355
Equipment Purchases		944
Equipment Rental		406
Office Supplies		2,550
Postage		1,073
Telephone		1,716
Legal & Professional		7,007
Audit		9,582
Software Licenses		7,251
IT Outsourcing		46,450
Insurance		10,927
Depreciation		2,396
Bank Charges		2,145
Payroll Outsourcing Fees		7,036
Membership Dues		2,925
Other: License fees & Board related expenses		450
Total Operating Costs		120,787
Total Indirect Costs		342,301

Appendix E
Alternative Family Services, Inc.(Contract ID: 1000010827)

Appendix E

HIPAA Business Associate Agreement

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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

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

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

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

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

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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.

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

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San Francisco Department of Public Health
Business Associate Agreement

by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

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

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

3. Termination.

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

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

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

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure 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 6-7-2017

Attachment 2 – SFDPH Data Security Attestation, version 6-7-2017

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

Contractor Name:	Alternative Family Services	Contractor City Vendor ID	0000025708
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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)?						<input type="checkbox"/>	<input type="checkbox"/>
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?						<input type="checkbox"/>	<input type="checkbox"/>
	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.]						<input type="checkbox"/>	<input type="checkbox"/>
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.]						<input type="checkbox"/>	<input type="checkbox"/>
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?						<input type="checkbox"/>	<input type="checkbox"/>
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFDPH Information Security staff?						<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
H	Have evidence in each patient's / client's chart or electronic file that a Privacy Notice 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.)	<input type="checkbox"/>	<input type="checkbox"/>
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?	<input type="checkbox"/>	<input type="checkbox"/>
J	Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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 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:	Alternative Family Services	Contractor City Vendor ID	0000025708
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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 SFPDH 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 SFPDH.

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.] [SFPDH 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 SFPDH's health information?						
I	Have (or will have if/when applicable) a diagram of how SFPDH 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 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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Appendix F
Alternative Family Services, ID#1000010827
2/1/2021

Appendix F
Invoice

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contractor: **Alternative Family Services, Inc.**

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

Tel. No.: (707) 576-7700

Fax No.:

Contract ID#
1000010827

BHS

INVOICE NUMBER:	M01 JL 20
Contract ID #	N/A
Ct. PO No.: POHM	TBD
Fund Source:	MH CYF Fed/ State/ Cnty GF/ WO HSA GF Match
Invoice Period:	July 2020
Final Invoice:	(Check if Yes)

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Outpatient PC# - 38KY0P 251962-10000-1001670-0001												
15/ 01 - 09 OP - Case Mgt Brokerage	1,193	5			-	-	0%	0%	1,193	5	100%	100%
15/ 10 - 57, 59 OP - MH Svcs	169,806	59			-	-	0%	0%	169,806	59	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 793,857.00	\$ -	\$ -	0.00%	\$ 793,857.00
Fringe Benefits	\$ 206,402.00	\$ -	\$ -	0.00%	\$ 206,402.00
Total Personnel Expenses	\$ 1,000,259.00	\$ -	\$ -	0.00%	\$ 1,000,259.00
Operating Expenses:					
Occupancy	\$ 120,165.00	\$ -	\$ -	0.00%	\$ 120,165.00
Materials and Supplies	\$ 58,452.00	\$ -	\$ -	0.00%	\$ 58,452.00
General Operating	\$ 31,759.00	\$ -	\$ -	0.00%	\$ 31,759.00
Staff Travel	\$ 49,990.00	\$ -	\$ -	0.00%	\$ 49,990.00
Consultant/Subcontractor	\$ 11,385.00	\$ -	\$ -	0.00%	\$ 11,385.00
Other: Resource Family Pass-Through	\$ 43,190.00	\$ -	\$ -	0.00%	\$ 43,190.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 314,941.00	\$ -	\$ -	0.00%	\$ 314,941.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,315,200.00	\$ -	\$ -	0.00%	\$ 1,315,200.00
Indirect Expenses e	\$ 197,278.00	\$ -	\$ -	0.00%	\$ 197,278.00
TOTAL EXPENSES	\$ 1,512,478.00	\$ -	\$ -	0.00%	\$ 1,512,478.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:
MH CYF Fed/State/Cnty GF 251962-10000-10001670-0001 \$1,378,913.00
MH WO HSA GF Match 251962-10002-10001803-0006 \$133,565.00

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

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone: _____

Send to:

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

Or email at:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

Jul Amendment1 03-25 Prepared: 3/30/2021

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contractor: Alternative Family Services, Inc.

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

Tel. No.: (707) 576-7700
Fax No.:

Funding Term: 07/01/2020 - 06/30/2021
PHP Division: Behavioral Health Services

Contract ID#
1000010827

BHS

INVOICE NUMBER:	M04 JL 20
Contract ID #	N/A
Ct. PO No.: POHM	User Cd TBD
Fund Source:	MH WO HSA CWS Non-IVE Overmatchb
Invoice Period:	July 2020
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Outpatient Services PC# - 38GS0P 251962-10002-1001803-0002												
45/ 20 - 29 OS-Cmnty Client Svcs	572	16			-	-	0%	0%	572	16	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 64,917.00	\$ -	\$ -	0.00%	\$ 64,917.00
Fringe Benefits	\$ 16,878.00	\$ -	\$ -	0.00%	\$ 16,878.00
Total Personnel Expenses	\$ 81,795.00	\$ -	\$ -	0.00%	\$ 81,795.00
Operating Expenses:					
Occupancy	\$ 10,140.00	\$ -	\$ -	0.00%	\$ 10,140.00
Materials and Supplies	\$ 4,836.00	\$ -	\$ -	0.00%	\$ 4,836.00
General Operating	\$ 2,628.00	\$ -	\$ -	0.00%	\$ 2,628.00
Staff Travel	\$ 4,137.00	\$ -	\$ -	0.00%	\$ 4,137.00
Consultant/Subcontractor	\$ 942.00	\$ -	\$ -	0.00%	\$ 942.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 22,683.00	\$ -	\$ -	0.00%	\$ 22,683.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 104,478.00	\$ -	\$ -	0.00%	\$ 104,478.00
Indirect Expenses	\$ 15,672.00	\$ -	\$ -	0.00%	\$ 15,672.00
TOTAL EXPENSES	\$ 120,150.00	\$ -	\$ -	0.00%	\$ 120,150.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:

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

Or email at:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory	Date
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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contractor: Alternative Family Services, Inc.

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

Tel. No.: (707) 576-7700
Fax No.:

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

Contract ID#
1000010827

BHS

INVOICE NUMBER:	M05 JL 20
Contract ID #	N/A
Ct. PO No.: POHM	TBD
Fund Source:	MH WO HSA CWS Permanency
Invoice Period:	July 2020
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Outpatient Services PC# - 38GS0P 251962-10002-1001803-0018												
45/ 20 - 29 OS-Cmnty Client Svcs	322	16			-	-	0%	0%	322	16	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 36,507.00	\$ -	\$ -	0.00%	\$ 36,507.00
Fringe Benefits	\$ 9,493.00	\$ -	\$ -	0.00%	\$ 9,493.00
Total Personnel Expenses	\$ 46,000.00	\$ -	\$ -	0.00%	\$ 46,000.00
Operating Expenses:					
Occupancy	\$ 5,533.00	\$ -	\$ -	0.00%	\$ 5,533.00
Materials and Supplies	\$ 3,018.00	\$ -	\$ -	0.00%	\$ 3,018.00
General Operating	\$ 1,434.00	\$ -	\$ -	0.00%	\$ 1,434.00
Staff Travel	\$ 2,256.00	\$ -	\$ -	0.00%	\$ 2,256.00
Consultant/Subcontractor	\$ 514.00	\$ -	\$ -	0.00%	\$ 514.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 12,755.00	\$ -	\$ -	0.00%	\$ 12,755.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 58,755.00	\$ -	\$ -	0.00%	\$ 58,755.00
Indirect Expenses	\$ 8,813.00	\$ -	\$ -	0.00%	\$ 8,813.00
TOTAL EXPENSES	\$ 67,568.00	\$ -	\$ -	0.00%	\$ 67,568.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:

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

Or email at:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory	Date
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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contractor: Alternative Family Services, Inc.

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

Tel. No.: (707) 576-7700
Fax No.:

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

Contract ID#
1000010827

BHS

INVOICE NUMBER:	M06 JL 20
Contract ID #	N/A
Ct. PO No.: POHM	User Cd TBD
Fund Source:	MH CYF County General Fund
Invoice Period:	July 2020
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Outpatient Services PC# - 38GS0P 251962-10000-10001670-0001												
45/ 20 - 29 OS-Cmnty Client Svcs	322	16			-	-	0%	0%	322	16	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 97,636.00	\$ -	\$ -	0.00%	\$ 97,636.00
Fringe Benefits	\$ 25,385.00	\$ -	\$ -	0.00%	\$ 25,385.00
Total Personnel Expenses	\$ 123,021.00	\$ -	\$ -	0.00%	\$ 123,021.00
Operating Expenses:					
Occupancy	\$ 15,062.00	\$ -	\$ -	0.00%	\$ 15,062.00
Materials and Supplies	\$ 7,608.00	\$ -	\$ -	0.00%	\$ 7,608.00
General Operating	\$ 3,902.00	\$ -	\$ -	0.00%	\$ 3,902.00
Staff Travel	\$ 6,142.00	\$ -	\$ -	0.00%	\$ 6,142.00
Consultant/Subcontractor	\$ 1,399.00	\$ -	\$ -	0.00%	\$ 1,399.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 34,113.00	\$ -	\$ -	0.00%	\$ 34,113.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 157,134.00	\$ -	\$ -	0.00%	\$ 157,134.00
Indirect Expenses	\$ 23,570.00	\$ -	\$ -	0.00%	\$ 23,570.00
TOTAL EXPENSES	\$ 180,704.00	\$ -	\$ -	0.00%	\$ 180,704.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:

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

Or email at:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory	Date
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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contractor: Alternative Family Services, Inc.

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

Tel. No.: (707) 576-7700
Fax No.:

Funding Term: 07/01/2020 - 06/30/2021
PHP Division: Behavioral Health Services

Contract ID#
1000010827

BHS

INVOICE NUMBER:	M07 JL 20
Contract ID #	N/A
Ct. PO No.: POHM	User Cd TBD
Fund Source:	MH CYF Fed SDMC/ State 2011 PSR-EPSDT
Invoice Period:	July 2020
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 Therapeutic Visitation PC# - 38GS01 251962-10000-10001670-0001												
15/ 01 - 09 Case Mgt Brokerage	38,682	11			-	-	0%	0%	38,682	11	100%	100%
15/ 10 - 57 Mental Health Services	117,820	32			-	-	0%	0%	117,820	32	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 299,567.00	\$ -	\$ -	0.00%	\$ 299,567.00
Fringe Benefits	\$ 77,887.00	\$ -	\$ -	0.00%	\$ 77,887.00
Total Personnel Expenses	\$ 377,454.00	\$ -	\$ -	0.00%	\$ 377,454.00
Operating Expenses:					
Occupancy	\$ 47,474.00	\$ -	\$ -	0.00%	\$ 47,474.00
Materials and Supplies	\$ 22,057.00	\$ -	\$ -	0.00%	\$ 22,057.00
General Operating	\$ 11,984.00	\$ -	\$ -	0.00%	\$ 11,984.00
Staff Travel	\$ 18,864.00	\$ -	\$ -	0.00%	\$ 18,864.00
Consultant/Subcontractor	\$ 4,296.00	\$ -	\$ -	0.00%	\$ 4,296.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 104,675.00	\$ -	\$ -	0.00%	\$ 104,675.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 482,129.00	\$ -	\$ -	0.00%	\$ 482,129.00
Indirect Expenses	\$ 72,317.00	\$ -	\$ -	0.00%	\$ 72,317.00
TOTAL EXPENSES	\$ 554,446.00	\$ -	\$ -	0.00%	\$ 554,446.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:

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

Or email at:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory	Date
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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contractor: Alternative Family Services, Inc.

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

Tel. No.: (707) 576-7700
Fax No.:

Funding Term: 07/01/2020 - 06/30/2021
PHP Division: Behavioral Health Services

Contract ID#
1000010827

BHS

INVOICE NUMBER:	M08 JL 20
Contract ID #	N/A
Ct. PO No.: POHM	User Cd TBD
Fund Source:	MH CYF WO HSA CWS Non-IVE Overmatch
Invoice Period:	July 2020
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 Therapeutic Visitation PC# - 38GS01 251962-10002-10001803-0002												
45/ 20 - 29 Mode 45 Fee For Service	196	16			-	-	0%	0%	196	16	100%	100%
											#DIV/0!	#VALUE!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 22,249.00	\$ -	\$ -	0.00%	\$ 22,249.00
Fringe Benefits	\$ 5,785.00	\$ -	\$ -	0.00%	\$ 5,785.00
Total Personnel Expenses	\$ 28,034.00	\$ -	\$ -	0.00%	\$ 28,034.00
Operating Expenses:					
Occupancy	\$ 3,469.00	\$ -	\$ -	0.00%	\$ 3,469.00
Materials and Supplies	\$ 1,669.00	\$ -	\$ -	0.00%	\$ 1,669.00
General Operating	\$ 898.00	\$ -	\$ -	0.00%	\$ 898.00
Staff Travel	\$ 1,415.00	\$ -	\$ -	0.00%	\$ 1,415.00
Consultant/Subcontractor	\$ 322.00	\$ -	\$ -	0.00%	\$ 322.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 7,773.00	\$ -	\$ -	0.00%	\$ 7,773.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 35,807.00	\$ -	\$ -	0.00%	\$ 35,807.00
Indirect Expenses	\$ 5,370.00	\$ -	\$ -	0.00%	\$ 5,370.00
TOTAL EXPENSES	\$ 41,177.00	\$ -	\$ -	0.00%	\$ 41,177.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

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

Signature: _____
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Title: _____

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Phone: _____

Send to:

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cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory	Date
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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contractor: Alternative Family Services, Inc.

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

Tel. No.: (707) 576-7700
Fax No.:

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

Contract ID#
1000010827

BHS

INVOICE NUMBER:	M09 JL 20
Contract ID #	N/A
Ct. PO No.: POHM	User Cd TBD
Fund Source:	MH CYF County General Fund
Invoice Period:	July 2020
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 Therapeutic Visitation PC# - 38GS01 251962-10000-10001670-0001												
45/ 20 - 29 Mode 45 Fee For Service	704	16			-	-	0%	0%	704	16	100%	100%
											#DIV/0!	#VALUE!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 79,859.00	\$ -	\$ -	0.00%	\$ 79,859.00
Fringe Benefits	\$ 20,763.00	\$ -	\$ -	0.00%	\$ 20,763.00
Total Personnel Expenses	\$ 100,622.00	\$ -	\$ -	0.00%	\$ 100,622.00
Operating Expenses:					
Occupancy	\$ 12,300.00	\$ -	\$ -	0.00%	\$ 12,300.00
Materials and Supplies	\$ 6,258.00	\$ -	\$ -	0.00%	\$ 6,258.00
General Operating	\$ 3,187.00	\$ -	\$ -	0.00%	\$ 3,187.00
Staff Travel	\$ 1,142.00	\$ -	\$ -	0.00%	\$ 1,142.00
Consultant/Subcontractor	\$ 5,015.00	\$ -	\$ -	0.00%	\$ 5,015.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 27,902.00	\$ -	\$ -	0.00%	\$ 27,902.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 128,524.00	\$ -	\$ -	0.00%	\$ 128,524.00
Indirect Expenses	\$ 19,281.00	\$ -	\$ -	0.00%	\$ 19,281.00
TOTAL EXPENSES	\$ 147,805.00	\$ -	\$ -	0.00%	\$ 147,805.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

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

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DPH Authorization for Payment

Authorized Signatory	Date
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