Committee Item	No.	3	
Board Item No.	24		

# **COMMITTEE/BOARD OF SUPERVISORS**

AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting:  Date: May 9, 2023  May 9, 2023
Cmte Board  Motion Resolution Ordinance Legislative Digest Budget and Legislative Analyst Report Youth Commission Report Introduction Form Department/Agency Cover Letter and/or Report MOU - FY2022-2024 - Clean MOU - FY2022-2024 - Redline Grant Information Form Grant Budget Subcontract Budget Contract / DRAFT Mills Act Agreement Form 126 – Ethics Commission Award Letter Application Public Correspondence
OTHER
Agreement Amend No. 2 - DRAFT Agreement Amend No. 1 – July 1, 2021 Original Agreement – July 1, 2018 DPH PPT 042823
Prepared by: John Carroll Prepared by: Stephanie Cabrera Prepared by: Date: April 21, 2023 Date: May 5, 2023 Date:

1	[Contract Amendment - Homeless Children's Network - Mental Health Services for Homeless Children and Families - Not to Exceed \$17,465,319]
2	• · · · · · · · · · · · · · · · · · · ·
3	Resolution approving Amendment No. 2 to the agreement between Homeless
4	Children's Network and the Department of Public Health (DPH), for mental health
5	services for homeless children and families; to increase the agreement by \$7,473,592
6	for a total amount not to exceed \$17,465,319; to extend the term by four years and six
7	months from June 30, 2023, for a total agreement term of July 1, 2018, through
8	December 31, 2027; and to authorize DPH to enter into amendments or modifications to
9	the contract prior to its final execution by all parties that do not materially increase the
10	obligations or liabilities to the City and are necessary to effectuate the purposes of the
11	contract or this Resolution.
12	
13	WHEREAS, The Department of Public Health (DPH), selected Homeless Children's
14	Network through two Request for Proposals processes, RFP 1-2017, issued on
15	March 24, 2017, and RFQ 16-2018, issued on May 4, 2018, to provide mental health, case
16	management, crisis intervention, and collateral support services to children and their families
17	living in emergency, domestic violence, and transitional shelters, as well as those families
18	referred by homeless agencies; and
19	WHEREAS, DPH entered into an original agreement with Homeless Children's
20	Network on July 1, 2018, with the term of July 1, 2018, through June 30, 2022, in an amount
21	not to exceed \$6,989,849; and
22	WHEREAS, DPH amended the Agreement between DPH and Homeless Children's
23	Network on July 1, 2021, to extend the term for two years from June 30, 2021, through June
24	30, 2023, adding \$3,001,878, for an amount not to exceed \$9,991,727; and
25	

1	WHEREAS, DPH wishes to amend the agreement to continue providing mental health,
2	case management, crisis intervention, and collateral support services to children and their
3	families living in emergency, domestic violence, and transitional shelters, as well as those
4	families referred by homeless agencies, by extending the term by four years and six months,
5	from June 30, 2023, through December 31, 2027, increasing the contract by \$7,473,592 for a
6	total contract amount not to exceed \$17,465,319 and for a total agreement term of
7	July 1, 2018, through December 31, 2027; now, therefore, be it
8	RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public
9	Health and the Director of the Office of Contract Administration/Purchaser, on behalf of the
10	City and County of San Francisco, to execute Amendment No. 2 to the agreement with
11	Homeless Children's Network for mental health, case management, crisis intervention, and
12	collateral support services to children and their families living in emergency, domestic
13	violence, and transitional shelters, as well as those families referred by homeless agencies,
14	increasing the contract by \$7,473,592, for a total contract amount not to exceed \$17,465,319,
15	and for a total agreement term of July 1, 2018, through December 31, 2027; and, be it
16	FURTHER RESOLVED, That the Board of Supervisors authorizes the Department of
17	Public Health to enter into any amendments or modifications to the contract, prior to its final
18	execution by all parties, that the Department determines, in consultation with the City
19	Attorney, are in the best interests of the City, do not otherwise materially increase the
20	obligations or liabilities of the City, are necessary or advisable to effectuate the purposes of
21	the contract, and are in compliance with all applicable laws; and, be it
22	FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed
23	by all parties, the Director of Health and/or the Director of the Office of Contract
24	Administration/Purchaser shall provide the final contacts to the Clerk of the Board for inclusion

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into the official File No. 230354.

1		
2	RECOMMENDED	
3	<u>/s/</u>	
4	Dr. Grant Colfax	
5	Director of Health	
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# **CITY AND COUNTY OF SAN FRANCISCO**

# **BOARD OF SUPERVISORS**

## **BUDGET AND LEGISLATIVE ANALYST**

1390 Market Street, Suite 1150, San Francisco, CA 94102 (415) 552-9292 FAX (415) 252-0461

April 21, 2023

TO: Homelessness & Behavioral Health Select Committee

FROM: Budget and Legislative Analyst

SUBJECT: April 28, 2023 Homelessness & Behavioral Health Select Committee Meeting

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Item 3	Department:
File 23-0354	Department of Public Health (DPH)

# **EXECUTIVE SUMMARY**

# **Legislative Objectives**

• The proposed resolution would approve Amendment No. 2 to the homeless children and family services contract between the Department of Public Health (DPH) and Homeless Children's Network, extending the term by four years and six months through December 2027, and increasing the not-to-exceed amount by \$7,473,592, for a total not to exceed \$17,465,319.

#### **Key Points**

- In 2017 and 2018, DPH issued competitive solicitations for Children, Youth and Family System of Care Mental Health Outpatient Treatment Services and the Early Childhood Mental Health Consultation Initiative (ECMHCI). Homeless Children's Network was deemed the highest or second highest scoring proposer in each solicitation and was awarded a contract that included both services. In July 2018, DPH executed a contract with Homeless Children's Network for a term of four years, from July 2018 through June 2022, and an amount not to exceed \$6,989,849. In April 2022, DPH executed Amendment No. 1 to the contract, extending the term by one year through June 2023, and increasing the not-to-exceed amount by \$3,001,878, for a total not to exceed \$9,991,727.
- Under the contract, Homeless Children's Network provides the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) outpatient program, which is comprised of four subprograms, and the ECMHCI program. Between the two programs, DPH estimates that Homeless Children's Network serves approximately 744 unduplicated clients.
- FY 2020-21 program monitoring indicated that Homeless Children's Network for the ECMHCI program met its units of service and performance objectives. Program monitoring for the EPSDT program was not completed but is currently underway. Billings for FY 2021-22 indicate that the Homeless Children's Network has achieved 97 percent of its budgeted units of service and fulfilled 80 percent of the budgeted hours for the Early Childhood Mental Health Consultation initiative in FY 2021-22

## **Fiscal Impact**

- The proposed Amendment No. 2 would increase the not-to-exceed amount of the Homeless Children's Network contract by \$7,473,592, for a total not to exceed \$17,465,319.
- The contract is funded approximately 34 percent by federal funds, 36 percent by state funds, and 31 percent by the General Fund.

#### Recommendation

Approve the proposed resolution.

# **MANDATE STATEMENT**

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

#### **BACKGROUND**

In 2017 and 2018, the Department of Public Health (DPH) issued (1) a Request for Proposals (RFP) for Children, Youth and Family System of Care Mental Health Outpatient Treatment Services and Optional Specialized Mental Health Treatment Services (RFP 1-2017) and (2) a Request for Qualifications (RFQ) for the Early Childhood Mental Health Consultation Initiative (ECMHCI) (RFQ 16-2018). Each solicitation contained several categories of services, including Mental Health Outpatient Treatment Services in RFP 1-2017 and Main ECMHCI in RFQ 16-2018. Evaluation panels reviewed the proposals and scored them, as shown in Exhibit 1 below. 1

Exhibit 1: Proposals and Scores from RFP and RFQ

RFP 1-2017: Mental Health Outpatient Treatment Services

Proposer	Score (Out of 230 Points)
UCSF Infant Patient Parent Program (IPP)	213.17
Homeless Children's Network	213.00
Community Youth Center (CYC)	210.17
A Better Way	208.50
Huckleberry Youth Programs	205.33
Mt. St. Joseph's St. Elizabeth's (Epiphany Center)	205.33
Alternative Family Services	204.00
HealthRight 360	203.50
SF Child Abuse Prevention	202.17
Center on Juvenile and Criminal Justice	198.33
UCSF Child and Adolescent Services (CAS)	198.17
Jewish Family and Children Center	188.75
Bayview Hunters Point Foundation	175.17
West Coast Children's Clinic	175.17
Instituto Familiar de la Raza (IFR)	169.67
Boys & Girls Club of SF	157.00
APA Family Support Services	124.50
Westside Community Mental Health	96.50

<sup>&</sup>lt;sup>1</sup> The evaluation panel for RFP 1-2017 included a Deputy Director from DPH, a Deputy Director from the Department of Children, Youth, and their Families (DCYF), a Program Manager from Contra Costa County Health Services, a Supervisor from San Francisco Unified School District (SFUSD), and a Consultant from the Human Services Agency (HSA). The evaluation panel for RFQ 16-2018 included a Deputy Director from the Office of Early Care and Education (OECE), a Lead Coordinator from DPH, an Executive Director from First 5 SF, a Chief of Early Education from SFUSD, a Senior Analyst from Our Children Our Families Council, a Senior Data and Evaluation Analyst from DCYF, a Deputy Director from DCYF, and a Program Officer from First 5 SF.

RFQ 16-2018: Main Early Childhood Mental Health Consultation Initiative <sup>2</sup>

Proposer	Score (Out of 100 Points)
Homeless Children's Network	99.17
Instituto Familiar de la Raza (IFR)	96.67
Richmond Area Multi Services (RAMS)	92.17
UCSF Infant Parent Program	91.00
Edgewood Center for Children & Families	87.83
Seneca Family of Agencies	78.50
Felton Institute	69.83

Source: DPH

Homeless Children's Network was deemed to be the highest or second-highest scoring proposer in each solicitation and was awarded a contract that included both services. In July 2018, DPH executed a contract with Homeless Children's Network for a term of four years, from July 2018 through June 2022, and an amount not to exceed \$6,989,849. In April 2022, DPH executed Amendment No. 1 to the contract, extending the term by one year through June 2023, and increasing the not-to-exceed amount by \$3,001,878, for a total not to exceed \$9,991,727.

# **DETAILS OF PROPOSED LEGISLATION**

The proposed resolution would approve Amendment No. 2 to the homeless children and families mental health services contract between DPH and Homeless Children's Network, extending the contract term from June 2023 through December 2027, and increasing the not-to-exceed amount of \$7,473,592, for a total not to exceed \$17,465,319. The proposed resolution would also authorize DPH to enter into further immaterial amendments to the contract.

Under the contract, Homeless Children's Network provides the following services:

- 1. <u>Early Periodic Screening</u>, <u>Diagnostic</u>, <u>and Treatment</u> (EPSDT) <u>Outpatient Program</u>: Outpatient programming providing culturally competent mental health assessment, collateral therapy, case management and crisis intervention services for homeless children and families living in emergency, transitional, and domestic violence shelters, as well as families in permanent stable housing but who have a formative history with homelessness. The program is divided into four subprograms:
  - a. <u>EPSDT-General</u>: Provides outpatient specialty mental health services to youth at shelters, childcare centers, and schools (104 clients per year).
  - b. <u>EPSDT-Riley</u>: Provides outpatient specialty mental health services for youth at the Riley Center, a domestic violence shelter and service center operated by St. Vincent de Paul Society of San Francisco (3 clients per year).

<sup>&</sup>lt;sup>2</sup> In addition to Main ECMHCI, Homeless Children's Network responded to the RFQ within the subspecialties of DPH Substance Use Disorder Residential and Outpatient Treatment Programs, Domestic Violence and Family Shelter Sites, Family Child Care Quality Network (FCCQN) Licensed Family Child Care Homes, SF Family Resource Center (FRC) Initiative Sites, and SFUSD Early Education Schools and Pre-School Special Education Services. Homeless Children's Network was deemed to meet the minimum score and selected for contract award in each category.

- c. <u>EPSDT-Treasure Island</u>: Provides outpatient youth mental health programming on Treasure Island (3 clients per year).
- d. <u>EPSDT-LGBTQ</u>: Provides outpatient mental health services to LGBTQ youth, focused on participants in Our Family Coalition, SF Pride, and Camp it UP! (8 clients per year).
- 2. <u>Early Childhood Mental Health Consultation Initiative (ECMHCI)</u>: Program designed to ensure the emotional wellbeing of children (age 0 to 5 years) by providing mental health consultations to the shelter-based and homeless services childcare providers. (Serving 626 clients per year).

The authorization of Early Childhood Mental Health Consultation Initiative contract services under RFQ 16-2018 expires June 30, 2024, and therefore the ECMHCI program would not continue after FY 2023-24. Beginning in July 2024, ECMHCI services provided in *childcare settings* would be transferred to the Department of Early Childhood (DEC), which would conduct its own solicitation for a service provider. DPH would issue a new solicitation to select a service provider to continue providing EMCHCI services in *treatment sites and shelters*.<sup>3</sup>

Between the two programs, DPH estimates that Homeless Children's Network serves approximately 744 unduplicated clients. The contract funds approximately 15.63 full-time equivalent (FTE) employees, including indirect administrative positions.

# **Fiscal and Performance Monitoring**

FY 2020-21 program monitoring indicated that Homeless Children's Network for the Early Childhood Mental Health Consultation Initiative program met its units of service and performance objective. No correction action plans were identified for that program in FY 2020-21. According to Michelle Ruggels, DPH Business Office Director, FY 2020-21 monitoring reports for the EPSDT program were not completed, but the program will be evaluated as part of the FY 2021-22 monitoring process.

According to Michelle Ruggels, DPH Business Office Director, monitoring reports for FY 2021-22 are in progress but have not yet been completed. However, Director Ruggels reports that the annual Behavioral Health Services State Cost Report settlement for all Behavioral Health Services has been drafted for FY 2021-22, and the Homeless Children's Network has achieved 97 percent of its budgeted units of service in its combined outpatient programs and fulfilled 80 percent of the budgeted hours for the Early Childhood Mental Health Consultation initiative in FY 2021-22.

DPH reviewed Homeless Children's Network's financial documents as part of the FY 2020-21 Citywide Fiscal and Compliance Monitoring process and identified no findings, which exempted the organization from fiscal and compliance monitoring in FY 2021-22.

# **FISCAL IMPACT**

The proposed Amendment No. 2 would increase the not-to-exceed amount of the Homeless Children's Network contract by \$7,473,592, for a total not to exceed \$17,465,319. The estimated

<sup>3</sup> 

annual sources and uses of funds by program for the four-year and six-month contract extension are shown in Exhibit 2 below.

**Exhibit 2: Estimated Sources and Uses of Funds** 

Sources	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28 (6 Months)	Total
Federal Sources	\$506,531	\$506,531	\$506,531	\$506,531	\$253,266	\$2,279,390
State Sources	494,412	494,412	494,412	494,412	247,206	2,224,854
City General Fund	1,499,800	282,176	333,501	386,879	221,196	2,723,552
Subtotal	\$2,500,743	\$1,283,119	\$1,334,444	\$1,387,822	\$721,667	<i>\$7,227,795</i>
Contingency (12%)	300,089	153,974	160,133	166,539	86,600	867,335
Total Sources	\$2,800,832	\$1,437,093	\$1,494,577	\$1,554,361	\$808,267	\$8,095,130
Uses	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28 (6 Months)	Total
EPSDT-General	\$802,822	\$802,822	\$802,822	\$802,822	\$401,411	\$3,612,699
EPSDT-Riley	22,756	22,756	22,756	22,756	11,378	102,402
EPSDT-Treasure Island	21,110	21,110	21,110	21,110	10,555	94,995
EPSDT-LGBTQ	233,710	233,710	233,710	233,710	116,855	1,051,695
ECMHCI	1,266,975	_	-	-	-	1,266,975
Cost of Doing Business	153,370	202,721	254,046	307,424	181,468	1,099,029
Subtotal	\$2,500,743	\$1,283,119	\$1,334,444	\$1,387,822	\$721,667	\$7,227,795
Contingency (12%)	300,089	153,974	160,133	166,539	86,600	867,335
Total Uses	\$2,800,832	\$1,437,093	\$1,494,577	\$1,554,361	\$808,267	\$8,095,130
Actual Expenditures (through FY 2022-23) <sup>4</sup>						9,370,190
Total Not-to-Exceed						\$17,465,320

Source: DPH

Note: EPSDT refers to Early Periodic Screening, Diagnostic, and Treatment, which is the title of MediCal reimbursable behavioral health services for children and youth, and ECMHCI refers to Early Childhood Mental Health Consultation Initiative, which is moving to a DEC contract after FY 2023-24.

The contract includes a 12 percent contingency to account for cost escalation, new programs, and/or expansions of existing programs. The not-to-exceed amount also includes annual four percent doing business increases.

The total not-to-exceed amount is funded approximately 34 percent by federal funds, 36 percent by state funds, and 31 percent by the General Fund.

# **RECOMMENDATION**

Approve the proposed resolution.

<sup>&</sup>lt;sup>4</sup> This amount includes actual expenditures of \$6,967,572 through FY 2021-22 and projected expenditures (including a contingency) of \$2,402,618 in FY 2022-23.

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

#### Second Amendment

THIS AMENDMENT (this "Amendment") is made as of March 1, 2023, in San Francisco, California, by and between **Homeless Children's Network** ("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 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 RFP-1-2017 and RFQ-16-2018 issued on March 24, 2017 and May 4, 2018 respectively and this modification is consistent therewith; and

WHEREAS, Contractor was selected pursuant to San Francisco Administrative Code Section 21.42; and

WHEREAS, approval for this Amendment was obtained on August 3, 2020 from the Department of Human Resources on behalf of the Civil Service Commission under PSC number 46987-16/17 in the amount of \$233,200,00 for the period commencing July 1, 2017 and ending June 30, 2027; and

WHEREAS, approval for this Amendment under S.F. Charter 9.118 was obtained when the Board of Supervisors approved Resolution on .

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 July 1, 2018 as amended by the First Amendment dated July 1, 2021.
- 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**

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

2.1 The term of this Agreement shall commence on (i) July 1, 2018 and expire on June 30, 2023, 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 July 1, 2018 and expire on December 31, 2027, unless earlier terminated as otherwise provided herein.

# **2.2 Compensation.** *Section 3.3.1 Calculation of Charges currently reads as follows:*

# 3.3.1 Calculation of Charges

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 made4 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-One Thousand Seven Hundred Twenty-Seven Dollars** (\$9,991,727). 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. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

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

## 3.3.1 Calculation of Charges

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 made4 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 **Seventeen Million Four Hundred Sixty Five Thousand Three Hundred Nineteen Dollars (\$17,465,319).** 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. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

**2.3 Business Associate Agreement,** *The following is hereby added to Article 13 of the Agreement, replacing the previous Section 13.3 in its entirety:* 

# 13.3 Business Associate Agreement.

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

# The parties acknowledge that CONTRACTOR will:

1. Do **at least one** or more of the following:

A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or

B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial,

accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or

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

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

- a. **Appendix E** SFDPH Business Associate Agreement (BAA) (8-3-2022)
  - 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
  - 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)
- 2. NOT do any of the activities listed above in subsection 1;

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

- 2.4 Appendices A, A-1 and A-2 dated 07/01/22 are hereby added to the Agreement for 2022-23.
- 2.5 Appendices B and B-1a to B-2 dated 07/01/22 are hereby added to the Agreement for 2022-23.
- 2.6 Appendix E, BAA, dated 04/12/18 is hereby deleted and Appendix E, BAA dated 08/03/22 is hereby added to the Agreement for 2022-23.
- 2.7 Appendix F, Invoices, dated 3/06/23 are hereby added to the Agreement for 2022-23.
- 2.8 Appendix H dated 07/01/21 is hereby deleted and Appendix H dated 07/01/22 is added to the Agreement for 2022-23.

#### **Article 3** Effective Date

**Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the effective date of the agreement.

## Article 4 Legal Effect

**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:	Homeless Children's Network
Grant Colfax  Director of Health  Department of Public Health	APRIL SILAS Executive Director
	City Supplier ID: 0000018734
Approved as to Form:	
David Chiu City Attorney	
By: Louise Simpson Deputy City Attorney	
Approved:	
Sailaja Kurella Director, Office of Contract Administration, and Purchaser	

# Appendix A Scope of Services – DPH Behavioral Health Services

#### 1. Terms

#### A. Contract Administrator:

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

#### B. Reports:

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

## C. Evaluation:

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

# D. <u>Possession of Licenses/Permits</u>:

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. <u>Infection Control, Health and Safety</u>:

- (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. <u>DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System</u>

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. <u>Patients' Rights</u>:

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

# O. <u>Under-Utilization Reports</u>:

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. <u>Quality Improvement:</u>

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, CONTACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment

for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

# V. <u>Compliance with Grant Award Notices</u>:

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

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

# 2. Description of Services

Contractor agrees to perform the following Services:

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

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

Appendix A-1a – EPSDT Outpatient
Appendix A-1b – EPSDT Riley
Appendix A-1c – Treasure Island
Appendix A-1d – EPSDT LGBTQ
Appendix A-2 Early Childhood Mental Health Consultation Initiative (ECMHCI)

**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: Homeless Children's Network Appendices A- 1a, A-1b, A-1c, A-1d

Program: EPSDT **Funding Term:** 07/01/2022-06/30/2023

## 1. Identifiers:

1. A-1a: Program Name: Homeless Children's Network EPSDT - General Program Address (primary program site address): 3450 3<sup>rd</sup> Street Unit 1C

City, State, Zip Code: San Francisco, CA 94124

Telephone: (415) 437-3990 / Facsimile: (415) 437-3994

Executive Director: April Silas Telephone: (415) 437-3990 X 308 Email; Address: april@hcnkids.org

**Program Code: 38AS3** 

Salvation Army /Harbor House

**Hamilton Shelter** 

**Hamilton Family Center** 

**Bayview Family Resource Center** 

Faces Bayview Child Care Center

Wu Yee Bayview Child Development Center

Family Childcare Quality Network

Larkin Street Youth Services

SFUSD Schools, including Buena Vista, Guadalupe, Glen Park, Hillcrest, Starr King, E.R. Taylor, Bessie Carmichael, Cesar Chavez, Daniel Webster, Leonard Flynn, Malcolm X and Longfellow Elementary Schools, and James Lick and Horace Mann Middle Schools.

Homeless Programs / MHSA

La Casa de las Madres

**ERMHS** referrals

A-1b: Program Name: Homeless Children's Network EPSDT- Riley Program Address (primary program site address): 3450 3<sup>rd</sup> Street Unit 1C

City, State, Zip Code: San Francisco, CA 94124

Telephone: (415) 437-3990 / Facsimile: (415) 437-3994

Executive Director: April Silas Telephone: (415) 437-3990 X 308 Email; Address: april@hcnkids.org

**Program Code: 38AS4** 

Riley Center: Brennan House Rosalie House

A-1c: Program Name: Homeless Children's Network EPSDT – Treasure Island Program Address (primary program site address): 3450 3<sup>rd</sup> Street Unit 1C

City, State, Zip Code: San Francisco, CA 94124

Telephone: (415) 437-3990 / Facsimile: (415) 437-3994

Contractor: Homeless Children's Network Appendices A- 1a, A-1b, A-1c, A-1d

Funding Term: 07/01/2022-06/30/2023

Program: EPSDT

Executive Director: April Silas Telephone: (415) 437-3990 X 308 Email; Address: april@hcnkids.org

**Program Code: 38AS5** 

Treasure Island Housing

Treasure Island Child Development Center

A-1d: Program Name: Homeless Children's Network EPSDT – LGBTQ Program Address (primary program site address): 3450 3<sup>rd</sup> Street Unit 1C

City, State, Zip Code: San Francisco, CA 94124

Telephone: (415) 437-3990 / Facsimile: (415) 437-3994

**Program Code: 38AS6** 

Executive Director: April Silas Telephone: (415) 437-3990 X 308 Email; Address: april@hcnkids.org

LGBTQ Collaborative Our Family Coalition SF Pride Camp It Up!

#### 2. Nature of Document

**Second Amendment** 

# 3. Goal Statement

To provide culturally competent, strength-based mental health services which are focused on the specific needs of homeless children and families living in emergency, transitional and domestic violence shelters.

# 4. Priority Population

EPSDT program target populations are all populations and ethnicities in San Francisco with focused expertise to address the unique needs of youth ages 0-17 and their families in all neighborhoods throughout San Francisco. We extend our services to families who reside in emergency and domestic violence shelters, transitional programs, SROs, as well as to families who are in permanent stable housing but have a formative history with homelessness. HCN will serve families whose clinical needs fall within the medical necessity requirement for behavioral support, while simultaneously assuring that all services rendered are within the scope of our agency's specialty, skills, and oversight. Whenever it is assessed that this program cannot adequately meet the service needs of a particular client, staff will make a client referral that better meets the services needs of the client, either internally or to a co-service provider in San

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Contractor: Homeless Children's Network
Program: EPSDT
Appendices A- 1a, A-1b, A-1c, A-1d
Funding Term: 07/01/2022-06/30/2023

Francisco.

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

**Definitions of Service Modalities** 

#### Mental Health Services

"Mental Health Services" means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, collateral, therapy and case management.

#### Assessment

"Assessment" means a service delivery activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional or behavioral disorder, relevant cultural issues and history; diagnosis; and the use of testing procedures.

#### Collateral

"Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

# Therapy

"Therapy" means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments.

# Case Management

"Case Management" means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

For the total number of minutes to be provided in FY 22-23 please refer to the corresponding CRDC page in the budget workbook for details.

# 6. Methodology

#### **Direct Client Services**

A. As the premiere agency in San Francisco acting as the collaborative centralizing referral

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Contractor: Homeless Children's Network Appendices A- 1a, A-1b, A-1c, A-1d

Program: EPSDT **Funding Term:** 07/01/2022-06/30/2023

response agency for mental health and shelter-based child care and early intervention services to homeless children, HCN operates as a comprehensive support organization for homeless families for city-wide resources. Our collaborative model allows for efficient and thorough outreach, promotion and advertisement activities. Monthly collaborative meetings in which providers share resources and coordinate referrals act as an outreach, promotion and advertisement mechanism. In addition, each collaborating agency has information posted on site in client gathering areas. Regular outreach, through community meetings with families at each shelter, also promotes services.

- B. Program eligibility is determined by HCN's Clinical Director upon referral from collaborative members. Program participants must have current full-scope Medi-Cal and a mental health diagnosis that meets medical necessity. HCN participates in the BHS Advanced Access initiative, including ensuring timely measurement of data at the site and reporting of data to BHS as required. Program will adhere to BHS guidelines regarding assessment and treatment of indigent (uninsured) clients.
- C. HCN provides mental health, case management, crisis intervention, and collateral support services to children and their families living in emergency, domestic violence, and transitional shelters, as well as those families referred by homeless agencies. Services include family-focused, child centered therapy: individual counseling, play therapy, family counseling, and group therapy; as well as, case management linkages to appropriate and viable community resources. CANS data is reviewed by HCN's Program Director and used to determine training needs, supervision needs and discharge planning. Services are developmentally, linguistically, environmentally, and culturally optimal and accessible for families. Hours of operation are Monday-Friday 9a-6p. Services are delivered at the locations listed above, as well as at our offices at 3450 3<sup>rd</sup> Street Unit 1C and 1426 Fillmore Street, Suite 301, San Francisco, CA. During the COVID pandemic, all services may be delivered remotely via a telehealth modality.
- D. HCN services will be delivered in the context of the BHS Access system, with a common definition of medical necessity for the level of care, and a common admission and discharge criteria for the level of care. HCN's Clinical Director functions as Care Manager responsible for the client's plan of care throughout the system-wide standards of accountability that is based on cost, access, quality and outcomes.
- E. Re: program staffing refer to Appendix B.

# 7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 22-23.

# 8. Continuous Quality Assurance and Improvement

HCN conducts continuous quality assurance and monitoring through the following means. Evidence of CQI activities is maintained in HCN's Administrative Binder for review by the

Contractor: Homeless Children's Network Appendices A- 1a, A-1b, A-1c, A-1d Program: EPSDT Funding Term: 07/01/2022-06/30/2023

Business Office of Contract Compliance.

1. Achievement of Contract Performance Objectives and Productivity: HCN's Program Director is responsible for oversight of all HCN contract performance objectives and productivity. The Program Director runs monthly reports to ensure compliance with program deliverables, and directs or provides training to staff and interns in required topics. HCN Staff meet for one hour each Tuesday with the Executive Director, Program Director, Program Assistant and Clinical Supervision Staff. Staff meetings address system-level identification of areas for improvement, compliance training needs, consumer feedback and recommendations for continuous quality assurance. HCN's Program Director monitors contract performance objectives based on outcome data, and meets monthly with clinicians and the Clinical Director to ensure progress towards annual goals.

- 2. Quality of Documentation: Periodic Utilization Review and Quality Control. A committee comprised of the Clinical Supervisor, Quality Assurance Staff and Program Director meet monthly to review cases. The review covers documentation accuracy and quality, special risk factors, clinical status and progress of each client, treatment modalities and the efficacy of interventions. The committee discusses outcomes and recommendations, such as changes in service intensity and referrals. PURQC Committee notes are kept by the Program Director and include recommendations to be conveyed to individual clinicians. A PURQC log is filled out at each committee meeting, and notes are kept by the Program Director. HCN's PURQC Committee complies with all SFDPH-BHS policies and procedures. Every clinician meets weekly with the Clinical Supervision Team for individual clinical supervision, and attends a weekly 2-hour Group Supervision meeting. Recommendations of the PURQC Committee are conveyed to clinicians during these meetings. A monthly internal chart review is conducted by the Clinical Director. The Clinical Supervision Team keeps notes and a sign-in sheet for each Group Supervision session, including the topics covered.
- 3. Cultural Competency of Staff and Services: HCN's hiring policy includes thorough screening of candidates for cultural fit and cultural humility in serving the target population. HCN's Executive Director arranges for quarterly trainings to staff and interns in Cultural Sensitivity. Every Tuesday the clinical staff and interns participate in a one and a half hour workshop on relevant topics, such as therapeutic techniques, legal and ethical issues, and cultural competency.
- 4. Satisfaction with Services: HCN participates in the administration of semi-annual Consumer Perception Surveys, as directed by BHS. Results of Consumer Satisfaction surveys inform recommendations for quality improvement, through trainings held at weekly Staff Meetings and/or monthly Program Meetings.
- 5. Timely Completion and Use of Outcome Data: Timely submissions of CANS, Progress Notes and Plans of Care are tracked by HCN's Quality Assurance Associate, who provides support and 1:1 coaching to program staff and interns. CANS assessment data is reviewed quarterly by HCN's Program Director and discussed with the PURQ Committee. Improvements to service delivery to improve CANS outcomes are facilitated through training and direction to clinicians, during weekly individual supervision, weekly group supervision and monthly trainings.

Contractor: Homeless Children's Network Appendices A- 1a, A-1b, A-1c, A-1d **Funding Term:** 07/01/2022-06/30/2023

Program: EPSDT

9. Requird Language: N/A

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB

#### 1. Identifiers:

Program Name: Early Childhood Mental Health Consultation Initiative (ECMHCI)

Program Address: 3450 3<sup>rd</sup> Street Unit 1C

City, State, Zip Code: San Francisco, CA 94124

Telephone: 415-437-3990 Facsimile: 415-437-3994

Website Address: www.hcnkids.org

Executive Director: April Silas Telephone: 415-437-3990 X 308

april@hcnkids.org

Program Code(s): 38AS ECMHCI / PEI

## 2. Nature of Document:

## **Second Amendment**

- **3. Goal Statement:** To improve the lives of young children (Birth-5 years old) and their families. More specifically, it is designed to ensure the emotional well-being of children by providing mental health consultation and support services to the shelter-based and homeless services child care providers who care for them on a daily basis.
- **4. Priority Population:** ECMHCI target populations are all populations and ethnicities in San Francisco with focused expertise to address the unique needs of shelter-based, and/or homeless programs childcare providers, parents, and children (age 0 to 5 years) of CalWORKs families and other low-income families. Of particular interest are homeless families with young children Birth to 5 years old. Homeless families transition throughout San Francisco's Family Shelter and Homeless Program System without a unifying voice of support. This population of chronic homeless families often

Program System without a unifying voice of support. This population of chronic homeless families often qualifies for available space at shelter-based and homeless program child care settings due to their extreme need for consistency. Whenever it is assessed that this program cannot adequately meet the service needs of a particular client, staff will make a client referral that better meets the service needs of the client, either internally or to a co-service provider in San Francisco.

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB

Site Name	Number of Classrooms	# of Children	#of Staff	Funding Source(s)	Site Type	Tier
1.FACES-Bayview	4	50	12	SALY	ECE	2
2.FACES-Masonic	3	25	8	SALY	ECE	2
3.Lee Woodward Counseling Center	1	20	5	SALY	SA	3
4.Our Family FRC	1	40	15	SALY	FRC	2

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH
WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB

Site Name	Number of Classrooms	# of Children	#of Staff	Funding Source(s)	Site Type	Tier
5.Harbor House Shelter	1	12	8	SALY	SHEL	2
6.Brennan House	1	20	8	SALY	SHEL	2
7.Rosalie House	1	25	5	SALY	SHEL	2
8. Little Children Development Center	1	20	4	SALY	ECE	2
9.Centro las Olas	1	20	4	SALY	ECE	1
10.Family Child Care Centers	Up to 31	Up to 310	Up to 100	SALY	FCC	1
11.Family Child Care Centers	Up to 31	Up to 310	Up to 100	SALY	FCC	1
12.Project Adapt	1	20	6	SALY	SA	2
13. Jelani House	2	40	7	SALY	SHEL	2
14.Western Addition FRC	2	24	7	SALY	FRC	2
15.Bayview FRC	2	24	7	SALY	FRC	3
16.OMI FRC	2	15	6	SALY	FRC	3
17.Aviva House	1	15	6	SALY	SA	2
19.Little Children's Development Center	2	20	6	SALY	ECE	2
20.YMCA Stonestown Preschool	2	20	7	SALY	ECE	2
21. YMCA LCOS	2	20	5	SALY	ECE	1
22.Edgewood FRC	2	20	6	SALY	FRC	2
23.FranDelJA Fairfax	2	21	6	SALY	ECE	3
24.Wu Yee Southeast	3	40	10	SALY	ECE	2
Site Name	Number of Classrooms	# of Children	#of Staff	Funding Source(s)	Site Type	Tier

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH
WO CFC MH Pre School MH CYF County General Fund MH CYF County GF WO CODR

WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO COI						CODB
SFUSD - William Cobb	1	22	3	SFUSD	SFUSD	1
SFUSD - Charles Drew	4	60	12	SFUSD	SFUSD	3
SFUSD – John McLaren (+TK)	5	90	13	SFUSD	SFUSD	3
SFUSD- Jose Ortega	1	16	2	SFUSD	SFUSD	1
SFUSD - Leola Havard (NO +TK)	5	60	5	SFUSD	SFUSD	3
SFUSD- Malcolm X Academy (+TK)	2	32	3	SFUSD	SFUSD	3
SFUSD - Sheridan	1	20	2	SFUSD	SFUSD	1
SFUSD - Starr King	1	16	2	SFUSD	SFUSD	2
SFUSD - Zaida Rodriguez (+TK)	4	68	9	SFUSD	SFUSD	2
SFUSD - Shoestrings	5	60	24	SFUSD	SFUSD	3

<sup>\*</sup>SALY = Same As Last Year

- **5. Modality(s)/Intervention(s):** All ECMHCI contractors are required to establish a Site Agreement with <u>each</u> respective site served (child care, shelter, family resource center, etc. at the beginning of each fiscal or academic year, whichever is most appropriate. Each Site Agreement document should include the following information:
- Site information to which the Site Agreement applies
- The term of the Site Agreement
- Number of on-site consultation hours per week
- Agreed upon services that the consultant will provide
- Agreed upon client/site roles and responsibilities
- Agreed upon day and time for regular group consultation meeting
- Schedule of planned review of Site Agreement document

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB

Signature lines for Consultant, Site Director/Manager, Contractor Program Director

# HCN's Policies and practices to ensure SOPs are complied with, and how HCN will monitor the Consultant's work:

HCN's policies and practices are based on the idea of the parallel process. The parallel process model begins with the consultant supporting and educating child care staff, thereby empowering the staff to avoid burn out and provide improved services and care to families, which in turn enhances parent's abilities to provide benevolent and healthy parenting to their children, leading to more emotionally stable children and secure families able to ultimately move forward during a difficult time in their lives. Furthermore, our policies aims to establish "baseline readiness" for the shelter-based childcare centers/family child care/child development centers, which is centralized around the idea of the center structure being ready to provide quality services to children and families. The key to success for baseline readiness is relationship-building between the consultant and center providers, as well as the establishment of a comprehensive and consistent system of care utilizing Best Practices methods that aim to insure that center staff and homeless families are operating to the best of their abilities. We support HCN's Consultants to therefore anchor their philosophy and interventions on the following premises:

- Children do best when there is a good cooperative working relationship between family and caregiver/shelter staff.
- We believe in the importance of relationships: relationships between parents and children, between children and staff, between staff and consultant.
- We believe in the process of reflection that give people a certain kind of attention that helps us reconnect with what we know

Each childcare center has its own unique character based on its services. To respond optimally to each environment, HCN makes an effort to match centers with the appropriate consultant based on experience with certain issues faced by families there, or cultural factors like language and ethnicity. By linking consultants who more closely reflect or at the very least are able to empathize to a greater degree with both staff and/or the families they serve, stronger relationships are developed between staff, the consultant, and the families, thereby creating a responsive and encouraging environment most beneficial to the positive growth and development of homeless and formerly homeless families. We accomplish this by providing weekly individual and group supervision, weekly trainings, and consultant-to-consultant support. The Executive and Program Directors both create ongoing communication with each collaborative site in order to establish strong rapport and trust. HCN's standards of practice are based on the offering of our entire system of care as a form of support for the child care site. We understand that by supporting the child care system of each program, and therefore its teachers/providers, to grow in efficacy toward the greater child development practices, we are also supporting each child and parent with the most sustainable impact.

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB

#### **Modalities**

#### **CATEGORY 1**

The following services are consultation-based. These services are not billed to EPSDT/Medi-Cal. They are billed as fee-for-service using grant funding, as well as MHSA funds. During the COVID pandemic, all services may be delivered remotely to ensure the health and safety of both clients and staff.

Note: Consultation services that focus on specific children and parents are subject to parental consent and HIPAA compliance.

CI: Consultation - Individual: Discussions with a staff member on an individual basis about a child or a group of children. Includes assisting providers and parents in completing the Ages and Stages Questionnaire (ASQ) and/or the Ages and Stages Questionnaire — Social Emotional (ASQ-SE) evidence-based developmental screening tool to obtain baseline information and whether additional supports are necessary. Other strategies include but are not limited to discussions with a staff member on an individual basis about early childhood mental health, child development in general, classroom management strategies, and integrating mental health best practices into program activities and policies. Strategies can also include collaborative work with a parent, such as offering parental guidance involving discussions about child development, concerns about developmental screenings, problem-solving together during case consultation sessions, and exploring referrals to additional supports.

**CG:** Consultation - Group: Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families. This may include consultation regarding the program as a whole or the design of a particular strategy or intervention. These meetings are also a forum for team development within the provider's staff.

**CO:** Consultation - Observation: Observing a child, group of children, or entire classroom within a defined setting to inform consultation services to teachers/staff/programs/parents. The purpose of these observations is to help inform the individual and group consultation process and therefore address the behavioral and developmental needs of the children through the enhancement of their primary relationships.

**ST:** Consultation – Staff Training: Providing structured, formal, in-service trainings to a group of three or more individuals comprised of staff of early care and education programs, family resource centers, shelters, etc. to develop their capacity to address the myriad of social-emotional and mental health needs of the children in their care. Topics may include, but are not limited to, the social-emotional foundations of learning, behavior management techniques/promoting positive behaviors, effective communication strategies, and working with parents.

**PT:** Consultation - Parent Training/Support Group: Providing didactic training on a specific topic or ongoing support to a group of parents. The format and frequency vary from one-time workshops to ongoing support groups for a consistent cohort of parents. Consultants are encouraged to learn about and pilot evidenced parenting programs such as *Triple P* and *Incredible Years*. **RL:** Early Referral/Linkage: When the consultant's involvement with parents and child reveals a need for longer-term help and/or adjunct services, the consultant is optimally situated to assist the family in securing appropriate services. When necessary, the consultant will refer children and

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB families for community services such as multi-disciplinary assessment; special education; occupational, speech, and physical therapy; family resource center services; or individual child or parent-child mental health services. The consultant's established relationship with the family increases the likelihood that the family will trust the recommendation and therefore pursue the referral. The consultant ensures the family's engagement with needed services by remaining involved with the family throughout the process. Once services are in place, the consultant can, with the parent's permission, act as a liaison between the new service provider and the early care

**SU:** Consultant Training/Supervision: Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also covers supervision of consultants both individually and in groups.

and education staff; relaying information that enhances the staff's ongoing understanding and work

**EV: Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the CBHS-initiated evaluation efforts.

**SW:** Systems Work: Participating in other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0-5, enhance the development of inclusive education sites, and continuous quality improvement. This includes being a participating member of the Trans disciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.

## **CATEGORY 2**

with the particular child.

These activities involve the provision of planned early intervention services to children and families. Client charts must be opened, but **a mental health diagnosis of the child is not required.** ECMHCI contractors must adhere to all HIPAA compliance and CBHS documentation requirements as specified. However, these services are not billed to EPSDT/Medi-Cal. They are billed as fee-for-service using grant funds, as well as MHSA funds. During the COVID pandemic, all services may be delivered remotely to ensure the health and safety of both clients and staff. *Note: These activities are pre-diagnostic and therefore not considered to be planned mental health services. They are brief time-limited interventions focused on the development of skills related to improving a child's social-emotional and behavioral functioning.\** 

**EI: Early Intervention – Individual:** Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. Activities include, but are not limited to: conducting developmental and/or social-emotional screening; individual child interventions, such as 1:1 support or shadowing in the classroom for a child struggling with behavioral or social difficulties who is at risk for expulsion; meeting with a

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB parent/caregiver to discuss specific concerns they may have about their child's development, and/or helping them explore and implement new and specific parenting practices that would improve their child's social-emotional and behavioral functioning.

**EG: Early Intervention – Group:** Conducting playgroups/socialization groups involving at least three children. These groups are designed to help children learn social skills such as getting along with others, making friends, handling and expressing frustrations, understanding and modulating feelings, developing reciprocity and compromise with peers, and learning cooperation with peers and adults. The groups occur on site and are led by the mental health consultant, and in some instances can be co-facilitated by a member of the site staff.

\*Early intervention services do not require a mental health diagnosis of the child. However, the client chart must include a client plan that is informed by a completed Ages and Stages Questionnaire (ASQ) or Ages and Stages Questionnaire — Social Emotional (ASQ-SE). If not already performed, and early intervention services are indicated, then the mental health consultant must ensure the ASQ is completed prior to the onset of services. In their assessment, the mental health consultant may also use the ASQ-SE as a follow-up to the ASQ to further inform the development of interventions. The client plan must reflect the needs identified by the screenings and must include goals and interventions that will help support the

child's ability to remain in their current care setting.

#### **CATEGORY 3**

These activities involve the provision of planned mental health services to children and families. Mental Health Services can be provided in the event that a referral/linkage for mental health treatment is not possible, or there is mutual agreement from consultation sessions that mental health services would benefit the child if provided on-site. Client charts must be opened. Therefore, the ECMHCI contractor must adhere to all HIPAA compliance and CBHS documentation requirements as specified. These services are to be billed to EPSDT/Medi-Cal first. These services can be billed as fee-for-service using grant or MHSA funding only if the child is not a full-scope Medi-Cal beneficiary. During the COVID pandemic, all services may be delivered remotely to ensure the health and safety of both clients and staff.

MI or MG: Mental Health Services - Individual, Family, or Group Therapy: Provided for a subset of the most at risk children for whom the indirect involvement of consultation and lower intensity early intervention services are not sufficient to address behavioral concerns. Targeted therapeutic interventions are employed by consultants that focus primarily on symptom reduction as a means to improve functional impairments that a child may be experiencing due to diagnosable mental health concerns. Therapy may be delivered to an individual or group of children and may include family therapy at which the child is present. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. A mental health diagnosis of the child is required, and client charts must include a client treatment plan that is informed by a completed CANS Assessment and may also include the results of developmental or social-emotional screenings. The client plan must include goals and interventions that will help support the child's ability to remain in the current care setting.

# Standards of Practice (SOP)

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB All ECMHCI contractors must incorporate the following standards of practice into each of their scopes of work: NOTE: The standards of practice for consultation services that are detailed below are only applicable to early care and education, family child care, and shelter programs, and are NOT directly applicable to services provided to family resources centers. In other words, the Standards of Practice do not apply to those settings.

# **Program Consultation**

Center and/or classroom focused (including children's programming in shelter settings), benefits all children by addressing issues impacting the quality of care.

# **Frequency of Activities**

	Children's Programs w/in Shelters	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
Activity				
Program Observation	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year
Meeting with Director	Monthly 1 hour per month	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month
Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month
	Children's Programs w/in Shelters	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children

Program Name: ECMHCI Funding Term: 7/1/2022-6/30/2023 Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB

providing agency agency	Trainings	1 0	As needed and as stipulated in the MOU between the site and the service providing agency	Same as small center	Same as small center
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# **Case Consultation**

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

# **Frequency of Activities**

	Children's Programs w/in Shelters	Small Center 12- 24 children	Medium Center 25-50 children	Large Center >50 children
Activity				
Child Observation	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
Meeting with Director	Once per month per child who is the focus of case consultation.	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
Meeting with Staff	Once per month per child for duration of case consultation.	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
Meeting with Parents	3 to 5 times per child	3 to 5 times per child	Same as for small center.	Same as for small center.

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB

- Direct services occur within the child care center and/or shelter as allowed by the established Site Agreement and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.
- All direct treatment providers follow federal HIPPA regulations pertaining to the provisions of services and the maintenance of records.

## **Additional Modalities of Service/Interventions:**

- Assessment of the site-specific environment will be a key factor in determining the level of ongoing involvement between HCN's Executive Director and key management from the site.
- All direct treatment providers will be trained to provide culturally-competent, environmentally-competent, and developmentally-competent services.

# 6. Methodology

- A. As the premier agency in San Francisco acting as the collaborative centralizing referral response agency for mental health and shelter-based child care and early intervention services to homeless children, HCN operates as a comprehensive support organization for homeless families for city-wide resources. Our collaborative model allows for efficient and thorough outreach, promotion and advertisement activities. Monthly collaborative meetings in which providers share resources and coordinate referrals act as an outreach, promotion and advertisement mechanism. In addition, each collaborating agency has information posted on site in client gathering areas. Regular outreach, through community meetings with families at each shelter, also promotes services.
- B. HCN's Early Childhood Consultation services to the Shelters/Programs/FCCs are linked to the site, and are therefore not based on individual client eligibility standards. Therefore admission, enrollment and intake criteria for program eligibility is determined by the child/family's/staff's participation with the collaborating site.
- C. HCN's Early Childhood Consultation services will be delivered by using our mobile approach to "meeting providers/clients where they are." We travel to child care sites after creating a relationship to both the providers and parents in order to help promote optimal child development practices and provider support for both individual parent and child, as well as the program. During the COVID pandemic, all services may be delivered remotely to ensure the health and safety of both clients and staff. The foundation of our approach is simple: as the programs are strengthened to support the caregivers of our most vulnerable children and

parents, the caregivers are therefore strengthened to provide the attentiveness, skilled

Program Name: ECMHCI Funding Term: 7/1/2022-6/30/2023

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB interventions, patience, and love needed to guide the daily care of children from birth to five years old. Hence, our communities will have healthy and vibrant children to celebrate.

- D. HCN's Early Childhood Consultation services will be developmentally, linguistically, environmentally, and culturally optimal and accessible for families. Our staff therefore will reflect both a supremely high level of child development experience, including, but not limited to graduate studies in a related field; as well as, having the personality and emotional presence to be the example of self-care and balance. The specific methodology for our program model will be delivered in the context of the following services: HCN provides Consultation-Individual, Consultation-Group, Consultation-Class/Child Observation, Training/Parent Support, Direct Services- Individual, Direct Service Group services to children. In addition, Outreach & Linkage and Program Evaluation will be provided. Hours of operation are Monday-Friday 9a-6p. Services are delivered at the shelter/program/FCC locations listed above, as well as at our offices at 3450 3<sup>rd</sup> Street Unit 1C and 1426 Fillmore Street Suite 301.
- E. Re: staffing refer to Appendix B
- 7. Objectives and Measurements:
- A. Standardized Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY22-23.

### 8. Continuous Quality Improvement:

HCN conducts continuous quality assurance and monitoring through the following means. Evidence of CQI activities is maintained in HCN's Administrative Binder for review by the Business Office of Contract Compliance.

- 1. Achievement of Contract Performance Objectives and Productivity: HCN's Program Director is responsible for oversight of all HCN contract performance objectives and productivity. The Program Director runs monthly reports to ensure compliance with program deliverables, and directs or provides training to staff and interns in required topics. HCN Staff meet for one hour each Tuesday with the Executive Director, Program Director, Program Assistant and Clinical Supervision Staff. Staff meetings address system-level identification of areas for improvement, compliance training needs, consumer feedback and recommendations for continuous quality assurance. HCN's Program Director monitors contract performance objectives based on outcome data, and meets monthly with clinicians and the Clinical Director to ensure progress towards annual goals.
- 2. Clinician Support and Oversight: Every clinician meets weekly with the Clinical Supervision Team for individual clinical supervision, and attends a weekly 2-hour Group Supervision meeting. Recommendations for services are provided during supervisions. The Clinical

Program Name: ECMHCI Funding Term: 7/1/2022-6/30/2023

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB Supervision Team keeps notes and a sign-in sheet for each Group Supervision session, including the topics covered.

- 3. Cultural Competency of Staff and Services: HCN's hiring policy includes thorough screening of candidates for cultural fit and cultural humility in serving the target population. HCN's Executive Director arranges for quarterly trainings for staff and interns in Cultural Sensitivity. Every Tuesday the clinical staff and interns participate in a one and a half hour workshop on relevant topics, such as therapeutic techniques, legal and ethical issues, and cultural competency.
- 4. Satisfaction with Services: HCN participates in the administration of annual Consumer Satisfaction Surveys, as directed by BHS. Results of Consumer Satisfaction surveys inform recommendations for quality improvement, through trainings held at weekly Staff Meetings and/or monthly Program Meetings.
- 5. Timely Completion and Use of Outcome Data: Monthly activity forms are completed to track services provided to sites. Improvements to service delivery are facilitated through training and direction to clinicians, during weekly individual supervision, weekly group supervision and monthly trainings.

## 9. Required Language (if applicable):

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the BHS ECMHCI System of Care Program Manager and RFQ-16-2018.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI System of Care Program Manager of any changes.

# **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 3.3.1 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 (15<sup>th</sup>) 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 (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

#### B. Final Closing Invoice

#### (1) 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 of the CONTRACTOR'S allocation for the applicable fiscal year.

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

## 2. Program Budgets and Final Invoice

A. Program are listed below:

**Budget Summary** 

Appendix B-1a - EPSDT Outpatient

Appendix B-1b – EPSDT Riley

Appendix B-1c - Treasure Island

Appendix B-1d –EPSDT LGBTQ

Appendix B-2 Early Childhood Mental Health Consultation Initiative (ECMHCI)

- B. CONTRACTOR understands that, of this maximum dollar obligation listed in section 3.3.1 of this Agreement, \$867,335 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement as specified in Section 3.7 Contract Amendments; Budgeting Revisions. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.
- (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 to June 30, 2019	\$ 1,133,479
July 1, 2019 to June 30, 2020	\$ 1,976,957
July 1, 2020 to June 30, 2021	\$ 1,767,159
July 1, 2021 to June 30, 2022	\$ 2,089,978
July 1, 2022 to June 30, 2023	\$ 2,402,618
July 1, 2023 to June 30, 2024	\$ 2,500,743
July 1, 2024 to June 30, 2025	\$ 1,283,119
July 1, 2025 to June 30, 2026	\$ 1,334,443
July 1, 2026 to June 30, 2027	\$ 1,387,821
July 1, 2027 to Dec 31, 2027	\$ 721,667
SubTotal July 1, 2018 to Dec 31, 2027	\$ 16,597,984
Contingency	\$867,335
TOTAL July 1, 2018 to Dec 31, 2027	\$ 17,465,319

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

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

#### 3. Services of Attorneys

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

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

- A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.
- B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

#### 5. Reports and Services

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

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

DHCS Legal Entity Number	r 007	723				Document Date		7/1/2022			Apr	endix B, Page 1
Legal Entity Name/Contractor Name			letw	vork						Fiscal Year		22-23
Contract ID Number								Fun	ding	Notification Date		09/13/22
Appendix Numbe	r	B-1e		B-1f		B-1g		B-1h		B-2a		
Provider Numbe	r	38AS		38AS		38AS		38AS		38AS		
									Е	arly Childhood		
					E	EPSDT Treasure			ı	Mental Health		
		PSDT Outpatient		EPSDT Riley		Island	E	EPSDT LGBTQ		Consultation		
Program Cod	_	38AS3		38AS4		38AS5		38AS6		TBD		
· ·	n 07	7/01/22 - 06/30/23	0	7/01/22 - 06/30/23	(	07/01/22 - 06/30/23	0	7/01/22 - 06/30/23	07	//01/22 - 06/30/23		
FUNDING USES												TOTAL
Salarie	s \$	426,931	\$	7,926		9,891	\$	151,658	\$	521,842	\$	1,118,248
Employee Benefit	s \$	115,821	\$	2,150	\$	2,683	\$	41,143	\$	133,181	\$	294,979
Subtotal Salaries & Employee Benefit	s \$	542,752	\$	10,076	\$	12,574	\$	192,800	\$	655,024	\$	1,413,227
Operating Expense	s \$	187,559	\$	10,624	\$	6,620	\$	19,802	\$	509,095	\$	733,700
Subtotal Direct Expense	s \$	730,311	\$	20,700	\$	19,194	\$	212,602	\$	1,164,119	\$	2,146,927
Indirect Expense	s \$	87,639	\$	2,485	\$	2,304	\$	25,512	\$	139,696	\$	257,634
Indirect %	6	12.0%		12.0%		12.0%		12.0%		12.0%		12.0%
TOTAL FUNDING USES	\$	817,950	\$	23,185	\$	21,498	\$	238,114	\$	1,303,814	\$	2,404,561
												25.8%
BHS MENTAL HEALTH FUNDING SOURCES												
MH CYF Fed SDMC FFP (50%)	\$	379,811	\$	7,372	\$	8,000	\$	61,348			\$	456,531
MH FED SDMC FFP (50%) CYF (ERMHS Medi-Cal)							\$	50,000			\$	50,000
MH CYF State 2011 PSR-EPSDT	\$	369,980	\$	7,134	\$	7,200	\$	60,098			\$	444,412
MH STATE CYF 2011 PSR (ERMHS Medi-Cal Matched)							\$	50,000			\$	50,000
MH MHSA (PEI)									\$	308,587	\$	308,587
MH WO DCYF Child Care									\$	318,168		318,168
MH WO HSA Childcare 93.558									\$	282,666	_	282,666
MH WO CFC School Readiness									\$	37,847	_	37,847
MH WO CI Consult ECE/PFA									\$	188,566		188,566
MH CYF County General Fund	\$	68,159	\$	8,679	\$	6,298	\$	16,668	\$	155,253		255,057
MH CYF County GF WO CODB	1.				Ļ		L_		\$	12,727		12,727
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$	817,950		23,185		21,498		238,114		1,303,814		2,404,561
TOTAL DPH FUNDING SOURCES	\$	•		23,185		21,498		238,114		1,303,814		2,404,561
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$	817,950		23,185	\$	21,498		238,114		1,303,814	\$	2,404,561
Prepared By Fornicha Jones-Harris Phone Number 510-798-0657												

CHECK: FUNDING USES = FUNDING SOURCES 0 0 0 0 0 (Should always be 0)

Form Revised 5/31/2019

Appendix B - DPH 2: Depa	ertment of Public Heath Cost Repo	orting/Data Collec	tion (CRDC)			
DHCS Legal Entity Number			B-1e			
Provider Name		Page Number		2		
	Provider Number 38AS					
Contract ID Number	Fundin	g Notification Date		09/13/22		
	EPSDT	EPSDT				
	Program Name	Outpatient	Outpatient			
	Program Code	38AS3	38AS3			
	Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59			
	Service Description	OP-Case Mgt Brokerage	OP-MH Svcs			
	runding Term (07/01/20-06/30/21):	7/1/22-6/30/23	7/1/22-6/30/23			
FUNDING USES					TOTAL	
	Salaries & Employee Benefits	9,306	533,446	\$	542,752	
	Operating Expenses				187,559	
	\$ 12,000	\$ 718,311	\$	730,311		
	1,441	86,198	\$	87,639		
	Indirect %		12.0%		12.0%	
	TOTAL FUNDING USES	\$ 13,441	\$ 804,509	\$	817,950	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	5,938	373,873	\$	379,811	
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	5,082	364,898	\$	369,980	
MH CYF County General Fund	251962-10000-10001670-0001	2,421	65,738	\$	68,159	
TOTAL BHS MENT	AL HEALTH FUNDING SOURCES	\$ 13,441	\$ 804,509	\$	817,950	
•	TOTAL DPH FUNDING SOURCES	\$ 13,441	\$ 804,509	\$	817,950	
TOTAL FUNDING	SOURCES (DPH AND NON-DPH)	13,441	804,509		817,950	
BHS UNITS OF SERVICE AND UNIT COST						
		Fee-For-Service	Fee-For-Service			
	Payment Method	(FFS)	(FFS)			
	DPH Units of Service	2,694	104,211			
	Unit Type	Staff Minute	Staff Minute			
	(DPH FUNDING SOURCES Only)		\$ 7.72			
Cost Per Unit - Contract Rate (DPH	,	•	\$ 7.72			
Publish	ned Rate (Medi-Cal Providers Only)	\$ 4.99	\$ 7.72		Total UDC	
	Unduplicated Clients (UDC)	2	102		104	

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

 Contract ID Number
 1000011726
 Appendix Number
 B-1e

 Program Name
 EPSDT Outpatient
 Page Number
 3

 Program Code
 38AS3
 Fiscal Year
 22-23

 Funding Notification Date
 09/13/22

	TOTAL			251962-10000-10001670- 0001				
Funding Term	7/1/	22-6	/30/23	7/	7/1/22-6/30/23			
Position Title	FTE		Salaries	FTE		Salaries	FTE	Salaries
Executive Director	0.13	\$	22,397	0.13	\$	22,397		
Program Director	0.21	\$	22,561	0.21	\$	22,561		
Clinical Supervisor	0.21	\$	18,459	0.21	\$	18,459		
Clinical Director	0.04	\$	4,307	0.04	\$	4,307		
Clinical Supervisor	0.14	\$	12,460	0.14	\$	12,460		
Mental Health Therapist	3.20	\$	230,465	3.20	\$	230,465		
Quality Assurance Director	0.43	\$	41,021	0.43	\$	41,021		
Program Manager	0.49	\$	38,211	0.49	\$	38,211		
Clinical Supervisor	0.24	\$	21,545	0.24	\$	21,545		
Quality Assurance Associate	0.20	\$	15,505	0.20	\$	15,505		
Totals:	5.29	\$	426,931.34	5.29	\$	426,931.34	0.00	\$ -
Employee Benefits:	27%	\$	115,821	27.13%	\$	115,821		

TOTAL SALARIES & BENEFITS \$ 542,752.00 \$ 542,752.00

\$ 115,821.05

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

Contract ID Number1000011726Appendix NumberB-1eProgram NameEPSDT OutpatientPage Number4Program Code38AS3Fiscal Year22-23Funding Notification Date09/13/22

		Fun	iain	ng Notification Date	09/13/22
Expense Categories & Line Items		TOTAL	General Fund 251962-10000- 10001670-0001		
Funding Term	7/	/1/2022-6/30/2023	7/	/1/2022-6/30/2023	
Rent	\$	94,281.00	\$	94,281	\$ -
Utilities (telephone, electricity, water, gas)	\$	17,012.00	\$	17,012	\$ -
Building Repair/Maintenance	\$	3,802.00	\$	3,802	\$ -
Occupancy Total:	\$	115,095.00	\$	115,095.00	\$ -
Office Supplies + Laptop	\$	8,900.00	\$	8,900	\$ -
Photocopying	\$	5,782.00	\$	5,782	\$ 
Program Supplies	\$	12,322.00	\$	12,322	\$ 
Computer Hardware/Software	\$	15,000.00	\$	15,000	\$ -
Materials & Supplies Total:	\$	42,004.00	\$	42,004.00	\$ -
Training/Staff Development	\$	8,000.00	\$	8,000	\$ -
Insurance	\$	5,150.00	\$	5,150	\$ 
Professional License	\$	400.00	\$	400	\$ 
Permits	\$	2,000.00	\$	2,000	
Equipment Lease & Maintenance	\$	2,800.00	\$	2,800	\$ -
General Operating Total:	\$	18,350.00	\$	18,350.00	\$ -
Local Travel	\$	10,950.00	\$	10,950	\$ -
Out-of-Town Travel	\$	1,160.00	\$	1,160	\$ -
Staff Travel Total:	\$	12,110.00	\$	12,110.00	\$ -
TOTAL OPERATING EXPENSE	\$	187,559.00	\$	187,559.00	\$ -

Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expens

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

DHCS Legal Entity Number	00723	· · ·	Appendix Number	B-1f
Provider Name	Homeless Children's Network		Page Number	1
Provider Number	38AS		Fiscal Year	22-23
		Fundi	ng Notification Date	09/13/22
	Program Name	EPSDT Riley		
	Program Code	38AS4		
ľ	Mode/SFC (MH) or Modality (SUD)	15/10-57, 59		
	Service Description	OP-MH Svcs		
	nding Term (7/1/2020-6/30/2021):	7/1/2022-6/30/2023		
FUNDING USES				TOTAL
	Salaries & Employee Benefits	10,076		10,076
	Operating Expenses	10,624		10,624
	Subtotal Direct Expenses	20,700	-	20,700
	Indirect Expenses	2,485		2,485
	Indirect %	12.0%	0.0%	12.0%
	TOTAL FUNDING USES	23,185	-	23,185
BHS MENTAL HEALTH FUNDING	Dept-Auth-Proj-Activity			
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	\$ 7,372		7,372
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	\$ 7,134		7,134
MH CYF County General Fund	251962-10000-10001670-0001	\$ 8,679		8,679
This row left blank for funding sources not in				-
TOTAL BHS MENTA	L HEALTH FUNDING SOURCES	23,185	-	23,185
T	OTAL DPH FUNDING SOURCES	23,185	-	23,185
TOTAL FUNDING	SOURCES (DPH AND NON-DPH)	23,185	-	23,185
BHS UNITS OF SERVICE AND UN	IT COST			
		Fee-For-Service		
	Payment Method	(FFS)		
	DPH Units of Service	3,003		
	Unit Type	Staff Minute	0	
	(DPH FUNDING SOURCES Only)		\$ -	
ost Per Unit - Contract Rate (DPH 8	Non-DPH FUNDING SOURCES)	\$ 7.72	\$ -	
Publish	ed Rate (Medi-Cal Providers Only)	\$ 7.72		Total UDC
	Unduplicated Clients (UDC)	3		3

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

Program Name EPSDT Riley
Program Code 38AS4 Appendix Number B-1f 2 22-23 Page Number

Fiscal Year

						Funding Notificat	ion Date	09/13/22
	7	тот	AL		-	Fund 251962- 0001670-0001	Dept-/	Auth-Proj-Activity
Funding Term	7/1/202	22-6	6/30/2023	7/1/	202	2-6/30/2023	(mm/	dd/yy-mm/dd/yy):
Position Title	FTE		Salaries	FTE		Salaries	FTE	Salaries
Executive Director	0.01	\$	1,200	0.01	\$	1,200		
Program Director	0.01	\$	800	0.01	\$	800		
Clinical Supervisor	0.03	\$	2,400	0.03	\$	2,400		
Mental Health Therapist	0.05	\$	3,526	0.05	\$	3,526		
Totals:	0.09	\$	7,926	0.09	\$	7,926	0.00	\$ -
Employee Benefits:	27.13%	\$	2,150	27.13%	\$	2,150	0.00%	
TOTAL SALARIES & BENEFITS		\$	10,076.00		\$	10,076		\$ -

# Appendix B - DPH 4: Operating Expenses Detail

Program Name EPSDT Riley		Appendix Number	B-1f
Program Code 38AS4		Page Number	3
	•	Fiscal Year	22-23
		<b>Funding Notification Date</b>	09/13/22
Expense Categories & Line Items	TOTAL	General Fund 251962- 10000-10001670-0001	Dept-Auth-Proj-Activity
Funding Term	7/1/2022-6/30/2023	7/1/2022-6/30/2023	(mm/dd/yy-mm/dd/yy):
Rent	\$ 10,624	\$ 10,624	
Utilities (telephone, electricity, water, gas)			
Building Repair/Maintenance			
Occupancy Total:	\$ 10,624	\$ 10,624	\$ -
TOTAL OPERATING EXPENSE	\$ 10,624	\$ 10,624	-

Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expense Line Items may be edited or deleted as necessary to reflect the contractor's ledger accounts.

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

DHCS Legal Entity Number	00722		Appendix Number	B-1g
9	Homeless Children's Network		Page Number	<u>Б-19</u> 1
				· · · · · · · · · · · · · · · · · · ·
Provider Number	38AS	- "	Fiscal Year	22-23
			g Notification Date	09/13/22
	Program Name	EPSDT TI	EPSDT TI	
	Program Code	38AS5	38AS5	
	Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	
		OP-Case Mgt		
	Service Description	Brokerage	OP-MH Svcs	
Fu	nding Term (7/1/2020-6/30/2021):	7/1/2022-6/30/2023	7/1/2022-6/30/2023	
FUNDING USES				TOTAL
	Salaries & Employee Benefits	716	11,858	12,574
	Operating Expenses	400	6,220	6,620
	Subtotal Direct Expenses	1,116	18,078	19,194
	Indirect Expenses	134	2,170	2,304
	TOTAL FUNDING USES	1,250	20,248	21,498
BHS MENTAL HEALTH FUND	Dept-Auth-Proj-Activity			
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	624	7,376	8,000
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	312	6,888	7,200
MH CYF County General Fund	251962-10000-10001670-0001	314	5,984	6,298
This row left blank for funding sources	not in drop-down list			-
TOTAL BHS MENT	AL HEALTH FUNDING SOURCES	1,250	20,248	21,498
-	TOTAL DPH FUNDING SOURCES	1,250	20,248	21,498
TOTAL FUNDING	SOURCES (DPH AND NON-DPH)	1,250	20,248	21,498
<b>BHS UNITS OF SERVICE ANI</b>	O UNIT COST			
		Fee-For-Service	Fee-For-Service	
	Payment Method	(FFS)	(FFS)	
	DPH Units of Service	251	2,623	
	Unit Type	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate	(DPH FUNDING SOURCES Only)	\$ 4.98	\$ 7.72	
Per Unit - Contract Rate (DPH)	& Non-DPH FUNDING SOURCES)	\$ 4.98	\$ 7.72	
Publish	ned Rate (Medi-Cal Providers Only)	\$ 3.02	\$ 3.79	Total UDC
	Unduplicated Clients (UDC)	1	2	3

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

 Program Name
 EPSDT Treasure Island
 Appendix Number
 B-1g

 Program Code
 38AS5
 Page Number
 2

 Fiscal Year
 22-23

		T	DTAL			und 251962- 01670-0001	•	t-Auth-Proj- Activity
Funding Term	7/1	/2022	2-6/30/2023	7/1/20	22	-6/30/2023	(mm/do	d/yy-mm/dd/yy):
Position Title	FTE		Salaries	FTE		Salaries	FTE	Salaries
Executive Director	0.01	\$	1,680	0.01	\$	1,680		
Program Director	0.01	\$	800	0.01	\$	800		
Clinical Director	0.01	\$	1,200	0.01	\$	1,200		
Clinical Supervisor	0.03	\$	2,410	0.03	\$	2,410		
Mental Health Therapist	0.05	\$	3,801	0.05	\$	3,801		
Totals:	0.11	\$	9,891	0.11	\$	9,891	0.00	\$ -
Employee Benefits:	27.13%	\$	2,683	27.13%	\$	2,683	0.00%	
TOTAL SALARIES & BENEFITS		\$	12.574.00	] i	\$	12.574		\$ -

# Appendix B - DPH 4: Operating Expenses Detail

Program Name EPSDT Treasure Island		Appendix Number	B-1g
Program Code 38AS5		- Page Number	3
		Fiscal Year	22-23
	Fur	nding Notification Date	09/13/22
Expense Categories & Line Items	TOTAL	General Fund 251962-10000- 10001670-0001	Dept-Auth-Proj- Activity
Funding Term	7/1/2022-6/30/2023	7/1/2022-6/30/2023	(mm/dd/yy-mm/dd/yy):
ent	\$ 6,620	\$ 6,620	
tilities (telephone, electricity, water, gas)			
uilding Repair/Maintenance			
Occupancy Total:	\$ 6,620	\$ 6,620	-

6,620 \$

6,620 \$

Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expense Line Items may be edited or deleted as necessary to reflect the contractor's ledger accounts.

TOTAL OPERATING EXPENSE | \$

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

	ient of Public Heath Cost Reportir	ig/Data Collection	I (CRDC)	
DHCS Legal Entity Numbe	r 00723		Appendix Number	B-1h
Provider Name	Homeless Children's Network		Page Number	1
Provider Numbe	r <u>38AS</u>		Fiscal Year	22-23
		Fundin	g Notification Date	09/13/22
	Program Name	EPSDT LGBTQ	EPSDT LGBTQ	
	Program Code	38AS6	38AS6	
	Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	
		OP-Case Mgt		
	Service Description	Brokerage	OP-MH Svcs	
Fı	inding Term (7/1/2022-6/30/2023):	7/1/2022-6/30/2023	7/1/2022-6/30/2023	
FUNDING USES				TOTAL
	Salaries & Employee Benefits	4,054	188,746	192,800
	Operating Expenses	958	18,844	19,802
	Subtotal Direct Expenses	5,012	207,590	212,602
	Indirect Expenses	601	24,911	25,512
	TOTAL FUNDING USES	5,613	232,501	238,114
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity			
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	1,209	60,139	61,348
MH FED SDMC FFP (50%) CYF (ERMHS Medi-Cal)	251962-10000-10001670-0001	1,187	48,813	50,000
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	1,635	58,463	60,098
MH STATE CYF 2011 PSR (ERMHS Medi-Cal Matched)	251962-10000-10001670-0001	1,187	48,813	50,000
MH CYF COUNTY General Fund	251962-10000-10001670-0001	396	16,272	16,668
TOTAL BHS MENT	AL HEALTH FUNDING SOURCES	5,613	232,501	238,114
	TOTAL DPH FUNDING SOURCES	5,613	232,501	238,114
TOTAL FUNDING	SOURCES (DPH AND NON-DPH)	5,613	232,501	238,114
BHS UNITS OF SERVICE AND UNIT COST				
		Fee-For-Service	Fee-For-Service	
	Payment Method	(FFS)	(FFS)	
	DPH Units of Service	1,125	30,117	
	Unit Type	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate	(DPH FUNDING SOURCES Only)	\$ 4.99	\$ 7.72	
Cost Per Unit - Contract Rate (DPH	& Non-DPH FUNDING SOURCES)	\$ 4.99	\$ 7.72	
Publish	ned Rate (Medi-Cal Providers Only)	\$ 4.99	\$ 7.72	Total UDC
	Unduplicated Clients (UDC)	1	7	8
	' '			

**CHECK**: FUNDING USES = FUNDING SOURCES (Should always be ZERO) **FORMULA**: DPH UNITS

(0) 0 4.99 7.72 0

1,125.00 30,117.00

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

Program Name EPSDT LGBTQ Appendix Number B-1h
Program Code 38AS6 Page Number 2
Fiscal Year 22-23

Funding Notification Date 09/13/22

	Т(	OTA	<b>L</b>			und 251962- 01670-0001	
Funding Term	7/1/202	2-6/	30/2023	7/1/20	)22	-6/30/2023	
Position Title	FTE	,	Salaries	FTE		Salaries	
Executive Director	0.14	\$	23,139	0.14	\$	23,139	
Program Director	0.14	\$	15,442	0.14	\$	15,442	
Clinical Director	0.14	\$	13,498	0.14	\$	13,498	
Clinical Supervisor	0.26	\$	23,139	0.26	\$	23,139	
Mental Health Therapist	0.87	\$	62,942	0.87	\$	62,942	
Quality Assurance Director	0.14	\$	13,498	0.14	\$	13,498	
Totals:	1.69	\$	151,658	1.69	\$	151,658	
Employee Benefits:	27.13%	\$	41,143	27.13%	\$	41,143	
TOTAL SALARIES & BENEFITS		\$ 1	92,800.00		\$	192,800	

## Appendix B - DPH 4: Operating Expenses Detail

Program Name EPSDT LGBTQ		Appendix Number_	B-1h
Program Code 38AS6	<u> </u>	Page Number	3
		Fiscal Year	22-23
	Fun	nding Notification Date	09/13/22
Expense Categories & Line Items	TOTAL	General Fund 251962-10000- 10001670-0001	Dept-Auth-Proj- Activity
Funding Term	7/1/2022-6/30/2023	7/1/2022-6/30/2023	
Rent	*		
Rent	\$ 19,802	\$ 19,802	

19,802 \$

19,802

TOTAL OPERATING EXPENSE \$ 19,802 \$ 19,802 \$ Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expense Line Items may be edited or deleted as necessary to reflect the contractor's ledger accounts.

Occupancy Total: \$

Building Repair/Maintenance

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

				Appendix	B - DFH Z. Depart	ment of Fublic H	eath Cost Reporti	ng/Data Conection	III (CKDC)						
DHCS Legal Entity Number			_											Appendix Number	B-2a
	e Homeless Children's Network		_											Page Number	1
Provider Number	er 38AS													Fiscal Year	22-23
													Fundin	g Notification Date	09/13/22
	Program Name	ECMHCI													
	Program Code														
	Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
								Consultant							
		Consultaion		Consultation		Parent		Train/Supervision	Evalutation (5%	System Work (5%	Early Intervention	Early Intervention	MH Services	MH Services Group	
	Service Description	Individual	Consultation Group	Observation	Staff Training	Train/Support	Early Ref/Linkage	(10% cap)	cap)	cap)	Individual	Group (15% cap)	Indiv./Family	(5% cap)	
Fund	ding Term (07/01/2022-06/30/2023):			07/01/2022-06/30/2023		07/01/2022-06/30/2023	07/01/2022-06/30/2023	(,	07/01/2022-06/30/2023			07/01/2022-06/30/2023	,	(,	
FUNDING USES	unig Term (07/01/2022-00/30/2023).	07/01/2022-00/30/2023	07/01/2022-00/30/2023	07/01/2022-00/30/2023	01/01/2022-00/30/2023	07/01/2022-00/30/2023	01/01/2022-00/30/2023	07/01/2022-00/30/2023	07/01/2022-00/30/2023	07/01/2022-00/30/2023	01/01/2022-0d/30/2023	07/01/2022-00/30/2023	07/01/2022-00/30/2023	07/01/2022-00/30/2023	TOTAL
FUNDING USES	Salaries & Employee Benefits	163,756	117.904	78.603	13.100	52.402	104.804	72.053	13,100	13,100	13,100	6,550	3,275	3.275	655.02
-	Operating Expenses	127,274	91.637	78,603 61.091	13,100	52,402 40.728	81.455	72,053 56,000	13,100	13,100	10,182		2.545	2,545	509.09
-	Subtotal Direct Expenses	291.029	209.541	139.694	23.282	93.130	186.259	128.053	23.282	23.282	23,282	11.641	2,545 <b>5.821</b>	2,545 <b>5.821</b>	1,164,11
	Indirect Expenses	34.924	209,541	16,763	23,282	11.176	22.351	128,053	23,282	23,282	23,282		698	5,821 698	1,164,11
	TOTAL FUNDING USES	34,924	25,145	156,458	2,794	104.305	22,351	15,367	2,794	2,794	2,794		6.519	6.519	1,303,81
		325,953	234,686	156,458	26,076	104,305	208,610	143,420	26,076	26,076	26,076	13,038	6,519	6,519	1,303,81
BHS MENTAL HEALTH FUNDING S	Dept-Auth-Proj-Activity														
MH MHSA (PEI)	251984-17156-10031199-0075	77,147	55,546	37,030	6,172	24,687	49,374	33,945	6,172	6,172	6,172	3,086	1,543	1,543	308,58
MH WO DCYF Child Care	251962-10002-10001799-0007	79,542	57,270	38,180	6,363	25,453	50,907	34,998	6,363	6,363	6,363	3,182	1,591	1,591	318,16
MH WO HSA Childcare 93.558	251962-10002-10001803-0001	70,667	50,880	33,920	5,653	22,613	45,227	31,093	5,653	5,653	5,653	2,827	1,413	1,413	282,66
MH WO CFC School Readiness	251962-10002-10001800-0003	9,462	6.812	4,542	757	3.028	6.056	4.163	757	757	757	378	189	189	37.84
MH WO CI Consult ECE/PFA	251962-10002-10001803-0008	47,142	33,942	22,628	3.771	15.085	30,171	20,742	3.771	3.771	3.771	1.886	943	943	188,56
MH CYF COUNTY General Fund	251962-10000-10001670-0001	32,785	23,605	15,737	2,623	10,491	20,983	14,426	2.623	2,623	2,623	1,311	656	656	131,14
MH CYF COUNTY WO CODB	251962-10000-10001670-0001	9,210	6,631	4,421	737	2,947	5,894	4.052	737	737	737	368	184	184	36,83
This row left blank for funding sources not in dr		7,=	2,221	.,,.=:		=,**:	-,	.,							,
	ITAL HEALTH FUNDING SOURCES	325.954	234.687	156,458	26.076	104.305	208.610	143,420	26.076	26.076	26.076	13.038	6.519	6.519	1,303,81
		,		,		,		,	,		,,	,	-,	-,	.,,
	TOTAL DPH FUNDING SOURCES	325.954	234.687	156,458	26.076	104,305	208.610	143,420	26.076	26.076	26.076	13.038	6.519	6.519	1,303,81
		,		,		,			,	,,		,	-,	-,	.,,
TOTAL FUNDING	G SOURCES (DPH AND NON-DPH)	325.954	234.687	156.458	26.076	104.305	208.610	143,420	26.076	26.076	26.076	13.038	6.519	6.519	1,303,81
BHS UNITS OF SERVICE AND UNIT		323,334	234,007	130,430	20,010	104,303	200,010	145,420	20,010	20,070	20,010	13,030	0,010	0,515	1,505,01
DISCOUNTS OF CERTICE AND ONLY		Fee-For-Service													
	Payment Method	(FFS)													
	DPH Units of Service	2.716		1.304			1.738				217				
	Unit Type	Staff Hour													
Cost Per Unit - DPH Pa	ate (DPH FUNDING SOURCES Only)			\$ 120.00	\$ 120.00	\$ 120.00								\$ 120.00	
	H & Non-DPH FUNDING SOURCES)														
	ished Rate (Medi-Cal Providers Only)	- 120.00	- 120.00	- 120.00	- 120.00	- 120.00	- 120.00	- 125.00	- 125.00	- 123.00	- 120.00	- 120.00	.20.00	- 120.00	Total UDC
Fubil	Unduplicated Clients (UDC)	157	113	75	13	50	100	69	13	13	13	6	3	2	626
	oridapiioaled Cilettis (ODC)	107	113	13	13	30	100	05	13	13	13	0	J	3	020

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

Program Name	Appendix Number	B-2
Program Code	Page Number	2
	Fiscal Year T	22-23

_														Funding Notific	ation Date	09/13/22
		TOTAL		A (PEI) 251984- 0031199-0075	Care 25	DCYF Child 1962-10002- 1799-0007	251962-10	SA Childcare 002-10001803- 0001	Readin	CFC School ess 251962- 0001800-0003	for all 251	A Pre-School 962-10002- 03-0008	General Ft 251962-10	F COUNTY und (matched) 000-10001670- 0001	MH CYF County GF WG CODB 251962-10000- 10001670-0001	
Funding Term	07/01/	2022-06/30/2023	7/1/202	22-6/30/2023	7/1/202	2-6/30/2023	7/1/202	2-6/30/2023	7/1/202	2-6/30/2023	7/1/2022	-6/30/2023	7/1/202	2-6/30/2023	7/1/202	22-6/30/2023
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Executive Director	0.07	\$ 12,413	0.01	\$ 1,733	0.01	\$ 1,780	0.01	\$ 1,780	0.01	\$ 1,780	0.01	\$ 1,780	0.01	\$ 1,780	0.01	\$ 1,780
Program Director	0.62	\$ 67,918	0.16	\$ 17,525	0.11	\$ 11,998	0.13	\$ 14,398	0.04	\$ 4,799	0.12	\$ 13,198	0.04	\$ 4,799	0.01	\$ 1,200
Clinical Supervisor	0.78	\$ 70,357	0.25	\$ 22,068	0.18	\$ 15,900	0.15	\$ 13,940	0.03	\$ 2,706	0.12	\$ 10,612	0.04	\$ 3,702	0.02	\$ 1,429
Mental Health Therapist	2.73	\$ 196,251	0.95	\$ 68,145	0.58	\$ 41,772	0.47	\$ 33,878	0.11	\$ 8,154	0.37	\$ 26,659	0.18	\$ 13,129	0.06	\$ 4,514
ECMHC/MH Therapist	1.25	\$ 90,192	0.42	\$ 30,004	0.29	\$ 20,521	0.25	\$ 17,991	0.04	\$ 2,685	0.19	\$ 13,696	0.07	\$ 4,778	0.01	\$ 519
Clinical Director	0.59	\$ 56,458	0.20	\$ 18,782	0.14	\$ 12,845	0.12	\$ 11,262	0.02	\$ 1,680	0.09	\$ 8,573	0.03	\$ 2,991	0.00	\$ 325
Quality Assurance Associate/Therapist	0.36	\$ 28,254	0.12	\$ 9,399	0.08	\$ 6,428	0.07	\$ 5,636	0.01	\$ 841	0.06	\$ 4,290	0.02	\$ 1,497	0.00	\$ 162
Totals:	6.41	\$ 521,842	2.10	\$ 167,658.12	1.38	\$ 111,244.15	1.21	\$ 98,883.63	0.26	\$ 22,645.42	0.95	\$ 78,807.80	0.39	\$ 32,674.34	0.11	\$ 9,928.91
		1														
Employee Benefits:	25.52%	\$ 133,181	25.52%	\$ 42,789	25.52%	\$ 28,391	25.52%	\$ 25,236	25.52%	\$ 5,779	25.52%	\$ 20,113	25.52%	\$ 8,339	25.52%	\$ 2,534
TOTAL SALARIES & BENEFITS		\$ 655,024	]	\$ 210,447		\$ 139,635		\$ 124,120	[	\$ 28,425		\$ 98,921	] [	\$ 41,013		\$ 12,463

## Appendix B - DPH 4: Operating Expenses Detail

 Program Name
 ECMHCI
 Appendix Number
 B-2a

 Program Code
 Consultation
 Page Number
 3

 Fiscal Year
 22-23

 Funding Notification Date
 09/13/22

									_		,	otineation bate				00/10/22
Expense Categories & Line Items		TOTAL	2	H MHSA (PEI) 51984-17156- 0031199-0075	25	HWO DCYF Child Care 1962-10002- 0001799- 0007	HS	MH WO SAChildcar 251962- 10002- 0001803- 0001	2	MH WO CFC School Readiness 251962-10002- 0001800-0003	Ρ	MH WO HSA re-School for all 251962- 002-10001803- 0008	Ge 25	MH CYF County neral Fund 1962-10000- 0001670- 0001	2	H CYF COUNTY General Fund (matched) 251962-10000- 0001670-0001
Funding Term		7/1/2022- 6/30/2023		7/1/2022- 6/30/2023		7/1/2022- 6/30/2023		7/1/2022- 6/30/2023		7/1/2022- 6/30/2023		7/1/2022- 6/30/2023		7/1/2022- 6/30/2023		7/1/2022- 6/30/2023
Rent	\$	344,054	\$	134,980	\$	67,387	\$	63,409	\$	22,003	\$	39,857	\$	16,418	\$	-
Utilities (electricity, water, gas)	\$	35,399	\$	10,382	\$	7,252	\$	5,675	\$		\$	5,706	\$	3,146	\$	-
Telephone/Internet	\$	38,293	\$	9,896	\$	8,908	\$	8,180	\$	2,989	\$	5,744	\$	2,576	\$	-
Building Repair/Maintenance	\$	6,672	\$	1,990	\$	1,460	\$	1,530	\$	438	\$	908	\$	346	\$	-
Occupancy Total:	\$	424,418	\$	157,248	\$	85,007	\$	78,794	\$	28,668	\$	52,215	\$	22,486	\$	-
Office Supplies	\$	35,556	\$	9,274	\$	7,414	\$	5,204	\$	3,924	\$	5,344	\$	4,396	\$	-
Photocopying	\$	6,792	\$	1,624	\$	950	\$	1,126	\$	998	\$	1,000	\$	1,094	\$	-
Program/Meeting Expenses	\$	10,900	\$	1,576	\$	1,852	\$	1,946	\$	1,860	\$	1,850	\$	1,806	\$	10
Materials & Supplies Total:	\$	53,248	\$	12,474	\$	10,216	\$	8,276	\$	6,782	\$	8,194	\$	7,296	\$	10
Training/Staff Development	\$	3,000	\$	1,015	\$	677	\$	593	\$	89	\$	452	\$	158	\$	16
Professional License/Permits/Fees	\$	3,088	\$	1,051	\$	700	\$	614	\$	92	\$	467	\$	164	\$	-
Postage	\$	2,438	\$	640	\$	226	\$	398	\$	574	\$	350	\$	250	\$	-
Payroll Administration	\$	1,804	\$	610	\$	408	\$	356	\$	52	\$	272	\$	96	\$	10
Equipment Lease & Maintenance	\$	2,899	\$	644	-	528	\$	376	\$		\$	486	\$	400	\$	10
General Operating Total:	\$	13,229	\$	3,960	\$	2,539	\$	2,337	\$	1,262	\$	2,027	\$	1,068	\$	36
Travel - local/out of town	\$	18,200	\$	5,578	\$	3,582	\$	3,466	_		\$	2,758	\$	1,288		586
Staff Travel Total:	\$	18,200	\$	5,578.00	\$	3,582.00	\$	3,466.00	\$	942.00	\$	2,758.00	\$	1,288.00	\$	586.00
TOTAL OPERATING EXPENSE	\$	509,095	\$	179,260	\$	101,344	\$	92,873	\$	37,654	\$	65,194	\$	32,138	\$	632
	•		<u> </u>		<u> </u>	<u> </u>	•	•	•	•	-		•		<u> </u>	

Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expense Line Items may be edited or deleted as necessary to reflect the contractor's ledger accounts.

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

Contractor Name	Homelss Childrer	n's Network	_Page Number_	5	
Contract ID Number	1000011726		Fiscal Year	22-23	
	_	Funding N	otification Date	09/13/22	

# 1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Finance Director ( EPSDT Outpatient)	0.27	\$ 50,935
Development Director ( EPSDT Outpatient)	0.11	\$ 29,181
Finance Specialist III	0.27	\$ 11,142
Finance Specialist I time spent on contract management ar	0.27	\$ 18,570
Finance Specialist II time spent on contract management a	0.30	\$ 19,896
Finance Specialist III time spent on contract management a	0.28	\$ 23,769
Development Associate time spent on contract maintenanc	0.33	\$ 10,500
Operations Manager spent time on project-related operation	0.23	\$ 10,500
Subtotal:	2.04	\$ 174,493.00

Employee Benefits: 23.0% \$ 40,133.39

Total Salaries and Employee Benefits: \$ 214,626.00

# 2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Audit & Accounting ( EPSDT Outpatient)	\$ 6,000
Payroll fees ( EPSDT Outpatient)	\$ 600
Insurance costs at approx. 20% (EPSDT Outpatient)	\$ 2,300
IT Support ( EPSDT Outpatient)	\$ 5,000
IT Contractor ( EPSDT Riley)	\$ 2,000
Grantwriting Contractor ( EPSDT Riley)	\$ 3,000
Off site storage @ 78% (EPSDT T.I.)	\$ 1,757
Insurance @ 9% (EPSDT T.I.)	\$ 1,200
Payroll administration	\$ 600
Insurance @ 9%	\$ 1,200
Off site storage @ 28 %	\$ 900
Insurance @ 38%	\$ 2,800
IT Support	\$ 15,651
Total Operating Costs	\$ 43,008.00

Total Indirect Costs \$ 257,634.00
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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 1 | P a g e OCPA & CAT v8/3/2022

Second Amendment, #1000011726

Homeless Children's Network

P-650 (1-22; DPH 8-22)



# San Francisco Department of Public Health Business Associate Agreement

have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

- **b. Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- **c. Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- **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.

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# San Francisco Department of Public Health Business Associate Agreement

- **k.** Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.
- **l. Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- **m. Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- **n. Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- **o.** Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

#### 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

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# San Francisco Department of Public Health Business Associate Agreement

accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

- **c. Permitted Uses.** BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].
- d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].
- **e. Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested



# San Francisco Department of Public Health Business Associate Agreement

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

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



# San Francisco Department of Public Health Business Associate Agreement

the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

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

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OCPA & CAT v8/3/2022 Second Amendment, #1000011726 **Homeless Children's Network** 



# San Francisco Department of Public Health Business Associate Agreement

- n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]
- o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents. Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

#### 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.

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# San Francisco Department of Public Health Business Associate Agreement

- **c.** Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.
- **d.** Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).
- **e. Disclaimer.** CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

## 4. Amendment to Comply with Law.

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

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# San Francisco Department of Public Health Business Associate Agreement

#### 5. Reimbursement for Fines or Penalties.

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

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017 Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs San Francisco Department of Public Health 101 Grove Street, Room 330, San Francisco, CA 94102

Email: <a href="mailto:compliance.privacy@sfdph.org">compliance.privacy@sfdph.org</a>
Hotline (Toll-Free): 1-855-729-6040

San Francisco Department c	f Public Health (SFDPH)	Office of Compliance and	Privacy Affairs (OCPA)
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Contractor Name:		Contractor						
Contractor Name.		City Vendor ID						

#### 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.

DC	DOES YOUR ORGANIZATION						Yes	No*	
Α	Have fo	ormal Privac	cy Policies that comply with the Health Insurance Porta	bility and A	ccountability Act (HIP	AA)?			
В	Have a	Privacy Offi	icer or other individual designated as the person in cha	rge of inve	stigating privacy bread	ches or r	elated incidents?		
	If Name & Phone # Email:								
	yes:	Title:							
С	Require	e health info	ormation Privacy Training upon hire and annually there	after for al	l employees who have	e access t	to health information? [Retain		
	documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]								
D	Have p	roof that en	nployees have signed a form upon hire and annually th	ereafter, w	ith their name and th	e date, a	cknowledging that they have received		
	health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]								
E	Have (d	or will have i	if/when applicable) Business Associate Agreements wit	th subcontr	ractors who create, re	ceive, m	aintain , transmit, or access SFDPH's		
	health information?								
F			ho create, or transfer health information (via laptop, L			-			
	AND th	nat health in	formation is only transferred or created on encrypted	devices ap	proved by SFDPH Inf	ormatio	n Security staff?		

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

	in conductors who serve patients and have access to 51 bit 111 in, must also complete this section.							
lf.	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?							
Н	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.)							
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?							
J	Document each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations?							
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained							
	PRIOR to releasing a patient's/client's health information?							

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

ATTESTED by Privacy Officer	Name:			
or designated person	(print)	Signature	Date	

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	Name			
by OCPA	(print)	Signature	Date	

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Contractor Name:	Contractor	
	City Vendor ID	

### **DATA SECURITY ATTESTATION**

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

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

#### I. All Contractors.

DO	ES YOU	IR ORGANIZA	ATION						Yes	No*			
Α	Condu	induct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the											
	requir	requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]											
В	Use fir	ndings from	he assessments/audits to identify and mitiga	ite known r	risks into d	locumented remediat	tion plan	s?					
		Date of la	st Data Security Risk Assessment/Audit:										
		Name of f	irm or person(s) who performed the										
		Assessme	nt/Audit and/or authored the final report:										
C	Have a	a formal Data	Security Awareness Program?										
0	Have f	formal Data S	Security Policies and Procedures to detect, co	ntain, and	correct se	curity violations that	comply v	vith the Health Insurance Portability					
			Act (HIPAA) and the Health Information Tech			•							
=	Have a	a Data Securi	ty Officer or other individual designated as th	ne person ir	n charge o	f ensuring the securit	y of conf	fidential information?					
	If	Name &			Phone #		Email:						
	yes:	Title:											
=	Requir	re Data Secu	rity Training upon hire and annually thereafte	er for all em	nployees v	vho have access to he	alth info	rmation? [Retain documentation of					
	trainir	ngs for a peri	od of 7 years.] [SFDPH data security training r	materials ar	re availabl	le for use; contact OC	PA at 1-8	355-729-6040.]					
G	Have p	oroof that en	nployees have signed a form upon hire and a	nnually, or	regularly,	thereafter, with their	name ai	nd the date, acknowledging that they					
	have r	eceived data	security training? [Retain documentation of	acknowled	gement o	f trainings for a period	d of 7 ye	ars.]					
Н			if/when applicable) Business Associate Agree										
	_	information				,	,	, ,					
l	Have (	or will have	if/when applicable) a diagram of how SFDPH	data flows	between	your organization and	subcont	tractors or vendors (including named					
			· · · · · · · · · · · · · · · · · · ·			Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?							

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

ATTESTED by Data Security	Name:			
Officer or designated person	/nrintl	Signature	Date	

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 <a href="mailto:compliance.privacy@sfdph.org">compliance.privacy@sfdph.org</a> for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by	Name			
OCPA	(print)			
		Signature	Date	

# Appendix F Invoice

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

Contract ID# 1000011726 Appendix F

INVOICE NUMBER: M09JL22 Contractor: Homesless Children's Network Amendment 2 Template Version User Cd Ct. PO No.: POHM SFGOV-0000662041 Address: 3265 17th Street, #404, San Francisco, CA 94110 **BHS** Tel No : (415)437-3990 Fund Source: MH CYF Fed/ State/ County-General Fund Fax No.: (415)437-3994 Invoice Period : July 2022 Funding Term: 07/01/2022 - 06/30/2023 Final Invoice: (Check if Yes) PHP Division: Community Behavioral Health Services Remaining **Total Contracted** Delivered THIS PERIOD Delivered to Date % of TOTAL Deliverables Exhibit UDC Exhibit UDC Exhibit LIDC Exhibit UDC Exhibit UDC Unduplicated Clients for Exhibit: \*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Remaining Delivered THIS Delivered Program Name/Reptg. Unit % of TOTAL Total Contracted PERIOD Unit to Date Deliverables Modality/Mode # - Svc Func (MH Only) UOS CLIENTS LIOS CLIENTS Rate AMOUNT DUE LIOS CLIENTS UOS I IENT LIOS CLIENTS B-1e EPSDT Outpatient PC# - 38AS3 251962-10000-10001670-0001 0.00% 4.99 0.00 2.694.00 15/ 01 - 09 OP-Case Mgt Brokerage 2.694.00 15/ 10 - 57, 59 OP-MH Svcs 104,211.00 7.72 0.00 0.00% 104,211.00 B-1f EPSDT Riley PC# - 38AS4 251962-10000-10001670-0001 3,003.00 0.00 0.00% 3,003.00 15/ 10 - 57, 59 OP-MH Svcs 7.72 B-1g EPSDT TI PC# - 38AS5 251962-10000-10001670-0001 15/ 01 - 09 OP-Case Mgt Brokerage 251.00 4.98 0.00 0.009 251.00 15/ 10 - 57, 59 OP-MH Svcs 2,623.00 0.00 0.00% 2,623.00 B-1h EPSDT LGBTQ PC#- 38AS6 251962-10000-10001670-0001, 251962-10000-10037431-0001 15/ 01 - 09 OP-Case Mgt Brokerage 4.99 0.00% 1,125.00 1,125.00 0.00 15/ 10 - 57, 59 OP-MH Svcs 30,117.00 7.72 0.00 0.00% 30,117.00 Note: When this invoice is submitted please ensure to have a breakdown of amount due (Net Reimbursement) TOTAL 144,024.00 0.000 144,024.000 Expenses To Date % of Budget Remaining Budget **Budget Amount** 1,100,747.00 0.00% 1,100,747.00 NOTES: SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT \$ Encumbered Funding Source (Chartfield String): H FED/State/County 251962-10000-10001670-0001 1,000,747.00 \$ 100,000.00 \$ MH FED/State ERMHS 251962-10000-10037431-0001 TOTAL FUNDING 1,100,747.00 \$ 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: Date: Title: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103 OR email to: cbhsinvoices@sfdph.org Authorized Signatory Date

Jul Prepared: 3/6/2023

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

Appendix F

Contract ID# 1000011726 INVOICE NUMBER: M10JL22 Contractor: Homesless Children's Network Template Version Amendment 2 User Cd Address: 3265 17th Street, #404, San Francisco, CA 94110 Ct. PO No.: POHM SFGOV-0000662041 **BHS** Tel No.: (415) 437-3990 Fund Source: MH WO HSA Childcare Fax No.: (415) 437-3994 Invoice Period: July 2022 Funding Term: 07/01/2022 - 06/30/2023 Final Invoice: (Check if Yes) PHP Division: Behavioral Health Services Remaining Delivered THIS PERIOD % of TOTAL Delivered to Date Total Contracted Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Unduplicated Clients for Exhibit: \*Unduplicated Counts for AIDS Use Only DELIVERABLES Delivered THIS Delivered Remaining Program Name/Reptg. Unit Total Contracted PERIOD to Date % of TOTAL Deliverables Modality/Mode # - Svc Func (MH Only) UOS CLIENT Rate AMOUNT DUE CLIENTS UOS LIEN UOS CLIENTS B-2 ECMHI 251962-10002-10001803-0001 45/ 10 - 19 Consultation Indiv 589 120.00 0.000 0.009 589.000 45/ 10 - 19 Consultation Grp 424 120.00 0.000 0.009 424.000 120.00 45/ 10 - 19 Consultation Observ 283 0.000 0.009 283.000 45/ 10 - 19 Staff Training 47 120.00 0.000 0.009 47.000 45/ 10 - 19 Parent Trn/Supp Grp 188 120.00 0.000 0.009 188.000 45/ 10 - 19 Early Ref/Linkage 377 120.00 0.000 0.009 377.000 45/ 10 - 19 Train/Supv (10% Cap) 259 120.00 0.000 0.009 259.000 47 0.000 45/ 10 - 19 Evaluation (5% Cap) 120.00 0.009 47.000 45/ 10 - 19 System Work (5% Cap) 47 120.00 0.000 0.00% 47.000 45/ 10 - 19 Early Interv Indiv 47 120.00 0.000 0.009 47.000 45/ 10 - 19 Early Interv Group (15% Cap) 24 120.00 0.000 0.009 24.00 45/ 10 - 19 MH Services Indv/ Family 12 120.00 0.000 0.009 12.000 45/ 10 - 19 MH Services Group (5%Cap) 12 120.00 0.000 0.009 12.000 TOTAL 0.000 0.000 0.009 **Expenses To Date** % of Budget Remaining Budget **Budget Amount** 282,666.00 0.00% \$ 282,666.00 NOTES SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT \$ I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Title: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103 Or email to:

Authorized Signatory

Prepared: 3/6/2023

Date

cbhsinvoices@sfdph.org

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

Appendix F

PAGE A Contract ID# 1000011726 INVOICE NUMBER: M11JL22 Contractor: Homesless Children's Network Template Version Amendment 2 User Cd **BHS** Address: 3265 17th Street, #404, San Francisco, CA 94110 Ct. PO No.: POHM SFGOV-0000662041 Tel No.: (415) 437-3994 Fund Source: MH WO DCYF Child Care Fax No.: (415)437-3990 Invoice Period : July 2022 Funding Term : 07/01/2022 - 06/30/2023 Final Invoice: (Check if Yes) PHP Division: Behavioral Health Services Remaining Delivered THIS PERIOD % of TOTAL Total Contracted Delivered to Date Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Unduplicated Clients for Exhibit: \*Unduplicated Counts for AIDS Use Only DELIVERABLES Delivered THIS Delivered Remaining Total Contracted PERIOD % of TOTAL Program Name/Reptg. Unit Unit to Date Deliverables Modality/Mode # - Svc Func (MH Only) CLIENT Rate AMOUNT DUE UOS CLIEN" CLIENTS B-2 ECMHI 251962-10002-10001799-0007 45/ 10 - 19 Consultation Indiv 663 120.00 0.000 0.00% 663.000 45/ 10 - 19 Consultation Grp 47 120.00 0.000 0.009 477.000 120.00 0.009 318.000 45/ 10 - 19 Consultation Observ 318 0.000 0.00% 45/ 10 - 19 Staff Training 53 \$ 120.00 0.000 53.000 \$ 120.00 0.00% 212.000 45/ 10 - 19 Parent Trn/Supp Grp 212 0.000 0.00% 45/ 10 - 19 Early Ref/Linkage 424 \$ 120.00 0.000 424.000 45/ 10 - 19 Train/Supv (10% Cap) 292 \$ 120.00 0.000 0.00% 292.000 45/ 10 - 19 Evaluation (5% Cap) 53 \$ 120.00 0.000 0.00% 53.000 45/ 10 - 19 System Work (5% Cap) 53 120.00 0.000 0.00% 53.000 45/ 10 - 19 Early Interv Indiv 53 120.00 0.000 0.00% 53.000 45/ 10 - 19 Early Interv Group (15% Cap) 27 \$ 120.00 0.000 0.00% 27.000 45/ 10 - 19 MH Services Indv/ Family \$ 120.00 0.000 0.00% 13 13.000 0.00% 45/ 10 - 19 MH Services Group (5%Cap) 13 \$ 120.00 0.000 13.000 0.000 TOTAL 2,651 0.000 0.000 0.00% 2,651.000 % of Budget Expenses To Date Remaining Budget 318.168.00 318,168.00 **Budget Amount** 0.00% NOTES: SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Title: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103 Or email to: cbhsinvoices@sfdph.org Authorized Signatory Date

Prepared: 3/6/2023

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

Appendix F PAGE A

Contract ID# 1000011726 INVOICE NUMBER: M12JL22 Contractor: Homesless Children's Network Template Version Amendment 2 User Cd Address: 3265 17th Street, #404, San Francisco, CA 94110 Ct. PO No.: POHM SFGOV-0000662041 BHS Tel No.: (415) 437-3994 MH MHSA (PEI) Fund Source: Fax No.: (415)437-3990 Invoice Period : July 2022 Funding Term : 07/01/2022 - 06/30/2023 Final Invoice: (Check if Yes) PHP Division: Behavioral Health Services Remaining Total Contracted Delivered THIS PERIOD Delivered to Date % of TOTAL Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Unduplicated Clients for Exhibit: DELIVERABLES Delivered THIS Delivered Remaining Program Name/Reptg. Unit Total Contracted PERIOD % of TOTAL Deliverables Unit to Date Modality/Mode # - Svc Func (MH Only) CLIENTS AMOUNT DUE CLIENTS CLIENTS Rate UOS LIENT CLIENTS UOS UOS UOS B-2 ECMHI 251984-17156-10031199-0075 45/ 10 - 19 Consultation Indiv 643 0.00% 643.000 \$ 120.00 0.000 45/ 10 - 19 Consultation Grp 463 \$ 120.00 \$ 0.000 0.00% 463.000 45/ 10 - 19 Consultation Observ 309.000 309 \$ 120.00 0.000 0.00% 51 0.00% 51.000 45/ 10 - 19 Staff Training \$ 120.00 0.000 \$ 45/ 10 - 19 Parent Trn/Supp Grp 206 \$ 120.00 0.000 0.00% 206.000 0.00% 45/ 10 - 19 Early Ref/Linkage \$ 120.00 0.000 411.000 411 0.00% 283.000 45/ 10 - 19 Train/Supv (10% Cap) 283 \$ 120.00 0.000 45/ 10 - 19 Evaluation (5% Cap) 51 \$ 120.00 \$ 0.000 0.00% 51.000 45/ 10 - 19 System Work (5% Cap) 0.000 0.00% 51.000 51 \$ 120.00 45/ 10 - 19 Early Interv Indiv 51 \$ 120.00 0.000 0.00% 51.000 45/ 10 - 19 Early Interv Group (15% Cap) 26 \$ 120.00 0.000 0.00% 26.000 45/ 10 - 19 MH Services Indv/ Family 0.000 0.00% 13.000 13 \$ 120.00 45/ 10 - 19 MH Services Group (5%Cap) 13 \$ 120.00 0.000 0.00% 13.000 TOTAL 2,571 0.000 0.000 0.00% 2,571.000 % of Budget **Expenses To Date** Remaining Budget Budget Amount 308,587.00 0.00% 308,587.00 NOTES: SUBTOTAL AMOUNT DUE \$ Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT \$ I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Title: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103 Or email to: cbhsinvoices@sfdph.org Authorized Signatory Date

Jul Prepared: 3/6/2023

# DEPARTMENT OF PUBLIC HEALTH CONTRACTOR

FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE Appendix F PAGE A Contract ID# 1000011726 INVOICE NUMBER: M13JL22 Contractor: Homesless Children's Network Template Version Amendment 2 User Cd SFGOV-0000662041 Address: 3265 17th Street, #404, San Francisco, CA 94110 Ct. PO No.: POHM **BHS** Tel No.: (415)437-3990 Fund Source: MH WO CFC School Readiness Fax No.: (415)437-3994 Invoice Period : July 2022 Funding Term: 07/01/2022 - 06/30/2023 (Check if Yes) Final Invoice: PHP Division: Behavioral Health Services Remaining Total Contracted Delivered THIS PERIOD Delivered to Date % of TOTAL Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC **Unduplicated Clients for Exhibit:** duplicated Counts for AIDS Use Onl DELIVERABLES Delivered THIS Delivered Remaining Program Name/Reptg. Unit Total Contracted PERIOD % of TOTAL Deliverables Unit to Date Modality/Mode # - Svc Func (MH Only) AMOUNT DUE CLIENTS UOS CLIENTS LIOS CLIENTS Rate LIOS CLIENTS LIOS LIENT LIOS B-2 ECMHI 251962-10002-10001800-0003 79 120.00 0.000 0.00% 45/ 10 - 19 Consultation Indiv 79.000 57.000 57 \$ 120.00 0.000 0.00% 45/ 10 - 19 Consultation Grp 45/ 10 - 19 Consultation Observ 38 \$ 120.00 0.000 0.00% 38.000 45/ 10 - 19 Staff Training 6 \$ 120.00 0.000 0.00% 6.000 45/ 10 - 19 Parent Trn/Supp Grp \$ 120.00 25 0.000 0.00% 25.000 45/ 10 - 19 Early Ref/Linkage 50 \$ 120.00 0.000 0.00% 50.000 35 0.00% 45/ 10 - 19 Train/Supv (10% Cap) \$ 120.00 0.000 35.000 45/ 10 - 19 Evaluation (5% Cap) 0.000 6.000 6 \$ 120.00 0.00% 45/ 10 - 19 System Work (5% Cap) 6 \$ 120.00 0.000 0.00% 6.000 45/ 10 - 19 Early Interv Indiv 6 \$ 120.00 0.000 0.00% 6.000 45/ 10 - 19 Early Interv Group (15% Cap) \$ 120.00 0.000 0.00% 3.000 3 45/ 10 - 19 MH Services Indv/ Family 2 \$ 120.00 0.000 0.00% 2.000 45/ 10 - 19 MH Services Group (5%Cap) \$ 120.00 0.000 0.00% 2.000 TOTAL 315 0.000 0.000 0.00% 315.000 Remaining Budget **Expenses To Date** % of Budget **Budget Amount** 37,847.00 0.00% 37,847.00 NOTES: SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT \$ I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Title: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103

Jul Prepared: 3/6/2023

**Authorized Signatory** 

Date

Or email to:

cbhsinvoices@sfdph.org

# DEPARTMENT OF PUBLIC HEALTH CONTRACTOR

FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE Appendix F PAGE A Contract ID# 1000011726 INVOICE NUMBER: M15JL22 Contractor: Homesless Children's Network Template Version Amendment 2 User Cd Address: 3265 17th Street, #404, San Francisco, CA 94110 Ct. PO No.: POHM SFGOV-0000662041 **BHS** Tel No.: (415)437-3990 Fund Source: MH CYF County GF (Matched) Fax No.: (415)437-3994 Invoice Period : July 2022 Funding Term: 07/01/2022 - 06/30/2023 Final Invoice: (Check if Yes) PHP Division: Behavioral Health Services Remaining Delivered THIS PERIOD % of TOTAL Total Contracted Delivered to Date Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC **Unduplicated Clients for Exhibit:** \*Unduplicated Counts for AIDS Use Only DELIVERABLES Delivered THIS Delivered Remaining Program Name/Reptg. Unit Total Contracted PERIOD % of TOTAL Deliverables to Date Modality/Mode # - Svc Func (MH Only) UOS CLIENTS UOS **CLIENTS** Rate AMOUNT DUE CLIENTS UOS UOS CLIENTS B-2 ECMHI - 251962-10000-10001670-0001 45/ 10 - 19 Consultation Indiv 350 \$ 120.00 0.000 0.00% 350.000 45/ 10 - 19 Consultation Grp 252 \$ 120.00 0.000 0.00% 252.000 45/ 10 - 19 Consultation Observ 168 \$ 120.00 0.000 0.00% 168.000 45/ 10 - 19 Staff Training 28 \$ 120.00 0.000 0.00% 28.000 112 0.000 0.00% 45/ 10 - 19 Parent Trn/Supp Grp \$ 120.00 112.000 224 \$ 120.00 0.000 0.00% 224.000 45/ 10 - 19 Early Ref/Linkage 45/ 10 - 19 Train/Supv (10% Cap) 154 \$ 120.00 0.000 0.00% 154.000 28 \$ 120.00 0.000 0.00% 28.000 45/ 10 - 19 Evaluation (5% Cap) 45/ 10 - 19 System Work (5% Cap) 28 \$ 120.00 0.000 0.00% 28.000 45/ 10 - 19 Early Interv Indiv 28 \$ 120.00 0.000 0.00% 28.000 45/ 10 - 19 Early Interv Group (15% Cap) 14 \$ 120.00 0.000 0.00% 14.000 45/ 10 - 19 MH Services Indv/ Family 7.000 \$ 120.00 0.000 0.00% 7 45/ 10 - 19 MH Services Group (5%Cap) \$ 120.00 0.00% 7.000 TOTAL 1.400 0.000 0.000 0.00% 1.400.000 **Expenses To Date** % of Budget Remaining Budget **Budget Amount** 167,980.00 0.00% \$ 167,980.00 NOTES SUBTOTAL AMOUNT DUE \$ Less: Initial Payment Recovery (For DPH Use) Other Adjustments **NET REIMBURSEMENT \$** I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103 Or email to:

Jul Prepared: 3/6/2023

Authorized Signatory

Date

cbhsinvoices@sfdph.org

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

Appendix F PAGE A

Contract ID# 1000011726 INVOICE NUMBER: M16JL22 Contractor: Homesless Children's Network Amendment 2 Template Version User Cd Address: 3265 17th Street, #404, San Francisco, CA 94110 Ct. PO No.: POHM SFGOV-0000662041 **BHS** Tel No.: (415)437-3990 Fund Source: MH WO CI Consult ECE/PFA Fax No.: (415)437-3994 Invoice Period: July 2022 Funding Term: 07/01/2022 - 06/30/2023 Final Invoice: (Check if Yes) PHP Division: Behavioral Health Services Remaining Total Contracted Delivered THIS PERIOD Delivered to Date % of TOTAL Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Unduplicated Clients for Exhibit: DELIVERABLES Delivered THIS Delivered Remaining Program Name/Reptg. Unit Total Contracted PERIOD % of TOTAL Deliverables Unit to Date Modality/Mode # - Svc Func (MH Only) AMOUNT DUE CLIENTS CLIENTS CLIENTS CLIENTS UOS Rate UOS UOS LIEN UOS B-2 ECMHI 251962-10002-10001800-0004 45/ 10 - 19 Consultation Indiv 393 120.00 0.000 0.00% 393.000 45/ 10 - 19 Consultation Grp 0.000 0.00% 283.000 283 \$ 120.00 45/ 10 - 19 Consultation Observ 189 \$ 120.00 0.000 0.00% 189.000 31.000 \$ 120.00 0.000 0.00% 45/ 10 - 19 Staff Training 31 45/ 10 - 19 Parent Trn/Supp Grp 126 \$ 120.00 0.000 0.009 126.000 251 251.000 45/ 10 - 19 Early Ref/Linkage \$ 120.00 0.000 0.00% 45/ 10 - 19 Train/Supv (10% Cap) 173 \$ 120.00 0.000 0.00% 173.000 45/ 10 - 19 Evaluation (5% Cap) 31.000 \$ 120.00 0.000 0.00% 31 45/ 10 - 19 System Work (5% Cap) 31 \$ 120.00 0.000 0.009 31.000 45/ 10 - 19 Early Interv Indiv \$ 120.00 0.000 0.00% 31.000 31 45/ 10 - 19 Early Interv Group (15% Cap) 16 \$ 120.00 0.000 0.00% 16.000 45/ 10 - 19 MH Services Indv/ Family \$ 120.00 0.00% 8.000 0.000 45/ 10 - 19 MH Services Group (5%Cap) \$ 120.00 0.000 0.00% 8.000 TOTAL 0.000 0.00% 1,571.000 Remaining Budget Expenses To Date % of Budget **Budget Amount** 188,566.00 0.00% 188,566.00 NOTES: SUBTOTAL AMOUNT DUE \$ Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT \$ I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Title: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103 Or email to: Authorized Signatory Date cbhsinvoices@sfdph.org

Jul Prepared: 3/6/2023

#### APPENDIX H

#### **Data Access Agreement**

#### Article 1 Access

# 1.1 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

# 1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

- 1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;
  - 1.2.2 Communicating with the SFDPH IT Service Desk;
  - 1.2.3 Providing Agency Data User(s) details to the City;
- 1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;
- 1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and
- 1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, <a href="mailto:dph.helpdesk@sfdph.org">dph.helpdesk@sfdph.org</a>.

#### 1.3 **SFDPH IT Service Desk.**

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

# 1.4 **Deprovisioning Schedule.**

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

#### 1.5 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

#### 1.6 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

# 1.7 Training Requirements.

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

# 1.8 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

#### 1.9 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

#### 1.10 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

## 1.11 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

# 1.12 Multi Factor Authentication.

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

# 1.13 Qualified Personnel.

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

#### 1.14 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

#### 1.15 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

#### 1.16 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

#### 1.17 Antivirus software.

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

# 1.18 Patch Management.

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

# 1.19 System Timeout.

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

# 1.20 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

#### 1.21 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

#### 1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

#### 1.23 Intrusion Detection.

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

of the City.

# 1.24 Security of PHI.

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

#### 1.25 Data Security and City Data

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

# 1.26 Data Privacy and Information Security Program.

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

#### 1.27 **Disaster Recovery.**

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

#### 1.28 Supervision of Data.

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

#### 1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

# 1.30 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

#### 1.31 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

# 1.32 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

#### 1.33 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

#### 1.34 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

# 1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) provide cyber and technology errors and omissions insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

#### **Article 2** Indemnity

#### 2.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

- (a) Read information displayed or transmitted by the System accurately and completely;
- (b) Ensure that Agency Data Users are trained on the use of the System;
- (c) Be responsible for decisions made based on the use of the System;
- (d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
- (e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;
- (f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;
  - (g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

#### **Article 3** Proprietary Rights and Data Breach

# 3.1 Ownership of City Data.

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

# 3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

#### Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. any action pertaining to a breach required by applicable federal and state laws.

- 3.2.1 **Investigation of Breach and Security Incidents**: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:
  - i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
  - ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
  - iii. a description of where the City Data is believed to have been improperly used or disclosed; and
  - a description of the probable and proximate causes of the breach or security incident; and
  - v. whether any federal or state laws requiring individual notifications of breaches have been triggered.
- 3.2.2 **Written Report**: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.
- 3.2.3 **Notification to Individuals**: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:
  - i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
  - ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.
- 3.2.4 **Sample Notification to Individuals**: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:
  - i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
  - ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

### 3.3 **Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretic City directs Agency to do so.	on,

# Attachment 1 to Appendix D System Specific Requirements

# I. For Access to SFDPH Epic through Care Link the following terms shall apply:

#### A. SFDPH Care Link Requirements:

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

# II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

- **A.** SFDPH Epic Hyperspace and Epic Hyperdrive:
  - 1. Connectivity.
    - a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

- associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.
- 2. Application For Access and Compliance with Epic Terms and Conditions.
  - a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: https://userweb.epic.com/Forms/AccessApplication. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

# III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

- A. SFDPH myAvatar via WebConnect and VDI:
- 1. Connectivity.
  - a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.
- 2. Information Technology (IT) Support.
  - a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.
- 3. Access Control.
  - a. Access to the BHS Electronic Heath Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf
  - b. Each user is unique and agrees not to share accounts or passwords.
  - c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar\_Account\_Request\_Form.pdf
  - d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
  - e. Applicants must complete myAvatar Training.
  - f. Level of access is based on "Need to Know", job duties and responsibilities.

# Attachment 2 to Appendix H

# Protected Information Destruction Order Purge Certification - Contract ID # 1000011726

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated July 1, 2018 ("Agreement"), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively "Contractor") still maintain in any form. Contractor may retain no copies of destroyed Protected Information." Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services ("Secretary") regarding proper destruction of PHI.

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

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

\*

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

So Certified
Signature
Title:
Date:

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

#### First Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2021, in San Francisco, California, by and between **Homeless Children's Network** ("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 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 RFP-1-2017 and RFQ-16-2018 issued on March 24, 2017 and May 4,2018 respectively and this modification is consistent therewith; and

WHEREAS, Contractor was selected pursuant to San Francisco Administrative Code Section 21.42; and

WHEREAS, approval for this Amendment was obtained on August 3, 2020 from the Department of Human Resources on behalf of the Civil Service Commission under PSC number 46987-16/17 in the amount of \$233,200,00 for the period commencing July 1, 2017 and ending June 30, 2027; 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 July 1, 2018 between Contractor and City.
- 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 of the Agreement. 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 June 30, 2022, 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 (i) July 1, 2018 and expire on June 30, 2023, unless earlier terminated as otherwise provided herein.
- **2.3 Compensation.** *Section 3.3.1 Payment 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 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 **Six Million Nine Hundred Eighty-Nine Thousand Eight Hundred Forty-Nine Dollars** (\$6,989,849). 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. 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:

#### ARTICLE 3 FINANCIAL MATTERS

#### 3.3.1 Calculation of Charges

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 made4 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 One Thousand Seven Hundred Twenty -Seven Dollars** (\$9,991,727). 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. In no event shall City be liable for interest or late charges for any late payments.

**2.4 Getting Paid by the City for Goods and/or Services.** *The following is hereby added to Article 3 of the Agreement, replacing the previous Section 3.3.6 in its entirety.* 

#### 3.3.6 Getting paid by the City for Goods and/or Services.

- (a) The City and County of San Francisco utilizes the Paymode-X® service offered by Bank of America Merrill Lynch to pay City contractors. Contractor must sign up to receive electronic payments to be paid under this Agreement. To sign up for electronic payments, visit <a href="http://portal.paymode.com/city\_countyofsanfrancisco">http://portal.paymode.com/city\_countyofsanfrancisco</a>.
- (b) At the option of the City, Contractor may be required to submit invoices directly in the City's financial and procurement system (PeopleSoft) via eSettlement. Refer to

https://sfcitypartner.sfgov.org/pages/training.aspx for more information on eSettlement. For access to PeopleSoft eSettlement, submit a request through sfemployeeportalsupport@sfgov.org.

- **2.5 Payment Terms. Payment Due Date.** The following is hereby added to Article 3.3.8 of the Agreement:
- **3.3.8 Payment Terms. Payment Due Date**: Unless City notifies the Contractor that a dispute exists, Payment shall be made within 30 calendar days, measured from (1) the delivery of goods and/or the rendering of services or (2) the date of receipt of the invoice, whichever is later. Payment is deemed to be made on the date on which City has issued a check to Contractor or, if Contractor has agreed to electronic payment, the date on which City has posted electronic payment to Contractor.
- **2.6 Audit and Inspection of Records.** The following is hereby added to Article 3 of the Agreement, replacing the previous Section 3.4 in its entirety.

#### 3.4 Audit and Inspection of Records.

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

Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\_main\_02.tpl.

- 3.4.2 If Contractor expends less than \$750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.
- 3.4.3 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

- 3.4.4 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.
- **2.7 Contract Amendments; Budgeting Revisions.** *The following is hereby added to Article 3.7 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.
- 3.7.3 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
- **2.8 Qualified Personnel:** The following is hereby added to Article 4 of the Agreement, replacing the previous 4.2 in its entirety:

#### 4.2. Qualified Personnel

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

# 4.2.2 Contractor Vaccination Policy.

- (a) Contractor acknowledges that it has read the requirements of the 38th Supplement to Mayoral Proclamation Declaring the Existence of a Local Emergency ("Emergency Declaration"), dated February 25, 2020, and the Contractor Vaccination Policy for City Contractors issued by the City Administrator ("Contractor Vaccination Policy"), as those documents may be amended from time to time. A copy of the Contractor Vaccination Policy can be found at: <a href="https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors">https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors</a>.
- (b) A Contract subject to the Emergency Declaration is an agreement between the City and any other entity or individual and any subcontract under such agreement, where Covered Employees of the Contractor or Subcontractor work in-person with City employees in connection with the work or services performed under the agreement at a City owned, leased, or controlled facility. Such agreements include, but are not limited to, professional services contracts, general services contracts, public works contracts, and grants.

Contract includes such agreements currently in place or entered into during the term of the Emergency Declaration. Contract does not include an agreement with a state or federal governmental entity or agreements that do not involve the City paying or receiving funds.

- (c) In accordance with the Contractor Vaccination Policy, Contractor agrees that:
- (i) Where applicable, Contractor shall ensure it complies with the requirements of the Contractor Vaccination Policy pertaining to Covered Employees, as they are defined under the Emergency Declaration and the Contractor Vaccination Policy, and insure such Covered Employees are either fully vaccinated for COVID-19 or obtain from Contractor an exemption based on medical or religious grounds; and
- (ii) If Contractor grants Covered Employees an exemption based on medical or religious grounds, Contractor will promptly notify City by completing and submitting the Covered Employees Granted Exemptions Form ("Exemptions Form"), which can be found at <a href="https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors">https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors</a> (navigate to "Exemptions" to download the form).
- (d) The City reserves the right to impose a more stringent COVID-19 vaccination policy for the San Francisco Department of Public Health, acting in its sole discretion.
- **2.9 Assignment.** The following is hereby added to Article 4 of the Agreement, replacing the previous Section 4.5 in its entirety.
- 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, transferred, or delegated by Contractor (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.
- **2.10 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) 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.
- (b) 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.

- (c) Workers' Compensation Insurance, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness.
- (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) Reserved. (Technology Errors and Omissions Coverage).
- (f) 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.
  - (g) Reserved. (Pollution Liability Insurance).
- (h) 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.

#### **5.1.2** Additional Insured Endorsements

- (a) The Commercial General Liability policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- (b) The Commercial Automobile Liability Insurance policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
  - (c) Reserved. Pollution Auto Liability Insurance Additional Insured Endorsement

# **5.1.3** Waiver of Subrogation Endorsements

(a) 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.

# **5.1.4** Primary Insurance Endorsements

- (a) The Commercial General Liability policy 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.
- (b) The Commercial Automobile Liability Insurance policy 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.
- (c) Reserved. (Pollution Liability Insurance Primary Insured Endorsement). policy 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.

# **5.1.5** Other Insurance Requirements

(a) Thirty (30) days' advance written notice shall be provided to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten

# (10) days' notice shall be provided to City. Notices shall be sent to the City email address: **insurance-contractsrm410@sfdph.org**.

- (b) 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 Agreement term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.
- (c) 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.
- (d) 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.
- (e) 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.
- (f) 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.

# 2.11 Indemnification. The following is hereby added to Article 5 of the Agreement, replacing the previous Section 5.2 in its entirety:

# 5.2 Indemnification.

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. 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.

- 5.2.2 In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.
- 5.2.3 Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.
- **2.12 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.

**2.13 Termination and Default,** *The following is hereby added to Article 8 of the Agreement, replacing the previous Section 8.2 in its entirety:* 

#### 8.2 Termination for Default; Remedies.

- 8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:
- (a) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	Article 13	Data and Security

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default is not cured within ten days after written notice thereof from City to Contractor. If Contractor defaults a second time in the same manner as a prior default cured by Contractor, City may in its sole discretion immediately terminate the Agreement for default or grant an additional period not to exceed five days for Contractor to cure the default.

- (c) Contractor (i) is generally not paying its debts as they become due; (ii) files, or consents by answer or otherwise to the filing against it of a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction; (iii) makes an assignment for the benefit of its creditors; (iv) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property; or (v) takes action for the purpose of any of the foregoing.
- (d) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.
- 8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.
- 8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.
- 8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.
- **2.14 Rights and Duties upon Termination or Expiration,** *The following is hereby added to Article 8 of the Agreement, replacing the previous Section 8.4.1 in its entirety:*

# 8.4 Rights and Duties upon Termination or Expiration.

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

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement

6.3	Liability for Incidental and	11.10	Compliance with Laws
	Consequential Damages		
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	Article 13	Data and Security
		Appendix E	Business Associate Agreement

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

**2.15 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.

**2.16 Minimum Compensation Ordinance**. The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.7 in its entirety:

#### **10.7 Minimum Compensation Ordinance.**

If Administrative Code Chapter 12P applies to this contract, Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. Information about and the text of the Chapter 12P is available on the web at http://sfgov.org/olse/mco. Contractor is required to comply with all of the applicable provisions of 12P, irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Chapter 12P.

**2.17 Health Care Accountability Ordinance.** *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.8 in its entirety:* 

#### 10.8 Health Care Accountability Ordinance.

Health Care Accountability Ordinance. If Administrative Code Chapter 12Q applies to this contract, Contractor shall comply with the requirements of Chapter 12Q. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission. Information about and the text of the Chapter 12Q, as well as the Health Commission's minimum standards, is available on the web at http://sfgov.org/olse/hcao. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

**2.18 Limitations on Contributions** *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 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.

**2.19 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.

- **2.20 Tropical Hardwood and Virgin Redwood Ban.** The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.18 in its entirety:
- 10.18 Reserved. (Tropical Hardwood and Virgin Redwood Ban)

**2.21 Incorporation of Recitals.** The following is hereby added to Article 11 of the Agreement, replacing the previous Section 11.3 in its entirety

# 11.3 Incorporation of Recitals.

The matters recited above are hereby incorporated into and made part of this Agreement.

**2.22 Order of Precedence.** The following is hereby added to Article 11 of the Agreement, replacing the previous Section 11.13 in its entirety

#### 11.13 Order of Precedence.

Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP, and Contractor's proposals dated April 22, 2017 and June 12, 2018. The RFP's and Contractor's proposals are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposals. If the Appendices to this Agreement include any standard printed terms from the Contractor, Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or conflicting language between the City's terms and Contractor's printed terms attached, the City's terms shall take precedence, followed by the procurement issued by the department, Contractor's proposals, and Contractor's printed terms, respectively.

**2.23 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.

- 2.24 Nondislosure of Private, Proprietary or Confidential Information. The following is hereby added to Article 13 of the Agreement, replacing the previous 13.1 in its entirety.
- 13.1 Nondisclosure of Private, Proprietary or Confidential Information.
- **13.1.1 Protection of Private Information.** If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.
- **13.1.2 Confidential Information.** In the performance of Services, Contractor may have access to, or collect on City's behalf, City's proprietary or Confidential Information, the disclosure of which to third parties may damage City. If City discloses proprietary or Confidential Information to Contractor, or Contractor collects such information on City's behalf, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or Confidential Information.

- **2.25 Ownership of City Data.** The following is hereby added to Article 13 of the Agreement, replacing the previous Section 13.4 in its entirety:
- **13.4 Ownership of City Data.** The Parties agree that as between them, all rights, including all intellectual property rights, in and to the City Data and any derivative works of the City Data is the exclusive property of the City.
- **2.26 Management of City Data and Confidential Information:** The following is hereby added to Article 13 of the Agreement:
- 13.5 Management of City Data and Confidential Information.
- 13.5.1 Use of City Data and Confidential Information. Contractor agrees to hold City's Data received from, or collected on behalf of, the City, in strictest confidence. Contractor shall not use or disclose City's Data 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 Data outside the United States is subject to prior written authorization by the City. Access to City's Data 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 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 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.
- 13.5.2 Disposition of Confidential Information. Upon request of City or termination or expiration of this Agreement, and pursuant to any document retention period required by this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all data given to or collected by Contractor on City's behalf, which includes all original media. Once Contractor has received written confirmation from City that City's Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractors environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.
- **2.27 Protected Health Information:** *The following is hereby added to Article 13 of the Agreement*:
- 13.6 Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of

notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

- 2.28 Appendix A dated 07/01/21 (i.e. July 1, 2021) is hereby added to the Agreement for 2021-22.
- 2.29 Appendix B dated 07/01/21 (i.e. July 1, 2021) is hereby added to the Agreement for 2021-22.
- 2.30 Appendix F, Invoices, dated 07/01/21 (i.e. July 1, 2021) are hereby added to the Agreement for 2021-22.
- 2.31 Appendix G, Dispute Resolution, dated 07/01/18 (i.e. July 1, 2018) is hereby deleted and Appendix G, Dispute Resolution, dated 07/01/21 (i.e. July 1, 2021) is hereby added to the Agreement for 2021-22.
- 2.32 Appendix H, Data Access Sharing Terms, dated 07/01/21 (i.e. July 1, 2021) is hereby added to the Agreement for 2021-22.

#### Article 3 Effective Date

**Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the effective date of the agreement.

# Article 4 Legal Effect

**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** 

Recommended by:

Ory Wagner

4/4/2022 | 4:20 PM PDT

Grant Colfax

**Director of Health** 

**Department of Public Health** 

CONTRACTOR

HomalessaChildren's Network

3/23/2022 | 6:04 PM CDT

APRIL SILAS
Executive Director

City Supplier ID: 0000018734

Approved as to Form:

David Chiu City Attorney

By: Louise Simpson Deputy City Attorney

Approved:

DocuSigned by:

Taraneli Moayed

4/4/2022 | 4:22 PM PDT

Sailaja Kurella

Director, Office of Contract Administration, and

Purchaser

# Appendix A Scope of Services – DPH Behavioral Health Services

#### 1. Terms

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

#### 2. Description of Services

#### 3. Services Provided by Attorneys

#### 1. Terms

#### A. Contract Administrator:

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

#### B. Reports:

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

# C. <u>Evaluation</u>:

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. <u>Aerosol Transmissible Disease Program, Health and Safety:</u>
- (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. <u>Under-Utilization Reports</u>:

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. <u>Clinics to Remain Open:</u>

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, CONTACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

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

#### 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-1a – EPSDT Outpatient Appendix A-1b – EPSDT Riley Appendix A-1c –Treasure Island Appendix A-1d –EPSDT LGBTQ Appendix A-2 Early Childhood Mental Health Consultation Initiative (ECMHCI)

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.

Program: EPSDT Term: 07/01/2021-06/30/2022

### 1. Identifiers:

1. A-1a: Program Name: Homeless Children's Network EPSDT - General Program Address (primary program site address): 3450 3<sup>rd</sup> Street Unit 1C

City, State, Zip Code: San Francisco, CA 94124 Telephone: (415) 437-3990 / Facsimile: (415) 437-3994

Executive Director: April Silas Telephone: (415) 437-3990 X 308 Email; Address: april@hcnkids.org

**Program Code: 38AS3** 

Salvation Army /Harbor House

**Hamilton Shelter** 

Hamilton Family Center

Bayview Family Resource Center Faces Bayview Child Care Center

Wu Yee Bayview Child Development Center

Family Childcare Quality Network

Larkin Street Youth Services

SFUSD Schools, including Buena Vista, Guadalupe, Glen Park, Hillcrest, Starr King, E.R. Taylor, Bessie Carmichael, Cesar Chavez, Daniel Webster, Leonard Flynn, Malcolm X and Longfellow Elementary Schools, and James Lick and Horace Mann Middle Schools.

Homeless Programs / MHSA

La Casa de las Madres

**ERMHS** referrals

A-1b: Program Name: Homeless Children's Network EPSDT- Riley

Program Address (primary program site address): 3450 3rd Street Unit 1C

City, State, Zip Code: San Francisco, CA 94124

Telephone: (415) 437-3990 / Facsimile: (415) 437-3994

Executive Director: April Silas Telephone: (415) 437-3990 X 308 Email; Address: april@hcnkids.org

**Program Code: 38AS4** 

Riley Center: Brennan House Rosalie House

A-1c: Program Name: Homeless Children's Network EPSDT – Treasure Island

Program Address (primary program site address):  $3450 \ 3^{rd}$  Street Unit 1C

City, State, Zip Code: San Francisco, CA 94124

Telephone: (415) 437-3990 / Facsimile: (415) 437-3994

Executive Director: April Silas Telephone: (415) 437-3990 X 308

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CID#: 1000011726 July 1, 2021

Program: EPSDT **Term:** 07/01/2021-06/30/2022

Email; Address: april@hcnkids.org

**Program Code: 38AS5** 

Treasure Island Housing

Treasure Island Child Development Center

A-1d: Program Name: Homeless Children's Network EPSDT – LGBTQ Program Address (primary program site address): 3450 3<sup>rd</sup> Street Unit 1C

City, State, Zip Code: San Francisco, CA 94124 Telephone: (415) 437-3990 / Facsimile: (415) 437-3994

**Program Code: 38AS6** 

Executive Director: April Silas Telephone: (415) 437-3990 X 308 Email; Address: april@hcnkids.org

LGBTQ Our Family Coalition SF Pride

## 2. Nature of Document (check one)

Original X Contract Amendment Revision to Program Budgets (RPB)

### 3. Goal Statement

To provide culturally competent, strength-based mental health services which are focused on the specific needs of homeless children and families living in emergency, transitional and domestic violence shelters.

### 4. Priority Population

Youth ages 0-17 and their families in all neighborhoods throughout San Francisco. We extend our services to families who reside in emergency and domestic violence shelters, transitional programs, SROs, as well as to families who are in permanent stable housing but have a formative history with homelessness. HCN will serve families whose clinical needs fall within the medical necessity requirement for behavioral support, while simultaneously assuring that all services rendered are within the scope of our agency's specialty, skills, and oversight. Whenever it is assessed that this program cannot adequately meet the service needs of a particular client, staff will make a client referral that better meets the services needs of the client, either internally or to a co-service provider in San Francisco.

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

**Definitions of Service Modalities** 

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CID#: 1000011726 Homeless Children's Network July 1, 2021 2022

Program: EPSDT **Term:** 07/01/2021-06/30/2022

### Mental Health Services

"Mental Health Services" means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, collateral, therapy and case management.

### Assessment

"Assessment" means a service delivery activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional or behavioral disorder, relevant cultural issues and history; diagnosis; and the use of testing procedures.

### Collateral

"Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

# Therapy

"Therapy" means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments.

## Case Management

Case Management" means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

For the total number of minutes to be provided in FY 21-22 please refer to the corresponding CRDC page in the budget workbook for details.

## 6. Methodology

## **Direct Client Services**

A. As the premiere agency in San Francisco acting as the collaborative centralizing referral response agency for mental health and shelter-based child care and early intervention services to homeless children, HCN operates as a comprehensive support organization for homeless families for city-wide resources. Our collaborative model allows for efficient and thorough outreach, promotion and advertisement activities. Monthly collaborative meetings

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CID#: 1000011726 July 1, 2021

Program: EPSDT Term: 07/01/2021-06/30/2022

in which providers share resources and coordinate referrals act as an outreach, promotion and advertisement mechanism. In addition, each collaborating agency has information posted on site in client gathering areas. Regular outreach, through community meetings with families at each shelter, also promotes services.

- B. Program eligibility is determined by HCN's Clinical Director upon referral from collaborative members. Program participants must have current full-scope Medi-Cal and a mental health diagnosis that meets medical necessity. HCN participates in the BHS Advanced Access initiative, including ensuring timely measurement of data at the site and reporting of data to BHS as required. Program will adhere to BHS guidelines regarding assessment and treatment of indigent (uninsured) clients.
- C. HCN provides mental health, case management, crisis intervention, and collateral support services to children and their families living in emergency, domestic violence, and transitional shelters, as well as those families referred by homeless agencies. Services include family-focused, child centered therapy: individual counseling, play therapy, family counseling, and group therapy; as well as, case management linkages to appropriate and viable community resources. CANS data is reviewed by HCN's Program Director and used to determine training needs, supervision needs and discharge planning. Services are developmentally, linguistically, environmentally, and culturally optimal and accessible for families. Hours of operation are Monday-Friday 9a-6p. Services are delivered at the locations listed above, as well as at our offices at 3450 3<sup>rd</sup> Street Unit 1C. During the COVID pandemic, all services may be delivered remotely via a telehealth modality.
- D. HCN services will be delivered in the context of the BHS Access system, with a common definition of medical necessity for the level of care, and a common admission and discharge criteria for the level of care. HCN's Clinical Director functions as Care Manager responsible for the client's plan of care throughout the system-wide standards of accountability that is based on cost, access, quality and outcomes.
- E. Re: program staffing refer to Appendix B-1a, B-1b, B-1c and B-1d, Salaries and Benefits pages.

# 7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY 21-22.

## 8. Continuous Quality Assurance and Improvement

HCN conducts continuous quality assurance and monitoring through the following means. Evidence of CQI activities is maintained in HCN's Administrative Binder for review by the Business Office of Contract Compliance.

1. Achievement of Contract Performance Objectives and Productivity: HCN's Program Director is responsible for oversight of all HCN contract performance objectives and productivity. The Program Director runs monthly reports to ensure compliance with program

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deliverables, and directs or provides training to staff and interns in required topics. HCN Staff meet for one hour each Tuesday with the Executive Director, Program Director, Program Assistant and Clinical Supervision Staff. Staff meetings address system-level identification of areas for improvement, compliance training needs, consumer feedback and recommendations for continuous quality assurance. HCN's Program Director monitors contract performance objectives based on outcome data, and meets monthly with clinicians and the Clinical Director to ensure progress towards annual goals.

- 2. Quality of Documentation: Periodic Utilization Review and Quality Control. A committee comprised of the Clinical Supervisor, Quality Assurance Staff and Program Director meet monthly to review cases. The review covers documentation accuracy and quality, special risk factors, clinical status and progress of each client, treatment modalities and the efficacy of interventions. The committee discusses outcomes and recommendations, such as changes in service intensity and referrals. PURQC Committee notes are kept by the Program Director and include recommendations to be conveyed to individual clinicians. A PURQC log is filled out at each committee meeting, and notes are kept by the Program Director. HCN's PURQC Committee complies with all SFDPH-BHS policies and procedures. Every clinician meets weekly with the Clinical Supervision Team for individual clinical supervision, and attends a weekly 2-hour Group Supervision meeting. Recommendations of the PURQC Committee are conveyed to clinicians during these meetings. A monthly internal chart review is conducted by the Clinical Director. The Clinical Supervision Team keeps notes and a sign-in sheet for each Group Supervision session, including the topics covered.
- 3. Cultural Competency of Staff and Services: HCN's hiring policy includes thorough screening of candidates for cultural fit and cultural humility in serving the target population. HCN's Executive Director arranges for quarterly trainings to staff and interns in Cultural Sensitivity. Every Tuesday the clinical staff and interns participate in a one and a half hour workshop on relevant topics, such as therapeutic techniques, legal and ethical issues, and cultural competency.
- 4. Satisfaction with Services: HCN participates in the administration of semi-annual Consumer Perception Surveys, as directed by BHS. Results of Consumer Satisfaction surveys inform recommendations for quality improvement, through trainings held at weekly Staff Meetings and/or monthly Program Meetings.
- 5. Timely Completion and Use of Outcome Data: Timely submissions of CANS, Progress Notes and Plans of Care are tracked by HCN's Quality Assurance Associate, who provides support and 1:1 coaching to program staff and interns. CANS assessment data is reviewed quarterly by HCN's Program Director and discussed with the PURQ Committee. Improvements to service delivery to improve CANS outcomes are facilitated through training and direction to clinicians, during weekly individual supervision, weekly group supervision and monthly trainings.

# 9. Required Language

N/A

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July 1, 2021

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Contractor: Homeless Children's Network

Appendix A- 2

Program Name: ECMHCI Contract Term: 7/1/

Contract Term: 7/1/2021-6/30//2022 Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH

WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF
County GF WO CODB

## 1. Identifiers:

Program Name: Early Childhood Mental Health Consultation Initiative (ECMHCI)

Program Address: **3450** 3<sup>rd</sup> **Street Unit 1C** City, State, Zip Code: **San Francisco, CA 94124** 

Telephone: 415-437-3990 Facsimile: 415-437-3994

Website Address: www.hcnkids.org

Executive Director: April Silas Telephone: 415-437-3990 X 308

april@hcnkids.org

Program Code(s): 38AS ECMHCI / PEI

2. Nature of Document (check one):

Original First Amendment Revision to Program Budgets (RPB)

- **3. Goal Statement:** To improve the lives of young children (Birth-5 years) and their families. More specifically, it is designed to ensure the emotional well-being of children by providing mental health consultation and support services to the shelter-based and homeless services child care providers who care for them on a daily basis.
- **4. Priority Population:** Shelter-based, and/or homeless programs childcare providers, parents, and children (age 0 to 5 years) of CalWORKs families and other low-income families. Of particular interest are homeless families with young children Birth to 5. Homeless families transition throughout San Francisco's Family Shelter and Homeless Program System without a unifying voice of support. This population of chronic homeless families often qualifies for available space at shelter-based and homeless program child care settings due to their extreme need for consistency. Whenever it is assessed that this program cannot adequately meet the service needs of a particular client, staff will make a client referral that better meets the service needs of the client, either internally or to a co-service provider in San Francisco.

Site Name	Number of Classrooms	# of Children	#of Staff	Funding Source(s)	Site Type	Tier
1.FACES-Bayview	4	50	12	SALY	ECE	2
2.FACES-Masonic	3	25	8	SALY	ECE	2
3.Lee Woodward Counseling Center	1	20	5	SALY	SA	3

Appendix A- 2

Contractor: Homeless Children's Network

Program Name: ECMHCI

Contract Term: 7/1/2021-6/30//2022

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF

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4.Our Family FRC	1	40	15	SALY	FRC	2
Site Name	Number of Classrooms	# of Children	#of Staff	Funding Source(s)	Site Type	
5.Harbor House Shelter	1	12	8	SALY	SHEL	2
6.Brennan House	1	20	8	SALY	SHEL	2
7.Rosalie House	1	25	5	SALY	SHEL	2
8. Little Children	1	20	4	SALY	ECE	2
9.Centro las Olas	1	20	4	SALY	ECE	1
10.Family Child Care Quality Network	Up to 31	Up to 310	Up to 100	SALY	FCCQN	1
11.Family Child Care Quality Network	Up to 31	Up to 310	Up to 100	SALY	FCCQN	1
12.Jelan/Project Adapt	1	20	6	SALY	SA	2
13. Jelani/HealthRight 360	2	40	7	SALY	SA	2
14.Western Addition FRC	2	24	7	SALY	FRC	2
15.Bayview FRC	2	24	7	SALY	FRC	3
Site Name	Number of Classrooms	# of Children	#of Staff	Funding Source(s)	Site Type	
16.OMI FRC	2	15	6	SALY	FRC	3
17.Aviva House	1	15	6	SALY	SA	2
18.FACET	1	25	5	SALY	SA	3
19.Little Children's Development Center	2	20	6	SALY	ECE	2
20.YMCA Stonestown Preschool	2	20	7	SALY	ECE	2

Appendix A- 2

Contractor: Homeless Children's Network Program Name: ECMHCI

Contract Term: 7/1/2021-6/30//2022

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH

WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF

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21. YMCA LCOS	2	20	5	SALY	ECE	1
Site Name	Number of Classrooms	# of Children	#of Staff	Funding Source(s)	Site Type	
SFUSD - William Cobb	1	22	3	SFUSD	SFUSD	1
SFUSD - Charles Drew	4	60	12	SFUSD	SFUSD	3
SFUSD – John McLaren (+TK)	5	90	13	SFUSD	SFUSD	3
SFUSD- Jose Ortega	1	16	2	SFUSD	SFUSD	1
SFUSD - Leola Havard (NO +TK)	5	60	5	SFUSD	SFUSD	3
SFUSD- Malcom X Academy (+TK)	2	32	3	SFUSD	SFUSD	3
SFUSD - Sheridan	1	20	2	SFUSD	SFUSD	1
SFUSD - Starr King	1	16	2	SFUSD	SFUSD	2
SFUSD - Zaida Rodriguez (+TK)	4	68	9	SFUSD	SFUSD	2

<sup>\*</sup>SALY = Same As Last Year

- 5. Modality(s)/Intervention(s): All ECMHCI contractors are required to establish a Site Agreement with each respective site served (child care, shelter, family resource center, etc. at the beginning of each fiscal or academic year, whichever is most appropriate. Each Site Agreement document should include the following information:
- Site information to which the Site Agreement applies
- The term of the Site Agreement
- Number of on-site consultation hours per week
- Agreed upon services that the consultant will provide
- Agreed upon client/site roles and responsibilities
- Agreed upon day and time for regular group consultation meeting
- Schedule of planned review of Site Agreement document
- Signature lines for Consultant, Site Director/Manager, Contractor Program Director

Appendix A- 2 Program Name: ECMHCI **Contract Term:** 7/1/2021-6/30//2022

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH

WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB

# HCN's Policies and practices to ensure SOPs are complied with, and how HCN will monitor the Consultant's work:

HCN's policies and practices are based on the idea of the parallel process. The parallel process model begins with the consultant supporting and educating child care staff, thereby empowering the staff to avoid burn out and provide improved services and care to families, which in turn enhances parent's abilities to provide benevolent and healthy parenting to their children, leading to more emotionally stable children and secure families able to ultimately move forward during a difficult time in their lives. Furthermore, our policies aims to establish "baseline readiness" for the shelterbased childcare centers/family child care/child development centers, which is centralized around the idea of the center structure being ready to provide quality services to children and families. The key to success of baseline readiness is relationship building between the consultant and center providers as well as the establishment of a comprehensive and consistent system of care utilizing Best Practices methods that aim to insure that center staff and homeless families are operating to the best of their abilities. We support HCN's Consultants to therefore anchor their philosophy and interventions on the following premises:

- Children do best when there is a good cooperative working relationship between family and caregiver/shelter staff.
- We believe in the importance of relationships: relationships between parents and children, between children and staff, between staff and consultant.
- We believe in the process of reflection that give people a certain kind of attention that helps us reconnect with what we know

Each childcare center has its own unique character based on its services. To respond optimally to each environment, HCN makes an effort to match centers with the appropriate consultant based on experience with certain issues faced by families there, or cultural factors like language and ethnicity. By linking consultants who more closely reflect or at the very least are able to empathize to a greater degree with both staff and/or the families they serve, stronger relationships are developed between staff, the consultant and the families, thereby creating a responsive and encouraging environment most beneficial to the positive growth and development of homeless and formerly homeless families. We accomplish this by providing weekly individual and group supervision, weekly trainings, and consultant-to-consultant support. The Executive and Program Directors both create on-going communication with each collaborative site in order to establish strong rapport and trust. HCN's standards of practice are based on the offering of our entire system of care as a form of support for the child care site. We understand that by supporting the child care system of each program, and therefore its teachers/providers, to grow in efficacy toward the greater child development practices, we are also supporting each child and parent with the most sustainable impact.

### **Modalities**

### **CATEGORY 1**

The following services are consultation-based. These services are not billed to EPSDT/Medi-Cal.

Program Name: ECMHCI

**Contract Term:** 7/1/2021-6/30//2022

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH

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They are billed as fee-for-service using grant funding, as well as MHSA funds. During the COVID pandemic, all services may be delivered remotely to ensure the health and safety of both clients and staff.

Note: Consultation services that focus on specific children and parents are subject to parental consent and HIPAA compliance.

CI: Consultation - Individual: Discussions with a staff member on an individual basis about a child or a group of children. Includes assisting providers and parents in completing the Ages and Stages Questionnaire (ASQ) and/or the Ages and Stages Questionnaire – Social Emotional (ASQ-SE) evidence-based developmental screening tool to obtain baseline information and whether additional supports are necessary. Other strategies include but are not limited to discussions with a staff member on an individual basis about early childhood mental health, child development in general, classroom management strategies, and supporting mental health best practices into program activities and policies. Strategies can also include collaborative work with a parent, such as offering parental guidance involving discussions about child development, concerns about developmental screenings, problem-solving together during case consultation sessions, and exploring referrals to additional supports.

**CG:** Consultation - Group: Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families. This may include consultation regarding the program as a whole or the design of a particular strategy or intervention. These meetings are also a forum for team development within the provider's staff.

**CO:** Consultation - Observation: Observing a child, group of children, or entire classroom within a defined setting to inform consultation services to teachers/staff/programs/parents. The purpose of these observations is to help inform the individual and group consultation process and therefore address the behavioral and developmental needs of the children through the enhancement of their primary relationships.

ST: Consultation – Staff Training: Provides structured, formal, in-service trainings to a group of three or more individuals comprised of staff of early care and education programs, family resource centers, shelters, etc. to develop their capacity to address the myriad of social-emotional and mental health needs of the children in their care. Topics may include but are not limited to the socialemotional foundations of learning, behavior management techniques/promoting positive behaviors, effective communication strategies, and working with parents.

PT: Consultation - Parent Training/Support Group: Provides didactic training on a specific topic or ongoing support to a group of parents. The format and frequency vary from one-time workshops to ongoing support groups for a consistent cohort of parents. Consultants are encouraged to learn about and pilot evidenced parenting programs such as Triple P and Incredible Years.

RL: Early Referral/Linkage: When the consultant's involvement with parents and child reveals a need for longer-term help and/or adjunct services, the consultant is optimally situated to assist the family in securing appropriate services. When necessary, the consultant will refer children and families for community services such as multi-disciplinary assessment; special education; occupational, speech, and physical therapy; family resource center services; or individual child or

Program Name: ECMHCI

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parent-child mental health services. The consultant's established relationship with the family increases the likelihood that the family will trust the recommendation and therefore pursue the referral. The consultant ensures the family's engagement with needed services by remaining involved with the family throughout the process. Once services are in place, the consultant can, with the parent's permission, act as a liaison between the new service provider and the early care and education staff; relaying information that enhances the staff's ongoing understanding and work with the particular child.

**SU:** Consultant Training/Supervision: Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also covers supervision of consultants both individually and in groups.

**EV: Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the CBHS-initiated evaluation efforts.

**SW:** Systems Work: Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0-5, enhance the development of inclusive education sites, and continuous quality improvement. This includes being a participating member of the Trans disciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.

### **CATEGORY 2**

These activities involve the provision of planned early intervention services to children and families. Client charts must be opened, but **a mental health diagnosis of the child is not required.** ECMHCI contractors must adhere to all HIPAA compliance and CBHS documentation requirements as specified. However, these services are not billed to EPSDT/Medi-Cal. They are billed as fee-for-service using grant funds, as well as MHSA funds. During the COVID pandemic, all services may be delivered remotely to ensure the health and safety of both clients and staff. *Note: These activities are pre-diagnostic and therefore not considered to be planned mental health services. They are brief time-limited interventions focused on the development of skills related to improving a child's social-emotional and behavioral functioning.*\*

**EI:** Early Intervention – Individual: Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. Activities include, but are not limited to: conducting developmental and/or social-emotional screening; individual child interventions, such as 1:1 support or shadowing in the classroom for a child struggling with behavioral or social difficulties who is at risk for expulsion; meeting with a parent/caregiver to discuss specific concerns they may have about their child's development, and/or helping them explore and implement new and specific parenting practices that would improve their child's social-emotional and behavioral functioning.

Appendix A- 2

Contractor: Homeless Children's Network

Program Name: ECMHCI Cont

**Contract Term:** 7/1/2021-6/30//2022

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH

WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF County GF WO CODB

**EG: Early Intervention – Group:** Conducting playgroups/socialization groups involving at least three children. These groups are designed to help children learn social skills such as getting along with others, making friends, handling and expressing frustrations, understanding and modulating feelings, developing reciprocity and compromise with peers, and learning cooperation with peers and adults. The groups occur on site and are led by the mental health consultant, and in some instances can be co-facilitated by a member of the site staff.

\*Early intervention services do not require a mental health diagnosis of the child. However, the client chart must include a client plan that is informed by a completed Ages and Stages Questionnaire (ASQ) or Ages and Stages Questionnaire — Social Emotional (ASQ-SE). If not already performed, and early intervention services are indicated, then the mental health consultant must ensure the ASQ is completed prior to the onset of services. In their assessment, the mental health consultant may also use the ASQ-SE as a follow-up to the ASQ to further inform the development of interventions. The client plan must reflect the needs identified by the screenings and must include goals and interventions that will help support the child's ability to remain in their current care setting.

### **CATEGORY 3**

These activities involve the provision of planned mental health services to children and families. Mental Health Services can be provided in the event that a referral/linkage for mental health treatment is not possible, or there is mutual agreement from consultation sessions that mental health services would benefit the child if provided on-site. Client charts must be opened. Therefore, the ECMHCI contractor must adhere to all HIPAA compliance and CBHS documentation requirements as specified. These services are to be billed to EPSDT/Medi-Cal first. These services can be billed as fee-for-service using grant or MHSA funding only if the child is not a full-scope Medi-Cal beneficiary. During the COVID pandemic, all services may be delivered remotely to ensure the health and safety of both clients and staff.

MI or MG: Mental Health Services - Individual, Family, or Group Therapy: Provided for a subset of the most at risk children for whom the indirect involvement of consultation and lower intensity early intervention services are not sufficient to address behavioral concerns. Targeted therapeutic interventions are employed by consultants that focus primarily on symptom reduction as a means to improve functional impairments that a child may be experiencing due to diagnosable mental health concerns. Therapy may be delivered to an individual or group of children and may include family therapy at which the child is present. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. A mental health diagnosis of the child is required, and client charts must include a client treatment plan that is informed by a completed CANS Assessment and may also include the results of developmental or social-emotional screenings. The client plan must include goals and interventions that will help support the child's ability to remain in the current care setting.

## **Standards of Practice (SOP)**

All ECMHCI contractors must incorporate the following standards of practice into each of their scopes of work: NOTE: The standards of practice for consultation services that are detailed below are only applicable to early care and education, family child care, and shelter programs, and are NOT directly applicable to services provided to family resources centers. In other words, the Standards of Practice do not apply to those settings.

Contractor: Homeless Children's Network

Appendix A-2

Program Name: ECMHCI Contract Term: 7/1/2021-6/30//2022

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH

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# **Program Consultation**

Center and/or classroom focused (including children's programming in shelter settings), benefits all children by addressing issues impacting the quality of care.

# **Frequency of Activities**

Activity	Children's Programs w/in Shelters	Small Child Care Center 12- 24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children		
Program Observation	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year		entering the site and 2 to 3 times a year per year per classroom equaling 4 to 6 entering the site and 2 to 3 times a year per classroom equaling 4 to 6 entering the site and 2 to 3 times a year per year per classroom equaling 4 to 6 entering the site and 2 to 3 times a year per year per classroom equaling 4 to 6		Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year
Meeting with Director	Monthly 1 hour per month	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month		
Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month		
Activity	Children's Programs w/in Shelters	Small Child Care Center 12- 24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children		
Trainings	As needed and as stipulated in the MOU between the site and the service providing agency	As needed and as stipulated in the MOU between the site and the service providing agency	Same as small center	Same as small center		

Appendix A- 2 Program Name: ECMHCI **Contract Term:** 7/1/2021-6/30//2022

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH

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### **Case Consultation**

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

## **Frequency of Activities**

	Children's Programs w/in Shelters	Small Center 12- 24 children	Medium Center 25-50 children	Large Center >50 children
Activity				
Child Observation	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
Meeting with Director	Once per month per child who is the focus of case consultation.	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
Meeting with Staff	Once per month per child for duration of case consultation.	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
Meeting with Parents	3 to 5 times per child	3 to 5 times per child	Same as for small center.	Same as for small center.

- Direct services occur within the child care center and/or shelter as allowed by the established Site Agreement and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.

Program Name: ECMHCI

**Contract Term:** 7/1/2021-6/30//2022

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• All direct treatment providers follow federal HIPPA regulations pertaining to the provisions of

services and the maintenance of records.

## Additional Modalities of Service/Interventions:

- Assessment of the site-specific environment will be a key factor in determining the level of ongoing involvement between HCN's Executive Director and key management from the site.
- All direct treatment providers will be trained to provide culturally-competent, environmentallycompetent, and developmentally-competent services.

# 6. Methodology

- A. As the premier agency in San Francisco acting as the collaborative centralizing referral response agency for mental health and shelter-based child care and early intervention services to homeless children, HCN operates as a comprehensive support organization for homeless families for city-wide resources. Our collaborative model allows for efficient and thorough outreach, promotion and advertisement activities. Monthly collaborative meetings in which providers share resources and coordinate referrals act as an outreach, promotion and advertisement mechanism. In addition, each collaborating agency has information posted on site in client gathering areas. Regular outreach, through community meetings with families at each shelter, also promotes services.
- B. HCN's Early Childhood Consultation services to the Shelters/Programs/FCCs are linked to the site, and are therefore not based on individual client eligibility standards. Therefore admission, enrollment and intake criteria for program eligibility is determined by the child/family's/staff's participation with the collaborating site.
- C. HCN's Early Childhood Consultation services will be delivered by using our mobile approach to "meeting providers/clients where they are." We travel to child care sites after creating a relationship to both the providers and parents in order to help promote optimal child development practices and provider support for both individual parent and child, as well as the program. During the COVID pandemic, all services may be delivered remotely to ensure the health and safety of both clients and staff. The foundation of our approach is simple: as the programs are strengthened to support the caregivers of our most vulnerable children and parents, the caregivers are therefore strengthened to provide the attentiveness, skilled interventions, patience, and love needed to guide the daily care of children from birth to five. Hence, our communities will have healthy and vibrant children to celebrate.
- D. HCN's Early Childhood Consultation services will be developmentally, linguistically, environmentally, and culturally optimal and accessible for families. Our staff therefore will reflect both a supremely high level of child development experience, including, but not limited to graduate studies in a related field; as well as, having the personality and emotional presence to be the example of self-care and balance. The specific methodology for our program model will be delivered in the context of the following services: HCN provides Consultation-Individual, Consultation-Group, Consultation-Class/Child Observation, Training/Parent Support, Direct Services- Individual, Direct Service Group services to

Appendix A- 2

Contractor: Homeless Children's Network

Program Name: ECMHCI

Contract Term: 7/1/2021-6/30//2022

Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF

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children. In addition, Outreach & Linkage and Program Evaluation will be provided. Hours of operation are Monday-Friday 9a-6p. Services are delivered at the shelter/program/FCC locations listed above, as well as at our offices at 3450 3<sup>rd</sup> Street Unit 1C.

E. Re: staffing refer to Appendix B-2, Salaries and Benefits page.

## 7. Objectives and Measurements:

## A. Standardized Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY21-22.

## 8. Continuous Quality Improvement:

HCN conducts continuous quality assurance and monitoring through the following means. Evidence of CQI activities is maintained in HCN's Administrative Binder for review by the Business Office of Contract Compliance.

- 1. Achievement of Contract Performance Objectives and Productivity: HCN's Program Director is responsible for oversight of all HCN contract performance objectives and productivity. The Program Director runs monthly reports to ensure compliance with program deliverables, and directs or provides training to staff and interns in required topics. HCN Staff meet for one hour each Tuesday with the Executive Director, Program Director, Program Assistant and Clinical Supervision Staff. Staff meetings address system-level identification of areas for improvement, compliance training needs, consumer feedback and recommendations for continuous quality assurance. HCN's Program Director monitors contract performance objectives based on outcome data, and meets monthly with clinicians and the Clinical Director to ensure progress towards annual goals.
- 2. Quality of Documentation: Periodic Utilization Review and Quality Control. A committee comprised of the Clinical Supervisor, Quality Assurance Staff and Program Director meet monthly to review cases. The review covers documentation accuracy and quality, special risk factors, clinical status and progress of each client, treatment modalities and the efficacy of interventions. The committee discusses outcomes and recommendations, such as changes in service intensity and referrals. PURQC Committee notes are kept by the Program Director and include recommendations to be conveyed to individual clinicians. Every clinician meets weekly with the Clinical Supervision Team for individual clinical supervision, and attends a weekly 2-hour Group Supervision meeting. Recommendations of the PURQC Committee are conveyed to clinicians during these meetings. A quarterly internal chart review is conducted by the Clinical Director. The Clinical Supervision Team keeps notes and a sign-in sheet for each Group Supervision session, including the topics covered.
- 3. Cultural Competency of Staff and Services: HCN's hiring policy includes thorough screening of candidates for cultural fit and cultural humility in serving the target population. HCN's Executive Director arranges for quarterly trainings to staff and interns in Cultural Sensitivity. Every Tuesday the clinical staff and interns participate in a one and a half hour

Program Name: ECMHCI Co

Contract Term: 7/1/2021-6/30//2022 Funding Source: MH MHSA (PEI), MH WO DCYF Child Care, MH

WO HSA Childcare, MH WO CFC School Readiness, MH WO CFC MH Pre-School, MH CYF County General Fund, MH CYF

County GF WO CODB

workshop on relevant topics, such as therapeutic techniques, legal and ethical issues, and cultural competency.

- 4. Satisfaction with Services: HCN participates in the administration of annual Consumer Satisfaction Surveys, as directed by BHS. Results of Consumer Satisfaction surveys inform recommendations for quality improvement, through trainings held at weekly Staff Meetings and/or monthly Program Meetings.
- 5. Timely Completion and Use of Outcome Data: Timely submissions of CANS, Progress Notes and Plans of Care are tracked by HCN's Quality Assurance Associate, who provides support and 1:1 coaching to program staff and interns. Improvements to service delivery to improve CANS outcomes are facilitated through training and direction to clinicians, during weekly individual supervision, weekly group supervision and monthly trainings.

# **9. Required Language** (if applicable):

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the BHS ECMHCI System of Care Program Manager and RFQ-16-2018.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI System of Care Program Manager of any changes.

# **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 3.3.1 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 (15<sup>th</sup>) 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 (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

### B. Final Closing Invoice

### (1) 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 of the CONTRACTOR'S allocation for the applicable fiscal year.

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

### 2. Program Budgets and Final Invoice

### A. Program are listed below:

**Budget Summary** 

Appendix B-1a – EPSDT Outpatient

Appendix B-1b – EPSDT Riley

Appendix B-1c - Treasure Island

Appendix B-1d –EPSDT LGBTQ

Appendix B-2 Early Childhood Mental Health Consultation Initiative (ECMHCI)

### B. Compensation

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> 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-One Thousand Seven Hundred Twenty-Seven Dollars** (\$9,991,727) for the period of July 1, 2018 through June 30, 2023.

CONTRACTOR understands that, of this maximum dollar obligation, \$248,260 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 to June 30, 2019	\$ 1,605,136
July 1, 2019 to June 30, 2020	\$ 1,980,780
FY 20-21 CODB One Time Funding (DV Amount)	\$ 39,107
July 1, 2020 to June 30, 2021	\$ 1,980,782
July 1, 2021 to June 30, 2022	\$ 2,068,831
July 1, 2021 to June 30, 2023	\$ 2,068,831
SubTotal July 1, 2018 to June 30, 2023	\$ 9,743,467
Contingency	\$ 248,260
TOTAL	\$ 9,991,727

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

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

## 3. Services of Attorneys

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

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

- A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.
- B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

### 5. Reports and Services

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

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

	3 - DPH 1: Departme	nt of Public Hea	th Contract Bud	lget Summary			
DHCS Legal Entity Number		_				Appendix B, Pa	аде 1
Legal Entity Name/Contractor Name		Network	Document Date	7/1/2021			
Contract ID Number					ling Notification Date	09/30/21	
Appendix Number		B-1b	B-1c	B-1d	B-2		
Provider Number	38AS	38AS	38AS	38AS	38AS		
			EPSDT				
· · · · · · · · · · · · · · · · · · ·	EPSDT -Outpatient		Treasure Island		ECMHCI		
Program Code		38AS4	38AS5	38AS6	TBD		
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22		
FUNDING USES						TOTAL	
Salaries	\$ 416,328	\$ 7,700	\$ 9,690	\$ 79,008	\$ 499,370	\$ 1,012,	,096
Employee Benefits	\$ 112,945	\$ 2,002	\$ 2,536	\$ 20,554	\$ 129,336	\$ 267,	,373
Subtotal Salaries & Employee Benefits	\$ 529,273	\$ 9,702	\$ 12,226	\$ 99,562	\$ 628,706	\$ 1,279,	,468
Operating Expenses	\$ 187,559	\$ 10,624	\$ 6,620	\$ 19,802	\$ 342,727	<del> </del>	,332
Capital Expenses					,	\$	
Subtotal Direct Expenses		\$ 20,326	\$ 18,846	\$ 119,364	\$ 971,433	\$ 1,846,	,800
Indirect Expenses	-	-		•			,030
Indirect %		12.0%	12.0%	12.0%	12.0%	12.0%	,
TOTAL FUNDING USES	\$ 802,822				\$ 1,088,433		831
TOTAL	Ψ 002,022	Ψ 22,730	Ψ 21,110	Ψ 133,710	Ψ 1,000,400	25.8%	,001
DUC MENTAL HEALTH FUNDING COURCES						20.070	
BHS MENTAL HEALTH FUNDING SOURCES	¢ 070.044	¢ 7,070	¢ 0.000	¢ 04.040		¢ 450	F04
MH CYF Fed SDMC FFP (50%)	\$ 379,811					\$ 456,	
MH CYF State 2011 PSR-EPSDT	\$ 369,980	\$ 7,134	\$ 7,200	\$ 60,098	Φ 007.004		,412
MH MHSA (PEI)					\$ 297,384		,384
MH WO DCYF Child Care					\$ 255,834		,834
MH WO HSA Childcare					\$ 193,324		,324
MH WO CFC School Readiness					\$ 27,920		,920
MH WO HSA Pre-School for All					\$ 167,250	\$ 167,	,250
MH CYF County Local Match		•			•		
MH CYF County General Fund	\$ 53,031	\$ 8,250	\$ 5,910	\$ 12,264	\$ 131,141	· ·	,596
MH CYF County GF WO CODB					\$ 15,580	· ·	,580
						\$	
						\$	
						\$	
						\$	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 802,822	\$ 22,756	\$ 21,110	\$ 133,710	\$ 1,088,433	\$ 2,068,	<u>,831</u>
BHS SUD FUNDING SOURCES							
						\$	
						\$	
						\$	
						\$	
						\$	
			1	<u> </u>		\$	
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$	
OTHER DPH FUNDING SOURCES							
						\$	
						\$	
						\$	-
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$	
TOTAL DPH FUNDING SOURCES	\$ 802,822	<u> </u>	·	<u> </u>	\$ 1,088,433	\$ 2,068,	,831
NON-DPH FUNDING SOURCES	, , , , , , , , , , , , , , , , , , , ,				, , , , ,	,,,,,,,	
						\$	_
		1		<u> </u>		\$	
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$	<del>_</del>
					•		924
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 802,822	\$ 22,756	\$ 21,110		\$ 1,088,433	\$ 2,068,	,037
Prenared Ry	Pinky Huree			Number 415-936	o-4/81		

**CHECK**: FUNDING USES = FUNDING SOURCES (Should always be 0)

(0) 0 0 (0)

0

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

Appendix B - DPH	2: Department of Public Heath Co	ost Reporting/Dat	a Collection	(CRDC	<b>C</b> )		
DHCS Legal Entity Number		_	App	pendix Number_	B-1		
Provider Name		_		Page Number	2		
Provider Number		Document Date	7/1/20		Fiscal Year_	2021	
Contract ID Number	1000011726			ding No	otification Date	9/30/	21
		EPSDT	EPSDT				
	Program Name	Outpatient	Outpatient				
	Program Code	38AS3	38AS3				
	Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 5	9			
		OP-Case Mgt					
	Service Description	Brokerage	OP-MH Svc	s			
F	unding Term (07/01/20-06/30/21):	7/1/21-6/30/22	7/1/21-6/30/	22			
FUNDING USES	,					TOT	AL
	Salaries & Employee Benefits	9,084	520,18	39		\$ 5	29,273
	Operating Expenses	2,694	184,86	_			87,559
	Capital Expenses	_,00	10.,0			\$	-
	Subtotal Direct Expenses	\$ 11,778	\$ 705,0	54 \$	-	•	16,832
	Indirect Expenses	1,415	84,57				85,990
	Indirect %	12.0%	12.0%		0.0%	12.0	
	TOTAL FUNDING USES	\$ 13,192	\$ 789,62	29 \$	-	\$ 8	02,822
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	5,938	373,87	73		\$ 3	79,811
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	5,082	364,89	98		\$ 3	69,980
MH CYF County General Fund	251962-10000-10001670-0001	2,172	50,8	59		\$	53,031
This row left blank for funding sources not in drop-down list						\$	
TOTAL BHS MENTA	AL HEALTH FUNDING SOURCES	\$ 13,192	\$ 789,63	30 \$	-	\$ 8	02,822
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity						
						\$	
						\$	
						\$	
This row left blank for funding sources not in drop-down list	L DUIS SUB FUNDING SOURCES	•				\$	
	L BHS SUD FUNDING SOURCES	\$ -	\$	- \$	-	\$	
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					•	
						\$	
This row left blank for funding sources not in drop-down list		•				\$	-
	THER DPH FUNDING SOURCES	•	\$	- \$	-	\$	-
	OTAL DPH FUNDING SOURCES	\$ 13,192	\$ 789,63	30 \$	-	\$ 8	02,822
NON-DPH FUNDING SOURCES							
						Φ.	
This row left blank for funding sources not in drop-down list	NON DRILEUNDING COURSES	<b>^</b>				\$	
	NON-DPH FUNDING SOURCES	•	\$ 700.00	- \$	-	\$	-
	SOURCES (DPH AND NON-DPH)	13,192	789,63	50	-	8	02,822
BHS UNITS OF SERVICE AND UNIT COST	Number of Deal D						
CLID Only. Number of Outer	Number of Beds Purchased						
,	patient Group Counseling Sessions y for Narcotic Treatment Programs			+			
SOD Only - Licensed Capacit	y for Narcouc Treatment Programs	Fee-For-Service	Fee-For-				
		Service (FF	3)				
	Payment Method DPH Units of Service	4,368	208,3		+		
	Unit Type		Staff Minute		0		
Cost Per Unit - DPH Rate	(DPH FUNDING SOURCES Only)		\$ 3.7		-		
Cost Per Unit - Contract Rate (DPH 8	1		\$ 3.7		-		
`	ed Rate (Medi-Cal Providers Only)		\$ 3.7		ľ	Total (	JDC
	Unduplicated Clients (UDC)		218			220	
			•				

CHECK: FUNDING USES = FUNDING SOURCES (Should always be ZERO)

O
(1)
0
(0)
FORMULA: DPH UNITS

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

Contract ID Number 1000011726

Program Name EPSDT Outpatient
Program Code 38AS3

Document I 7/1/2021
Appendix Number B-1a
Page Number 3
Fiscal Year 2021-22

		Funding Notification Date 09/30/2					J9/30/21			
		TOTAL					und 251962- 001670-0001	OP-I	ИΗ	Svcs
	Funding Term	7/1/2	1-6/3	30/22	7/	1/21	-6/30/22	7/1/2	1-6/	30/22
Positio	n Title	FTE		Salaries	FTE		Salaries	FTE		Salaries
Executive Director	April Silas	0.13	\$	21,840	0.01	\$	655	0.12	\$	21,185
Program Director	Hazel Benigno	0.20	\$	22,000	0.10	\$	11,000	0.10	\$	11,000
Clinical Supervisor	Autumm Beard	0.20	\$	18,000	0.10	\$	9,000	0.10	\$	9,000
Clinical Director	Bonnie Harrison		\$	4,200	0.01	\$	126	0.03	\$	4,074
Clinical Supervisor	Matthew Ivey	0.13	\$	12,150	0.01	\$	365	0.12	\$	11,786
Mental Health Therapist	Mark Jefferson	0.03	\$	2,556	0.01	\$	77	0.02	\$	2,479
Mental Health Therapist II	Hallie Davis	0.22	\$	16,216	0.01	\$	486	0.21	\$	15,729
Mental Health Therapist III	Brigitte Macias	0.52	\$	37,260	0.01	\$	1,118	0.51	\$	36,142
Mental Health Therapist IV	Sophia Padilla	0.79	\$	56,658	0.02	\$	1,700	0.77	\$	54,958
Mental Health Therapist V	lesha Brooks	0.62	\$	44,801	0.02	\$	1,344	0.60	\$	43,457
Mental Health Therapist VI	June Lin-Arlow	0.42	\$	30,000	0.42	\$	900	0.00	\$	29,100
Mental Health Therapist VII	Illari Alvarez	0.52	\$	37,260	0.52	\$	1,118	0.00	\$	36,142
Quality Assurance Director	Eric Subido	0.42	\$	40,000	0.42	\$	1,200	0.00	\$	38,800
Program Manager	Jennifer Calderon	0.48	\$	37,260	0.48	\$	1,118	0.00	\$	36,142
Clinical Supervisor	Angelique McGuire		\$	21,009	0.23	\$	630	0.00	\$	20,378
Quality Assurance Associate	Nicollette Maristela	0.20	\$	15,119	0.20	\$	454	0.00	\$	14,665
			\$	-		\$	-		\$	-
			\$	-		\$	-		\$	-
			\$	-						
			\$	-						
	Totals:	5.1400	\$	416,328.02	2.56	\$	31,289.84	2.58	\$	385,038
Employee Benefits:		27%	\$	112,945	11%	\$	3,388	28.45%	\$	109,556
TOTAL SALARIES & BENEFI	TS		\$	529,273.00		\$	34,678.00		\$	494,594.00

# Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number1000011726Appendix NumberB-1aProgram NameEPSDT OutpatientPage Number4Program Code38AS3Fiscal Year2021-22

	-			riscai reai	2021-22
		Fun	ndin	ng Notification Date	09/30/21
Expense Categories & Line Items		TOTAL		General Fund 251962-10000- 10001670-0001	OP-MH Svcs
Funding Term	7/	1/2020-6/30/2021	7/	/1/2020-6/30/2021	7/1/2020-6/30/2021
Rent	\$	94,281.00	\$	94,281	\$ -
Utilities (telephone, electricity, water, gas)	\$	17,012.00	\$	17,012	\$ -
Building Repair/Maintenance	\$	3,802.00	\$	3,802	\$ -
Occupancy Total:	\$	115,095.00	\$	115,095.00	\$ -
Office Supplies + Laptop	\$	8,900.00	\$	8,900	\$ -
Photocopying	\$	5,782.00	\$	5,782	\$ -
Program Supplies	\$	12,322.00	\$	12,322	\$ -
Computer Hardware/Software	\$	15,000.00	\$	15,000	\$ -
Materials & Supplies Total:	\$	42,004.00	\$	42,004.00	\$ -
Training/Staff Development	\$	8,000.00	\$	8,000	\$ -
Insurance	\$	5,150.00	\$	5,150	\$ -
Professional License	\$	400.00	\$	400	\$ -
Permits	\$	2,000.00	\$	2,000	
Equipment Lease & Maintenance	\$	2,800.00	\$	2,800	\$ -
General Operating Total:	\$	18,350.00	\$	18,350.00	\$ -
Local Travel	\$	10,950.00	\$	10,950	\$ -
Out-of-Town Travel	\$	1,160.00	\$	1,160	\$ -
Staff Travel Total:	\$	12,110.00	\$	12,110.00	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$	-			
	\$	-	_		
Consultant/Subcontractor Total:	-	-	\$	-	\$ -
Other (provide detail):	\$	-			
	\$	-			
Other Total:	\$ <b>\$</b>	-	\$	-	\$ -
TOTAL OPERATING EXPENSE	\$	187,559.00	\$	187,559.00	\$ -

Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expens

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

Contractor Nar	ne Homelss Children's Network	Page Number_	5
Contract ID Numb	<mark>oer</mark> 1000011726	Fiscal Year _	2021-22
		Funding Notification Date	9/30/21
		Document Date	7/1/2021

# 1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Finance Director ( EPSDT Outpatient)	0.40	\$ 42,000
Development Director ( EPSDT Outpatient)	0.21	\$ 22,050
Finance Specialist III	0.10	\$ 10,500
Finance Specialist I time spent on contract management and	0.23	\$ 19,800
Finance Specialist II time spent on contract management an	0.25	\$ 20,000
Finance Specialist III time spent on contract management at	0.28	\$ 22,732
Development Associate time spent on contract maintenance	0.33	\$ 10,000
Operations Manager spent time on project-related operation	0.23	\$ 10,000
Subtotal:	2.03	\$ 157,082.00
Employee Benefits:	23.0%	\$ 35,368.00
Total Salaries and Employee Benefits:		\$ 192.450.00

# 2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Audit & Accounting ( EPSDT Outpatient)	\$ 4,910
Payroll fees ( EPSDT Outpatient)	\$ 356
Insurance costs at approx. 20% ( EPSDT Outpatient)	\$ 1,994
IT Support ( EPSDT Outpatient)	\$ 3,500.00
IT Contractor ( EPSDT Riley)	\$ 1,430
Grantwriting Contractor ( EPSDT Riley)	\$ 1,000
Off site storage @ 78% (EPSDT T.I.)	\$ 1,264
Insurance @ 9% (EPSDT T.I.)	\$ 1,000
Payroll administration	\$ 116
Insurance @ 9%	\$ 1,000
Off site storage @ 28 %	\$ 736
Insurance @ 38%	\$ 2,091
IT Support	\$ 10,183
Total Operating Costs	\$ 29,580.00

Total Indirect Costs \$

222,030.00

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

DHCS Legal Entity Number	2: Department of Public Heath (	Jost Reporting/Dat	Appendix Number	•
9	Homeless Children's Network		Page Number	B-1b 1
Provider Name Provider Number			Fage Number _ Fiscal Year	2021-22
Document Date		Fundii	ng Notification Date	09/30/22
Decament Bate	Program Name		ig Notification Date	03/30/22
	Program Code			
	Mode/SFC (MH) or Modality (SUD)	15/10-57, 59		
	()			
	Service Description	OP-MH Svcs		
Fui	nding Term (7/1/2020-6/30/2021):	7/1/2020-6/30/2021		
FUNDING USES	,			TOTAL
- Chaire Colo	Salaries & Employee Benefits	9,702		9,702
	Operating Expenses	10,624		10,624
	Capital Expenses	,		-
	Subtotal Direct Expenses	20,326	-	20,326
	Indirect Expenses	2,430		2,430
	TOTAL FUNDING USES	<u> </u>	-	22,756
BHS MENTAL HEALTH FUNDING	Dept-Auth-Proj-Activity			
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	\$ 7,372		7,372
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	\$ 7,134		7,134
MH CYF County General Fund	251962-10000-10001670-0001	\$ 8,250		8,250
This row left blank for funding sources not i				-
TOTAL BHS MENTA	L HEALTH FUNDING SOURCES	22,756	-	22,756
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity			
				-
				-
				-
This row left blank for funding sources not i				-
	BHS SUD FUNDING SOURCES	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity			
				-
				-
This row left blank for funding sources not i	-			-
	THER DPH FUNDING SOURCES	-	-	-
T	OTAL DPH FUNDING SOURCES	22,756	-	22,756
NON-DPH FUNDING SOURCES				
This row left blank for funding sources not i				-
	NON-DPH FUNDING SOURCES	-	-	-
	SOURCES (DPH AND NON-DPH)	22,756	-	22,756
BHS UNITS OF SERVICE AND UN				
	Number of Beds Purchased			
, in the second	atient Group Counseling Sessions			
SUD Only - Licensed Capacity	/ for Narcotic Treatment Programs			
	D-1	Fee-For-Service		
	Payment Method	(FFS)		
	DPH Units of Service	8,719 Staff Minute	0	
Cost Bor Unit DDL Boto	Unit Type (DPH FUNDING SOURCES Only)			
ost Per Unit - Contract Rate (DPH &	•	·	\$ - \$ -	
`	ed Rate (Medi-Cal Providers Only)	· ·	Ψ -	Total UDC
Fublish	Unduplicated Clients (UDC)	φ 3.79 8		8
	oridupilicated Ciletits (ODC)			U

**CHECK**: FUNDING USES = FUNDING SOURCES (Should always be 0 0 FORMULA: DPH UNITS 2.61 -

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

Program Name EPSDT Riley
Program Code 38AS4

 Docume
 7/1/2021

 Appendix Number
 B-1b

 Page Number
 2

 Fiscal Year
 2021-22

 Funding Notification Date
 09/30/21

	TOTAL General Fund 251962- 10000-10001670-0001		Dept-Auth-Proj-Activi					
Funding Term	7/1/202	21-6/3	30/2022	7/1/	202	1-6/30/2022	(mm/	dd/yy-mm/dd/yy):
Position Title	FTE	S	Salaries	FTE		Salaries	FTE	Salaries
Executive Director	0.01	\$	1,200	0.01	\$	1,200		
Program Director	0.01	\$	800	0.01	\$	800		
Clinical Supervisor	0.03	\$	1,200	0.03	\$	1,200		
Clinical Supervisor	0.03	\$	1,200	0.03	\$	1,200		
Mental Health Therapist	0.01	\$	550	0.01	\$	550		
Mental Health Therapist II	0.01	\$	550	0.01	\$	550		
Mental Health Therapist III	0.01	\$	550	0.01	\$	550		
Mental Health Therapist IV	0.01	\$	550	0.01	\$	550		
Mental Health Therapist V	0.01	\$	550	0.01	\$	550		
Mental Health Therapist VI	0.01	\$	550	0.01	\$	550		
	0.00							
	0.00	\$	-					
	0.00	\$	1					
Totals:	0.14	\$	7,700	0.14	\$	7,700	0.00	\$ -
Employee Benefits:	26.00%	\$	2,002	26.00%	\$	2,002	0.00%	
TOTAL SALARIES & BENEFITS		\$	9,702		\$	9,702		\$ -

# Appendix B - DPH 4: Operating Expenses Detail

Program Name EPSDT Riley	Appendix Number	B-1b	
Program Code 38AS4	Page Number	3	
	Fiscal Year	2021-22	
	-//0004 F II N III II F I	00/00/04	

Document Date	7/1/2021	Funding Notification Date	09/30/21
Expense Categories & Line Items	TOTAL	General Fund 251962- 10000-10001670-0001	Dept-Auth-Proj-Activity
Funding Term	7/1/2021-6/30/2022	7/1/2021-6/30/2022	(mm/dd/yy-mm/dd/yy):
Rent	\$ 10,624	\$ 10,624	
Utilities (telephone, electricity, water, gas)			
Building Repair/Maintenance			
Occupancy Total:	\$ 10,624	\$ 10,624	-
Office Supplies			
Photocopying			
Program Supplies			
Computer Hardware/Software			
Materials & Supplies Total:	\$ -	-	-
Training/Staff Development			
Insurance			
Professional License			
Permits			
Equipment Lease & Maintenance			
General Operating Total:	\$ -	-	-
Local Travel			
Out-of-Town Travel			
Field Expenses	\$ -		
Staff Travel Total:	\$ -	-	-
Consultant/Subcontractor (Provide	\$ -		
	\$ -		
Consultant/Subcontractor Total:	\$	-	-
Other (provide detail):	\$ -		
	\$ -		
	\$ -		
Other Total:	-	-	-
		1.	
TOTAL OPERATING EXPENSE	\$ 10,624	\$ 10,624	-

Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expense Line Items may be edited or deleted as necessary to reflect the contractor's ledger accounts.

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

Contractor Name Homelss Children's Network	Page Number		4	_
Contract ID Number 1000011726	Fiscal Year	2021-22		_
	Funding Notification Date	09/30/21		-
	•	Document Date		7/1/2021
1. SALARIES & EMPLOYEE BENEFITS				
Position Title	FTE	Amount		]
				]
Outrest	2.22	Φ.		]
Subtotal:	0.00		-	
Employee Benefits:	0.0%			
Total Salaries and Employee Benefits:		\$	-	
2. OPERATING COSTS				
Expenses (Use expense account name in the ledger.)		Amount		Note: Expens
IT Contractor			,430	Troto: Experie
Grantwriting Contractor		'	,000	
			,,,,,,	1
				1
				1

Total Indirect Costs \$ 2,430

2,430

2,430

Total Operating Costs \$

Total Indirect from DPH 1: \$

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

Provider Name Homeless Children's Network	DHCS Legal Entity Number	ix B - DPH 2: Department of Publi 00723	ic rieatii Cost ite		Appendix Number	B-1c
Provider Number 38AS	g ,			-	· · · —	1
Program Name			Document Date	7/1/2021	_	2021-22
Program Name	i Tovidei Nambei	30713	Document Date		<del>-</del>	
Program Code   38AS5   38AS5		Program Name	FPSDT TI		g Hotimodilon Bato	00/00/21
Mode/SFC (MH) or Modality (SUD)						
Service Description   OP-Case Mgt Brokerage   OP-MH Svcs		Ŭ				
Service Description		mede, e. e (iiii i) e. inedding (eee)		10/10/01/00		
Funding Term (7/1/2020-6/30/2021): 7/1/2021-6/30/2022		Sarvica Description		OP-MH Svcs		
Salaries & Employee Benefits	Fii		•			
Salaries & Employee Benefits		riding 101111 (17172020 073072021).	7/1/2021-0/30/2022	7/1/2021-0/30/2022		ΤΟΤΔΙ
Capital Expenses	1 01121110 0020	Salaries & Employee Benefits	716	11 510		
Capital Expenses   1,116				•		
Subtotal Direct Expenses			100	0,220		- 0,020
Indirect Expenses   134   2,130   2,26			1.116	17,730	_	18 846
TOTAL FUNDING USES		-	*	·		
### BHS MENTAL HEALTH FUND ### CYF Fed SDMC FFP (50%) ### 251962-10000-10001670-0001 ### 251962-10000-10001670-0001 ### 251962-10000-10001670-0001 ### 251962-10000-10001670-0001 ### 312		·			_	21,110
MH CYF Fed SDMC FFP (50%)   251962-10000-10001670-0001   624   7,376   8,00   MH CYF State 2011 PSR-EPSDT   251962-10000-10001670-0001   312   6,888   7,20   MH CYF County General Fund   251962-10000-10001670-0001   314   5,596   5,91   This row left blank for funding sources not in drop-down list   TOTAL BHS MENTAL HEALTH FUNDING SOURCES   1,250   19,860   - 21,111    BHS SUD FUNDING SOURCE   Dept-Auth-Proj-Activity	BHS MENTAL HEALTH FLIND		1,200	10,000		21,110
MH CYF State 2011 PSR-EPSDT   251962-10000-10001670-0001   312   6,888   7,20   MH CYF County General Fund   251962-10000-10001670-0001   314   5,596   5,91   5,			604	7 276		0 000
MH CYF County General Fund   251962-10000-10001670-0001   314   5,596   5,91	,			•		•
This row left blank for funding sources not in drop-down list  TOTAL BHS MENTAL HEALTH FUNDING SOURCES BHS SUD FUNDING SOURCE Dept-Auth-Proj-Activity  This row left blank for funding sources not in drop-down list  TOTAL BHS SUD FUNDING SOURCES  OTHER DPH FUNDING SOUR  TOTAL OTHER DPH FUNDING SOURCES  TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES TOTAL PH FUNDING SOURCES TOTAL PH FUNDING SOURCES TOTAL FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES TOTAL FUNDING SOURCES TOTAL FUNDING SOURCES FOR TOTAL FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) TOTAL FUNDING SOURCES (DPH AND NON-DPH Staff Minute) TOTAL FUNDING SOURCES (DPH AND NON-DPH FUNDING SOURCES) TOTAL FUNDING SOURCES (DPH AND NON-DPH FU				·		•
TOTAL BHS MENTAL HEALTH FUNDING SOURCES  BHS SUD FUNDING SOURCE  Dept-Auth-Proj-Activity  This row left blank for funding sources not in drop-down list  TOTAL BHS SUD FUNDING SOURCES  OTHER DPH FUNDING SOUR  Dept-Auth-Proj-Activity  This row left blank for funding sources not in drop-down list  TOTAL OTHER DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  This row left blank for funding sources not in drop-down list  TOTAL NON-DPH FUNDING SOURCES  TOTAL PUNDING SOURCES  TOTAL FUNDING SOURCES			314	5,596		5,910
BHS SUD FUNDING SOURCE  Dept-Auth-Proj-Activity  This row left blank for funding sources not in drop-down list  TOTAL BHS SUD FUNDING SOURCES  OTHER DPH FUNDING SOUR  Dept-Auth-Proj-Activity  This row left blank for funding sources not in drop-down list  TOTAL OTHER DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL NON-DPH FUNDING SOURCES  TOTAL FUNDING SOURCES  TOTAL FUNDING SOURCES (DPH AND NON-DPH)  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  Fee-For-Service  Payment Method  DPH Units of Service  Unit Type  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES) \$ 3.02 \$ 3.79 \$ - Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) \$ 3.02 \$ 3.79 \$ - Total UDC			1 250	10.960	_	21 110
This row left blank for funding sources not in drop-down list  TOTAL BHS SUD FUNDING SOURCES  Dept-Auth-Proj-Activity  This row left blank for funding sources not in drop-down list  TOTAL OTHER DPH FUNDING SOURCES  TOTAL OTHER DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL PH FUNDING SOURCES  TOTAL NON-DPH FUNDING SOURCES  TOTAL NON-DPH FUNDING SOURCES  TOTAL FUNDING SOURCES (DPH AND NON-DPH)  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  DPH Units of Service  Unit Type  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES only)  Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)  3.02  3.79  Total UDC			1,230	19,000	-	21,110
TOTAL BHS SUD FUNDING SOURCES  OTHER DPH FUNDING SOUR  Dept-Auth-Proj-Activity  This row left blank for funding sources not in drop-down list  TOTAL OTHER DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  This row left blank for funding sources not in drop-down list  TOTAL NON-DPH FUNDING SOURCES  TOTAL FUNDING SOURCES  TOTAL FUNDING SOURCES (DPH AND NON-DPH)  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  Fee-For-Service (FFS)  DPH Units of Service  Payment Method  DPH Units of Service  Unit Type  Staff Minute  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES) \$ 3.02 \$ 3.79 \$ - Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) \$ 3.02 \$ 3.79 \$ - Total UDC	BHS SUD FUNDING SOURCE	Dept-Autn-Proj-Activity				
TOTAL BHS SUD FUNDING SOURCES  OTHER DPH FUNDING SOUR  Dept-Auth-Proj-Activity  This row left blank for funding sources not in drop-down list  TOTAL OTHER DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  This row left blank for funding sources not in drop-down list  TOTAL NON-DPH FUNDING SOURCES  TOTAL FUNDING SOURCES  TOTAL FUNDING SOURCES (DPH AND NON-DPH)  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  Fee-For-Service (FFS)  DPH Units of Service  Payment Method  DPH Units of Service  Unit Type  Staff Minute  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES) \$ 3.02 \$ 3.79 \$ - Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) \$ 3.02 \$ 3.79 \$ - Total UDC	TI: 1 (11 1 1 ( 1 1 1 1 1 1 1 1 1 1 1 1 1					<u>-</u>
Dept-Auth-Proj-Activity						<del>-</del>
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TOTAL OTHER DPH FUNDING SOURCES	OTHER DPH FUNDING SOUR	Dept-Auth-Proj-Activity				
TOTAL OTHER DPH FUNDING SOURCES						-
TOTAL DPH FUNDING SOURCES						-
NON-DPH FUNDING SOURCES  This row left blank for funding sources not in drop-down list  TOTAL NON-DPH FUNDING SOURCES  TOTAL FUNDING SOURCES (DPH AND NON-DPH)  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  Fee-For-Service  Payment Method  Unit Type  Staff Minute  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)  Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)  Published Rate (Medi-Cal Providers Only)  Total UDC			-	-	-	-
This row left blank for funding sources not in drop-down list  TOTAL NON-DPH FUNDING SOURCES  TOTAL FUNDING SOURCES (DPH AND NON-DPH)  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  Fee-For-Service  Payment Method  Unit Type  Staff Minute  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)  Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)  Published Rate (Medi-Cal Providers Only)  Total UDC	1	OTAL DPH FUNDING SOURCES	1,250	19,860	-	21,110
TOTAL NON-DPH FUNDING SOURCES   -   -   -	NON-DPH FUNDING SOURCE	S				
TOTAL NON-DPH FUNDING SOURCES   -   -   -						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)  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  Fee-For-Service (FFS)  DPH Units of Service  Unit Type  Staff Minute  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)  Published Rate (Medi-Cal Providers Only)  1,250  19,860  - 21,11  Fee-For-Service (FFS)  Fee-For-Service (FFS)  Staff Minute  0  Total UDC	This row left blank for funding sources	not in drop-down list				-
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  DPH Units of Service  Unit Type  Staff Minute  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)  Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)  Published Rate (Medi-Cal Providers Only)  SUD Only - Licensed Capacity for Narcotic Treatment Programs  Fee-For-Service (FFS)  Fee-For-Service (FFS)  Staff Minute  O  Total UDC	TOTAL	NON-DPH FUNDING SOURCES	-	-	-	-
BHS UNITS OF SERVICE AND UNIT COST    Number of Beds Purchased	TOTAL FUNDING	SOURCES (DPH AND NON-DPH)	1,250	19,860	-	21,110
Number of Beds Purchased  SUD Only - Number of Outpatient Group Counseling Sessions SUD Only - Licensed Capacity for Narcotic Treatment Programs  Fee-For-Service (FFS)  DPH Units of Service Unit Type Staff Minute Staff Minute 0  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) \$ 3.02 \$ 3.79 \$ -  Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) \$ 3.02 \$ 3.79 \$ -  Published Rate (Medi-Cal Providers Only) \$ 3.02 \$ 3.79 \$ Total UDC		` '				
SUD Only - Number of Outpatient Group Counseling Sessions SUD Only - Licensed Capacity for Narcotic Treatment Programs  Fee-For-Service (FFS)  DPH Units of Service Unit Type Staff Minute  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)  Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)  Published Rate (Medi-Cal Providers Only)  Total UDC						
SUD Only - Licensed Capacity for Narcotic Treatment Programs  Payment Method (FFS) Payment Method (FFS) Payment Method Payment Method Payment Method Payment Method Payment Method (FFS) Payment Method P	SUD Only - Number of Outp					
Payment Method         Fee-For-Service (FFS)           Payment Method         Fee-For-Service (FFS)           DPH Units of Service         414         5,240           Unit Type         Staff Minute         0           Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)         \$ 3.02         \$ 3.79         -           Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)         \$ 3.02         \$ 3.79         Total UDC		·				
Payment Method         (FFS)         (FFS)           DPH Units of Service         414         5,240           Unit Type         Staff Minute         Staff Minute         0           Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)         \$ 3.02         \$ 3.79         \$ -           Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)         \$ 3.02         \$ 3.79         \$ -           Published Rate (Medi-Cal Providers Only)         \$ 3.02         \$ 3.79         Total UDC		,	Fee-For-Service	Fee-For-Service		
DPH Units of Service 414 5,240  Unit Type Staff Minute Staff Minute 0  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) \$ 3.02 \$ 3.79 \$ -  Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) \$ 3.02 \$ 3.79 \$ -  Published Rate (Medi-Cal Providers Only) \$ 3.02 \$ 3.79 \$ Total UDC		Payment Method				
Unit Type Staff Minute Staff Minute 0  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) \$ 3.02 \$ 3.79 \$ -  Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) \$ 3.02 \$ 3.79 \$ -  Published Rate (Medi-Cal Providers Only) \$ 3.02 \$ 3.79 \$ Total UDC			,	` /		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) \$ 3.02 \$ 3.79 \$ -  Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) \$ 3.02 \$ 3.79 \$ -  Published Rate (Medi-Cal Providers Only) \$ 3.02 \$ 3.79 \$ Total UDC					0	
Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) \$ 3.02 \$ 3.79 \$ -  Published Rate (Medi-Cal Providers Only) \$ 3.02 \$ 3.79 <b>Total UDC</b>	Cost Per Unit - DPH Rate	* .		\$ 3.79	\$ -	
Published Rate (Medi-Cal Providers Only) \$ 3.02 \$ 3.79 Total UDC		,				
	,	•			i i	Total UDC
		Unduplicated Clients (UDC)	2	8		10

CHECK: FUNDING USES = FUNDING SOURCES (Should alway: 0 0 0 0 FORMULA: DPH UNITS 3.02 3.79 -

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

Program Name EPSDT Treasure Island
Program Code 38AS5

 Document Date
 7/1/2021

 Appendix Number
 B-1c

 Page Number
 2

 Fiscal Year
 2021-22

 Funding Notification Date
 09/30/21

		TOTAL General Fund 251962-10000-10001670-0001		Dept-Auth-P	Dept-Auth-Proj-Activity		
Funding Term	7/1	/2020-6/30/2021	7/1/20	20-6/30/2021	(mm/dd/yy-	mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Executive Director	0.01	\$ 1,680	0.01	\$ 1,680			
Program Director	0.01	\$ 800	0.01	\$ 800			
Clinical Supervisor	0.01	\$ 872	0.01	\$ 872			
Clinical Director	0.01	\$ 1,200		\$ 1,200			
Clinical Supervisor	0.02	\$ 1,538	0.02	\$ 1,538			
Mental Health Therapist	0.01	\$ 600	0.01	\$ 600			
Mental Health Therapist II	0.01	\$ 600	0.01	\$ 600			
Mental Health Therapist III	0.01	\$ 600	0.01	\$ 600			
Mental Health Therapist IV	0.01	\$ 600	0.01	\$ 600			
Mental Health Therapist V	0.01	\$ 600	0.01	\$ 600			
Mental Health Therapist VI	0.01	\$ 600	0.01	\$ 600			
	0.00						
	0.00	-					
	0.00	-					
	0.00	-					
Totals:	0.12	\$ 9,690	0.12	\$ 9,690	0.00	\$ -	
Employee Benefits:	26%	\$ 2,536	26%	\$ 2,536	0.00%		
TOTAL SALARIES & BENEFITS		\$ 12,226	7	\$ 12,226	]	\$ -	

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

	Document Date	7/1/2021	
Program Name EPSDT Treasure Island	Appendix Number	B-1c	
Program Code 38AS5	Page Number	3	
	Fiscal Year	2021-22	
	Funding Notification Date	09/30/21	

Expense Categories & Line Items	TOTAL						25 10	Seneral Fund 51962-10000- 0001670-0001	A	Auth-Proj- ctivity
Funding Term	7/1/2021	-6/30/2022	7/1/	2021-6/30/2022	(mm/dd/	yy-mm/dd/yy):				
Rent	\$	6,620	\$	6,620						
Utilities (telephone, electricity, water, gas)										
Building Repair/Maintenance										
Occupancy Total:	\$	6,620	\$	6,620	\$	-				
Office Supplies										
Photocopying										
Program Supplies										
Computer Hardware/Software										
Materials & Supplies Total:	\$	-	\$	-	\$	-				
Training/Staff Development										
Insurance										
Professional License										
Permits										
Equipment Lease & Maintenance										
General Operating Total:	\$	-	\$	-	\$	-				
Local Travel										
Out-of-Town Travel										
Field Expenses	\$	-								
Staff Travel Total:	\$	-	\$	-	\$	-				
Consultant/Subcontractor (Provide	\$	-								
,	\$	-								
Consultant/Subcontractor Total:	\$	-	\$	-	\$	-				
Other (provide detail):	\$	-								
,	\$	-								
	\$	-								
Other Total:	\$	-	\$	-	\$	-				
TOTAL OPERATING EXPENSE	\$	6,620	<b>\$</b>	6,620	\$					

Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expense Line Items may be edited or deleted as necessary to reflect the contractor's ledger accounts.

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

Contractor Name Homelss Children's Network	Page Number	4
Contract ID Number 1000011726	Fiscal Year	2021-22
	Funding Notification Date	09/30/21
	Document Date	7/1/2021

# 1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount

Subtotal: 0.00 \$

Employee Benefits: 0.0%

**Total Salaries and Employee Benefits:** 

# 2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)		Amount	
Off site storage @ 78%	\$	1,264	
Insurance @ 9%	\$	1,000	
Total Operating Costs	\$	2,264	
Total Indirect Costs	1 \$	2 264	

Total Indirect Costs | \$

Total Indirect from DPH 1: \$ 2,264 Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

	3 - DPH 2: Department of Public F	leath Cost Repor		on (CRDC) Appendix Number	
DHCS Legal Entity Number			_	B-1d	
	Homeless Children's Network		<u>-</u>	Page Number_	1
Provider Number			E d'in	Fiscal Year_	2021-22
Document Date		EDODT LODTO		g Notification Date	09/30/21
	Program Name		EPSDT LGBTQ		
	Program Code	38AS6 15/01-09	38AS6 15/10-57, 59		
Mode/SFC (MH) or Modality (SUD)			15/10-57, 59		
	Comice Description	OP-Case Mgt Brokerage	OP-MH Svcs		
Eur	Service Description nding Term (7/1/2020-6/30/2021):	•			
	7/1/2020-6/30/2021	7/1/2020-6/30/2021		TOTAL	
FUNDING USES	Colorina 9 Employee Deposits	4.050	07.700		TOTAL
	Salaries & Employee Benefits Operating Expenses	1,856 958	97,706		99,562
	936	18,844		19,802	
	Capital Expenses Subtotal Direct Expenses	2 91/	116,550	_	 119,364
	<b>2,814</b> 360	13,986	-		
	Indirect Expenses TOTAL FUNDING USES	3,174	130,536	_	14,346 <b>133,710</b>
DUC MENTAL LIEALTH FUNDING CO		3,174	130,330	-	133,110
BHS MENTAL HEALTH FUNDING SO		4.000	00.400		04.040
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	1,209	60,139		61,348
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	1,635	58,463		60,098
MH CYF County General Fund	251962-10000-10001670-0001	330	11,934		12,264
This row left blank for funding sources not in dr	L HEALTH FUNDING SOURCES	3,174	130,536	_	133,710
BHS SUD FUNDING SOURCES		3,174	130,330	-	133,710
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
					-
					<u>-</u>
This row left blank for funding sources not in dr	on down list				
	BHS SUD FUNDING SOURCES	_	_	_	<u> </u>
OTHER DPH FUNDING SOURCES		-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
	<u> </u>				-
This row left blank for funding sources not in dr					-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-
	OTAL DPH FUNDING SOURCES	3,174	130,536	-	133,710
NON-DPH FUNDING SOURCES					
This row left blank for funding sources not in dr					-
	NON-DPH FUNDING SOURCES	-	-	-	-
TOTAL FUNDING S	SOURCES (DPH AND NON-DPH)	3,174	130,536	-	133,710
BHS UNITS OF SERVICE AND UNIT	COST				
SUD Only - Number of Outp					
SUD Only - Licensed Capacity					
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service Unit Type		1,571	,		
	Staff Minute	Staff Minute	0		
Cost Per Unit - DPH Rate			\$ -		
Cost Per Unit - Contract Rate (DPH &		\$ 2.61	\$ -		
Published Rate (Medi-Cal Providers Only) Unduplicated Clients (UDC)		\$ 3.02	· ·		Total UDC
	1	44		45	

CHECK: FUNDING USES = FUNDING SOURCES (Should always be ZE 0 0 0 0 FORMULA: DPH UNITS 2.02 2.61 -

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

Program Name EPSDT LGBTQ Appendix Number B-1d
Program Code 38AS6 Page Number 2

Fiscal Year 2021-2022
Funding Notification Date 09/30/21

				Funding Notification Date 09/30/21					
	TC	ΤΩΤΔΙ			General Fund 251962- 10000-10001670-0001		Dept-Auth-Proj- Activity		
Funding Term	7/1/2020-6/30/2021		7/1/2020-6/30/2021		mm/dd/yy-mm/dd/yy				
Position Title	FTE	S	Salaries	FTE		Salaries	FTE	Salaries	
Executive Director	0.07	\$	12,000	0.10	\$	12,000			
Program Director	0.10	\$	8,008	0.10	\$	8,008			
Clinical Supervisor	0.10	\$	8,000	0.20	\$	8,000			
Clinical Director	0.10	\$	7,000	0.10	\$	7,000			
Clinical Supervisor	0.10	\$	4,000	0.10	\$	4,000			
Mental Health Therapist	0.10	\$	5,500	0.10	\$	5,500			
Mental Health Therapist II	0.10	\$	5,500	0.10	\$	5,500			
Mental Health Therapist III	0.10	\$	5,500	0.10	\$	5,500			
Mental Health Therapist IV	0.10	\$	5,500	0.10	\$	5,500			
Mental Health Therapist V	0.10	\$	5,500	0.10	\$	5,500			
Mental Health Therapist VI	0.10	\$	5,500	0.10	\$	5,500			
Quality Assurance Director	0.07	\$	7,000	0.15	\$	7,000			
	0.00	\$	-						
	0.00	\$	-						
	0.00	\$	-						
	0.00	\$	-						
	0.00	\$	-						
Totals:	1.14	\$	79,008	1.35	\$	79,008	0.00	\$ -	
Employee Benefits:	26.02%	\$	20,554	26.02%	\$	20,554	0.00%		
			,		т	- , -			
TOTAL SALARIES & BENEFITS	Ī	\$	99,562		\$	99,562		\$ -	

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

	Document Date	7/1/20	)21
Program Name EPSDT LGBTQ	Appendix Number	B-1d	
Program Code 38AS6	Page Number	3	
	Fiscal Year	2021-22	
	Funding Notification Date	09/30/21	

Expense Categories & Line Items	тот			al Fund -10000-	Dept-Auth	-Proj-
Expense datagones a Line items	101			70-0001	Activi	ty
Funding Term	7/1/2021-6	/30/2022	7/1/2021-	6/30/2022		
Rent	\$	19,802	\$	19,802		
Utilities (telephone, electricity, water, gas)						
Building Repair/Maintenance						
Occupancy Total:	\$	19,802	\$	19,802	\$	-
Office Supplies						
Photocopying						
Program Supplies						
Computer Hardware/Software						
Materials & Supplies Total:	\$	-	\$	-	\$	-
Training/Staff Development						
Insurance						
Professional License						
Permits						
Equipment Lease & Maintenance						
General Operating Total:	\$	-	\$	-	\$	-
Local Travel						
Out-of-Town Travel						
Field Expenses	\$	-				
Staff Travel Total:	\$	-	\$	-	\$	-
Consultant/Subcontractor (Provide	\$	-				
	\$	-				
Consultant/Subcontractor Total:	\$	-	\$	-	\$	-
Other (provide detail):	\$	-				
	\$	-				
	\$	-				
Other Total:	\$	-	\$	-	\$	-
TOTAL OPERATING EXPENSE	\$	19,802	\$	19,802	\$	-

Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expense Line Items may be edited or deleted as necessary to reflect the contractor's ledger accounts.

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

Contractor Name Homelss Children's Network	Page Number	4
Contract ID Number 1000011726	Fiscal Year	2021-22
	Funding Notification Date	09/30/21
	Document Date	7/1/2021

#### 1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Finance Specialist III	0.10	\$ 10,500

0.10 \$ 10,500 Subtotal: 2,730

Employee Benefits: 26.0% \$

Total Salaries and Employee Benefits: \$ 13,230

#### 2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)		Amount
Payroll administration	\$	116
Insurance @ 9%	\$	1,000
Total Operating Costs	\$	1,116
	•	
Total Indirect Costs	\$	14,346

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

The control former   1,000   1	DHCS Legal Entity Number	00723			Appendix	<u> 5 - DFП 2. Depai</u>	inent of Fublic H	eath Cost Reportin	grbata Conectio	ii (CRDC)					Appendix Number	B-2
Project   Color   Co	•													•	· · · —	1
Color   Colo	Provider Number	38AS		-									Document Date			2021-22
March   Marc			5014101	5014101	5014101	5014101	F014101		50M101	5014101		50M101	E014101			09/30/21
## Comparison   Co		<u> </u>	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	
## COMMINION DESCRIPTION FOR PLANT OF P		Ŭ	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	<i>4</i> 5/10-19	45/10-19	
Control   Cont		inicación o (ivii i) or iviocamy (cob)		10/10/10		40/10 10										
Fig. 1985		Service Description		Consultation Group		Staff Training			•	,	,	•	,		'	
South S. Ferrigoric Exercises   15,007   13,117   73,461   12,076   20,07	Fund	ing Term (07/01/2021-06/30/2022):	07/01/2021-06/30/2022	07/01/2021-06/30/2022	07/01/2021-06/30/2022	07/01/2021-06/30/2022	07/01/2021-06/30/2022	07/01/2021-06/30/2022	07/01/2021-06/30/2022	07/01/2021-06/30/2022	07/01/2021-06/30/2022	07/01/2021-06/30/2022	07/01/2021-06/30/2022	07/01/2021-06/30/2022	07/01/2021-06/30/2022	
Commission Processed   1,000   1,127   6,000   22,700   5,000   6,000   6,000   5,000   7,174   7,71	FUNDING USES															TOTAL
Substitution   Subs		, ,								· · · · · · · · · · · · · · · · · · ·		<u> </u>	· · · · · · · · · · · · · · · · · · ·	,	,	628,706
Selected Direct Expenses   242,565   174,488   116,577   196,600   77,775   196,600   196,707   230   236		,	85,682	61,691	41,127	6,855	27,418	54,836	37,700	6,855	6,855	6,855	3,427	1,714	1,714	342,727
Interest separates   2,500   2,000   1,000   3,000   1,000   3,000   1,000   3,000   1,000   3,000   1,000   3,000   3,000   1,000   3,000			242,858	174,858	116,572	19,429	77,715	155,429	106,858	19,429	19,429	19,429	9,714	4,857	4,857	971,433
Separation   Sep							· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		•	· ·	•	117,000
Michael Print County Co		TOTAL FUNDING USES	272,108	195,918	130,612	21,769	87,075	174,149	119,728	21,769	21,769	21,769	10,884	5,442	5,442	1,088,433
MIMPORE   26799-00021-00109-259007   43.90   40.000   5.170   5.170   5.404   5.170   5.170   5.170   5.170   5.206   1.270   1.270																
Mit No Pis Scheduler   29882-000-1001-100-000   49,31   97,78   21,100   300   500   300   500   227,70   325   500   227,70   325   500   227,70   325   320	1 /							·	·		,					297,384
MITHOR OF C Stroot Readiness    25962-10007-0001500-0003   6,860   5.026   5.3550   5.550   5.050			·	,	·	·	<u> </u>		,	· ·	,	·	·	,	·	255,834
MIM MORPH   201902-1000150-0008   201902-1000150-0008   41,818   30.00   20.00   3.345   13.80   25.00   18.385   3.345   3.		+					· · · · · · · · · · · · · · · · · · ·	<del></del>								193,324
MR CYF COUNTY General Funce    Strings-1000-10001670-0001   32,766   23,000   16,737   2,522   10,491   20,983   14,426   2,625   2,623   2,623   1,911   966   666																27,920
MICHIGA   Processed   Michigan	IVID WO DOA Preschool for All	201902-10002-10001803-0008	41,813	30,105	20,070	3,345	13,380	20,760	18,398	3,345	3,345	3,345	7,673	836	836	167,250
Mile   Processed   Mile   Mi	MH CYF COUNTY General Fund	251962-10000-10001670-0001	32,785	23,605	15,737	2,623	10,491	20,983	14,426	2,623	2,623	2,623	1,311	656	656	131,141
TOTAL BIS MENTAL HEALTH FUNDING SOURCES   17,00   195,918   130,012   21,700   21,700   21,700   21,700   21,700   21,700   10,884   5,442   5									<u> </u>							15,580
## SUD FUNDING SOURCES ## Dept-Auth-Proj-Activity ## Dept-Auth-Proj-Activit											21.72					
The rea with blank for funding sources wit in dispression for the state of the stat			272,108	195,918	130,612	21,769	87,075	174,149	119,728	21,769	21,769	21,769	10,884	5,442	5,442	1,088,433
TOTAL DHS SUD FUNDING SOURCES	BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity														
TOTAL BIS SUD FUNDING SOURCES    Dept Auth-Proj-Activity																
TOTAL BY SURFER																-
## Cost Per Unit - Ordinated Graph Counseling Sessions   SUD Only - Licensed Capacity for Narodic Tradment Program   Supplement Medical Programs   Per For-Service   Fee-For-Service   Fee-For-S																-
Total Other phr Funding sources and in drug-door list  TOTAL OTHER PH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL CONDITION OF FUNDING SOURCES  TOTAL FUNDING SOURCES  TOTAL FUNDING SOURCES  TOTAL FUNDING SOURCES  TOTAL CONDITION OF FUNDING SOURCES  TOTAL FUNDING SOURCES			-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL OTHER DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  272,108 195,918 130,612 21,769 87,075 174,149 119,728 21,769 21,769 21,769 10,884 5,442 5,	OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity														
TOTAL DPH FUNDING SOURCES 272,108 195,918 130,612 21,769 87,075 174,149 119,728 21,769 21,769 21,769 10,884 5,442	This row left blank for funding sources not in dro	o-down list														-
TOTAL DPH FUNDING SOURCES 272,108 195,918 130,612 21,769 87,075 174,149 119,728 21,769 21,769 21,769 10,884 5,442																
NON-DPH FUNDING SOURCES  This row left blank for funding sources not in drop-down list  TOTAL NON-DPH FUNDING SOURCES  TOTAL FUNDING SOURCES (DPH AND NON-DPH)  TOTAL FUNDING SOURCES (DPH AND NON-DPH FUNDING SOURCES)  TOTAL FUNDING SOURCES (DPH AND NON-DPH FUNDING			-	-	-	-	-	-	-	-	-	-	-	-	-	-
This row left blank for funding sources under pown list  TOTAL NON-DPH FUNDING SOURCES  TOTAL FUNDING SOURCES (DPH AND NON-DPH)  272,108  195,918  130,612  21,769  87,075  174,149  119,728  21,769  21,769  21,769  21,769  21,769  21,769  10,884  5,442  5,442  5,442  5,442  5,442  5,442  5,442  5,442  5,442  5,442  5,442  5,442  5,442  5,442  5,442  5,442  5,442  6,443  6,444  6		TOTAL DPH FUNDING SOURCES	272,108	195,918	130,612	21,769	87,075	174,149	119,728	21,769	21,769	21,769	10,884	5,442	5,442	1,088,433
TOTAL FUNDING SOURCES (PPH AND NON-DPH) 272,108 195,918 130,612 21,769 87,075 174,149 119,728 21,769 21,769 21,769 10,884 5,442 5,442 EBS UNITS OF SERVICE AND UNIT COST    Number of Dedge Purchased SUD Only - Number of Outpatient Group Counseling Sessions SUD Only - Licensed Capacity for Narcotic Treatment Programs   Fee-For-Service	NON-DPH FUNDING SOURCES															
TOTAL FUNDING SOURCES (DPH AND NON-DPH) 272,108 195,918 130,612 21,769 87,075 174,149 119,728 21,769 21,769 21,769 10,884 5,442 5,442 EBS 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   Fee-For-Service   Fee-For-Servic	This row left blank for funding sources not in droi	o-down list									<del>                                     </del>					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)   272,108   195,918   130,612   21,769   87,075   174,149   119,728   21,769   21,769   21,769   21,769   10,884   5,442   5																
SUD Only - Number of Dutpatient Group Counseling Sessions   SUD Only - Licensed Capacity for Narcotic Treatment Programs   Fee-For-Service   Fee-For-Servi	TOTA	L NON-DPH FUNDING SOURCES						-			-				-	
Number of Beds Purchased   SUD Only - Number of Outpatient Group Counseling Sessions   SUD Only - Licensed Capacity for Narcotic Treatment Programs   Fee-For-Service   Fee-		·	272,108	195,918	130,612	21,769	87,075	174,149	119,728	21,769	21,769	21,769	10,884	5,442	5,442	1,088,433
SUD Only - Number of Outpatient Group Counseling Sessions SUD Only - Licensed Capacity for Narcotic Treatment Programs  Fee-For-Service Payment Method PFS)  DPH Units of Service Unit Type  Cost Per Unit - Orbract Rate (DPH & Non-DPH FUNDING SOURCES)  Published Rate (Medi-Cal Providers Only)  Unduplicated Clients (UDC)  Tot  SUD Only - Number of Outpatient Group Counseling Sessions SUD Only - Licensed Capacity for Narcotic Treatment Programs  Fee-For-Service (FFS)  (F	BHS UNITS OF SERVICE AND UNIT															
SUD Only - Licensed Capacity for Narcotic Treatment Programs   Fee-For-Service   Fee	CLID Only Niggshan of Out															
Fee-For-Service   Fee-For-Se																
Payment Method   (FFS)   (FF	SOD City Licensed Capaci	ty 10 Harous Hoadmont Hogianis	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	
Staff Hour   Sta		,	(FFS)	(FFS)	(FFS)	(FFS)	(FFS)	(FFS)	(FFS)	(FFS)	(FFS)	(FFS)	(FFS)			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)   \$ 95.00   \$ 95.00   \$ 95.00   \$ 95.00   \$ 95.00   \$ 95.00   \$ 95.00   \$ 120.00   \$ 95.00   \$ 120.00   \$ 95.00   \$ 120.00   \$ 95.00   \$ 120.00   \$ 95.00   \$ 120.00   \$ 95.00   \$ 120.00   \$ 95.00   \$ 120.00   \$ 95.00   \$ 120.00   \$ 95.00   \$ 120.00   \$ 95.00   \$				,					,					01	10	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)         95.00	Cook Park Half - DDLL Date	71 1														
Published Rate (Medi-Cal Providers Only)         Total           Unduplicated Clients (UDC)         157         113         75         13         50         100         69         13         13         13         6         3         3         3		1	<u> </u>			<u> </u>		· .	·	· ·	-		· ·	·		
Unduplicated Clients (UDC)         157         113         75         13         50         100         69         13         13         13         6         3         3	· · · · · · · · · · · · · · · · · · ·	,	Ψ 55.00	Ψ 55.00	<del>y</del> 55.00	ψ 55.00	Ψ 33.00	Ψ 33.00	<del>y</del> 55.00	ψ 33.00	Ψ 30.00	ψ 55.00	Ψ 120.00	Ψ 55.00	Ψ 120.00	Total UDC
CUECK: FUNDING LIGES - FUNDING SQUIDGES (Chauld always he ZED	. 35110	,	157	113	75	13	50	100	69	13	13	13	6	3	3	626
CHECK, FUNDING LIGES. FUNDING SOURCES (Should always be ZED.		. , /			<u>'</u>		•			•			•		<del>-</del>	
PRICE OF A LINEAR CONTROL OF A A A A A A A A A A A A A A A A A A		20112022 (2)		_	_			_			_			_	_	
CHECK: FUNDING USES = FUNDING SOURCES (Should always be ZER       0<		SOURCES (Should always be ZER г														0
FORMULA: DPH UNITS  \$ 95.00   \$ 95.0	FUNIVIOLA: DPH UNITS	L	φ 95.00	φ 95.00	φ 95.00	φ 95.00	<u>μ</u> 95.00	φ 95.00	φ <del>9</del> 5.00	<u>μ</u> 95.00	Φ 95.00	φ 95.00	φ 120.00	φ	φ 120.00	

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

Appendix Number B-2

Program Name ECMHCI
Program Code Consultation

Appendix Number B-2
Page Number 2

Document Date 7/1/2021 Fiscal Year 2020-21

							Page Number	2				Funding Notification Date 11/05/20						
			TOTAL		(PEI) 251984- 031199-0020	Care 25	DCYF Child 1962-10002- 799-0007	MH WO HSA Childcar 251962-10002-1000180 0001		Readiness	CFC School 251962-10002- 800-0003	for all 251	A Pre-School 1962-10002- 303-0008	MH CYF COUNTY General Fund (matched) 251962-10000-10001670- 0001		CODB 251	unty GF WO 962-10000- 70-0001	
	Funding Term	7/1/20	21-6/30/2022	7/1/2020	0-6/30/2021	7/1/202	0-6/30/2021	7/1/202	0-6/30/2021	7/1/202	0-6/30/2021	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	FTE	Salaries	
Executive Director	April Silas	0.07	\$ 11,760	0.01	\$ 1,680	0.01	\$ 1,680	0.01	\$ 1,680	0.01	\$ 1,680	0.01	\$ 1,680	0.01 \$	1,680	0.01 \$	1,680	
Program Director	Hazel Benigno	0.57	\$ 62,700	0.15	\$ 16,500	0.10	\$ 11,000	0.12	\$ 13,200	0.04	\$ 4,400	0.11	\$ 12,100	0.04 \$	4,400	0.01 \$	1,100	
Clinical Supervisor	Bonnie Harrison	0.15	\$ 16,163	0.04	\$ 4,200	0.03		0.03	\$ 3,114	0.01		0.02	\$ 2,370	0.01 \$	827	0.01 \$	1,050	
Clinical Supervisor	Autum Beard	0.42	\$ 37,500	0.14	\$ 12,698	0.09	\$ 8,456	0.08	\$ 7,414	0.01	\$ 1,106	0.06	\$ 5,644	0.01 \$	1,969	0.01 \$	214	
Mental Health Therapist I	Jennifer Calderon	0.26	\$ 23,400	0.08	\$ 7,923	0.06	\$ 5,277	0.05	\$ 4,626	0.01	\$ 690	0.04	\$ 3,522	0.01 \$	1,229	0.01 \$	133	
Mental Health Therapist II	Brigitte Macias	0.33	\$ 23,400	0.10	\$ 7,923	0.07	\$ 5,277	0.07	\$ 4,626	0.01	\$ 690	0.05	\$ 3,522	0.02 \$	1,229	0.01 \$	133	
Mental Health Therapist III	Stephanie Jones	0.33	\$ 23,400	0.10	\$ 7,923	0.07	\$ 5,277	0.07	\$ 4,626	0.01	\$ 690	0.05	\$ 3,522	0.02 \$	1,229	0.01 \$	133	
Mental Health Therapist IV	Sophia Padilla	0.97	\$ 69,840	0.33	\$ 23,648	0.22	\$ 15,749	0.19	\$ 13,807	0.03	\$ 2,060	0.15	\$ 10,511	0.05 \$	3,667	0.01 \$	398	
Mental Health Therapist V	lesha Brooks	0.17	\$ 12,060	0.05	\$ 4,084	0.04	\$ 2,720	0.03	\$ 2,384	0.01	\$ 356	0.03	\$ 1,815	0.01 \$	633	0.01 \$	69	
Mental Health Therapist VI	Katherine Domingue:	0.62	\$ 45,000	0.25	\$ 18,000	0.10	\$ 7,200	0.05	\$ 3,600	0.05	\$ 3,600	0.05	\$ 3,600	0.07 \$	5,400	0.05 \$	3,600	
ECMHC/MH Therapist	June Lin-Arlow	0.42	\$ 30,000	0.13	\$ 10,158	0.09	\$ 6,765	0.08	\$ 5,931	0.01	\$ 885	0.06	\$ 4,515	0.02 \$	1,575	0.01 \$	171	
ECMHC/MH Therapist	Nicollette Maristela	0.42	\$ 30,000	0.13	\$ 10,158	0.09	\$ 6,765	0.08	\$ 5,931	0.01		0.06	\$ 4,515	0.02 \$	1,575	0.01 \$	171	
ECMHC/MH Therapist	Allen Jeffery	0.42	\$ 30,000	0.13	\$ 10,158	0.09	\$ 6,765	0.08	\$ 5,931	0.01	\$ 885	0.06	\$ 4,515	0.02 \$	1,575	0.01 \$	171	
Clinical Director	Eric Subido	0.59	\$ 55,640	0.19	\$ 18,840	0.13	\$ 12,547	0.12	\$ 11,000	0.02	\$ 1,641	0.09	\$ 8,374	0.03 \$	2,921	0.01 \$	317	
Quality Assurance Associate/Therapist	Nicollette Maristela	0.35	\$ 28,507	0.11	\$ 9,652	0.08	\$ 6,428	0.07	\$ 5,636	0.01	\$ 841	0.05	\$ 4,290	0.02 \$	1,497	0.01 \$	162	
	Totals:	6.09	\$ 499,370	1.94	\$ 163,544.73	1.30	\$ 105,456.57	1.14	\$ 93,506.56	0.25	\$ 21,460.54	0.89	\$ 74,494.30	0.36 \$	31,403.59	0.19 \$	9,503.36	
Employee Benefits:		25.90%	\$ 129,336	26.00%	\$ 42,522	26.00%	\$ 27,419	26.00%	\$ 24,312	26.00%	\$ 5,580	26.00%	\$ 19,369	26.00% \$	8,165	26.00% \$	2,471	
TOTAL SALARIES & BENEFITS		Γ	\$ 628,706	1 Г	\$ 206,066	Γ	\$ 132,875	1 Г	\$ 117,818	l [	\$ 27,040	Γ	\$ 93,863	\$	39,569	\$	11,974	

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

	Document Date	7/1/202
Program Name ECMHCI	Appendix Number	B-2
rogram Code Consultation	Page Number	3
	Fiscal Year	2021-22
	Funding Notification Date	09/30/21

Expense Categories & Line Items	TOTAL		TOTAL 251		25 <sup>-</sup>	H WO DCYF Child Care 1962-10002- 10001799- 0007	•	MH WO SAChildcar e 251962- 10002- 10001803- 0001	2	MH WO CFC School Readiness 51962-10002- 0001800-0003	2	H WO HSA Pre- School for all 51962-10002- 0001803-0008	Ge 25	MH CYF County eneral Fund 1962-10000- 0001670- 0001	(m	H CYF COUNTY General Fund natched) 251962- 0000-10001670- 0001								
Funding Term		7/1/2020- 6/30/2021		7/1/2020- 6/30/2021	ı	7/1/2020- 6/30/2021		7/1/2020- 6/30/2021																
Rent	\$	177,686	\$	70,908	\$	37,284	\$	32,620	\$	3,874	\$	24,348	\$	8,652	\$	-								
Utilities (electricity, water, gas)	\$	35,399	\$	10,382	\$	7,252	\$	5,675	\$	3,238	\$	5,706	\$	3,146	\$	-								
Telephone/Internet	\$	38,293	\$	9,896	\$	8,908	\$	8,180	\$	2,989	\$	5,744	\$	2,576	\$	-								
Building Repair/Maintenance	\$	6,672	\$	1,990	\$	1,460	\$	1,530	\$	438	\$	908	\$	346	\$	-								
Occupancy Total:	\$	258,050	\$	93,176	\$	54,904	\$	48,005	\$	10,539	\$	36,706	\$	14,720	\$	-								
Office Supplies	\$	35,556	\$	9,274	\$	7,414	\$	5,204	\$	3,924	\$	5,344	\$	4,396	\$	-								
Photocopying	\$	6,792	\$	1,624	\$	950	\$	1,126	\$	998	\$	1,000	\$	1,094	\$	-								
Program/Meeting Expenses	\$	10,900	\$	1,576	\$	1,852	\$	1,946	\$	1,860	\$	1,850	\$	1,806	\$	10								
Materials & Supplies Total:	\$	53,248	\$	12,474	\$	10,216	\$	8,276	\$	6,782	\$	8,194	\$	7,296	\$	10								
Training/Staff Development	\$	3,000	\$	1,015	\$	677	\$	593	\$	89	\$	452	\$	158	\$	16								
Professional License/Permits/Fees	\$	3,088	\$	1,051	\$	700	\$	614	\$	92	\$	467	\$	164	\$	-								
Postage	\$	2,438	\$	640	\$	226	\$	398	\$	574	\$	350	\$	250	\$	-								
Payroll Administration	\$	1,804	\$	610	\$	408	\$	356	\$	52	\$	272	\$	96	\$	10								
Equipment Lease & Maintenance	\$	2,899	\$	644	\$	528	\$	376	\$	455	\$	486	\$	400	\$	10								
General Operating Total:	\$	13,229	\$	3,960	\$	2,539	\$	2,337	\$	1,262	\$	2,027	\$	1,068	\$	36								
Travel - local/out of town	\$	18,200	\$	5,578	\$	3,582	\$	3,466	\$	942	\$	2,758	\$	1,288	\$	586								
Staff Travel Total:	\$	18,200	\$	5,578.00	\$	3,582.00	\$	3,466.00	\$	942.00	\$	2,758.00	\$	1,288.00	\$	586.00								
Consultant/Subcontracting Agency	\$	-																						
	\$	-																						
Consultant/Subcontractor Total:	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-			\$	-								
Other (provide detail):	\$	-																						
	\$								L															
	\$	-																						
Other Total:	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-			\$	-								
TOTAL OPERATING EXPENSE  Note: Expense Categories (i.e., Occupa		342,727		115,188		71,241						49,685		24,372		632								

Note: Expense Categories (i.e., Occupancy, Materials & Supplies, etc.) may NOT be changed. However, default Expense Line Items may be edited or deleted as necessary to reflect the contractor's ledger accounts.

Appendix F Invoice

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

Appendix F PAGE A Contract ID# 1000011726 M09JL21 INVOICE NUMBER: Contractor: Homesless Children's Network Template Version Amendment 1 User Cd Address: 3265 17th Street, #404, San Francisco, CA 94110 Ct. PO No.: POHM SFGOV-0000547087 Tel No.: (415)437-3990 Fund Source: MH CYF Fed/ State/ County-General Fu Fax No.: (415)437-3994 BHS Invoice Period: July 2021 (Check if Yes) Funding Term: 07/01/2021 - 06/30/2022 Final Invoice: PHP Division: Behavioral Health Services Remaining Delivered THIS PERIOD % of TOTAL Total Contracted Delivered to Date Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC **Unduplicated Clients for Exhibit:** \*Unduplicated Counts for AIDS Use Only Delivered THIS DELIVERABLES Delivered Remaining % of TOTAL **Total Contracted** Program Name/Reptg. Unit PERIOD Unit to Date Deliverables Modality/Mode # - Svc Func (MH Only) UOS CLIENTS AMOUNT DUE UOS UOS Rate B-1a EPSDT Outpatient PC# - 38AS3 251962-10000-10001670-0001 4,368.000 15/ 01 - 09 OP-Case Mgt Brokerage 0.000 4,368 3.02 0.00% 15/ 10 - 57, 59 OP-MH Svcs 208,346 3.79 0.000 0.00% 208,346.000 B-1b EPSDT Riley PC# - 38AS4 15/ 10 - 57, 59 OP-MH Svcs 0.000 8,719 2.61 0.00% 8,719.000 B-1c EPSDT TI PC# - 38AS5 15/ 01 - 09 OP-Case Mgt Brokerage 414 3.02 0.000 0.00% 414.000 15/ 10 - 57, 59 OP-MH Svcs 5,240 \$ 3.79 0.000 0.00% 5,240.000 B-1d EPSDT LGBTQ PC#- 38AS6 5/ 01 - 09 OP-Case Mgt Brokerage 1,571 2.02 0.000 0.00% 1,571.000 \$ 15/ 10 - 57, 59 OP-MH Svcs 50,014 2.61 0.000 0.00% 50,014.000 TOTAL 278,672 0.000 0.000 0.00% 278,672.000 Expenses To Date % of Budget Remaining Budget 0.00% 980,398.00 **Budget Amount** 980.398.00 NOTES: SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Title: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St.. 4th Floor San Francisco, CA 94103 Or email to: cbhsinvoices@sfdph.org Authorized Signatory Date

Jul Prepared: 12/20/2021

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

Appendix F

				Contr	act ID#					PAGE A		
			[	1000	011726		INVOICE NUM	MBER:	M10JL21			
Contractor: Homesless Children's Network							Template Vers	sion	Amendment		. 0.1	
Address: 3265 17th Street, #404, San Francisco, CA 94110			ſ		1		Ct. PO No.: POHM		User Cd SFGOV-0000547087			
Tel No. (445) 427 2000				В	HS				MH WO HSA Childcare			
Tel No.: (415) 437-3990 Fax No.: (415) 437-3994			Į				Fund Source: Invoice Period		July 2021			
Funding Term: 07/01/2021 - 06/30/2022							Final Invoice:	•	oury 2021	(Check if	′es)	
PHP Division: Behavioral Health Services												
							1		1		t., t., .,	
			Total Cor Exhibit			I THIS PERIOD hibit UDC	Delivered t Exhibit U		% of TOTAI Exhibit UDO		rables	
Unduplicated Clients for Exhibit:												
*Unduplicated Counts for AIDS Use Only.  DELIVERABLES			Delivere	d THIS			Deliver	red		Rema	ining	
Program Name/Reptg. Unit	Total Con		PERI		Unit		to Dat		% of TOTAL	L Delive	rables	
Modality/Mode # - Svc Func (MH Only)  B-2 ECMHI 251962-10002-10001803-0001	UOS	CLIENTS	UOS	CLIENTS	Rate	AMOUNT DUE	UOS	CLIENTS	UOS LIE	NT UOS	CLIENTS	
45/ 10 - 19 Consultation Indiv	509				\$ 95.00	\$ -	0.000		0.00%	509.00	00	
45/ 10 - 19 Consultation Grp	366					\$ -	0.000		0.00%	366.00		
45/ 10 - 19 Consultation Observ	244				\$ 95.00	\$ -	0.000		0.00%	244.00	00	
45/ 10 - 19 Staff Training	41				\$ 95.00	\$ -	0.000		0.00%	41.00	00	
45/ 10 - 19 Parent Trn/Supp Grp	163				\$ 95.00	\$ -	0.000		0.00%	163.00	00	
45/ 10 - 19 Early Ref/Linkage	326				\$ 95.00	\$ -	0.000		0.00%	326.00	00	
45/ 10 - 19 Train/Supv (10% Cap)	224				\$ 95.00	\$ -	0.000		0.00%	224.00	00	
45/ 10 - 19 Evaluation (5% Cap)	41				\$ 95.00	\$ -	0.000		0.00%	41.00	00	
45/ 10 - 19 System Work (5% Cap)	41				\$ 95.00	\$ -	0.000		0.00%	41.00	00	
45/ 10 - 19 Early Interv Indiv	41				\$ 95.00	\$ -	0.000		0.00%	41.00	00	
45/ 10 - 19 Early Interv Group (15% Cap)	16				\$ 120.00	\$ -	0.000		0.00%	16.00	00	
45/ 10 - 19 MH Services Indv/ Family	10				\$ 95.00	\$ -	0.000		0.00%	10.00	00	
45/ 10 - 19 MH Services Group (5%Cap)	8				\$ 120.00	\$ -	0.000		0.00%	8.00	00	
							<b></b>					
TOTAL	2,030		0.000				0.000		0.00%	2,030.00	00	
							Expenses 1	To Date	% of Budge	et Remainin	g Budget	
	Budget A	Amount		\$	193,324.00		\$	-	0.00%	\$	193,324.00	
					OUNT DUE	\$ -	NOTES:					
				-	Adjustments		i					
					URSEMENT	\$ -	1					
							•				•	
I certify that the information provided above is, to the best of in accordance with the contract approved for services provid claims are maintained in our office at the address indicated.												
Signature:						Date:						
Title:						Zaio.						
				DDL A	orizoti f	Daymont					<del></del>	
Send to:				DPH Autr	orization for	rayment						
Behavioral Health Services-Budget/ Invoice Analyst												
1380 Howard St., 4th Floor												
San Francisco, CA 94103												
Or email to:												
cbhsinvoices@sfdph.org		Authorized Signatory Date						Date	_			
[	_				,							

Prepared: 12/20/2021

San Francisco, CA 94103

cbhsinvoices@sfdph.org

Or email to:

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

Appendix F PAGE A Contract ID# 1000011726 INVOICE NUMBER: M12JL21 Contractor: Homesless Children's Network Template Version Amendment 1 User Cd Address: 3265 17th Street, #404, San Francisco, CA 94110 Ct. PO No.: POHM SFGOV-0000547087 **BHS** Tel No.: (415) 437-3994 Fund Source: MH MHSA (PEI) Fax No.: (415)437-3990 Invoice Period: July 2021 Final Invoice: (Check if Yes) Funding Term: 07/01/2021 - 06/30/2022 PHP Division: Behavioral Health Services Remaining Total Contracted Delivered THIS PERIOD Delivered to Date % of TOTAL Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC **Unduplicated Clients for Exhibit:** Unduplicated Counts for AIDS Use Only DELIVERABLES Delivered THIS Delivered Remaining Program Name/Reptg. Unit Total Contracted PERIOD Unit to Date % of TOTAL Deliverable Modality/Mode # - Svc Func (MH Only) CLIENTS AMOUNT DUE UOS LIEN CLIENTS UOS Rate UOS B-2 ECMHI 251984-17156-10031199-0062 0.000 45/ 10 - 19 Consultation Indiv 783 95.00 0.00% 783.000 45/ 10 - 19 Consultation Grp 0.000 0.00% 563.000 563 95.00 \$ 45/ 10 - 19 Consultation Observ 376 95.00 0.000 0.00% 376.000 63 0.000 0.00% 63.000 45/ 10 - 19 Staff Training \$ 95.00 45/ 10 - 19 Parent Trn/Supp Grp 250 \$ 95.00 0.000 0.00% 250.000 45/ 10 - 19 Early Ref/Linkage 501 95.00 0.000 0.00% 501.000 45/ 10 - 19 Train/Supv (10% Cap) 95.00 0.000 0.00% 344.000 344 45/ 10 - 19 Evaluation (5% Cap) 63 95.00 0.000 0.00% 63.000 45/ 10 - 19 System Work (5% Cap) 63 95.00 0.000 0.00% 63.000 45/ 10 - 19 Early Interv Indiv 0.000 63 95.00 \$ 0.00% 63.000 45/ 10 - 19 Early Interv Group (15% Cap) 25 120.00 0.000 0.00% 25.000 45/ 10 - 19 MH Services Indv/ Family 16 95.00 0.000 0.00% 16.000 45/ 10 - 19 MH Services Group (5%Cap) 12 0.000 0.00% 12.000 \$ 120.00 TOTAL 3,122 0.000 0.000 0.00% 3.122.000 Expenses To Date % of Budget Remaining Budget **Budget Amount** 297,384.00 \$ 0.00% 297,384.00 SUBTOTAL AMOUNT DUE \$ Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT \$ I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Title: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor

Jul Prepared: 12/20/2021

Authorized Signatory

Date

Or email to:

cbhsinvoices@sfdph.org

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

Appendix F PAGE A Contract ID# 1000011726 INVOICE NUMBER: M13JL21 Contractor: Homesless Children's Network Template Version Amendment 1 User Cd Address: 3265 17th Street, #404, San Francisco, CA 94110 Ct. PO No.: POHM SFGOV-0000547087 **BHS** MH WO CFC School Readiness Tel No.: (415)437-3990 Fund Source: Fax No.: (415)437-3994 July 2021 Invoice Period : Funding Term: 07/01/2021 - 06/30/2022 Final Invoice: (Check if Yes) PHP Division: Behavioral Health Services Remaining **Total Contracted** Delivered THIS PERIOD Delivered to Date % of TOTAL Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC **Unduplicated Clients for Exhibit:** \*Unduplicated Counts for AIDS Use Only DELIVERABLES Delivered THIS Delivered Remaining Program Name/Reptg. Unit **Total Contracted** PERIOD Unit to Date % of TOTAL Deliverables Modality/Mode # - Svc Func (MH Only) UOS CLIENTS UOS CLIENTS Rate AMOUNT DUE UOS CLIENTS UOS LIEN UOS CLIENTS B-2 ECMHI 251962-10002-10001800-0003 95.00 0.000 0.00% 73.000 45/ 10 - 19 Consultation Indiv 0.00% 45/ 10 - 19 Consultation Grp 53 95.00 0.000 53.000 45/ 10 - 19 Consultation Observ 35 95.00 0.000 0.00% 35.000 45/ 10 - 19 Staff Training 6 95.00 0.000 0.00% 6.000 45/ 10 - 19 Parent Trn/Supp Grp 0.00% 24.000 24 \$ 95.00 0.000 45/ 10 - 19 Early Ref/Linkage 47 95.00 0.000 0.00% 47.000 95.00 45/ 10 - 19 Train/Supv (10% Cap) 32 0.000 0.00% 32.000 95.00 0.000 0.00% 6.000 45/ 10 - 19 Evaluation (5% Cap) 6 45/ 10 - 19 System Work (5% Cap) 6 95.00 0.000 0.00% 6.000 45/ 10 - 19 Early Interv Indiv 6 95.00 0.000 0.00% 6.000 2 45/ 10 - 19 Early Interv Group (15% Cap) \$ 120.00 0.000 0.00% 2.000 45/ 10 - 19 MH Services Indv/ Family 95.00 0.000 0.00% 1.000 \$ 45/ 10 - 19 MH Services Group (5%Cap) \$ 120.00 0.000 0.00% 1.000 TOTAL 292 0.000 0.000 0.00% 292.000 % of Budget Expenses To Date Remaining Budget **Budget Amount** 27,920.00 0.00% 27,920.00 NOTES SUBTOTAL AMOUNT DUE \$ Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT \$ I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Title: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103

Jul Prepared: 12/20/2021

Authorized Signatory

Date

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

Appendix F

PAGE A Contract ID# 1000011726 INVOICE NUMBER: M14JL21 Contractor: Homesless Children's Network Template Version Amendment 1 User Cd Address: 3265 17th Street, #404, San Francisco, CA 94110 Ct. PO No.: POHM SFGOV-0000547087 **BHS** MH WO HSA MH Pre-School for All Tel No.: (415)437-3990 Fund Source: Fax No.: (415)437-3994 Invoice Period: July 2021 Funding Term: 07/01/2021 - 06/30/2022 Final Invoice: (Check if Yes) PHP Division: Behavioral Health Services Remaining Total Contracted Delivered THIS PERIOD Delivered to Date % of TOTAL Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC **Unduplicated Clients for Exhibit:** \*Unduplicated Counts for AIDS Use Only DELIVERABLES Delivered THIS Delivered Remaining Program Name/Reptg. Unit Total Contracted PERIOD Unit to Date % of TOTAL Deliverables Modality/Mode # - Svc Func (MH Only) UOS CLIENTS UOS CLIENTS Rate AMOUNT DUE UOS CLIENTS UOS LIEN UOS CLIENTS B-2 ECMHI 251962-10002-10001803-0008 95.00 0.000 0.009 440.000 45/ 10 - 19 Consultation Indiv 440 317 0.00% 317.000 45/ 10 - 19 Consultation Grp 95.00 0.000 45/ 10 - 19 Consultation Observ 211 95.00 0.000 0.00% 211.000 45/ 10 - 19 Staff Training 35.000 0.00% 95.00 35 0.00 45/ 10 - 19 Parent Trn/Supp Grp 141 95.00 0.000 0.009 141.000 45/ 10 - 19 Early Ref/Linkage 282 95.00 0.000 0.009 282.000 45/ 10 - 19 Train/Supv (10% Cap) 194 95.00 0.000 0.009 194.000 45/ 10 - 19 Evaluation (5% Cap) 35 \$ 95.00 0.000 0.009 35.000 45/ 10 - 19 System Work (5% Cap) 35 95.00 0.000 0.00% 35.000 45/ 10 - 19 Early Interv Indiv 35 95.00 0.000 0.00% 35.000 45/ 10 - 19 Early Interv Group (15% Cap) 120.00 0.000 0.009 14.000 14 45/ 10 - 19 MH Services Indv/ Family 95.00 0.000 0.00% 9.000 45/ 10 - 19 MH Services Group (5%Cap) 0.00% 7.000 \$ 120.00 0.000 TOTAL 0.000 1,755 0.000 0.00% 1,755.000 Expenses To Date % of Budget Remaining Budget 167,250.00 0.00% 167.250.00 **Budget Amount** NOTES SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Title: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103 Or email to: cbhsinvoices@sfdph.org Date **Authorized Signatory** 

Jul Prepared: 12/20/2021

## DEPARTMENT OF PUBLIC HEALTH CONTRACTOR

					IVERABLE							Appendix F	
					ract ID#	_						PAGE A	
			l	10000	011726	]		INVOICE NU	JMBER:	M15JL21			
contractor: Homesless Children's Network								Tomplate Ve	raion	Amondme	nt 1		
ONTRACTOR: HOMESIESS CHINGREMS NELWORK								Template Ve	rsion	Amendme	User (	 Cd	
Address: 3265 17th Street, #404, San Francisco, CA 94110				В	HS			Ct. PO No.:	POHM	SFGOV-0	00054		
el No.: (415)437-3990					110	1	1	Fund Source:		MH CYF (	County	GF (Matched	i)
ax No.: (415)437-3994								Invoice Perio	od :	July 2021			
unding Term: 07/01/2021 - 06/30/2022								Final Invoice:	:			(Check if Ye	es)
PHP Division: Behavioral Health Services													
_			Total Cor	ntracted	Delivered 1	THIS [	PERIOD	Delivered to	to Date	% of TO	TAI.	Remain Deliveral	
Unduplicated Clients for Exhibit:			Exhibit			ibit UD		Exhibit		Exhibit U		Exhibit U	
Induplicated Counts for AIDS Use Only.  DELIVERABLES			Delivere	ed THIS				Delive	red	T		Remain	ning
Program Name/Reptg. Unit	Total Con		PERI	IOD	Unit			to Da	ate	% of TO		Deliveral	bles
Modality/Mode # - Svc Func (MH Only)	UOS	CLIENTS	UOS	CLIENTS	Rate	AMO	OUNT DUE	UOS	CLIENTS	UOS	LIENT	UOS	CLIENTS
-2 ECMHI - 251962-10000-10001670-0001	206	<b></b>	ļI		↑ 0F.00			0.000		2.00%	<b>}</b> -	226 000	
5/10 - 19 Consultation Indiv	386	<del></del>	ļI		}	ļ		0.000		0.00%	<b> </b>	386.000	
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Jul Prepared: 12/20/2021

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

#### Introduction

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

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

#### **Dispute Resolution Procedure**

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

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

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

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as

appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.

• Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

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

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

#### APPENDIX H

#### **Data Access and Sharing Terms**

#### **Article 1** Access

#### 1.1 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

#### 1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

- 1. Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;
  - 2. Communicating with the SFDPH IT Service Desk;
  - 3. Providing Agency Data User(s) details to the City;
- 4. Ensuring that Agency Data User(s) complete required SFDPH trainings annually;
- 5. Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and
- 6. Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

#### 1.3 **SFDPH IT Service Desk.**

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

#### 1.4 **Deprovisioning Schedule.**

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

#### 1.5 **Active Directory.**

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

#### 1.6 **Role Based Access.**

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

#### 1.7 **Training Requirements.**

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

#### 1.8 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

#### 1.9 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

#### 1.10 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

#### 1.11 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

#### 1.12 **Multi Factor Authentication.**

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

#### 1.13 **Qualified Personnel.**

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

#### 1.14 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

#### 1.15 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

#### 1.16 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

#### 1.17 **Antivirus software.**

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

#### 1.18 **Patch Management.**

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

#### 1.19 **System Timeout.**

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

#### 1.20 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

#### 1.21 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

#### 1.22 **No Faxing/Mailing.**

City Data may not be faxed or mailed.

#### 1.23 **Intrusion Detection.**

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

of the City.

#### 1.24 **Security of PHI.**

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

#### 1.25 **Data Security and City Data**

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate

safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

#### 1.26 **Data Privacy and Information Security Program.**

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

#### 1.27 **Disaster Recovery.**

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

#### 1.28 **Supervision of Data.**

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

#### 1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

#### 1.30 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

#### 1.31 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

#### 1.32 **Minimum Necessary.**

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

#### 1.33 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

#### 1.34 **Health Information Exchange.**

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

#### 1.35 **Subcontracting.**

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data breach in the same manner in which Agency would be so obligated, (2) provide cyber and technology errors and omissions insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

#### **Article 2** Indemnity

#### 2.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

- 1. Read information displayed or transmitted by the System accurately and completely;
- **2.** Ensure that Agency Data Users are trained on the use of the System;
- **3.** Be responsible for decisions made based on the use of the System;
- **4.** Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
- **5.** Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;

- **6.** Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;
  - 7. Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

#### **Article 3** Proprietary Rights and Data Breach

#### 3.1 Ownership of City Data.

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

#### 3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

#### Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. any action pertaining to a breach required by applicable federal and state laws.
- 1. **Investigation of Breach and Security Incidents**: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:
  - i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
  - ii.a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
  - iii. a description of where the City Data is believed to have been improperly used or disclosed; and
  - iv.a description of the probable and proximate causes of the breach or security incident; and
  - v. whether any federal or state laws requiring individual notifications of breaches have been triggered.
- 2. **Written Report**: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include,

but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

- 3. **Notification to Individuals**: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:
  - i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
  - ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.
- 4. **Sample Notification to Individuals**: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:
  - i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
  - ii.cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

#### 3.3 **Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

#### Attachment 1 to Appendix H System Specific Requirements

#### I. For Access to SFDPH Epic through Care Link the following terms shall apply:

#### **A.** SFDPH Care Link Requirements:

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

# II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

- A. SFDPH Epic Hyperspace and Epic Hyperdrive:
  - 1. Connectivity.
    - a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system

and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

- 2. Application For Access and Compliance with Epic Terms and Conditions.
  - a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: https://userweb.epic.com/Forms/AccessApplication. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

# III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

- A. SFDPH myAvatar via WebConnect and VDI:
- **1.**Connectivity.
  - a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.
- 2. Information Technology (IT) Support.
  - a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.
- 3. Access Control.
  - a. Access to the BHS Electronic Heath Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf
  - b. Each user is unique and agrees not to share accounts or passwords.
  - Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar\_Account\_Reque st\_Form.pdf
  - d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
  - e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/13/2022

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

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

<u> </u>		
PRODUCER Pacific Diversified Insurance Services	CONTACT NAME: Certificate Department	
CA Lic # #0K07568	PHONE (A/C, No, Ext): 925-686-2860 FAX (A/C, No): 925-686	i-6118
363 Civic Dr. Suite 100	E-MAIL ADDRESS: Certificates@pdins.com	
Pleasant Hill CA 94523	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Philadelphia Indemnity Insurance Company	18058
INSURED	INSURER B: State Compensation Insurance Fund of California	35076
Homeless Children's Network 3450 3rd Street Unit 1C	INSURER C:	
San Francisco CA 94124	INSURER D:	
	INSURER E:	
	INSURER F:	

#### **COVERAGES CERTIFICATE NUMBER:** 607441716 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	Υ		PHPK2354599	1/22/2022	1/22/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100.000
	CLAIWS-WADE CCCOR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						SEXUAL/ABUSE AND PRO	\$ 1,000,000
Α	AUTOMOBILE LIABILITY	Υ		PHPK2354599	1/22/2022	1/22/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
Α	X UMBRELLA LIAB X OCCUR			PHUB794846	1/22/2022	1/22/2023	EACH OCCURRENCE	\$3,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$3,000,000
	DED X RETENTION\$ 10,000							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Υ	150257322	1/22/2022	1/22/2023	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	,					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
A A A	EPL Cyber Liab. Crime / Fidelity			PHSD1611905 PHSD1682678 PHPK2354599	3/6/2021 12/22/2021 1/22/2022	3/6/2022 12/22/2022 1/22/2023	Policy Limit: Policy Limit: Policy Limit:	1,000,000 1,000,000 500,000

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

As required by written contract, the following endorsements apply to the Certificate Holder and/or any other entity named in this section: General Liability Additional Insured including Waiver of Subrogation PI-GLD-HS 10-11. Special Event Endorsement PI-SE-001 07-18. The City and County of San Francisco, its officers, agents, employees and San Francisco Human Rights Commission. The General Liability is primary

insurance to any other insurance available to the Additional Insured's, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought per the attached endorsements Additional insured CG2026 04-13, Primary and Non-Contributory PI-GL-005 07-12: Auto Liability Additional Insured CA2048 0299; Waiver of Subrogation Workers' Compensation per attached endorsement 10217 04-18.

City and County of San Francisco Department of Public Health 1380 Howard St. San Francisco CA 94103 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CANCELLATION

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# GENERAL LIABILITY DELUXE ENDORSEMENT: HUMAN SERVICES

This endorsement modifies insurance provided under the following:

#### **COMMERCIAL GENERAL LIABILITY COVERAGE**

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposure is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page #
Extended Property Damage	Included	2
Limited Rental Lease Agreement Contractual Liability	\$50,000 limit	2
Non-Owned Watercraft	Less than 58 feet	2
Damage to Property You Own, Rent, or Occupy	\$30,000 limit	2
Damage to Premises Rented to You	\$1,000,000	3
HIPAA	Clarification	4
Medical Payments	\$20,000	5
Medical Payments – Extended Reporting Period	3 years	5
Athletic Activities	Amended	5
Supplementary Payments – Bail Bonds	\$5,000	5
Supplementary Payment – Loss of Earnings	\$1,000 per day	5
Employee Indemnification Defense Coverage	\$25,000	5
Key and Lock Replacement – Janitorial Services Client Coverage	\$10,000 limit	6
Additional Insured – Newly Acquired Time Period	Amended	6
Additional Insured – Medical Directors and Administrators	Included	7
Additional Insured – Managers and Supervisors (with Fellow Employee Coverage)	Included	7
Additional Insured – Broadened Named Insured	Included	7
Additional Insured – Funding Source	Included	7
Additional Insured – Home Care Providers	Included	7
Additional Insured – Managers, Landlords, or Lessors of Premises	Included	7
Additional Insured – Lessor of Leased Equipment	Included	7
Additional Insured – Grantor of Permits	Included	8
Additional Insured – Vendor	Included	8
Additional Insured – Franchisor	Included	9
Additional Insured – When Required by Contract	Included	9
Additional Insured – Owners, Lessees, or Contractors	Included	9
Additional Insured – State or Political Subdivisions	Included	10

Duties in the Event of Occurrence, Claim or Suit	Included	10
Unintentional Failure to Disclose Hazards	Included	10
Transfer of Rights of Recovery Against Others To Us	Clarification	10
Liberalization	Included	11
Bodily Injury – includes Mental Anguish	Included	11
Personal and Advertising Injury – includes Abuse of Process, Discrimination	Included	11

#### A. Extended Property Damage

**SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions**, Paragraph **a.** is deleted in its entirety and replaced by the following:

#### a. Expected or Intended Injury

"Bodily injury" or property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

#### **B.** Limited Rental Lease Agreement Contractual Liability

**SECTION I – COVERAGES**, **COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions**, Paragraph **b. Contractual Liability** is amended to include the following:

(3) Based on the named insured's request at the time of claim, we agree to indemnify the named insured for their liability assumed in a contract or agreement regarding the rental or lease of a premises on behalf of their client, up to \$50,000. This coverage extension only applies to rental lease agreements. This coverage is excess over any renter's liability insurance of the client.

#### C. Non-Owned Watercraft

**SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions, Paragraph g. (2)** is deleted in its entirety and replaced by the following:

- (2) A watercraft you do not own that is:
  - (a) Less than 58 feet long; and
  - (b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

#### D. Damage to Property You Own, Rent or Occupy

SECTION I - COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE

**LIABILITY**, Subsection **2. Exclusions**, Paragraph **j. Damage to Property**, Item **(1)** is deleted in its entirety and replaced with the following:

(1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, up to a \$30,000 limit. A client is defined as a person under your direct care and supervision.

#### E. Damage to Premises Rented to You

- 1. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" is changed to "fire, lightning, explosion, smoke, or leakage from automatic fire protective systems" where it appears in:
  - a. The last paragraph of SECTION I COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions; is deleted in its entirety and replaced by the following:

Exclusions **c.** through **n.** do not apply to damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in **SECTION III – LIMITS OF INSURANCE**.

**b. SECTION III – LIMITS OF INSURANCE**, Paragraph 6. is deleted in its entirety and replaced by the following:

Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems while rented to you or temporarily occupied by you with permission of the owner.

**c. SECTION V – DEFINITIONS**, Paragraph 9.a., is deleted in its entirety and replaced by the following:

A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";

 SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Subsection 4. Other Insurance, Paragraph b. Excess Insurance, (1) (a) (ii) is deleted in its entirety and replaced by the following:

That is insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems for premises rented to you or temporarily occupied by you with permission of the owner:

**3.** The Damage To Premises Rented To You Limit section of the Declarations is amended to the greater of:

- **a.** \$1,000,000; or
- b. The amount shown in the Declarations as the Damage to Premises Rented to You Limit.

This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, or leaks from automatic fire protective systems or any combination thereof.

#### F. HIPAA

# SECTION I – COVERAGES, COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY, is amended as follows:

1. Paragraph 1. Insuring Agreement is amended to include the following:

We will pay those sums that the insured becomes legally obligated to pay as damages because of a "violation(s)" of the Health Insurance Portability and Accountability Act (HIPAA). We have the right and the duty to defend the insured against any "suit," "investigation," or "civil proceeding" seeking these damages. However, we will have no duty to defend the insured against any "suit" seeking damages, "investigation," or "civil proceeding" to which this insurance does not apply.

2. Paragraph 2. Exclusions is amended to include the following additional exclusions:

This insurance does not apply to:

a. Intentional, Willful, or Deliberate Violations

Any willful, intentional, or deliberate "violation(s)" by any insured.

#### b. Criminal Acts

Any "violation" which results in any criminal penalties under the HIPAA.

#### c. Other Remedies

Any remedy other than monetary damages for penalties assessed.

#### d. Compliance Reviews or Audits

Any compliance reviews by the Department of Health and Human Services.

- 3. **SECTION V DEFINITIONS** is amended to include the following additional definitions:
  - **a.** "Civil proceeding" means an action by the Department of Health and Human Services (HHS) arising out of "violations."
  - **b.** "Investigation" means an examination of an actual or alleged "violation(s)" by HHS. However, "investigation" does not include a Compliance Review.
  - **c.** "Violation" means the actual or alleged failure to comply with the regulations included in the HIPAA.

#### G. Medical Payments - Limit Increased to \$20,000, Extended Reporting Period

If COVERAGE C MEDICAL PAYMENTS is not otherwise excluded from this Coverage Part:

- The Medical Expense Limit is changed subject to all of the terms of SECTION III LIMITS OF INSURANCE to the greater of:
  - **a.** \$20,000; or
  - b. The Medical Expense Limit shown in the Declarations of this Coverage Part.
- 2. SECTION I COVERAGE, COVERAGE C MEDICAL PAYMENTS, Subsection 1. Insuring Agreement, a. (3) (b) is deleted in its entirety and replaced by the following:
  - (b) The expenses are incurred and reported to us within three years of the date of the accident.

#### H. Athletic Activities

**SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS**, Subsection **2. Exclusions**, Paragraph **e. Athletic Activities** is deleted in its entirety and replaced with the following:

#### e. Athletic Activities

To a person injured while taking part in athletics.

#### I. Supplementary Payments

**SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS - COVERAGE A AND B** are amended as follows:

- **1. b.** is deleted in its entirety and replaced by the following:
- b. Up to \$5000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these.
- **1.d.** is deleted in its entirety and replaced by the following:
- d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1,000 a day because of time off from work.

#### J. Employee Indemnification Defense Coverage

**SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** the following is added:

We will pay, on your behalf, defense costs incurred by an "employee" in a criminal proceeding occurring in the course of employment.

The most we will pay for any "employee" who is alleged to be directly involved in a criminal proceeding is \$25,000 regardless of the numbers of "employees," claims or "suits" brought or persons or organizations making claims or bringing "suits.

#### K. Key and Lock Replacement - Janitorial Services Client Coverage

# **SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** is amended to include the following:

We will pay for the cost to replace keys and locks at the "clients" premises due to theft or other loss to keys entrusted to you by your "client," up to a \$10,000 limit per occurrence and \$10,000 policy aggregate.

We will not pay for loss or damage resulting from theft or any other dishonest or criminal act that you or any of your partners, members, officers, "employees", "managers", directors, trustees, authorized representatives or any one to whom you entrust the keys of a "client" for any purpose commit, whether acting alone or in collusion with other persons.

The following, when used on this coverage, are defined as follows:

- **a.** "Client" means an individual, company or organization with whom you have a written contract or work order for your services for a described premises and have billed for your services.
- **b.** "Employee" means:
  - (1) Any natural person:
    - (a) While in your service or for 30 days after termination of service;
    - (b) Who you compensate directly by salary, wages or commissions; and
    - (c) Who you have the right to direct and control while performing services for you; or
  - (2) Any natural person who is furnished temporarily to you:
    - (a) To substitute for a permanent "employee" as defined in Paragraph (1) above, who is on leave; or
    - (b) To meet seasonal or short-term workload conditions:

while that person is subject to your direction and control and performing services for you.

- (3) "Employee" does not mean:
  - (a) Any agent, broker, person leased to you by a labor leasing firm, factor, commission merchant, consignee, independent contractor or representative of the same general character; or
  - **(b)** Any "manager," director or trustee except while performing acts coming within the scope of the usual duties of an "employee."
- **c.** "Manager" means a person serving in a directorial capacity for a limited liability company.

#### L. Additional Insureds

#### SECTION II - WHO IS AN INSURED is amended as follows:

1. If coverage for newly acquired or formed organizations is not otherwise excluded from this

Coverage Part, Paragraph 3.a. is deleted in its entirely and replaced by the following:

- **a.** Coverage under this provision is afforded until the end of the policy period.
- **2.** Each of the following is also an insured:
  - a. **Medical Directors and Administrators** Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services of any physician or psychiatrist in the treatment of a patient.
  - b. Managers and Supervisors Your managers and supervisors are also insureds, but only with respect to their duties as your managers and supervisors. Managers and supervisors who are your "employees" are also insureds for "bodily injury" to a co-"employee" while in the course of his or her employment by you or performing duties related to the conduct of your business.

This provision does not change Item 2.a.(1)(a) as it applies to managers of a limited liability company.

- c. Broadened Named Insured Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.
- **d. Funding Source** Any person or organization with respect to their liability arising out of:
  - (1) Their financial control of you; or
  - (2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

- **e. Home Care Providers –** At the first Named Insured's option, any person or organization under your direct supervision and control while providing for you private home respite or foster home care for the developmentally disabled.
- f. Managers, Landlords, or Lessors of Premises Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or
- **(2)** Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.
- g. Lessor of Leased Equipment Automatic Status When Required in Lease Agreement With You – Any person or organization from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or

organization is an insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

- **h. Grantors of Permits** Any state or political subdivision granting you a permit in connection with your premises subject to the following additional provision:
  - (1) This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with the premises you own, rent or control and to which this insurance applies:
    - (a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures;
    - (b) The construction, erection, or removal of elevators; or
    - **(c)** The ownership, maintenance, or use of any elevators covered by this insurance.
- i. Vendors Only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:
  - (1) The insurance afforded the vendor does not apply to:
    - (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
    - **(b)** Any express warranty unauthorized by you;
    - (c) Any physical or chemical change in the product made intentionally by the vendor;
    - (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
    - **(e)** Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
    - **(f)** Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

- **(g)** Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
  - (i) The exceptions contained in Sub-paragraphs (d) or (f); or
  - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- (2) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing.
- **j. Franchisor** Any person or organization with respect to their liability as the grantor of a franchise to you.
- k. As Required by Contract Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations
- I. Owners, Lessees or Contractors Any person or organization, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - (1) Your acts or omissions; or
  - (2) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured when required by a contract.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- **(b)** That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- m. State or Political Subdivisions Any state or political subdivision as required, subject to the following provisions:
  - (1) This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit, and is required by contract.
  - (2) This insurance does not apply to:
    - (a) "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
    - (b) "Bodily injury" or "property damage" included within the "products-completed operations hazard."
- M. Duties in the Event of Occurrence, Claim or Suit

**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph **2.** is amended as follows:

a. is amended to include:

This condition applies only when the "occurrence" or offense is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.
- b. is amended to include:

This condition will not be considered breached unless the breach occurs after such claim or "suit" is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.
- N. Unintentional Failure To Disclose Hazards

**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 6. Representations** is amended to include the following:

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

O. Transfer of Rights of Recovery Against Others To Us

SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 8. Transfer of Rights of

Recovery Against Others To Us is deleted in its entirety and replaced by the following:

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

Therefore, the insured can waive the insurer's rights of recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

#### P. Liberalization

**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS,** is amended to include the following:

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

#### Q. Bodily Injury - Mental Anguish

**SECTION V – DEFINITIONS**, Paragraph 3. Is deleted in its entirety and replaced by the following:

"Bodily injury" means:

- **a.** Bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and
- **b.** Except for mental anguish, includes death resulting from the foregoing (Item **a.** above) at any time.

#### R. Personal and Advertising Injury – Abuse of Process, Discrimination

If **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE** is not otherwise excluded from this Coverage Part, the definition of "personal and advertising injury" is amended as follows:

- **1. SECTION V DEFINITIONS**, Paragraph 14.b. is deleted in its entirety and replaced by the following:
  - b. Malicious prosecution or abuse of process;
- 2. SECTION V DEFINITIONS. Paragraph 14. is amended by adding the following:

Discrimination based on race, color, religion, sex, age or national origin, except when:

- a. Done intentionally by or at the direction of, or with the knowledge or consent of:
  - (1) Any insured; or
  - (2) Any executive officer, director, stockholder, partner or member of the insured;
- **b.** Directly or indirectly related to the employment, former or prospective employment, termination of employment, or application for employment of any person or persons by an insured:

- **c.** Directly or indirectly related to the sale, rental, lease or sublease or prospective sales, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured; or
- **d.** Insurance for such discrimination is prohibited by or held in violation of law, public policy, legislation, court decision or administrative ruling.

The above does not apply to fines or penalties imposed because of discrimination.

PI-SE-001 (07/18)

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### SPECIAL EVENTS ENDORSEMENT

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

- **A.** This insurance applies to "bodily injury", "property damage", and "personal and advertising injury" arising out of all of your special events with the following exceptions unless scheduled in paragraph **C. SCHEDULE OF SPECIAL EVENTS** below:
  - Parades sponsored by the Insured
  - Shooting activities
  - Fireworks
  - Carnivals and fairs with mechanical rides sponsored by the Insured
  - Hip-Hop or Rap concerts
  - Events including contact sports
  - Rodeos sponsored by the Insured
  - Political Rallies
  - Any event with greater than 2,500 people at any one time (including otherwise acceptable events)
  - Any event with liquor provided by the Insured if a license is required for such activity.
- B. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) related to your special events, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.

C. SCHEDULE OF SPECIAL EVENTS:

Event(s)	Date(s)

This endorsement is not intended to replace, supersede or provide additional coverage or limits for a special event(s) if there is a separate policy in place providing coverage for the same special event(s).

POLICY NUMBER: PHPK2354599

COMMERCIAL AUTO CA 20 48 02 99

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### **DESIGNATED INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 01/22/2022	Countersigned By:
Named Insured:	
Homeless Children's Network	(Authorized Representative)

#### **SCHEDULE**

Name of Person(s) or Organization(s): City and County of San Francisco
Department of Public Health

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

Each person or organization shown in the Schedule is an "i nsured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

## WAIVER OF SUBROGATION



HOME OFFICE SAN FRANCISCO EFFECTIVE JANUARY 22, 2022 AT 12.01 A.M. AND EXPIRING JANUARY 22, 2023 AT 12.01 A.M.

1502573-22 RENEWAL

5-21-93-13 PAGE 1

NA

ALLEFFECTIVE DATES ARE AT 12:01 AM PACIFIC STANDARD TIME OR THE TIME INDICATED AT PACIFIC STANDARD TIME

HOMELESS CHILDREN'S NETWORK

3450 3RD ST STE 1C SAN FRANCISCO, CA 94124

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING, IT IS AGREED THAT THE STATE COMPENSATION INSURANCE FUND WAIVES ANY RIGHT OF SUBROGATION AGAINST,

THE CITY AND COUNTY OF SAN FRANCISCO

WHICH MIGHT ARISE BY REASON OF ANY PAYMENT UNDER THIS POLICY IN CONNECTION WITH WORK PERFORMED BY,

HOMELESS CHILDREN'S NETWORK

IT IS FURTHER AGREED THAT THE INSURED SHALL MAINTAIN PAYROLL RECORDS ACCURATELY SEGREGATING THE REMUNERATION OF EMPLOYEES WHILE ENGAGED IN WORK FOR THE ABOVE EMPLOYER.

IT IS FURTHER AGREED THAT PREMIUM ON THE EARNINGS OF SUCH EMPLOYEES SHALL BE INCREASED BY 03%.

NOTHING IN THIS ENDORSEMENT SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS ABOVE STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS IN THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

FEBRUARY 22, 2022

2570

OLO DP 217

AUTHORIZED REPRESENTATIVE

PRESIDENT AND CEO

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY INSURANCE

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE** 

**Effective Date:** 01/22/2022

Name of Person or Organization (Additional Insured):

City and County of San Francisco Department of Public Health 1380 Howard St San Francisco, CA 94103

**SECTION II – WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" arising out of or relating to your negligence in the performance of "your work" for such person(s) or organization(s) that occurs on or after the effective date shown in the endorsement Schedule.

This insurance is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or "occurrence" we cover for this Additional Insured.

The Additional Insured's limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE**.

All other terms, conditions, and exclusions under the policy are applicable to this endorsement and remain unchanged.

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COMMERCIAL GENERAL LIABILITY CG 20 26 04 13

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):
City and County of San Francisco
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whol e or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - In the performance of your ongoing operations; or
  - 2. In connection with your premises owned by or rented to you.

#### However:

- The insurance afforded to su ch additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a co ntract or ag reement, the insurance afforded to such additional insured will not be broader than that which you are required by the co ntract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforde d to these additional insureds, the following i s added to **Section III – Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Li mits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insuran ce shown in the Declarations.

PI-SE-001 (07/18)

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### SPECIAL EVENTS ENDORSEMENT

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

- **A.** This insurance applies to "bodily injury", "property damage", and "personal and advertising injury" arising out of all of your special events with the following exceptions unless scheduled in paragraph **C. SCHEDULE OF SPECIAL EVENTS** below:
  - Parades sponsored by the Insured
  - Shooting activities
  - Fireworks
  - Carnivals and fairs with mechanical rides sponsored by the Insured
  - Hip-Hop or Rap concerts
  - Events including contact sports
  - Rodeos sponsored by the Insured
  - Political Rallies
  - Any event with greater than 2,500 people at any one time (including otherwise acceptable events)
  - Any event with liquor provided by the Insured if a license is required for such activity.
- B. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) related to your special events, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.

C. SCHEDULE OF SPECIAL EVENTS:

Event(s)	Date(s)

This endorsement is not intended to replace, supersede or provide additional coverage or limits for a special event(s) if there is a separate policy in place providing coverage for the same special event(s).

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

#### Homeless Children's Network

This Agreement is made this 1<sup>st</sup> day of July 2018, in the City and County of San Francisco, State of California, by and between Homeless Children's Network, San Francisco, CA 94110 ("Contractor") and City.

#### Recitals

WHEREAS, the Department of Public Health ("Department") wishes to provide mental health and substance abuse treatment services; and,

WHEREAS, Request for Proposals (RFP-1-2017 and RFQ-16-2018) were issued on March 24, 2017 and May 4, 2018 respectively and City selected Contractor as the highest qualified scorer pursuant to the RFP's; and

Whereas, this Agreement was also procured under a Sole Source as authorized by San Francisco Administrative Code Chapter 21.42 (July 1, 2018 – Dec 31, 2108); and

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

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

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

Now, THEREFORE, the parties agree as follows:

#### Article 1 Definitions

The following definitions apply to this Agreement:

- 1.1 "Agreement" means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements which are specifically incorporated into this Agreement by reference as provided herein.
- 1.2 "City" or "the City" means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing" and Department of Public Health."
  - 1.3 "CMD" means the Contract Monitoring Division of the City.
- 1.4 "Contractor" or "Consultant" means Homeless Children's Network, San Francisco, CA 94110

1 | P a g e Contract ID# 1000011726 P-600 (2-17; DPH 8-17)

Homeless Children's Network July 1, 2018

- 1.5 "Deliverables" means Contractor's work product resulting from the Services that are provided by Contractor to City during the course of Contractor's performance of the Agreement, including without limitation, the work product described in the "Scope of Services" attached as Appendix A.
- 1.6 "Effective Date" means the date upon which the City's Controller certifies the availability of funds for this Agreement as provided in Section 3.1.
- 1.7 "Mandatory City Requirements" means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws, that impose specific duties and obligations upon Contractor.
- 1.8 "Party" and "Parties" mean the City and Contractor either collectively or individually.
- 1.9 "Services" means the work performed by Contractor under this Agreement as specifically described in the "Scope of Services" attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

#### Article 2 Term of the Agreement

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

#### Article 3 Financial Matters

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

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

- 3.2 Guaranteed Maximum Costs. The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."
  - 3.3 Compensation.

- 3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Six Million Nine Hundred Eighty-Nine Thousand Eight Hundred Forty-Nine Dollars (\$6,989,849). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.
- 3.3.2 Payment Limited to Satisfactory Services. Contractor is not entitled to any payments from City until Department of Public Health approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.
- 3.3.3 Withhold Payments. If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.
- 3.3.4 **Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City specified in Section 3.3.6, "Notices to the Parties," or in such alternate manner as the Parties have mutually agreed upon in writing.
  - 3.3.5 Reserved. (LBE Payment and Utilization Tracking System)
  - 3.3.6 Getting paid for goods and/or services from the City.
- (a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.
- (b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.
  - 3.3.7 Grant Funded Contracts.

- (a) **Disallowance**. If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement between Contractor and City.
- 3.4 Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.
- 3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\_main\_02.tpl.

If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

- 3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.
- 3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.
- 3.5 Submitting False Claims. The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this

Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor:

(a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

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

#### Article 4 Services and Resources

- 4.1 Services Contractor Agrees to Perform. Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."
- 4.2 Qualified Personnel. Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

#### 4.3 Subcontracting.

- 4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.
  - 4.3.2 Contractor will not employ subcontractors.

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

4.4.1 Independent Contractor. For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other

benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

- 4.4.2 Payment of Employment Taxes and Other Expenses. Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.
- 4.5 Assignment. The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.
- 4.6 Warranty. Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.
  - 4.7 Reserved. Liquidated Damages.

#### Article 5 Insurance and Indemnity

#### 5.1 Insurance.

- 5.1.1 **Required Coverages.** Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:
- (a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- (c) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- (d) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.
- (e) Blanket Fidelity Bond 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.
- 5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:
- (a) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- (b) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.
- 5.1.3 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."
- 5.1.4 Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.
- 5.1.5 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.
- 5.1.6 Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

- 5.1.7 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.
- 5.1.8 If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.
- 5.2 Indemnification. Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) - (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

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

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

#### **Article 6** Liability of the Parties

6.1 **Liability of City**. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "PAYMENT," OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER

PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT

- 6.2 **Liability for Use of Equipment**. City shall not be liable for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City.
- 6.3 Liability for Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions.

#### Article 7 Payment of Taxes

- 7.1 Except for any applicable California sales and use taxes charged by Contractor to City, Contractor shall pay all taxes, including possessory interest taxes levied upon or as a result of this Agreement, or the Services delivered pursuant hereto. Contractor shall remit to the State of California any sales or use taxes paid by City to Contractor under this Agreement. Contractor agrees to promptly provide information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.
- 7.2 Contractor acknowledges that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:
- 7.2.1 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.
- 7.2.2 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.
- 7.2.3 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.
- 7.2.4 Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

#### Article 8 Termination and Default

#### 8.1 Termination for Convenience

- 8.1.1 City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.
- 8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:
- (a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.
- (b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.
- (c) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- (d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- (e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.
- (f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.
- 8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:
- (a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.
- (b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.
- The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

- (d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.
- 8.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.
- 8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.
- 8.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

#### 8.2 Termination for Default; Remedies.

- 8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:
- (a) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

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

- (b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.
- (c) Contractor (i) is generally not paying its debts as they become due; (ii) files, or consents by answer or otherwise to the filing against it of a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy,

insolvency or other debtors' relief law of any jurisdiction; (iii) makes an assignment for the benefit of its creditors; (iv) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property; or (v) takes action for the purpose of any of the foregoing.

- (d) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.
- 8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.
- 8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.
- 8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.
- 8.3 Non-Waiver of Rights. The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

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

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

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue

Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and	11.10	Compliance with Laws
	Consequential Damages		
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	13.1	Nondisclosure of Private,
			Proprietary or Confidential
			Information
13.4	Protected Health Information	13.3	Business Associate Agreement

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

#### Article 9 Rights In Deliverables

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

#### Article 10 Additional Requirements Incorporated by Reference

- 10.1 Laws Incorporated by Reference. The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco\_ca/
- 10.2 Conflict of Interest. By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code

(Section 87100 et seq.), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 et seq.), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.

- 10.3 **Prohibition on Use of Public Funds for Political Activity.** In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.
  - 10.4 Reserved.
  - 10.5 Nondiscrimination Requirements
- 10.5.1 Non Discrimination in Contracts. Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.
- 10.5.2 Nondiscrimination in the Provision of Employee Benefits. San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section12B.2.
- 10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance. Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.
- 10.7 **Minimum Compensation Ordinance**. Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.
- 10.8 Health Care Accountability Ordinance. Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.
- 10.9 First Source Hiring Program. Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.
- Alcohol and Drug-Free Workplace. City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the

general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

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

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

10.12	Reserved. (Slavery Era Disclosure)
10.13	Reserved. (Working with Minors
10.14	Consideration of Criminal History in Hiring and Employment Decisions

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

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

the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

- Public Access to Nonprofit Records and Meetings. If Contractor receives a 10.15 cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.
- Food Service Waste Reduction Requirements. Contractor shall comply with the 10.16 Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.
- 10.17 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.
- 10.18 Tropical Hardwood and Virgin Redwood Ban. Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

#### 10.19 Reserved. (Preservative Treated Wood Products)

ANDREW WILLIAMS

#### Article 11 **General Provisions**

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

Office of Contract Management and Compliance

 	1	
Department of Public Health		
101 Grove Street, Room 307	FAX:	(415) 252-3088
San Francisco, California 94102	e-mail:	David.Folmar@sfdph.org

CONTRACT DEVELOPMENT AND TECHNICAL ASSISTANCE (CDTA) 1380 HOWARD STREET, 5<sup>TH</sup> FLOOR FAX: (415) 252-3031

andrew.williams@sfdph.org SAN FRANCISCO, CA 94103 e-mail:

To CONTRACTOR: HOMELESS CHILDREN'S CENTER

3450 THIRD STREET, UNIT 1-C FAX: (415) 437-3990

> SAN FRANCISCO, CA 94124 e-mail: april@hcnkids.org

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

To CITY:

And:

- 11.2 Compliance with Americans with Disabilities Act. Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.
  - 11.3 Reserved.
- Sunshine Ordinance. Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.
- 11.5 Modification of this Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).

#### 11.6 Dispute Resolution Procedure.

- 11.6.1 Negotiation; Alternative Dispute Resolution. The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this section.
- 11.6.2 Government Code Claim Requirement. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.
- 11.6.3 Health and Human Service Contract Dispute Resolution Procedure. The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.

- 11.7 **Agreement Made in California; Venue.** The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.
- 11.8 Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.
- 11.9 Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."
- 11.10 Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.
- 11.11 Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.
- 11.12 Cooperative Drafting. This Agreement has been drafted through a cooperative effort of City and Contractor, and both Parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No Party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the Party drafting the clause shall apply to the interpretation or enforcement of this Agreement.
- 11.13 Order of Precedence. Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, any RFPs, and any Contractor's proposals. RFPs and Contractor's proposals are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.

#### Article 12 Department Specific Terms

#### 12.1 Third Party Beneficiaries.

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

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

#### 12.3 Certification Regarding Lobbying.

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

- A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.
- B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form 111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.
- C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.
- D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### 12.4 Materials Review.

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

#### 12.5 Emergency Response.

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

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are

required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

#### Article 13 Data and Security

- 13.1 Nondisclosure of Private, Proprietary or Confidential Information.
- 13.1.1 If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.
- 13.1.2 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or confidential information.
  - 13.2 Reserved. (Payment Card Industry ("PCI") Requirements.
  - 13.3 Business Associate Agreement

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

#### The parties acknowledge that CONTRACTOR will:

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

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE

## FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

- a. Appendix E SFDPH Business Associate Agreement (BAA) (04-12-2018)
  - 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
  - 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)
- 2. NOT do any of the activities listed above in subsection 1;
  Contractor is not a Business Associate of CITY/SFDPH. Appendix E and `
  attestations are not required for the purposes of this Agreement.
- 13.4 Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

#### Article 14 MacBride And Signature

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

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

**CITY** 

Recommended by:

Greg Wagner

Acting Director of Health Department of Public Health **CONTRACTOR** 

Homeless Children's Network

April Silas

**Executive Director** 

Supplier ID: 0000018734

Approved as to Form:

Dennis J. Herrera City Attorney

Bv:

Julie Van Nostern

Deputy City Attorney

Approved:

Jaci Fong ALARIC DEGRAFINRIED

Director of the Office of Contract Administration, and

Purchaser

**Appendices** 

A: Scope of Services

B: Calculation of Charges

C: Reserved

D: Reserved

E: Business Associate Agreement

F: Invoice

G: Dispute Resolution

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

#### 1. Terms

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

#### 2. Description of Services

3. Services Provided by Attorneys

#### 1. Terms

#### A. Contract Administrator:

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

#### B. Reports:

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

#### C. Evaluation:

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

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

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

1 | Page Contract ID# 1000011726 Appendix A

Homeless Children's Network July 1, 2018

#### 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. <u>Infection Control</u>, 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.

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- (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. <u>Under-Utilization Reports:</u>

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, CONTACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

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

#### V. <u>Compliance with Grant Award Notices:</u>

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-1a EPSDT General
Appendix A-1b EPSDT Riley

Appendix A-1c EPSDT Treasure Island

Appendix A-1d EPSDT LGBTO

Appendix A-2 Early Childhood Mental Health Consultation Initiative (ECMHCI)

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.

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Contractor: Homeless Children's Network

Appendices A- 1a, A-1b, A-1c, A-1d

Program: EPSDT

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

### 1. Identifiers:

1. A-1a: Program Name: Homeless Children's Network EPSDT - General Program Address (primary program site address): 3450 3<sup>rd</sup> Street Unit 1C

City, State, Zip Code: San Francisco, CA 94124 Telephone: (415) 437-3990 / Facsimile: (415) 437-3994

Executive Director: April Silas Telephone: (415) 437-3990 X 308 Email; Address: april@hcnkids.org

**Program Code: 38AS3** 

Salvation Army /Harbor House

**Hamilton Shelter** 

Hamilton Family Center

**Bayview Family Resource Center** 

Faces Bayview Child Care Center

Family Childcare Quality Network

Larkin Street Youth Services

SFUSD Schools, including Guadalupe, Glen Park, Hillcrest, Starr King, E.R. Taylor, Bessie Carmichael, Cesar Chavez, Daniel Webster, Leonard Flynn and Longfellow Elementary Schools Permanent Supportive Housing Programs including ECS/ Canon Barcus and Glide CW House

Homeless Programs / MHSA

La Casa de las Madres

**ERMHS** referrals

A-1b: Program Name: Homeless Children's Network EPSDT- Riley

Program Address: The same as A-1a

**Program Code: 38AS4** 

Riley Center: Brennan House Rosalie House

A-1c: Program Name: Homeless Children's Network EPSDT - Treasure Island

Program Address: The same as A-1a

**Program Code: 38AS5** 

Treasure Island Housing
Treasure Island Child Development Center

A-1d: Program Name: Homeless Children's Network EPSDT - LGBTQ

Program Address: The same as A-1a

LGBTQ Our Family Coalition SF Pride

1 | P a g e CID#: 1000011726 July 1, 2018

Contractor: Homeless Children's Network	Appendices A- 1a, A-1b, A-1c, A-1c
Program: EPSDT	Contract Term: 07/01/2018-06/30/2019

2. Nature of Document (cl	heck one	:)
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$\square$	Original	Contract Amendment	Internal Contract Revision
$\triangle$	Original	Contract Amenument	THIEF HAT COULT ACT INEVISION

### 3. Goal Statement

The goal of this program is to provide culturally competent, strength-based mental health services which are focused on the specific needs of homeless children and families living in emergency, transitional and domestic violence shelters.

### 4. Target Population

The target population served by HCN is homeless children, youth ages 0-17 and their families in all neighborhoods throughout San Francisco. We extend our services to families who reside in emergency and domestic violence shelters, transitional programs, SROs, as well as to families who are in permanent stable housing but have a formative history with homelessness. HCN will serve families whose clinical needs fall within the medical necessity requirement for behavioral support, while simultaneously assuring that all services rendered are within the scope of our agency's specialty, skills, and oversight.

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

**Definitions of Service Modalities** 

### Mental Health Services

"Mental Health Services" means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, collateral, therapy and case management.

### Assessment

"Assessment" means a service delivery activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional or behavioral disorder, relevant cultural issues and history; diagnosis; and the use of testing procedures.

### Collateral

"Collateral" means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

### Therapy

"Therapy" means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments.

Contractor: Homeless Children's Network	Appendices A- 1a, A-1b, A-1c, A-1d
Program: EPSDT	Contract Term: 07/01/2018-06/30/2019

### Case Management

"Case Management" means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

For the total number of minutes to be provided in FY 18-19 please refer to the corresponding CRDC page in the budget workbook for details.

### 6. Methodology

### **Direct Client Services**

- A. As the premiere agency in San Francisco acting as the collaborative centralizing referral response agency for mental health and shelter-based child care and early intervention services to homeless children, HCN operates as a comprehensive support organization for homeless families for city-wide resources. Our collaborative model allows for efficient and thorough outreach, promotion and advertisement activities. Monthly collaborative meetings in which providers share resources and coordinate referrals act as an outreach, promotion and advertisement mechanism. In addition, each collaborating agency has information posted on site in client gathering areas. Regular outreach, through community meetings with families at each shelter, also promotes services.
- B. Program eligibility is determined by HCN's Clinical Director upon referral from collaborative members. Program participants must have current full-scope Medi-Cal and a mental health diagnosis that meets medical necessity. HCN participates in the BHS Advanced Access initiative, including ensuring timely measurement of data at the site and reporting of data to BHS as required. Program will adhere to BHS guidelines regarding assessment and treatment of indigent (uninsured) clients.
- C. HCN provides mental health, case management, crisis intervention, and collateral support services to children and their families living in emergency, domestic violence, and transitional shelters, as well as those families referred by homeless agencies. Services include family-focused, child centered therapy: individual counseling, play therapy, family counseling, and group therapy; as well as, case management linkages to appropriate and viable community resources. CANS data is reviewed by HCN's Program Director and used to determine training needs, supervision needs and discharge planning. Services are developmentally, linguistically, environmentally, and culturally optimal and accessible for families. Hours of operation are Monday-Friday 9a-6p. Services are delivered at the locations listed above, as well as at our offices at 3450 3<sup>rd</sup> Street Unit 1C.
- D. HCN services will be delivered in the context of the BHS Access system, with a common definition of medical necessity for the level of care, and a common admission and discharge criteria for the level of care. HCN's Clinical Director functions as Care Manager responsible for the client's plan of care throughout the system-wide standards of accountability that is based on cost, access, quality and outcomes.
- E. Re: program staffing refer to Appendix B CRDC page.

Contractor: Homeless Children's Network	Appendices A- 1a, A-1b, A-1c, A-1d
Program: EPSDT	Contract Term: 07/01/2018-06/30/2019

### 7. Objectives and Measurements

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

### 8. Continuous Quality Assurance and Improvement

HCN conducts continuous quality assurance and monitoring through the following means. Evidence of CQI activities is maintained in HCN's Administrative Binder for review by the Business Office of Contract Compliance.

- 1. Achievement of Contract Performance Objectives and Productivity: HCN's Program Director is responsible for oversight of all HCN contract performance objectives and productivity. The Program Director runs monthly reports to ensure compliance with program deliverables, and directs or provides training to staff and interns in required topics. HCN Staff meet for one hour each Tuesday with the Executive Director, Program Director, Program Assistant and Clinical Supervision Staff. Staff meetings address system-level identification of areas for improvement, compliance training needs, consumer feedback and recommendations for continuous quality assurance. HCN's Program Director monitors contract performance objectives based on outcome data, and meets monthly with clinicians and the Clinical Director to ensure progress towards annual goals.
- 2. Quality of Documentation: Periodic Utilization Review and Quality Control. A committee comprised of the Clinical Supervisor, Quality Assurance Staff and Program Director meet monthly to review cases. The review covers documentation accuracy and quality, special risk factors, clinical status and progress of each client, treatment modalities and the efficacy of interventions. The committee discusses outcomes and recommendations, such as changes in service intensity and referrals. PURQC Committee notes are kept by the Program Director and include recommendations to be conveyed to individual clinicians. A PURQC log is filled out at each committee meeting, and notes are kept by the Program Director. HCN's PURQC Committee complies with all SFDPH-BHS policies and procedures. Every clinician meets weekly with the Clinical Supervision Team for individual clinical supervision, and attends a weekly 2-hour Group Supervision meeting. Recommendations of the PURQC Committee are conveyed to clinicians during these meetings. A monthly internal chart review is conducted by the Clinical Director. The Clinical Supervision Team keeps notes and a sign-in sheet for each Group Supervision session, including the topics covered.
- 3. Cultural Competency of Staff and Services: HCN's hiring policy includes thorough screening of candidates for cultural fit and cultural humility in serving the target population. HCN's Executive Director arranges for quarterly trainings to staff and interns in Cultural Sensitivity. Every Tuesday the clinical staff and interns participate in a one and a half hour workshop on relevant topics, such as therapeutic techniques, legal and ethical issues, and cultural competency.
- 4. Satisfaction with Services: HCN participates in the administration of semi-annual Consumer Perception Surveys, as directed by BHS. Results of Consumer Satisfaction surveys inform recommendations for quality improvement, through trainings held at weekly Staff Meetings and/or monthly Program Meetings.
- 5. Timely Completion and Use of Outcome Data: Timely submissions of CANS, Progress Notes and Plans of Care are tracked by HCN's Quality Assurance Associate, who provides support and 1:1 coaching to program staff and interns. CANS assessment data is reviewed quarterly by HCN's Program Director and discussed with the PURQ Committee. Improvements to service delivery to improve CANS

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Contractor: Homeless Children's Network	Appendices A- 1a, A-1b, A-1c, A-1d
Program: EPSDT	Contract Term: 07/01/2018-06/30/2019

outcomes are facilitated through training and direction to clinicians, during weekly individual supervision, weekly group supervision and monthly trainings.

### 9. Required Language

N/A

Contractor: Homeless Children's Network	Appendix A- 2
Program Name: ECMHCI	<b>Term:</b> 7/1/2018-06/30/2019

### 1. Identifiers:

Program Name: Early Childhood Mental Health Consultation Initiative (ECMHCI)

Program Address: 3450 3<sup>rd</sup> Street Unit 1C City, State, Zip Code: San Francisco, CA 94124

Telephone: 415-437-3990 Facsimile: 415-437-3994

Website Address: www.hcnkids.org

Executive Director: April Silas Telephone: 415-437-3990 X 308

april@hcnkids.org

Program Code(s): 38AS ECMHCI / PEI

2. Nature of Document (check one):

$\boxtimes$	Original	Renewal		Modification
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- 3. Goal Statement: To improve the lives of young children (Birth-5 years) and their families. More specifically, it is designed to ensure the emotional well-being of children by providing mental health consultation and support services to the shelter-based and homeless services child care providers who care for them on a daily basis.
- 4. Target Population: Shelter-based, and/or homeless programs childcare providers, parents, and children (age 0 to 5 years) of CalWORKs families and other low-income families. Of particular interest are homeless families with young children Birth to 5. Homeless families transition throughout San Francisco's Family Shelter and Homeless Program System without a unifying voice of support. This population of chronic homeless families often qualifies for available space at shelter-based and homeless program child care settings due to their extreme need for consistency.

Site Name	Number of Classrooms	# of Children	#of Staff	# of Hours per week	Funding Source(s)	Site Type
1.FACES- Bayview	4	50	12	8	SALY	ECE
2.FACES- Masonic	3	25	8	8	SALY	ECE
3.Lee Woodward Counseling Center	1	20	5	7	SALY	SA
4.Our Family FRC	1	40	15	5	SALY	FRC
Site Name	Number of Classrooms	# of Children	#of Staff	# of Hours per week	Funding Source(s)	Site Type
5.Harbor House Shelter	1	12	8	4	SALY	SHEL

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6.Brennan House	1	20	8	5	SALY	SHEL
7.Rosalie House	1	25	5	6	SALY	SHEL
8.Wu Yee Bayview	1	12	3	7	SALY	ECE
9.Centro las Olas	1	20	4	3	SALY	ECE
10.Family Child Care Quality Network	Up to 31	Up to 310	Up to 100	8	SALY	FCCQN
11.Family Child Care Quality Network	Up to 31	Up to 310	Up to 100	8	SALY	FCCQN
12.Puddleju mpers/ Bessie Carmichael	1	12	4	4	SALY	ECE
13.Glen Park	3	30	12	3	SALY	ECE
14.Balboa	1	15	4	5	SALY	ECE
15.Western Addition FRC	2	24	7	5	SALY	FRC
16.Bayview FRC	2	24	7	7	SALY	FRC
Site Name	Number of Classrooms	# of Children	#of Staff	# of Hours per week	Funding Source(s)	Site Type
17.OMI FRC	2	15	6	4	SALY	FRC
18.Aviva House	1	15	6	5	SALY	SA
19.FACET	1	25	5	6	SALY	SA
20.Little Children's Development Center	2	20	6	6	SALY	ECE
21.St.Paul's/ Longfellow	2	15	6	3	SALY	ECE
22.YMCA Stonestown Preschool	2	20	7	5	SALY	ECE -

<sup>\*</sup>SALY = Same As Last Year

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- 5. Modality(s)/Intervention(s): All ECMHCI contractors are required to establish a Site Agreement with each respective site served (child care, shelter, family resource center, etc. at the beginning of each fiscal or academic year, whichever is most appropriate. Each Site Agreement document should include the following information:
  - Site information to which the Site Agreement applies
- The term of the Site Agreement
- Number of on-site consultation hours per week
- Agreed upon services that the consultant will provide
- Agreed upon client/site roles and responsibilities
- Agreed upon day and time for regular group consultation meeting
- Schedule of planned review of Site Agreement document
- Signature lines for Consultant, Site Director/Manager, Contractor Program Director

## HCN's Policies and practices to ensure SOPs are complied with, and how HCN will monitor the Consultant's work:

HCN's policies and practices are based on the idea of the parallel process. The parallel process model begins with the consultant supporting and educating child care staff, thereby empowering the staff to avoid burn out and provide improved services and care to families, which in turn enhances parent's abilities to provide benevolent and healthy parenting to their children, leading to more emotionally stable children and secure families able to ultimately move forward during a difficult time in their lives. Furthermore, our policies aims to establish "baseline readiness" for the shelter-based childcare centers/family child care/child development centers, which is centralized around the idea of the center structure being ready to provide quality services to children and families. The key to success of baseline readiness is relationship building between the consultant and center providers as well as the establishment of a comprehensive and consistent system of care utilizing Best Practices methods that aim to insure that center staff and homeless families are operating to the best of their abilities. We support HCN's Consultants to therefore anchor their philosophy and interventions on the following premises:

- Children do best when there is a good cooperative working relationship between family and caregiver/shelter staff.
- We believe in the importance of relationships: relationships between parents and children, between children and staff, between staff and consultant.
- We believe in the process of reflection that give people a certain kind of attention that helps us reconnect with what we know

Each childcare center has its own unique character based on its services. To respond optimally to each environment, HCN makes an effort to match centers with the appropriate consultant based on experience with certain issues faced by families there, or cultural factors like language and ethnicity. By linking consultants who more closely reflect or at the very least are able to empathize to a greater degree with both staff and/or the families they serve, stronger relationships are developed between staff, the consultant and the families, thereby creating a responsive and encouraging environment most beneficial to the positive growth and development of homeless and formerly homeless families. We accomplish this by providing weekly individual and group supervision, weekly trainings, and consultant-to-consultant support. The Executive and Program Directors both create on-going communication with each collaborative site in order to establish strong rapport and trust. HCN's standards of practice are based on the offering of our entire system of care as a form of support for the child care site. We understand that by supporting the child care system of each program, and therefore its teachers/providers, to grow in efficacy toward the greater child development practices, we are also supporting each child and parent with the most sustainable impact.

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### **Modalities**

### **CATEGORY 1**

The following services are consultation-based. These services are not billed to EPSDT/Medi-Cal. They are billed as fee-for-service using grant funding, as well as MHSA funds.

Note: Consultation services that focus on specific children and parents are subject to parental consent and HIPAA compliance.

- CI: Consultation Individual: Discussions with a staff member on an individual basis about a child or a group of children. Includes assisting providers and parents in completing the Ages and Stages Questionnaire (ASQ) and/or the Ages and Stages Questionnaire Social Emotional (ASQ-SE) evidence-based developmental screening tool to obtain baseline information and whether additional supports are necessary. Other strategies include but are not limited to discussions with a staff member on an individual basis about early childhood mental health, child development in general, classroom management strategies, and supporting mental health best practices into program activities and policies. Strategies can also include collaborative work with a parent, such as offering parental guidance involving discussions about child development, concerns about developmental screenings, problem-solving together during case consultation sessions, and exploring referrals to additional supports.
- **CG:** Consultation Group: Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families. This may include consultation regarding the program as a whole or the design of a particular strategy or intervention. These meetings are also a forum for team development within the provider's staff.
- CO: Consultation Observation: Observing a child, group of children, or entire classroom within a defined setting to inform consultation services to teachers/staff/programs/parents. The purpose of these observations is to help inform the individual and group consultation process and therefore address the behavioral and developmental needs of the children through the enhancement of their primary relationships.
- ST: Consultation Staff Training: Provides structured, formal, in-service trainings to a group of three or more individuals comprised of staff of early care and education programs, family resource centers, shelters, etc. to develop their capacity to address the myriad of social-emotional and mental health needs of the children in their care. Topics may include but are not limited to the social-emotional foundations of learning, behavior management techniques/promoting positive behaviors, effective communication strategies, and working with parents.
- **PT:** Consultation Parent Training/Support Group: Provides didactic training on a specific topic or ongoing support to a group of parents. The format and frequency vary from one-time workshops to ongoing support groups for a consistent cohort of parents. Consultants are encouraged to learn about and pilot evidenced parenting programs such as *Triple P* and *Incredible Years*.
- RL: Early Referral/Linkage: When the consultant's involvement with parents and child reveals a need for longer-term help and/or adjunct services, the consultant is optimally situated to assist the family in securing appropriate services. When necessary, the consultant will refer children and families for community services such as multi-disciplinary assessment; special education; occupational, speech, and physical therapy; family resource center services; or individual child or parent-child mental health services. The consultant's established relationship with the family increases the likelihood that the family will trust the

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recommendation and therefore pursue the referral. The consultant ensures the family's engagement with needed services by remaining involved with the family throughout the process. Once services are in place, the consultant can, with the parent's permission, act as a liaison between the new service provider and the early care and education staff; relaying information that enhances the staff's ongoing understanding and work with the particular child.

SU: Consultant Training/Supervision: Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also covers supervision of consultants both individually and in groups.

EV: Evaluation: Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the CBHS-initiated evaluation efforts.

SW: Systems Work: Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0-5, enhance the development of inclusive education sites, and continuous quality improvement. This includes being a participating member of the Trans disciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.

### **CATEGORY 2**

These activities involve the provision of planned early intervention services to children and families. Client charts must be opened, but a mental health diagnosis of the child is not required. ECMHCI contractors must adhere to all HIPAA compliance and CBHS documentation requirements as specified. However, these services are not billed to EPSDT/Medi-Cal. They are billed as fee-for-service using grant funds, as well as MHSA funds. Note: These activities are pre-diagnostic and therefore not considered to be planned mental health services. They are brief time-limited interventions focused on the development of skills related to improving a child's social-emotional and behavioral functioning.\*

EI: Early Intervention – Individual: Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. Activities include, but are not limited to: conducting developmental and/or social-emotional screening; individual child interventions, such as 1:1 support or shadowing in the classroom for a child struggling with behavioral or social difficulties who is at risk for expulsion; meeting with a parent/caregiver to discuss specific concerns they may have about their child's development, and/or helping them explore and implement new and specific parenting practices that would improve their child's social-emotional and behavioral functioning.

EG: Early Intervention – Group: Conducting playgroups/socialization groups involving at least three children. These groups are designed to help children learn social skills such as getting along with others, making friends, handling and expressing frustrations, understanding and modulating feelings, developing reciprocity and compromise with peers, and learning cooperation with peers and adults. The groups occur on site and are led by the mental health consultant, and in some instances can be co-facilitated by a member of the site staff.

\*Early intervention services do not require a mental health diagnosis of the child. However, the client chart must include a client plan that is informed by a completed Ages and Stages Questionnaire (ASQ) or Ages and Stages Questionnaire — Social Emotional (ASQ-SE). If not already performed, and early intervention

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services are indicated, then the mental health consultant must ensure the ASQ is completed prior to the onset of services. In their assessment, the mental health consultant may also use the ASQ-SE as a follow-up to the ASQ to further inform the development of interventions. The client plan must reflect the needs identified by the screenings and must include goals and interventions that will help support the child's ability to remain in their current care setting.

### **CATEGORY 3**

These activities involve the provision of planned mental health services to children and families. Mental Health Services can be provided in the event that a referral/linkage for mental health treatment is not possible, or there is mutual agreement from consultation sessions that mental health services would benefit the child if provided on-site. Client charts must be opened. Therefore, the ECMHCI contractor must adhere to all HIPAA compliance and CBHS documentation requirements as specified. These services are to be billed to EPSDT/Medi-Cal first. These services can be billed as fee-for-service using grant or MHSA funding only if the child is not a full-scope Medi-Cal beneficiary.

MI or MG: Mental Health Services - Individual, Family, or Group Therapy: Provided for a subset of the most at risk children for whom the indirect involvement of consultation and lower intensity early intervention services are not sufficient to address behavioral concerns. Targeted therapeutic interventions are employed by consultants that focus primarily on symptom reduction as a means to improve functional impairments that a child may be experiencing due to diagnosable mental health concerns. Therapy may be delivered to an individual or group of children and may include family therapy at which the child is present. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. A mental health diagnosis of the child is required, and client charts must include a client treatment plan that is informed by a completed CANS Assessment and may also include the results of developmental or social-emotional screenings. The client plan must include goals and interventions that will help support the child's ability to remain in the current care setting.

### Standards of Practice (SOP)

All ECMHCI contractors must incorporate the following standards of practice into each of their scopes of work: NOTE: The standards of practice for consultation services that are detailed below are only applicable to early care and education, family child care, and shelter programs, and are NOT directly applicable to services provided to family resources centers. In other words, the Standards of Practice do not apply to those settings.

### **Program Consultation**

Center and/or classroom focused (including children's programming in shelter settings), benefits all children by addressing issues impacting the quality of care.

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### **Frequency of Activities**

	Children's Programs w/in Shelters	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
Activity				
Program Observation	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year
Meeting with Director	Monthly 1 hour per month	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month
Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month
	Children's Programs w/in Shelters	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
Trainings	As needed and as stipulated in the MOU between the site and the service providing agency	As needed and as stipulated in the MOU between the site and the service providing agency	Same as small center	Same as small center

### **Case Consultation**

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

### **Frequency of Activities**

	Children's Programs w/in Shelters	Small Center 12-24 children	Medium Center 25-50 children	Large Center >50 children
Activity				
	2 to 4 times initially	2 to 4 times initially	Same as for small	Same as for small
Child	for each child and as	for each child and	center	center

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Observation	needed.	as needed.		
	Recommended 4 to	Recommended 4 to		
	10 hours per child	10 hours per child		
	per year.	per year.		
Meeting with Director	Once per month per child who is the	Once per month per child who is the	Same as for small center	Same as for small center
	focus of case consultation.	focus of case consultation.		
	Once per month per	Once per month per	Same as for small	Same as for small
Meeting with	child for duration of	child for duration of	center.	center.
Staff	case consultation.	case consultation.		
Meeting with	3 to 5 times per	3 to 5 times per	Same as for small	Same as for small
Parents	child	child	center.	center.

- Direct services occur within the child care center and/or shelter as allowed by the established Site
   Agreement and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic
  violence in the family, possible referral for special education screenings, and alcohol or other substance
  use in the family.
- All direct treatment providers follow federal HIPPA regulations pertaining to the provisions of services and the maintenance of records.

### Additional Modalities of Service/Interventions:

- Assessment of the site-specific environment will be a key factor in determining the level of on-going involvement between HCN's Executive Director and key management from the site.
- All direct treatment providers will be trained to provide culturally-competent, environmentally-competent, and developmentally-competent services.

### 6. Methodology

- A. As the premier agency in San Francisco acting as the collaborative centralizing referral response agency for mental health and shelter-based child care and early intervention services to homeless children, HCN operates as a comprehensive support organization for homeless families for city-wide resources. Our collaborative model allows for efficient and thorough outreach, promotion and advertisement activities. Monthly collaborative meetings in which providers share resources and coordinate referrals act as an outreach, promotion and advertisement mechanism. In addition, each collaborating agency has information posted on site in client gathering areas. Regular outreach, through community meetings with families at each shelter, also promotes services.
- B. HCN's Early Childhood Consultation services to the Shelters/Programs/FCCs are linked to the site, and are therefore not based on individual client eligibility standards. Therefore admission, enrollment and intake criteria for program eligibility is determined by the child/family's/staff's participation with the collaborating site.

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- C. HCN's Early Childhood Consultation services will be delivered by using our mobile approach to "meeting providers/clients where they are." We travel to child care sites after creating a relationship to both the providers and parents in order to help promote optimal child development practices and provider support for both individual parent and child, as well as the program. The foundation of our approach is simple: as the programs are strengthened to support the caregivers of our most vulnerable children and parents, the caregivers are therefore strengthened to provide the attentiveness, skilled interventions, patience, and love needed to guide the daily care of children from birth to five. Hence, our communities will have healthy and vibrant children to celebrate.
- D. HCN's Early Childhood Consultation services will be developmentally, linguistically, environmentally, and culturally optimal and accessible for families. Our staff therefore will reflect both a supremely high level of child development experience, including, but not limited to graduate studies in a related field; as well as, having the personality and emotional presence to be the example of self-care and balance. The specific methodology for our program model will be delivered in the context of the following services: HCN provides Consultation-Individual, Consultation-Group, Consultation-Class/Child Observation, Training/Parent Support, Direct Services- Individual, Direct Service Group services to children. In addition, Outreach & Linkage and Program Evaluation will be provided. Hours of operation are Monday-Friday 9a-6p. Services are delivered at the shelter/program/FCC locations listed above, as well as at our offices at 3450 3<sup>rd</sup> Street Unit 1C.
- E. Re: staffing refer to Appendix B

### 7. Objectives and Measurements:

### A. Standardized Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FY18/19.

### 8. Continuous Quality Improvement:

HCN conducts continuous quality assurance and monitoring through the following means. Evidence of CQI activities is maintained in HCN's Administrative Binder for review by the Business Office of Contract Compliance.

- 1. Achievement of Contract Performance Objectives and Productivity: HCN's Program Director is responsible for oversight of all HCN contract performance objectives and productivity. The Program Director runs monthly reports to ensure compliance with program deliverables, and directs or provides training to staff and interns in required topics. HCN Staff meet for one hour each Tuesday with the Executive Director, Program Director, Program Assistant and Clinical Supervision Staff. Staff meetings address system-level identification of areas for improvement, compliance training needs, consumer feedback and recommendations for continuous quality assurance. HCN's Program Director monitors contract performance objectives based on outcome data, and meets monthly with clinicians and the Clinical Director to ensure progress towards annual goals.
- 2. Quality of Documentation: Periodic Utilization Review and Quality Control. A committee comprised of the Clinical Supervisor, Quality Assurance Staff and Program Director meet monthly to review cases. The review covers documentation accuracy and quality, special risk factors, clinical status and progress of each client, treatment modalities and the efficacy of interventions. The committee discusses outcomes

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and recommendations, such as changes in service intensity and referrals. PURQC Committee notes are kept by the Program Director and include recommendations to be conveyed to individual clinicians. procedures. Every clinician meets weekly with the Clinical Supervision Team for individual clinical supervision, and attends a weekly 2-hour Group Supervision meeting. Recommendations of the PURQC Committee are conveyed to clinicians during these meetings. A quarterly internal chart review is conducted by the Clinical Director. The Clinical Supervision Team keeps notes and a sign-in sheet for each Group Supervision session, including the topics covered.

- 3. Cultural Competency of Staff and Services: HCN's hiring policy includes thorough screening of candidates for cultural fit and cultural humility in serving the target population. HCN's Executive Director arranges for quarterly trainings to staff and interns in Cultural Sensitivity. Every Tuesday the clinical staff and interns participate in a one and a half hour workshop on relevant topics, such as therapeutic techniques, legal and ethical issues, and cultural competency.
- 4. Satisfaction with Services: HCN participates in the administration of annual Consumer Satisfaction Surveys, as directed by BHS. Results of Consumer Satisfaction surveys inform recommendations for quality improvement, through trainings held at weekly Staff Meetings and/or monthly Program Meetings.
- 5. Timely Completion and Use of Outcome Data: Timely submissions of CANS, Progress Notes and Plans of Care are tracked by HCN's Quality Assurance Associate, who provides support and 1:1 coaching to program staff and interns. Improvements to service delivery to improve CANS outcomes are facilitated through training and direction to clinicians, during weekly individual supervision, weekly group supervision and monthly trainings.

### 9. Required Language (if applicable):

A. For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the BHS ECMHCI System of Care Program Manager and RFP-10-2013.

B. Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI System of Care Program Manager of any changes.

## Appendix B Calculation of Charges

### 1. Method of Payment

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

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

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

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) 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 of the CONTRACTOR'S allocation for the applicable fiscal year.

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

### 2. Program Budgets and Final Invoice

A. Program are listed below:

Budget Summary
Appendix B-1a EPSDT General
Appendix B-1b EPSDT Riley
Appendix B-1c EPSDT Treasure Island
Appendix B-1d EPSDT LGBTQ
Appendix B-2 ECMHCI

### B. Compensation

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> 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 Six Million Nine Hundred Eighty-Nine Thousand Eight Hundred Forty-Nine Dollars (\$6,989,849) for the period of July 1, 2018 through June 30, 2022.

CONTRACTOR understands that, of this maximum dollar obligation, \$748,912 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 to June 30, 2019	\$ 1,077,208
July 1, 2019 to June 30, 2020	\$ 1,700,201
July 1, 2020 to June 30, 2021	\$ 1,721,157
July 1, 2021 to June 30, 2022	\$ 1,742,371
SubTotal July 1, 2018 to June 30, 2022	\$ 6,240,937
Contingency	\$ 748,912
TOTAL	\$ 6,989,849

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

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

### 3. Services of Attorneys

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

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

- A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.
- B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

### 5. Reports and Services

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

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

Document Date B-1b B-1c 38AS 38AS 38AS  EPSDT Riley Treasure Island 38AS4 38AS4 7/1/2018-8/30/2019 \$ 7,700 \$ 9,690 \$ 9,702 \$ 12,226 \$ 10,624 \$ 6,620 \$ 20,326 \$ 13,846 \$ 20,326 \$ 13,846 \$ 20,326 \$ 21,110 \$ 7,372 \$ 8,000 \$ 7,372 \$ 8,000 \$ 7,372 \$ 8,000 \$ 7,372 \$ 8,000 \$ 7,372 \$ 8,000 \$ 7,372 \$ 8,000 \$ 7,372 \$ 8,000 \$ 7,372 \$ 8,000 \$ 7,372 \$ 8,000 \$ 7,372 \$ 8,000 \$ 7,373 \$ 8,000 \$ 7,374 \$ 7,200 \$ 3,000 \$ 7,134 \$ 7,200 \$ 3,000 \$ 3	309	415-437-3990 EXT 309	4	*	Phone Number			Knodes	Jeremy	r repaired by Jeremy Knodes
Contract Di Namer   Color   Contract Di Namer   Color   Contract Di Namer   Color   Contract Di Namer   Color   Contract Di Namer   Color   Contract Di Namer   Color   Contract Di Namer   Color	١.	- 5	_	*-	\$ 133,710	21,110			•	Bronned B:
Contract Distance   Contract			-	+	ı			+	1	TOTAL FUNDING SOURCES (DPH AND NON-DPH)
Contract ID Number   1000011726				20	<del>.</del>		· ·	, 69	49	TOTAL NON-DPH FUNDING SOURCES
Contract ID Number   Contract		A &		+	-					
Contract ID Name   Domess Children's Network   Contract ID Name   Domess Children's Network   Contract ID Name   Domess Children's Network   Contract ID Name   Domess Children's Network   Contract ID Name   Contract ID N		9		679	SON CONTRACTOR SON CONTRACTOR	A THE PROPERTY OF THE PARTY OF	CONT. CALCASS.		Silve Control	Section of the Party and Section 1
Contract ID Number   Contract	1,077,200		-	-		A STATE OF THE STA	-	30.		
Contract ID Number   CONT23	4 077 200		+	-	١	21.110	-+	-+	1	TOTAL DPH FUNDING SOURCES
Name/Contractor Name   Homeles Children's Network   Contract ID Number   1000011728   Document Date   7/1/2018   Funding Notification Date   1000011728   Appendix Name   EPSDT   B-10   B-2   B-3   B-10   B-2   B-3   B-10   B-2   B-3   B-10   B-2   B-3   B-10   B-2   B-3   B-10   B-2   B-3   B-10   B-2   B-3   B-10   B-2   B-3   B-10   B-2   B-3   B-10   B-2   B-3   B-10   B-2   B-3   B-10   B-2   B-3   B-10   B-2   B-3   B-10   B-2   B-3   B-3   B-10   B-2   B-3   B-10   B-2   B-3   B-				-			$\rightarrow$	-	49	TOTAL OTHER DPH FUNDING SOURCES
Contract Diffy Number 000723		9		+						
Contract D Number   1000011728   EPSDT   EPS		क्र स		$\dagger$						
Contract Plane   Homelss Children's Nelwork   Contract Plane   Homelss Children's Nelwork   Contract Plane   Homelss Children's Nelwork   Contract Plane   Homelss Children's Nelwork   Contract Plane   Homelss Children's Nelwork   Contract Plane   Homelss Children's Nelwork   Contract Plane	を記るなどを	2333		2000	<b>新安全的企业</b>		St. Section Section 2018		A. 10.00	
Contract Plane   Hornelss Children's Nelwork   Contract Plane   Hornelss Children's Nelwork   Contract Plane   Hornelss Children's Nelwork   Contract Plane   Hornelss Children's Nelwork   Contract Plane   Hornelss Children's Nelwork   Contract Plane   Hornelss Children's Nelwork   Contract Plane   Hornelss Children's Nelwork   Contract Plane		-		-		+	9	9	ě.	OTHER DPH FUNDING SOURCES
Contract Indiv Number   00723		9 4		+		+	-		54	TOTAL BHS SUD FUNDING SOURCES
Contract Indiv Number   100011728		9 64		t						4-
Capital Expenses   Capital Exp		4		t				-		
Name/Contract ID Number   100011726   Document Date   71/12018   Filscal Year   2018		4		t				1		
Capital Expenses   Section   Secti		6		t						
Contract ID Number   0007128		64		t			-	+		
Cus legal Emity Number   00723				100	No. of Contract of	A CLOSE SECTION	Children of the Control of the Contr	COUNTRACTOR STATES	ALCORDER 5.	
Name/Contract ID Number   00723	1,077,20		01.0'607	4		21,110	-	-	9	BHSSUD BUNDING SOURCES
Capital Entity Number   O7723   EPSDT   EPSDT Riley   Treasure Island   EPSDT   Salaries   Salari	1,44	69	1,449	+		+	-	-		TOTAL BHS MENTAL HEALTH FUNDING SOURCES
Name/Contractor Name   Homelss Children's Network   Fiscal Year   Z018   Forciard in Number   1000011728   Deument Date   7/1/2018   Funding Notification Date   2018   Contract ID Number   1000011728   B-1b   B-1c   B	67,337	\$		+		110	+	+-		
Name/Contractor Name   Homelss Chilldren's Network   Priscal Pear   Appendix B	12,118	49		F		800	+	+-		
CSJ Legal Entity Number   Homels Children's Network	35,929	69	35,929	-		-	-	+		
CSL legal Entity Number 100723	9,50	s	9,500	69						MIL WO CTC OCHOOL READINESS
DHCS Legal Entity Number   00723	60,39	\$	60,391	69						MH WO DEC School Design
Siz Legal Entity Number 100723	57,93	es.	57,939	49						MH WO DOTT CHILD Care
State   Entity Number   O7/23   Fiscal Year   Fiscal Year	124,60	es.	124,602	€9						MI MICOCYT CHILD
State   Entity Number   07723	347,91	es				-	-	+		
Entity Name/Contractor Name   Homelss Children's Network	360.03	49				-	-	+		
Number   O723	PRINCE STATES OF				は、中国の大学を記	· · · · · · · · · · · · · · · · · · ·	100	400	BEEFE	CROING SOURCES SAN TO THE
Entity Name/Contractor Name   Homelss Children's Network	26.4%	Benefits Rate	Employee I	10%	No. of Street, or other Persons and Street, o	の名の世界を数単数	語言はながる 報		STOKE OF	BHA MENTAL MEALTH EUNDING SOURCES
Entity Number   1000011726	1,077,20	-	289,810	1		-	-	-	SHORE	がある。
Indirect Expenses   1000011726   10000011726   10000117	12.0%	0.0%	L	+			450	3		mailer /o
Fiscal Year   Contractor Name   Homelss Children's Network   Homelss Chi	115,48	L	30,957	+		264	430	ģ	3	-
Fiscal Year   Contractor Name   Homelss Children's Network   Contract ID Number   1000011726   B-1a   B-1b   B-1c   B-1d   B-1b   B-1c   B-1d   B-2   B-#   Provider Number   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   5   38AS   38AS   5   38AS   38AS   5   38AS   38AS   5   38AS   38AS   5   38AS   38AS   5   38AS   38AS   5	961,72		+	+-		+-	-	+-		
Fiscal Year   Contractor Name   Homelss Children's Network   Contractor Name   Homelss Children's Network   Homelss Children's Net		45				+	-	+		
Fiscal Year   Contractor Name   Homelss Children's Network   Contractor Name   Homelss Children's Network   Contractor Name   Homelss Children's Network   Contract ID Number   1000011726   Document Date   7/1/2018   Funding Notification Date   P-1/2018   Funding Notification Date   P-1/2018   P	232,25	55	56,334	+		+-	+-	+	ł	+-
Fiscal Year   Contractor Name   Homelss Children's Network   Fiscal Year   Contract ID Number   1000011726   B-1b   B-1c   B-1d   B-2   B-4   B-7/1/2018   Funding Notification Date   Provider Number   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   38AS   579,008   \$79,008   \$159,400   Salaries   \$84,496   \$2,002   \$2,536   \$20,554   \$43,119   Salaries   \$84,496   \$2,002   \$2,536   \$20,554   \$43,119   Salaries   \$84,496   \$2,002   \$2,536   \$20,554   \$43,119   Salaries   \$84,496   \$2,002   \$2,536   \$20,554   \$43,119   Salaries   \$84,496   \$2,002   \$2,536   \$20,554   \$43,119   Salaries   \$84,496   \$2,002   \$2,536   \$20,554   \$43,119   Salaries   \$84,496   \$2,002   \$2,536   \$20,554   \$43,119   Salaries   \$84,496   \$2,002   \$2,536   \$20,554   \$43,119   Salaries   \$84,496   \$2,002   \$2,536   \$20,554   \$43,119   Salaries   \$84,496   \$2,002   \$2,536   \$20,554   \$43,119   Salaries   \$84,496   \$2,002   \$2,536   \$20,554   \$43,119   Salaries   \$84,496   \$2,002   \$2,536   \$20,554   \$43,119   Salaries   \$84,496   \$2,002   \$64,496   \$2,002   \$64,496   \$64	729,47		+	-		-	+	+	L	Charatine Expenses
Fiscal Year   Contractor Name   Homelss Children's Network   Fiscal Year   Contractor Name   Homelss Children's Network   Fiscal Year   Contract ID Number   1000011726   B-1b   B-1c   B-1d   B-2   B-4t   B-1b   B-1c   B-1d   B-2   B-4t   B-2   B-2   B-4t   B-2   B-2   B-4t   B-2   B-	152,70	69	43,119	+-		-	+-	+-		Employee Deligits
Fiscal Year   Contractor Name   Homelss Children's Network	576,76	•	159,400	+		+-	+	+	l	
Friedram   Contractor Name   Contractor Name   Homelss Children's Network   Homelss Children's Network   Fiscal Year	TOTAL			11-6		-0110	- 100	- 80	2004 900	Catarios
Document Date			2018-12/31/2018	17/2	/1/2018-6/30/201	1 6107/06/9-07/07/	// R107/00/0-010	61021000	N. S. S. S.	
Document Date				+		000000000000000000000000000000000000000	2018-81707 2018-81707	717 proc/06/9	7/1/2018	Funding Term
Document Date 7/1/2018 Funding Notification Date  B-1c B-1d B-2 B-#  38AS 38AS 38AS 38AS  EPSDT EPSDT COTO			TOPICI	T	38466			+	38,	Program Code
Piscal Year  Document Date 7/1/2018 Funding Notification Date  B-1c B-1d B-2 B-#  38AS 38AS 38AS 38AS					Bent I Cety				EPS	Program Name
Fiscal Year  Document Date 7/1/2018 Funding Notification Date  B-1c B-1d B-2 B-#			38AS	Ħ	38AS	38AS	38AS	AS	အ	Provider Number
Fiscal Year  Document Date 7/1/2018 Funding Notification Date		8-#	B-2		B-1d	B-1c	B-1b	1a	φ	Appendix Number
Fiscal Year	10/03/18	tification Date	Funding Not	æ	7/1/201	cument Date	Do	1726	00001	Contract ID Number
	2018-19			t):			Network	Schligtens		Together the state of the state
	endix B, Page								0/23	DHCS Legal Entity Number

	Provider Number 38AS	Provider Name Homeless Children's Network	DHCS Legal Entity Number 00/23	Appendix 5 - UFH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)
Appendix Number B-1a  Page Number 1  Fiscal Year 2018-19		Page Number 1	Appendix Number B-1a	t Reporting/Data Collection (CRDC)

215		213	2	-	
Total UDC		3.79	\$ 3.02 \$	_	Publish
では 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日	<del>69</del>	2.61	2.02		ost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)
<b>明新世界祖宗是法宗教的</b>	69	2.61	\$ 2.02 \$		Cost Per Unit - DPH Rate
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		230.525	4.036	DPH Units of Service	
		Fee-For-Service (FFS)	Fee-For-Service   F	Payment Method	
<b>美国教育教育教育</b>			-	SUD Only - Licensed Capacity for Narcotic Treatment Programs	SUD Only - Licensed Capacity
				SUD Only - Number of Outpatient Group Counseling Sessions	SUD Only - Number of Outp
				Number of Beds Purchased	
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609,822		601,670	8,152	TOTAL FUNDING SOURCES (DPH AND NON-DPH)	TOTAL FUNDING
-	1			TOTAL NON-DPH FUNDING SOURCES	TOTAL
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609,822		601,670	8,152	TOTAL DPH FUNDING SOURCES	
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				TOTAL BHS SUD FUNDING SOURCES	IOIA
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		を の	· · · · · · · · · · · · · · · · · · ·	Dept-Auth-Proj-Activity	BHS SUD FUNDING SOURCES
609,822	•	601,670	8,152	IOTAL BHS MENTAL HEALTH FUNDING SOURCES	IOTAL BHS MENTA
-				drop-down list	This row left blank for funding sources not in drop-down list
43,201		41,983	1,218	251962-10000-10001670-0001	MH CYF County General Fund
9,830		8,876	954	251962-10000-10001670-0001	MH CYF County Local Match
273,480		270,918	2,562	251962-10000-10001670-0001	MH CYF State 2011 PSR-EPSDT
283,311		279,893	3,418	251962-10000-10001670-0001	MH CYF Fed SDMC FFP (50%)
大学 の一日 の 日本 の 日本 の 日本 の 日本 の 日本 の 日本 の 日本	京都を選ぶると		<b>新聞 1000 1000 1000 1000 1000 1000 1000 10</b>	Dept-Auth-Proj-Activity	BHS MENTAL HEALTH FUNDING
609,822		601,670	8,152	TOTAL FUNDING USES	
65.483		64,505	978	Indirect Expenses	
544.339		537,165	7,174	Subtotal Direct Expenses	
100,010		.00,011		Capital Expenses	
129 975		126 011	1 964	Operating Expenses	
405 464	OVER THE WATER TO SEE STATE OF THE PARTY OF	400 254	5 2 1 0	Salaries & Employee Benefits	
TOTAL	一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一	第二年 またい	受害ないを保証を		FUNDING USES
はいいませんがいいから		1/2018-6/30/2019	7/1/2018-6/30/2019 7/1/2018-6/30/2019	Funding Term (7/1/2018-6/30/2019):	Fu
		OP-MH Svcs	OP-Case Mgt Brokerage	Service Description	
		15/10-57, 59	15/01-09	Mode/SFC (MH) or Modality (SUD)	
		38AS3		Program Code	
		EPSDT Regular	EPSDT Regular   E		
	Funding Notification Date	Funding	7/1/2018	Document Date	Document Date
2018-19	Fiscal Year			38AS	Provider Number
-	Page Number			Provider Name Homeless Children's Network	Provider Name
B-12	Appendix Number				DHCS Legal Entity Number 00723
	on (CRDC)	ing/Data Collecti	Heath Cost Report	ים - שרה ב: הפשומויים ורשונים הפשנה Cost Reporting/Data Collection (CRDC)	Appendix o - or

<del>69</del>	0.00	\$ 320,968	5.66	\$ 320,968	5.66	Totals:
		_		<b>⇔</b>	0.00	*
				÷	0.00	
				٠	0.00	
		\$ 23,968	0.50	\$ 23,968	0.50	Quality Assurance
		\$ 27,500	0.50	\$ 27,500	0.50	Mental Health Therapist VI
		\$ 27,500	0.50	\$ 27,500	0.50	Mental Health Therapist V
		\$ 27,500	0.50	\$ 27,500	0.50	Mental Health Therapist IV
4			0.50		0.50	Mental Health Therapist III
		\$ 27,500	0.50	\$ 27,500	0.50	Mental Health Therapist II
			0.50	\$ .27,500	0.50	Mental Health Therapist
		\$ 20,000	0.50	\$ 20,000	0.50	Clinical Supervisor
		\$ 56,000	0.80	\$ 56,000	0.80	Clinical Director
		\$ 20,000	0.50	\$ 20,000	0.50	Program Assistant
		\$ 14,400	0.18	\$ 14,400	0.18	Program Director
		\$ 21,600	0.18	\$ 21,600	0.18	Executive Director
Salaries	FTE	Salaries	FTE	Salaries	FTE	Position Title
(mm/dd/yy-mm/dd/yy):	(mm/dd/yy	7/1/2018-6/30/2019	7/1/20	7/1/2018-6/30/2019	7/1/	Funding Term
Dept-Auth-Proj-Activity	Dept-Auth-	General Fund 251962- 10000-10001670-0001	General Fund 10000-100016	TOTAL		
10/03/18	unding Notification Date	Funding Not				
2018-19	Fiscal Year					
2	Page Number	_				Program Code 38AS3
B-1a	Appendix Number	Appe				Program Name EPSDT Regular
7/1/2018	Document Date					

TOTAL SALARIES & BENEFITS

**Employee Benefits:** 

26% \$

84,496

26% \$

84,496

0.00%

405,464

405,464

# Appendix B - DPH 4: Operating Expenses Detail

some a section of the	B. Indiana poran	
	Document Date	7/1/2018
Program Name EPSDT Regular	Appendix Number	B-1a
Program Code 38AS3	Page Number	ω
	Fiscal Year	2018-19
	Funding Notification Date	10/03/18
	)	

	\$ 138,875	\$ 138,875	TOTAL OPERATING EXPENSE
1			Other Total:
	<del>-</del>		
	<del>\$</del>	<del>69</del>	
	<del>С</del>	-	Other (provide detail):
	•		Consultant/Subcontractor Total:
	<del>()</del>		_
	<del>с</del> я		Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)
	\$ 9,450	\$ 9,450	ravel Total:
		-	Field Expenses
	\$ 1,000	\$ 1,000	avel
	\$ 8,450	\$ 8,450	Local Travel
-	\$ 12,550	\$ 12,550	rating Total:
	\$ 1,300	\$ 1,300	Equipment Lease & Maintenance
	\$ 1,800	\$ 1,800	Permits
	\$ 300	\$ 300	Professional License
		-	Insurance
	\$ 4,000	\$ 4,000	Training/Staff Development
•	\$ 20,780	\$ 20,780	Materials & Supplies Total:
	\$ 2,000	\$ 2,000	Computer Hardware/Software
			plies
	\$ 1,680	\$ 1,680	Photocopying
	\$ 7,900	\$ 7,900	Office Supplies
	\$ 96,095	\$ 96,095	ccupancy Total:
	\$ 2,302	\$ 2,302	Building Repair/Maintenance
		-	Utilities (telephone, electricity, water, gas)
	\$ 88,781	\$ 88,781	Rent
(mm/dd/yy-mm/dd/yy):	19	7/1/2018-6/30/2019	Funding Term
	251962-10000- 10001670-0001	TOTAL	Expense Categories & Line Items
	Onnand F		

(

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

Contractor Name Homelss Children's Network	Page Number	4
Contract ID Number 1000011726	Fiscal Year	2018-19
	Funding Notification Date	10/3/18
	Document Date	7/1/2018
1. SALARIES & EMPLOYEE BENEFITS		
Position Title	FTE	Amount
Finance Director	0.40	\$ 28,000
Development Director	0.21	\$ 15,000
Subtotal	0.61	\$ 43,000
Employee Benefits:		\$ 11,180
Total Salaries and Employee Benefits:		\$ 54,180
2. OPERATING COSTS		
Expenses (Use expense account name in the ledger.)	···	Amount
Audit		\$ 9,000
Payroll fees		\$ 356
Insurance costs at approx. 20%		\$ 1,947
	Total Operating Costs	\$ 11,303
	Total Indirect Costs	\$ 65,483

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

DHCC   Legal Entily Number   00723   Appendix Number   B-1b	œ		8	Unduplicated Clients (UDC)	
Bear	Total UDC		3.79	$\overline{}$	Publish
Appendix Number   B-11			2.61		ost Per Unit - Contract Rate (DPH &
Bober   Direct   Superior   Appendix Number   1 ann   Homeless Children's Network   Fiscal vear   2018-   1		١	261	-	Cost Der Heit - DDH Bate
Dept-Auth-Proj-Activity   Dept-Auth-Proj-A		0	Staff Minute	Unit Type	
Appendix Number   B-11	A PROPERTY OF THE PARTY OF THE		8,719	DPH Units of Service	
Appendix Number   B-11			(FFS)	_	
Appendix Number   B-11			Fee-For-Service	$\neg$	COD Cilly - Electroca Cabacit
Appendix Number   B-11				for Narrotic Treatment Programs	SLID Only - Remark Canacin
Appendix Number   B-11     Appendix Number   B-11     Appendix Number   B-11     Appendix Number   B-11     Appendix Number   Fiscal Year     Program Name   EPSDT Riley     Program Name   Program Name				Number of Deus Fulciosed	CIID Only - Number of Out
Appendix Number   B-11				Number of Beds Purchased	
Appendix Number   B-11		財務経済は外が変	ないないとはない	TCOST	HIS UNITS OF SERVICE AND UN
Appendix Number   B-11	22,756		22,756	SOURCES (DPH AND NON-DPH)	TOTAL FUNDING
Appendix Number   B-11				NON-DPH FUNDING SOURCES	TOTAL
Appendix Number   B-11				drop-down list	his row left blank for funding sources not in
Appendix Number   B-11					
Appendix Number   B-11		のとは、日本のでは、	田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	のなかな	NON-DPH FUNDING SOURCES
Appendix Number   B-11	22,756		22,756	OTAL DPH FUNDING SOURCES	T
Appendix Number   B-1	200			THER OPH FUNDING SCORCES	CIALO
Appendix Number   B-1				drop-down list	his row left blank for funding sources not in
Appendix Number   B-1					
Appendix Number   B-1					
Appendix Number   B-1		Manufacture of the Party of the	が	Dept-Auth-Proj-Activity	OTHER DPH FUNDING SOURCES
Appendix Number   B-1	Strategy of Court of Court of			DIS SOU FUNDING SOUNCES	OIAL
Appendix Number   B-1				drop-down list	his row left blank for funding sources not in
Appendix Number   B-1					
Appendix Number   B-1					
Appendix Number   B-1	CHARLES CONTRACTOR CONTRACTOR		TO SERVICE OF THE PERSON OF TH	Depr-Augr-Proj-Acquity	HS SUD FONDING SOURCES
Appendix Number   B-1	THE SECTION OF THE SECTION	THE REAL PROPERTY OF THE PERSON OF	THE REPORT OF THE PARTY OF THE		
Appendix Number   B-1	22,756		22.756	L HEALTH FUNDING SOURCES	his row left blank for funding sources not in
Appendix Number   B-1	8,012			L	MH CYF County General Fund
Appendix Number   B-1	238			L	MH CYF County Local Match
Appendix Number   B-1	7,134			L	MH CYF State 2011 PSR-EPSDT
Appendix Number   B-1	7,372			L	MH CYF Fed SDMC FFP (50%)
Appendix Number   B-1	新規構造所はあるから	おのかのははないないのは、な	STATE OF STATE OF	Dept-Auth-Proj-Activity	BHS MENTAL HEALTH FUNDING
Appendix Number 00723         Appendix Number Page Number Page Number Page Number Page Number 1         B-1           Provider Name Homeless Children's Network Provider Number 38AS         7/1/2018         Fage Number Page Number Page Number 10/03         1           Provider Number 38AS         7/1/2018         Funding Notification Date 10/03         10/03           Program Name Program Name Program Code Program Code Program Code Program Code Program Code Program Code Service Description Program Code Service Description Program Code Service Description Program Code Service Description Program Code Program Code Service Description P	22,756	1	22,756	TOTAL FUNDING USES	
Appendix Number 00723         Appendix Number Page Number         B-1           Provider Name Homeless Children's Network Provider Number 38AS         7/1/2018         Page Number 2018         1           Provider Number 38AS         7/1/2018         Funding Notification Date 10/03         10/03           Program Name Program Name Program Code Amode/SFC (MH) or Modality (SUD)         15/10-57, 59         15/10-57, 59           Service Description Funding Term (7/1/2018-6/30/2019)         0P-MH Svcs Program Service Description 2018-6/30/2019         10/1/2018-6/30/2019           Salaries & Employee Benefits Capital Expenses         9,702         10,624         10,624           Subtotal Direct Expenses         20,326         -         -	2,430		2,430	Indirect Expenses	
Appendix Number 00723         Appendix Number Page Number         B-1           Provider Name Homeless Children's Network Provider Number 38AS         Page Number 1         1           Provider Number 38AS         7/1/2018         Funding Notification Date 10/03         2018           Program Name Program Name Program Code Node/SFC (MH) or Modality (SUD) Program Code Service Description Punding Term (7/1/2018-6/30/2019)         15/10-57, 59         15/10-57, 59           Salaries & Employee Benefits Operating Expenses         9,702         10/03           Capital Expenses         10,624         10/03	20,326		20,326	Subtotal Direct Expenses	
Appendix Number 00723         Appendix Number Page Number         B-1           Provider Name Homeless Children's Network Provider Number 38AS         7/1/2018         Page Number 2018         1           Provider Number 38AS         7/1/2018         Funding Notification Date 10/03         10/03           Program Name Program Code Program Code Service Description Page Service Descrip	,			Capital Expenses	
Appendix Number O0723         Appendix Number Page Number Page Number Page Number 1         B-1b Page Number Page Number 2018-         1 Page Number Page Number 1         1 Page Number 2018-         1 Page Number Page Number Page Number 2018-         1 Page Number Page Number Page Number 2018-         1 Page Number 2018-         2018- <t< td=""><td>10,624</td><td></td><td>10,624</td><td>Operating Expenses</td><td></td></t<>	10,624		10,624	Operating Expenses	
gal Entity Number 00723  Provider Name Homeless Children's Network Provider Number 38AS Program Name Program Name Program Name Program Code Program Code Program Code Program Code Service Description OP-MH Svcs Funding Term (7/1/2018-6/30/2019) Appendix Number Page Number Page Number Page Number Fiscal Yea	9,702		9,702	Salaries & Employee Benefits	
egal Entity Number 00723  Provider Name Homeless Children's Network  Provider Number 38AS  Program Name  Program Name  Program Name  Program Code  Program Code  Program Code  Program (7/1/2018)  Mode/SFC (MH) or Modelity (SUD)  Service Description  OP-MH Svcs  Funding Term (7/1/2018-6/30/2019): 7/1/2018-6/30/2019	TOTAL	第5個の展表が形式	公共に なる 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本	がある。 対象を表現の対象を対象を対象を対象を対象を対象を対象を対象を対象を対象を対象を対象を対象を対	FUNDING USES
egal Entity Number 00723  Provider Name Homeless Children's Network Provider Number 38AS Program Name Program Name Program Code Program Code Node/SFC (MH) or Modality (SUD)  Service Description  Appendix Number Page Number Fiscal Year	はは、大学の大学の大学		1/2018-6/30/2019		Fun
egal Entity Number 00723  Provider Name Homeless Children's Network  Provider Number 38AS  Program Name  Program Code  Program Code  Program Code  Program Name  Program Code  Program C			OP-MH Svcs	Service Description	
egal Entity Number 00723  Provider Name Homeless Children's Network  Provider Number 38AS  7/1/2018  Program Name   EPSDT Riley    Program Code 38AS4			15/10-57, 59	lode/SFC (MH) or Modality (SUD)	~
egal Entity Number 00723  Provider Name Homeless Children's Network  Provider Number 38AS  7/1/2018  Program Name   EPSDT Riley			38AS4	Program Code	
egal Entity Number 00723  Provider Name Homeless Children's Network  Provider Number 38AS  7/1/2018  Appendix Number Page Number Page Number Fiscal Year  Funding Notification Date			EPSDT Riley	Program Name	
ess Children's Network Appendix Number Page Number Fiscal Year	10/03/18	Notification Date	Funding		Document Date
Appendix Number  Page Number	2018-19	Fiscal Year		3BAS	Provider Number
Appendix Number	-	Page Number		Homeless Children's Network	Drovider Name
		ppendix Number	A	00723	DHCS Legal Entity Number

TOTAL SALARIES & BENEFITS	Employee Benefits:	Totals:				Mental Health Therapist VI	Mental Health Therapist V	Mental Health Therapist IV	Mental Health Therapist III	Mental Health Therapist II	Mental Health Therapist	Clinical Supervisor	Program Assistant	Program Director	Executive Director	Position Little	Funding Term		Program Name EPSDT Riley Program Code 38AS4
	26.00% \$	s: 0.14	0.00	0.00	0.00	0.01	0.01	0.01	0.01	0.01	0.01	0.03	0.03	0.01	0.01	FIE			
49	\$	\$	-	\$		$\vdash$	_		-	-	₩	-	$\vdash$	-	⊢		2018-6	TOTAL	
9,702	2,002	7,700				550	550	550	550	550	550	1,200	1,200	800	1,200	Salaries	7/1/2018-6/30/2019	<u>P</u>	
	26.00%	0.14				0.01	0.01	0.01	0.01	0.01	0.01	0.03	0.03	0.01	0.01	FIE	7/1,	Gene 1000	]
\$ 9,702	\$ 2,002	\$ 7,700			*	<b>1</b>							\$ 1,200		\$ 1,200	Salaries	7/1/2018-6/30/2019	General Fund 251962- 10000-10001670-0001	Fundi
	0.00%	0.00														FTE	(mm/dd/yy	Dept-Auth-	Document Date Appendix Number Page Number Fiscal Year Funding Notification Date
·		-														Salaries	(mm/dd/yy-mm/dd/yy):	Dept-Auth-Proj-Activity	7/1/2018 B-1b 2 2018-19 10/03/18

Program Name EPSDT Riley
Program Code 38AS4 Appendix B - DPH 4: Operating Expenses Detail

Document Date Appendix Number
Page Number
Fiscal Year
Funding Notification Date B-1b 3 2018-19 10/03/18 7/1/2018

•	\$ 10,624	\$ 10,624	TOTAL OPERATING EXPENSE
	•	-	Other Total:
		<b>€</b>	
		<b>€</b> 9	
		€ <del>9</del>	Other (provide detail):
		-	Consultant/Subcontractor Total:
		<del>.</del>	
		40	Amounts)
			Service Detail w/Dates, Hourly Rate and
			Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name.
			Staff Travel Total:
		-	Field Expenses
			Out-of-Town Travel
			Local Travel
			General Operating Total:
			Equipment Lease & Maintenance
			Permits
			Professional License
			Insurance
			Training/Staff Development
-		-	Materials & Supplies Total:
			Computer Hardware/Software
			Program Supplies
			Photocopying
			Office Supplies
	\$ 10,624	\$ 10,624	Occupancy Total:
			Building Repair/Maintenance
			Utilities (telephone, electricity, water, gas)
	\$ 10,624	\$ 10,624	Rent
(mm/dd/yy-mm/dd/yy):	7/1/2018-6/30/2019	7/1/2018-6/30/2019	Funding Term
Dept-Auth-Proj- Activity	General Fund 251962-10000- 10001670-0001	TOTAL	Expense Categories & Line Items

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

Contractor Name Homeiss Children's Network	_ Page Number		4
Contract ID Number 1000011726	Fiscal Year		2018-19
Fu	nding Notification Date	1	10/3/18
Fit	Document Date		7/1/2018
1. SALARIES & EMPLOYEE BENEFITS			
Position Title	FTE		Amount
			₹-
Subtotal:	0.00	<u> </u>	
Employee Benefits:	0.0%		_
Total Salaries and Employee Benefits:	0.070	\$	_
1000 0000 0000 0000		*	
2. OPERATING COSTS			
Expenses (Use expense account name in the ledger.)		-	Amount
IT Contractor		\$	1,430
Grantwriting Contractor		\$	1,000
		-	
T <sub>2</sub>	ntal Operating Costs	\$	2 430
Т	otal Operating Costs	\$	2,430
To	otal Operating Costs  Total Indirect Costs		2,430

Appendix National Program Name   EPSDT Ti	6		0	9	Undublicated Clients (UDC)	
Decimination   Deci	Total UDC				-	Publish
Program Name   Prog	CONTRACTOR STATE	4				Cost Fer Onit - Contract Kate (DPH a
Page Number   1980	のではいいのはいから	5				Cost Per Unit - DPH Rate
Page Number   Program Network   Page Number   Page Numbe	· · · · · · · · · · · · · · · · · · ·		Staff Minute			
Page Number   Program Name   Program   Program Name   Program Na	THE PERSON NAMED IN		7,609	619	DPH Units of Service	
Page Number   Program Name   Program   Program Name   Program   Program Name   Program   Program Name   Program   Program Name   Program			(FFS)	(FFS)	Payment Method	
Page Number   Page Network   Page Number		63.72	Fee-For-Service	Fee-For-Service	To reasons incument inclinity	
Page   Number   Page		5.00			for Narcotic Treatment Programs	SUD Only - Licensed Capacity
Page Number   2018   Page Number   2018		5 40			atient Group Counseling Sessions	SUD Only - Number of Outo
Program Name   Prog		Sales San San San San San San San San San San	TO SHALL SHOW IN THE PARTY OF T	CALL COLUMN CALL CALL CALL CALL CALL CALL CALL CAL	Number of Bade Durchased	
Appendix Number   10	Charles And State of the Control	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COL	SALES STATES OF THE SALES OF	Charles and the charles and th	COST COMPLETE CONTROL OF THE PROPERTY OF THE P	BHS UNITS OF SERVICE AND UNIT
TOTAL FlynDing Sources  In drop-down list  TOTAL Dept-Auth-Proj-Activity  Total Dept-Auth-Pro	21.110		19.860	1.250	SOURCES (DPH AND NON-DPH)	TOTAL FUNDING
Appendix Network				•	NON-DPH FUNDING SOURCES	TOTAL
Program Name   EPSDT Ti   EPSDT Ti   Floral Year   2016					op-down list	This row left blank for funding sources not in dre
Program Name	が とうない あまれる 大学	William Street, Street		Sall and State Sta		-6
Page Number   Page Number	CONTRACTOR CONTRACTOR CONTRACTOR	STATE OF THE PARTY	New York and the Designation of the Party of	HIGH CHIEF CHIEF CHIEF CHIEF	のでは、日本のでは、日	
Dept-Auth-Proj-Activity   Dept-Auth-Proj-A	21.110		19.860	1,250	OTAL DPH FUNDING SOURCES	T
Dept-Auth-Proj-Activity   Dept-Auth-Proj-A					THER DRH FINDING SOLIDGES	TOTAL O
Total Content   Content					op-down list	This row left blank for funding sources not in dro
TOTAL FUNDING SOURCES   Table State   Total Has Sub Funding Sources   Total Has Sub Funding Funding Funding Funding Funding Funding Funding Funding Funding Funding Funding Funding Funding						
Appendix Number   B-1			SAMBOT RESIDENCE DESCRIPTION OF THE PERSON O	Shidendesivations	The state of the s	
Dept-Auth-Proj-Activity   Dept-Auth-Proj-Activity   Drumolis   Subrop-down list   Dept-Auth-Proj-Activity   Drumolis   Subrop-down list   Dept-Auth-Proj-Activity   Drumolis   Subrop-down list   Dept-Auth-Proj-Activity   Drumolis   Drumolis   Subrop-down list   Drumolis   Subrop-down list   Drumoling Sources   Subtofice   Subrop-down list   Drumoling Sources   Subtofice   Subrop-down list   Dept-Auth-Proj-Activity   Dept-Auth-Pro			をおけないというのでいると	ALTERNATION OF THE PARTY OF THE	Dent-Auth-Proj-Activity	OTHER DPH FUNDING SOURCES
Total   Program Name   Program Nam					L BHS SUD FUNDING SOURCES	TOTAL
March   Dept-Auth-Proj-Activity   Dept-Aut					op-down list	This row left blank for funding sources not in dro
Dept-Auth-Proj-Activity   Dept-Auth-Proj-A						
Appendix Number   B-7						
Mode/SFC (MH) or Modality (SUD)   Total Expenses   Subtotal Direct Expenses   Subtotal Direct Expenses   Subtotal Direct Expenses   Subtotal Direct Expenses   Subtotal Direct Expenses   Subtotal Direct Expenses   Subtotal Direct Expenses   Subtotal Direct Expenses   Subtotal Direct Expenses   Subtotal Direct Expenses   Subtotal Direct Expenses   Subtotal Direct Expenses   1,116   17,730   251962-10000-10001670-0001   160   251962-10000-10001670-0001   160   251962-10000-10001670-0001   160   100	THE PROPERTY OF THE PERSON	SUPPLIES OF STREET STREET, STR	The Party of the P	INPONEURCONNENSCO	pupe stant to by stone try	1 m
Page Number   B-7	A POSTER PROPERTY OF THE PARTY	A STATE OF THE STA	のかの出来がお出来がいます。	を は ない と で の で の で の で の で の で の で の で の で の で	Dept-Auth-Prol-Activity	BHS SUD FUNDING SOURCES
Appendix Number   B-7	21.110		19.860	1.250	AL HEALTH FUNDING SOURCES	TOTAL BHS MENTA
Appendix Number   B-7   Page Number   B-7   B-					op-down list	not in dr
Appendix Number   B-7	5 110		4 960	150	251962-10000-10001670-0001	
Appendix Number   B-7	2008		636	164	251962-10000-10001670-0001	
Appendix Number   B-7	7 700		5 288	312	251962-10000-10001670-0001	Ц
Appendix Number   B-1	8 000		7 376	624	251962-10000-10001670-0001	
Author Policies         Appendix Number         B-7           ovider Name Homeless Children's Network         7/1/2018         Page Number         1           ider Number 38AS         7/1/2018         Fiscal Year         2018           Document Date         7/1/2018         Funding Notification Date         2018           Program Name         EPSDT Ti         EPSDT Ti         Fiscal Year         2018           Mode/SFC (MH) or Modality (SUD)         15/01-09         15/10-57, 59         Motification Date         10/03           Service Description         Brokerage         OP-MH Svcs         Page Number         2018           Funding Term (7/1/2018-6/30/2019): 7/1/2018-6/30/2019         7/1/2018-6/30/2019         7/1/2018-6/30/2019         TOT           Salaries & Employee Benefits         716         11,510         70         70           Subtotal Direct Expenses         400         6,220         6,220         7/1/2018           Indirect Expenses         1,116         17,730         -           Total Funding Uses         1,250         19,860         -	では、日本の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の	の 一日 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本	選出 は 選手を は なん	松子教教科技財務	Dept-Auth-Proj-Activity	BHS MENTAL HEALTH FUNDING S
Appendix Number 07/23  Appendix Number 38AS  Appendix Number 1/1  Appendix Number 1/1  Appendix Number 1/1  Appendix Number 1/1  Appendix Number 1/1  Appendix Number 1/1  Appendix Number 1/1  Appendix Number 1/1  Appendix Number 1/1  Page Number 2018  Fiscal Year 2018  Fiscal Year 2018  Fiscal Year 2018  Appendix Number 1/1  Fiscal Year 2018  Fiscal Ye	21,110		19,860	1,250	TOTAL FUNDING USES	
Appendix Number 03/25  ider Name Homeless Children's Network  Page Number 3BAS  Document Date  Program Name  Program Name  Program Name  Program Code  38AS5  Mode/SFC (MH) or Modality (SUD)  Program (SUD)  OP-Case Mgt  Service Description  Brokerage  Funding Term (7/1/2018-6/30/2019): 7/1/2018-6/30/2019  Salaries & Employee Benefits  Capital Expenses  Subtotal Direct Expenses  1,116  Appendix Number  Page Number  10/03  Fiscal Year  2018  Fiscal Year  2018  Funding Notification Date  10/05  7/1/2018-6/30/2019  7/1/2018-6/30/2019  7/1/2018-6/30/2019  TOT  Salaries & Employee Benefits  716  11,510  Capital Expenses  400  6,220  Capital Expenses  1,116  17,730	2,264		2,130	134	Indirect Expenses	
Appendix Number B-1  ovider Name Homeless Children's Network  Inder Number 38AS  Document Date  Program Name  Program Name  Program Code  B-1  Program Name  Program Code  B-2DT Ti  Program Code  B-2DT Ti  Program Notification Date  Program Name  Program Code  B-2DT Ti  Program Notification Date  Program Node/SFC (MH) or Modality (SUD)  OP-Case Mgt  Service Description  Brokerage  Funding Term (7/1/2018-6/30/2019): 7/1/2018-6/30/2019  Salaries & Employee Benefits  Operating Expenses  Page Number  1  Page Number  1  1003  Page Number  Page Number  P	18,846		17,730	1,116	Subtotal Direct Expenses	
Appendix Number B-1  ovider Name Homeless Children's Network  rider Number 3BAS  Document Date  Program Name  Program Name  Program Code  3BAS5  Mode/SFC (MH) or Modality (SUD)  Service Description  Salaries & Employee Benefits  Program (7/1/2018-6/30/2019): 7/1/2018-6/30/2019  Salaries & Employee Benefits  Operating Expenses  Appendix Number  Page Number  1  Page Number  1  Page Number  1  1  2018  Fiscal Year  2018  Funding Notification Date  10/03  ABAS5  3BAS5  3BAS5  3BAS5  3BAS5  3BAS5  OP-Case Mgt  Service Description  Brokerage  OP-MH Svcs  Funding 1 or M-7/1/2018-6/30/2019  TOTAL  Salaries & Employee Benefits  716  11,510  Operating Expenses  400  6,220					Capital Expenses	
Appendix Number B-1  ovider Name Homeless Children's Network  rider Number 38AS  Document Date  Program Name  Program Name  Program Code  38AS5  Mode/SFC (MH) or Modality (SUD)  Pour Modality (SUD)  OP-Case Mgt  Service Description  Brokerage  Funding Term (7/1/2018-6/30/2019): 7/1/2018-6/30/2019  Salaries & Employee Benefits  Fiscal Year  2018  Fiscal Year  2018  Funding Notification Date  10/03  38AS5  38AS5  38AS5  38AS5  0P-MH Svcs  Funding Term (7/1/2018-6/30/2019): 7/1/2018-6/30/2019  TOTAL  Salaries & Employee Benefits  716  11.510	6,620		6.220	400	Operating Expenses	
ovider Name Homeless Children's Network  rider Number 38AS  Document Date  Program Name  Program Name  Program Code  Program Code  38AS5  Mode/SFC (MH) or Modality (SUD)  Service Description  Funding Term (7/1/2018-6/30/2019): 7/1/2018-6/30/2019  Appendix Number  Page Number  Fiscal Year  Fiscal Year  15/01-09  15/10-57, 59  OP-Case Mgt  Service Description  Brokerage  OP-MH Svcs  Funding Term (7/1/2018-6/30/2019): 7/1/2018-6/30/2019	12 226		11.510	716	Salaries & Employee Benefits	
Appendix Number         Appendix Number           ovider Name Homeless Children's Network         7/1/2018         Page Number           ider Number 38AS         7/1/2018         Fiscal Year           Program Name         EPSDT Ti         EPSDT Ti           Program Code         38AS5         38AS5           Mode/SFC (MH) or Modality (SUD)         15/01-09         15/10-57, 59           OP-Case Mgt         OP-Case Mgt         OP-MH Svcs           Funding Term (7/17/2018-6/30/2019): 7/1/2018-6/30/2019         OP-MH Svcs	TOTAL	<b>新福和西南西南部</b>	一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一	管を開発が対する	医神经毒素 的现在分词 经营业的 医神经病	FUNDINGAUSES
rent Date  Program Name Program Code SFC (MH) or Modality (SUD) Service Description  Page Number Fiscal Year Fisca			7/1/2018-6/30/2019		nding Term (7/1/2018-6/30/2019):	
ress Children's Network  Page Number  Page Number  Fiscal Year  7/1/2018  Funding Notification Date  Program Name  EPSDT Ti  Program Code  38AS5  SFC (MH) or Modality (SUD)  OP-Case Mgt  Appendix Number  Page Number  Fiscal Year  Fiscal Year  Fiscal Year  Fiscal Year  Fiscal Year  Fiscal Year  1/1/2018  Funding Notification Date  18/10-57, 59			OP-MH Svcs		Service Description	
Appendix Number				OP-Case Mgt	•	
ess Children's Network  Page Number Fiscal Year rent Date  Program Name Program Code  Program Code  Appendix Number Page Number Fiscal Year Funding Notification Date FAMILY OF THE PROGRAM CODE  Appendix Number Page Number Fiscal Year FISCAL Year FISCAL Year Appendix Number Page Number FISCAL Year FISCAL Year Appendix Number			15/10-57, 59	15/01-09	Mode/SFC (MH) or Modality (SUD)	7
ess Children's Network Page Number Fiscal Year rent Date Program Name PPSDT TI FISCAL Year Funding Notification Date			38AS5	38AS5	Program Code	
ess Children's Network Page Number Fiscal Year 1/1/2018 Funding Notification Date			EPSDT TI	EPSDT TI	Program Name	
ess Children's Network Page Number Fiscal Year	10/03/18	g Notification Date	Funding	7/1/2018	Document Date	
ess Children's Network Page Number	2018-19	Fiscal Year			38AS	Provider Number
Appendix Number	_	Page Number			Homeless Children's Network	Provider Name
	B-1c	Appendix Number			00723	DHCS Legal Entity Number 00723

TOTAL SALARIES & BENEFITS	Employee Benefits:	T					Mental Health Therapist VI	Mental Health Therapist V	Mental Health Therapist IV	Mental Health Therapist III	Mental Health Therapist II	Mental Health Therapist	Clinical Supervisor	Clinical Director	Program Assistant	Program Director	Executive Director	Position Title	Funding Term			Program Code 38AS5	Program Name EPSDT Treasure Island	
		Totals:																	Term				and	
	26%	0.17	0.00	0.00	0.00	0.00	0.01	0.01	0.01	0.01	0.01	0.01	0.03	0.03	0.03	0.01	0.01	FTE	7/1,					
49	S	\$	₩	↔	49		€9	↔	€	↔	€	€	↔	₩	₩	4	↔	Salaries	7/1/2018-6/30/2019	TOTAL				
12,226	2,536	9,690	-		,		550	550	550	550	550	550	1,200	1,990	1,200	800	1,200	es	019					
	26%	0.17					0.01	0.01	0.01	0.01	0,01	0.01	0.03	0.03	0.03	0.01	0.01	FTE	7/1/2	General Fund 2				
49	49	49					↔	<del>()</del>	49	↔	\$	<del>()</del>	€9	49	₩	4	↔	Sa	)18-6/3	Fund				
12,226	2,536	9,690					550	550	550	550	550	550	1,200	1,990	1,200	800	1,200	Salaries	7/1/2018-6/30/2019	General Fund 251962- 10000-10001670-0001				
	0.00%	0.00																FTE	(mm/dd/yy-mm/dd/yy):	Dept-Auth-Proj-Activity	Fiscal Year Funding Notification Date	Page Number	Appendix Number	Document Date
		-																Salaries	dd/yy):	Activity	2018-19 10/03/18	2	B-1c	7/1/2018

Funding N		Program Code 38AS5	Treasure Island		Appendix b - orn 4. Operating Expenses Detail
Funding Notification Date	Fiscal Year	Page Number	Appendix Number	Document Date	es Detail
10/03/18	2018-19	ဒ	B-1c	7/1/2018	

•	\$ 6,620   \$	\$ 6,620	TOTAL OPERATING EXPENSE
		•	Other Total:
		<b>6</b> 9	
		-	
			Other (provide detail):
-	•		Consultant/Subcontractor Total:
		<del>С</del>	
		<del>сл</del>	Amounts)
			Service Detail w/Dates, Hourly Rate and
ű.			Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name,
			Staff Travel Total:
			Field Expenses
			Out-of-Town Travel
			Local Travel
•	-	-	General Operating Total:
			Equipment Lease & Maintenance
			Permits
			Professional License
•			Insurance
			Training/Staff Development
•	-	-	Materials & Supplies Total:
			Computer Hardware/Software
			Program Supplies
			Photocopying
			Office Supplies
<del>\$</del>	\$ 6,620	\$ 6,620	Occupancy Total:
			Building Repair/Maintenance
			Utilities (telephone, electricity, water, gas)
	\$ 6,620	\$ 6,620	Rent
(mm/dd/yy-mm/dd/yy):	7/1/2018-6/30/2019	7/1/2018-6/30/2019	Funding Term
Dept-Auth-Proj- Activity	General Fund 251962-10000- 10001670-0001	TOTAL	Expense Categories & Line Items

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

Contractor Name Homelss Children's Network		Page Number		4
Contract ID Number 1000011726		Fiscal Year		2018-19
	Funding	Notification Date		10/3/18
	D	ocument Date		7/1/2018
1. SALARIES & EMPLOYEE BENEFITS				
Position Title		FTE		Amount
			_	
	Subtotal:	0.00	\$	-
Emplo	yee Benefits:	0.0%		
Total Salaries and Employ	/ee Benefits:		\$	-
2. OPERATING COSTS				A
Expenses (Use expense account name in the ledger.)			· ch	Amount
Off site storage @ 78%			\$	1,264 1,000
Insurance @ 9%			φ	1,000
				W. Tarana
		. 4		
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			_	
			-	
	Total	Operating Costs	\$	2,264
	Total	al Indirect Costs	\$	2 264

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

Noneless Children's Network   Program Name   EPSDT LGBTQ   SAAS   Funding Notification Date   1470-87.   SAAS	Total UDC		AA	3.02	d Rate (Medi-Cal Providers Unity)	Publishe
SChildren's Network  Totale  T	Total IDC					
SChildren's Network	美に対けられているのでは、1960年にはでき	6		20.2		Cost Per Offit - Contract Nate (DPT &
SChildren's Network				200		Cost Der Unit - Contract Date (DDH &
SChildren's Network  Totale  Totale  Totale  Totale  Program Name  EPSDT LGBTQ  Program Name  EPSDT LGBTQ  Program Name  EPSDT LGBTQ  Program Name  EPSDT LGBTQ  Program Name  EPSDT LGBTQ  Program Name  EPSDT LGBTQ  Program Name  EPSDT LGBTQ  Program Name  EPSDT LGBTQ  Program Name  EPSDT LGBTQ  Program Name  EPSDT LGBTQ  Program Name  EPSDT LGBTQ  Program Name  EPSDT LGBTQ  BASAS  38ASS  1570-09		59		202		Cost Per Unit - DPH Rate
SChildren's Network	Section Contract to the Section	0	Staff Minute	Staff Minute	Unit Type	
S Children's Network  Totate  Totate  Totate  Program Name  Program Name  Program Name  Program Read			50.014	- 1	DPH Units of Service	
Children's Network         T/1/2018         Children's Network         Transmitter of the program Rame         T/1/2018         Funding Notification Date         1000           rt Date         Program Name         EPSDT LGBTQ         Funding Notification Date         1000           (MH) or Modality (SUDI)         15/10-67, 59         15/10-67, 59         1000           Service Description         Bokerage         DAMS         15/10-67, 59         100           CP-Case Mgt         OP-Case Mgt         OP-MH Svcs           TOT           les & Employee Benefits         1,856         97,706         00-MH Svcs           Operating Expenses         2,814         116,550			Fee-For-Service (FFS)	Fee-For-Service (FFS)	Payment Method	
SChildren's Network Totale T/1/2018 Temployee Benefits Control Expenses Coperating Copenses Co					for Narcotic Treatment Programs	SUD Only - Licensed Capacity
Children's Network					tient Group Counseling Sessions	SUD Only - Number of Outpa
SChildren's Network	大学の日本の一次の大学の大学の大学	#205			Number of Beds Purchased	
SChildren's Network  T/1/2018  Frogram Name	かん かんとう かんしゅう	10000000000000000000000000000000000000	<b>多一位和1000年的中央中央</b>	かった はは は は は は は は は は は は は は は は は は は	OST THE PARTY OF T	BHS UNITS OF SERVICE AND UNIT C
SChildren's Network	133,710		130,536	3,174	OURCES (DPH AND NON-DPH)	TOTAL FUNDING S
SChildren's Network  To Date  To Date  Program Name Progr					NON-DPH FUNDING SOURCES	TOTAL
SChildren's Network   Trizona   Tr					-down list	This row left blank for funding sources not in drop
SChildren's Network						
Children's Network	The state of the s		RESIDENTIAL PROPERTY.	がとの、大学を表現の機能	日本語の名と、「日本のである。 日本語の名と、「日本のできる」	NON-DPH FUNDING SOURCES
Children's Network	133,710	F	130,536	3,174	TAL DPH FUNDING SOURCES	тс
Children's Network					HER DPH FUNDING SOURCES	TOTAL 01
S Children's Network   T/1/2018   Funding Notification Date   T/1/2018   Funding Notification Date   T/1/2018   Funding Notification Date   T/1/2018   Funding Notification Date   T/1/2018   T/1/20					-down list	This row left blank for funding sources not in drop
S Children's Network   T/1/2018   Funding Notification Date   T/1/2018   Funding Notification Date   T/1/2018   Funding Notification Date   T/1/2018   Funding Notification Date   T/1/2018   T/1/20						
S Children's Network						
S Children's Network   T/1/2018   Funding Notification Date   T/1/2018   Funding Notification Date   T/1/2018   Funding Notification Date   T/1/2018   Funding Notification Date   T/1/2018   Funding Notification Date   T/1/2018			STATE OF	-	Dept-Auth-Proj-Activity	OTHER DPH FUNDING SOURCES
S Children's Network   7/1/2018   Funding Notification Date   1	-				BHS SUD FUNDING SOURCES	TOTAL
S Children's Network					-down list	This row left blank for funding sources not in drop
S Children's Network						
S Children's Network						
S Children's Network	ACTIVITY STATES OF THE PARTY OF	· 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图	<b>医松松红色球形形</b>	(会の場所を行う)	Dept-Auth-Proj-Activity	BHS SUD FUNDING SOURCES
S Children's Network	133,710		130,536	3,174	HEALTH FUNDING SOURCES	This row left blank for funding sources not in drop TOTAL BHS MENTAL
Number 38AS	11,014		10,714	300	251962-10000-10001670-0001	MH CYF County General Fund
Number 38AS	1,230		0221	30	251962-10000-10001670-0001	MH CYF County Local Match
Total   Program   Progra	60,098		58,463	1,635	251962-10000-10001670-0001	MH CYF State 2011 PSR-EPSDT
Homeless Children's Network  Homeless Children's Network  Homeless Children's Network  Homeless Children's Network  Homeless Children's Network  Homeless Children's Network  Fiscal Year  2018  7/1/2018  Funding Notification Date  10/03  Program Name  EPSDT LGBTQ  Fiscal Year  2018  Fiscal Year  20	61,348		60,139	,209	251962-10000-10001670-0001	MH CYF Fed SDMC FFP (50%)
Finally Mallings (ODE2)           Provider Name Homeless Children's Network         Figure 1           Provider Number 38AS         Finding Notification Date         10103           Program Name Pogram Name Pogram Name Pogram Name Pogram Name Pogram Code Program Code Program Code Program Code Program Code MASS         38ASS         38ASS         38ASS         4000<	を持ちるとのできる	大学のない 海洋の かんかん	第七年 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本 日本	が発をはれている。	Dept-Auth-Proj-Activity	BHS MENTAL HEALTH FUNDING SO
Provider Number 38AS  Ovider Number 38AS  Program Name  P	133,710	-	130,536	3,174	TOTAL FUNDING USES	
Provider Number 38AS  Ovider Number 38AS  Program Name  P	14,346		13,986	360	Indirect Expenses	
Provider Name Homeless Children's Network  Provider Number 38AS  Document Date  Program Name  Program Name  Program Name  Program Name  Program Name  Program Name  Program Name  Program Name  Program Name  Program Name  Program Name  Program Name  PRSDT LGBTQ  Program Name  Program Name  PRSDT LGBTQ  Program Name  Program	119,364		116,550	2,814	Subtotal Direct Expenses	
Provider Number 38AS  Ovider Number 38AS  Program Name P					Capital Expenses	
Provider Number 38AS  Ovider Number 38AS  Program Name P	19,802		18,844	958	Operating Expenses	
Provider Number 38AS Ovider Number 7/1/2018 Fiscal Year 7/1/2018 Fiscal Year 7/1/2018 Ovider Number 7/1/2018 Fiscal Year 7/1/2018 Ovider Number 7/1/2	99,562		97,706	1,856	Salaries & Employee Benefits	
ess Children's Network    Fiscal Year   Fisc	TOTAL		日本の大学 日本の大学	から は の は の は の の の の の の の の の の の の の の	ののはんな できるではないのではないのですが	FUNDING USES
ess Children's Network  Fiscal Year  7/1/2018  Funding Notification Date  Program Name   EPSDT LGBTQ   EPSDT LGBTQ   Program Code   38AS6   38AS6   FC (MH) or Modality (SUD)   15/01-09   15/10-57, 59    OP-Case Mgt   Service Description   Brokerage   OP-MH Svcs			7/1/2018-6/30/2019	7/1/2018-6/30/2019		
Program Code   15/10-57, 59   Program (SUD)   15/10-57, 59   Program (SUD)   OP-Case Mgt   OP-Case			OP-MH Svcs	Brokerage		
ess Children's Network    Figure   Fiscal Year				OP-Case Mgt		
ess Children's Network  Program Name EPSDT LGBTQ EPSDT LGBTQ Program Code 38AS6 38AS6			15/10-57, 59	15/01-09	ode/SFC (MH) or Modality (SUD)	M
ess Children's Network  Program Name   FPSDT   GRTO   FPSDT   GRTO    Program Name   FPSDT   GRTO   FPSDT   GRTO			38AS6	38AS6	Program Code	
ess Children's Network  Page Number  Fiscal Year  7/1/2018  Funding Notification Date			EPSDT I GRTO	EPSOT I GRTO	П	
ess Children's Network Page Number	10/03/18	Notification Date	Funding	7/1/2018	Document Date	Ployide Number
Object Name of the Party of the	2018-19	Fiscal Year			RAAS Children'S Network	Provider Name
	. 9	Appendix Number			SOLZS	Drica regai critity Number

# Appendix B - DPH 3: Salaries & Employee Benefits Detail 💂

TOTAL SALARIES & BENEFITS	Employee Benefits:	Totals:					Quality Assurance	Mental Health Therapist VI	Mental Health Therapist V	Mental Health Therapist IV	Mental Health Therapist III	Mental Health Therapist II	Mental Health Therapist	Clinical Supervisor	Clinical Director	Program Assistant	Program Director	Executive Director	Position litle	Funding Term		Program Name EPSDT LGBTQ Program Code 38AS6	
	26.02%	1.35	0.00	0.00	0.00	0.00	0.15	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.20	0.10	0.10	FIE	7/1/2			
49	₩	69	-	69	+	49	69	+	-	€9	-	-	-	$\overline{}$	€9	-	-	-	S	7/1/2018-6/30/2019	TOTAL		
99,562	20,554	79,008	1				7,008	5,500	5,500	5,500	5,500	5,500	5,500	4,000	7,000	8,000	8,000	12,000	Salaries	)/2019			
	26.02% \$	1.35	*				0.15	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.20	0.10	0.10	FTE	7/1/20	General Fund 251962- 10000-10001670-0001		
49	49	€9					49		-	49	-	-	<del>()</del>	-	$\neg$	\$	\$	\$	Sa	7/1/2018-6/30/2019	Fund 00016		
99,562	20,554	79,008					7,008	5,500	5,500	5,500	5,500	5,500	5,500	4,000	7,000	8,000	8,000	12,000	laries	0/2019	d 251962- 670-0001	Fundin	
	0.00%	0.00																	FTE	(mm/dd/yy-mm/dd/yy):	Dept-Auth-Proj-Activity	Appendix Number Page Number Fiscal Year Funding Notification Date	Document Date
<b>€</b>		4																	Salaries	nm/dd/yy):	roj-Activity	B-1d 2 2018-19 10/03/18	7/1/2018

# Appendix B - DPH 4: Operating Expenses Detail

			Program Code 38AS6	Program Name EPSDT LGBTQ	
Conoral Eural	Funding Notification Date	Fiscal Year	Page Number	Appendix Number	Document Date
	10/03/18	2018-19	သ	B-1d	7/1/2018

•	\$ 19,802	\$ 19,802	TOTAL OPERATING EXPENSE
		•	Other Lotal:
			Other Tetal:
		<b>د</b> ه	The second secon
		<del>С</del> Э	Other (provide detail):
•	<b>с</b> я		Consultant/Subcontractor Total:
		<del>ся</del>	
		,	Amounts)
			Service Detail w/Dates, Hourly Rate and
			Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name,
49		-	Staff Travel Total:
		-	Field Expenses
			Out-of-Town Travel
			Local Travel
	-		General Operating Total:
			Equipment Lease & Maintenance
			Permits
			Professional License
			Insurance
			Training/Staff Development
•	-		Materials & Supplies Total:
			Computer Hardware/Software
			Program Supplies
			Photocopying
			Office Supplies
	\$ 19,802	\$ 19,802	Occupancy Total:
			Building Repair/Maintenance
			Utilities (telephone, electricity, water, gas)
	\$ 19,802	\$ 19,802	Rent
(mm/dd/yy-mm/dd/yy):	7/1/2018-6/30/2019	7/1/2018-6/30/2019	Funding Term
Dept-Auth-Proj- Activity	General Fund 251962-10000- 10001670-0001	TOTAL	Expense Categories & Line Items

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

Contractor Name Homelss Children's Network	Page Number	4
Contract ID Number 1000011726	Fiscal Year	2018-19
	<b>Funding Notification Date</b>	10/3/18
	Document Date	7/1/2018
1. SALARIES & EMPLOYEE BENEFITS		
Position Title	FTE	Amount
Finance Director	0.10	\$ 7,000
Deveopment Director	0.05	\$ 3,500
Subtotal:	0.15	10,500
Employee Benefits:  Total Salaries and Employee Benefits:	26.0%	\$ 2,730 13,230
2. OPERATING COSTS		
Expenses (Use expense account name in the ledger.)		Amount
Payroll administration		\$ 116
nsurance @ 9%		\$ 1,000
	Total Operating Costs	\$ 1,116
	Total Indirect Costs	\$ 14,346

_														Unduplicated Clients (LICC)	
OD SCHOOLSES	\$ 110.00	\$ 90.00	\$ 110.00 \$	\$ 90.00			\$ 90.00	\$ 90.00	\$ 90.00	90.00	90,00	\$ 00.00	4 80.00	Published Rate (Medi-Cal Providers Only)	Put
8	de		\$ 110.00		90.00	90.00	90.00	90.00		\$ 90.00			+	Cost Per Unit - Contract Rate (DPH & Non-DPH FI INDING SOURCES UNIV	Cost Per Unit - Contract Rate (D
THE REAL PROPERTY.	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	JUNH HISTO	aum mour	Shout time	City Con City Con Con City City City City City City City City	Cost Day Lind - DDH S
8		99	36	57		П		349	T		Τ	410	Staff Hour	DPH Onis of Service	
8	(FFS)	(FFS)	(FFS)	(FFS)	(FFS)	(FFS)	(FFS)	_	(FFS)	(FFS)	(FFS)	(FFS)	+-	+-	
100		Too For Candon	Easter Service		_	Fag-For-Service	Fan For Service	Fan-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	Fee-For-Service	$\neg$	
The same of														SUD Only - Licensed Capacity for Narcotic Treatment Programs	SUD Only - Licensed Cap
SELECTION OF THE PERSON OF THE														Outposition Countries Continued	SUD Only - Number of
20.00	STANFORM STANFORM		- 1000年 1000年 12	THE PROPERTY OF SECTION ASSESSMENT	20世紀の1988年度	*	· · · · · · · · · · · · · · · · · · ·	Service of the service of	第 4 5	· · · · · · · · · · · · · · · · · · ·	A STATE OF THE PERSON NAMED IN		4.3	The second second	SALES OF SERVICE AND ONLY COST.
880		8,887	3,948	5,161	13,976	13,976	28,429	31,408	30,064	14,758	32,998	36,879	70,450	è	IOIAL FUNDI
														TOTAL NON-DPH FUNDING SOURCES	TO
+														strop-down list	This row left blank for funding sources not in drop-down that
Series Series	MIL-35-34/09	A STATE OF THE STATE OF	AL PROPERTY.	大学 一大学 大学 大学	THE STATE OF THE PARTY OF THE P	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	N. Charlet	W. C. B.	And the Sales of t	et la de la le borel E	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	SALK SECTION STATES	Section (section)		
880		8,887	3,946	5,161	13,978	13,976	26,429		1	4-	32,996	36,879	/0,450	TO ALL OF IT FUNDING SOURCES	NOW-DAM LINGING SOURCES
٠														TOTAL DEL ELINDING GOONGEO	
														TOTAL OTHER DRA FINNING SOLIDCES	101
														Transferred Bet	is row left blank for funding sources now in
100	Police School	SECOND MINISTER	SOURCE STORY	The state of the s	The state of the s										
STATE OF THE PERSON NAMED IN		Contract Contract		TOWNSHIP THE PROPERTY OF THE PA	Section of the section of	STREET, STREET	STREET, STREET	THE PROPERTY AND	がませんできるから	CENTRAL COMPANY	後のなっておいまか	20日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日	The State of the State of the	Dept-Auth-Proj-Activity	OTHER DPH FUNDING SOURCES
+														TOTAL BHS SUD FUNDING SOURCES	70
+														drop-down list	is row left blank for funding sources not in
200	CHARLES CONTRACTOR	ANII CONTRACTOR AND	O HAND SHALL						-					$^{\dagger}$	
18		Cook	THE WAY WAY TO SEE			34.0	Š	AND WATER					STATE WHEN SHARE	Dept-Auth-Proj-Activity	BHS SUD FUNDING SOURCES
		8.887	3.946	5.161	13.976	13,976	26,429	31,408	30,064	14,750	32,996	36,679	70,450	TOTAL BHS MENTAL HEALTH FUNDING SOURCES	TOTAL BHS MENTAL HEAL
7		44	18	24	71	71	129	153	147	73	161	180	3/1	20 1902-10000-10001070-0001	This row left blank for function sources and in
87		1,007	554	739	1,256	1.256	3,244	3,971	3,775	1.542	4.203	4,686	800.8	25 1063 10000 10001675 0001	H CYF County GE WO CODE
24		203	124	163	475	475	869	1,029	986	494	1,080	1,208	2,280	251962-10002-10001800-0003	MH WO HAS ECEPEA
8		1.861	788	1.034	3.019	3,019	5,523	6,540	6.265	3,138	6.864	7,678	14,496	25 1962-10002-10001803-0001	H WO CEC Sebest Baselines
203		7601	90	.,000	2,820	6,020	0 200								MH WO HAS DMSF CH DHS
343		3,040	1,020	2,133	2000	3022	5 280	B 221	5 984	3.037	8.525	7.286	13,785	251962-10002-10001799-0007	MH WO DCYF Child Care
COMPANIES.	Spendant Company	SANDARMONTON	Children Source and Co. William	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Sec. 9	8 500	11 305			6.474	14 163	16.841	29,909	251	MH MHSA (PEI)
900	OCCUPATION OF	0,007	2,000,0	10110	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	o total	100	A STATE OF THE PARTY OF THE PAR		いったないまれる	A Company		の年 年 のののののできる	Deg	BHS MENTAL HEALTH FUNDING SO
2		DBB	422	00)	1383	1,383	2,123	31 400	30,064	4.758	32,996	36,879	70,450	TOTAL	
780	Ī	8,007	3,524	4,610	12,003	12,083	23,700	2 000	909 E	1 508	3.634	3.889	7 425	Indirect Expenses	
-								-		136.00	20 270	77 040	82026	Subtotal Direct Expenses	
201	di.	2,440	1,736	1,861	2,830	2,930	5,621	5,664	4,278	3,022	6,002	6,838	127.21	Control Expenses	
585	5	5.567	1.788	2,659	9,853	9.863	18,085	22,075	22,278	10,230	23,470	26 172	50,304	Salaries & Employee Benefits	
MIGI	STATE OF STREET	STORY TO SERVICE	かん 教育 一日子 中人		にから 東京大学	からない かんかん		CHICAGO CONTRACTOR	は 日本の 「大学」の 「大学」	1 1 1 Sec. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	内はないのでは	年を表 45年であ	5 5 5 6 5 7 7 2 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5	では、日本のでは、日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日	Tarabara Gaga . Pro 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
018	712	71/2018-12/31/2016	7/1/2016-12/31/2018 7	7/1/2018-12/31/2018	7/1/2018-12/31/2018 7/1/2018 7/1/2018-12/31/2018 7/1/20	7/1/2018-12/31/2018	7/1/2018-12/31/2018	7/1/2018-12/31/2018	7/1/2016-12/31/2018	7/1/2018-12/31/2018	7/1/2018-12/31/2018	7/1/2018-12/31/2018	7/1/2018-12/31/2018	Funding Term (07/01/2018-12/30/2018): 7/1/2018-12/31/2018 7/1/2018-12/31/2018 7/1/2018-12/31/2018	
e e	MH Services Group	MH Services Indiv./Family	Early intervention Group (15% cap)	3	5%	*	Train/Supervision (10% cap)	Early Ref/Linkage	Parent Train/Support	co.	Consultation Observation	Consultation Group	Consultaion Individual	Service Description	
+	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	Mode/SFC (MH) or Modelity (SUD)	
+	ECMHCI	COMPCI	COMPO	COMPO	ECMINICI	FORTIO	L Cial IC	rom ro	20111101					Program Code	
late 10/03/18	Funding Notification Date	Fundi	FOULD	E CHILDS	ECHUCI	ECHICA	ECMEC	ECMHCI	ECMHCI	ECMHO	ECMHCI	ECMHCI	ECMHCI	Program Name	
ber 1 'ear 2018-19	Page Number Fiscal Year	7/1/2018	Document Date	Ĭ-										rovider Number 38AS	Provider Number 38AS

Appendix B - DPH 3: Salaries & Employee Benefits Detail

TOTAL SALARIES & BENEFITS	Employee Benefits:							Mental Health Therapist VI	Mental Health Therapist V	Mental Health Therapist IV	Mental Health Therapist III	Mental Health Therapist II	Mental Health Therapist	Clinical Supervisor	Program Assistant	Program Director	Executive Director	Position Title	Fun					Program Code Consultation	Program Name ECMHCI		
	27	Totals:																	Funding Term								
45	27.05% \$	2.89	+	0.00 \$	-	0.00	0.00 \$	0.35 \$	0.35	0.35	0.35 \$	0.35 \$	0.35	-	0.24 \$	0.11 \$	0.10 \$	FTE	7/1/2018		굼						
202,519	43,119	159,400			í			19,250	19,250	19.250	19,250	19,250	19,250	13,600	9,600	8,700	12,000	Salaries	7/1/2018-12/31/2018		TOTAL						
5	43,119  27.05%   \$	1.24 \$						0.15 \$	0.15 \$	0.15 \$	0.15 \$		-		0.10 \$	0.05 \$		FTE	7/1/2018-	100311	MH MH: 251984						
87,063	18,537	68,526						8,276	8,276	8,276	8,276	8,276	8,276	5,847	4,127	3,740	5,159	Salaries	7/1/2018-12/31/2018	10031199-0020	MH MHSA (PEI) 251984-17156-						
<b>S</b>	27.05% \$	0.58 \$						0.07 \$	0.07 \$	0.07 \$		0.07 \$	0.07 \$		-	0.02 \$			7/1/2018-1	10001799-0007	MH WO DCYF Child Care 251962-10002-						:
40,484	8,619	31,864.06						3,848	3,848	3,848	3,848	3,848	3,848	2,719	1,919	1,739	2,399	Salaries	7/1/2018-12/31/2018	99-0007	MH WO DCYF Child Care 251962-10002-				,		
	8,619 27.05% \$	0.60						0.07	0.07	0.07							` T	FTE	7/1/20	1000	CH D			0.5	511		
\$ 42,205	\$ 8,986	\$ 33,219						\$ 4,012			\$ 4,012				\$ 2,001		\$ 2,501	Salaries	7/1/2018-12/31/2018	10001803-0001	MH WO HSA DMSF CH DHS Childcare						•
	27.05% \$	0.09						0.01	0.01	0.01	П	П					0.00	FTE	7/1/2	10002	MH W						
\$ 6,622	П	\$ 5,212						\$ 629	\$ 629	\$ 629		€9	_	49	69	\$ 284	\$	Salaries	7/1/2018-12/31/2018	10002-10001800-0003	MH WO CFC School Readiness 251962-						
[2]	1,410 27.05%	2 0.36						0.04	9 0.04	9 0.04			П				2 0.01	FTE	-								
40	% \$	69					_	\$		45	69	\$			\$		69		7/1/2018-12/31/2018	10001803-0008	WO HSA ECE/ 251962-10002-	,					
25,092	5,342	19,750						2,385	2,385	2,385	2,385	2,385	2,385	1,685	1,189	1,078	1,487	Salaries	31/2018	8000	MH WO HSA ECE/PFA 251962-10002-	unding Not		-	Appe		
•	27.05% \$	0.02 \$						0.00 \$	0.00 \$	0.00 \$	0.00 \$	0.00 \$	0.00 \$	0.00 \$	0.00	0.00 \$	0.00 \$	FTE	7/1/2018-12/31/2018	10001670-0001	MH CYF County GF WO CODB 251962-10000-	Funding Notification Date	Fiscal Year	Page Number	Appendix Number	Document Date	
1,053	224	829						100		100			100		50			Salaries	31/2018	-0001	1y GF WO 2-10000-	10/03/18	2018-19	2	B-2	7/1/2018	

					Func	Funding Notification Date	10/03/18
Expense Categories & Line items	TOTAL	MH MHSA (PEI) 251984-17156- 10031199-0020	MH WO DCYF Child Care 251962-10002- 10001799-0007	MH WO HSA DMSF CH DHS Childcare 251962-10002- 100001803-0001	MH WO CFC School Readiness 251962-10002- 10001800-0003	MH WO HSA ECE/PFA 251962- 10002-10001803- 0008	MH CYF County GF WO CODB 251962- 10000-10001670-0001
Funding Term	7/1/2018-12/31/2018	7/1/2018-12/31/2018	7/1/2018-12/31/2018		7/1/2018-12/31/2018 7/1/2018-12/31/2018 7/1/2018-12/31/2018	7/1/2018-12/31/2018	7/1/2018-12/31/2018
Rent	\$ 50,000	\$ 21,495	\$ . 9,995	\$ 10,420	\$ 1,635	$\neg$	\$ 260
Utilities (telephone, electricity, water, gas)	\$ 334	\$ 144			11	-+	
Building Repair/Maintenance	\$ 2,000	٠		4	65	248	
Occupancy Total:	\$ 52,334	22,	\$ 10,	10	1,711	6,484	N
Office Supplies	\$ 250	\$ 107	\$ 50	\$ 52	_	31	
Photocopying	\$ 250				8	31	<b>⇔</b>
Program Supplies	\$ 250		\$ 50		co	31	<b>€</b>
Computer Hardware/Software	\$ 250		\$ 50		œ	31	~~ &A
Materials & Supplies Total:	\$ 1,000		\$ 200	No.	33	. 124	5
Training/Staff Development	\$ 200	\$ 86	\$ 40	\$ 42	\$ 7	-	<b>€</b>
Insurance	\$ 200	\$ 86	\$ 40	\$ 42	7	25	<b>⇔</b>
Professional License	\$ 200				7	25	<b>.</b>
Permits	\$ 200	\$ 86	\$ 40	\$ 42	7	25	\$
Equipment Lease & Maintenance	\$ 200	\$ 86	\$ 40	\$ 42	\$ 7	_	↔
General Operating Total:	\$ 1,000	\$ 430	\$ 200	\$ 208	\$ 33	_	<b>45</b>
Local Travel	\$ 1,000	\$ 430	\$ 200	\$ 208	\$ 33	\$ 124	<b>У</b> Л
Out-of-Town Travel	\$ 1,000	\$ 430	\$ 200	\$ 208	\$ 33	\$ 124	5
Field Expenses							
Staff Travel Total:	\$ 2,000	\$ 860.00	\$ 400.00	\$ 417.00	\$ 65.00	\$ 248.00	\$ 10.00
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and						_	
Amounts)	<b>.</b> .						
Consultant/Subcontractor Total:	\$ .	•s					
Other (provide detail):	÷						
	<b>€</b>						
	<del>69</del>						
Other Total:	•		*	\$	\$		-
TOTAL OPERATING EXPENSE	\$ 56,334	\$ 24,218	\$ 11,262	\$ 11,739	\$ 1,842 \$	\$ 6.980 \$	\$ 293

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

Page Number

Contractor Name Homelss Children's Network

Contract ID Number 1000011726	Fisc	al Year		2018-19
	unding Notification	on Date		10/3/18
	Document D	ate		7/1/2018
1. SALARIES & EMPLOYEE BENEFITS		w .		
Position Title	FTE			Amount
Finance Director		0.30	\$	21,000
			_	•
			_	
			-	
g .				
0.14	4-1-	0.00	_	04.000
Subto Employee Benef		0.30 26.0%		21,000 5,460
Total Salaries and Employee Benef		20.0%	Ф \$	26,460
Total Salaties and Employee Benefit	to.		Ψ	20,400
2. OPERATING COSTS				
Expenses (Use expense account name in the ledger.)				Amount
Off site storage @ 28 %			\$	355
Insurance @ 38%			\$	4,142
			_	
	Total Operating	Costs	\$	4,497
	T-4-11-11-1	0-11	•	00.05=
	i otai Indirect	Costs	<b>&gt;</b>	30,957
	Total Indirect	Costs	\$	30

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

Contractor Name Homelss Children's Network	Page Number	,	5
Contract ID Number 1000011726	Fiscal Year		2018-19
	unding Notification Date		
·	Document Date		7/1/2018
1. SALARIES & EMPLOYEE BENEFITS	***************************************		
Position Title	FTE		Amount
Finance Director	0.80	\$	56,000
Deveopment Director	0.26		18,500
Subtota			74,500
Employee Benefits		\$	19,370
Total Salaries and Employee Benefits		\$	93,870
2. OPERATING COSTS			
Expenses (Use expense account name in the ledger.)			Amount
Off site storage @ 100 %		\$	1,619
Insurance @ 76%		\$	8,089
Audit		\$	9,000
payroll fees		\$	472
IT contractor		\$	1,430
Grantwriting contractor		\$	1,000
		_	
	<b>Total Operating Costs</b>	\$	21,610
	Total Indirect Costs	\$	115,480

### Appendix C Reserved

Appendix D Reserved

	c					

### Appendix E Business Associate Agreement



### 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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# San Francisco Department of Public Health Business Associate Agreement

- **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 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,

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# San Francisco Department of Public Health Business Associate Agreement

PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

- l. Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

#### 2. Obligations of Business Associate.

- a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.
- b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.
- c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as

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# San Francisco Department of Public Health Business Associate Agreement

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 164.504, 164.504(e)(2), and 164.504(e)(4)(i)].

- d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].
- e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.
- f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this 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).

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# San Francisco Department of Public Health Business Associate Agreement

- g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.
- i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.
- 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)].

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# San Francisco Department of Public Health Business Associate Agreement

- **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.
- I. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]
- o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents. Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

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## San Francisco Department of Public Health Business Associate Agreement

#### 3. Termination.

- a. Material Breach. A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]
- b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.
- d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).
- e. Disclaimer. CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

#### 4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30)

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## San Francisco Department of Public Health Business Associate Agreement

days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

#### 5. Reimbursement for Fines or Penalties.

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

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017 Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs San Francisco Department of Public Health 101 Grove Street, Room 330, San Francisco, CA 94102

Email: <a href="mailto:compliance.privacy@sfdph.org">compliance.privacy@sfdph.org</a> Hotline (Toll-Free): 1-855-729-6040

		כסומ פרנטו אפוווכ.	Contractor Manage
PRIVACY ATTESTATION		"	
	City Vendor ID	Contractor	
	0 0000010134	0000010751	

to do so by SFDPH. 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

i. All Contractors. 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.

	TD .	by OCPA (print)  Signature  Date		
		1180 2	V. *EXC	=
	10	ATTESTED by Privacy Officer or designated person (print) Signature Date		
half of and	n on bel	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.	III. ATTES	<b>5</b> =
		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?	PRIC	
	-	Document each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations?	+-	T.
		Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?	VISIV	T
		client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.)	_	
		SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?  How will have it will be 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?		
No*		C Have for will have it to be a first to the second of the	ביים שליים	. 1
		II. Contractors who serve patients/clients and have access to SFDPH PHI, must also complete this section.	l. Contra	7=
		Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so  AND that health information is only transferred or created on encrypted devices approved by SFDPH Information Security staff?	F Assu	
		Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?	t Have	
		health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]	-	
		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.]	C Requ	
		Name & Email:	-	
		Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?	B Have	
	+		+	T
No.*	$\dashv$	DOES YOUR ORGANIZATION Yes	-∣2	1

	Contractor Name:
DATA SECILITY ATTESTATION	Homeless Children's Network
	Contractor City Vendor ID
	<sub>D</sub> 0000018734

to do so by SFDPH. 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 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

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.

DOE	DOES YOUR ORGANIZATION	res	NO	
>	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	$\dashv$			
_	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:			
0	Have a fo			
$\rightarrow$	$\rightarrow$	ability		
	and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?			
_	$\dashv$			
_	If Name & Phone # Email:			
	yes: Title:			
Т	Require Data Security Training upon hire and annually thereafter for all employees who have access to health in	on of		
L	trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]			
വ	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.]	at they		
エ	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's	DPH's	) (	
L	health information?		1	
	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?	named		
ind A	I. 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.	uthority to sign	n on behal	f of and
	ATTESTED by Data Security (Name:			
	Officer or designated person (Pility) Signature	Date		
=	II. *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	9-6040 or		
	compliance privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.	A below.		
	EXCEPTION(S) APPROVED by OCPA (print)  OCPA (print)  Signature	Date		

### Appendix F Invoices

	546		

PAGE A Control Number INVOICE NUMBER: M09 JL 18 Contractor: Homesless Children's Network Ct.Blanket No.: BPHM TBD User Cd Address; 3265 17th Street, #404, San Francisco, CA 94110 Ct. PO No.: POHM TBD Tel No.: (415)437-3990 Fund Source: MH CYF Fed/ State/ County-General Fund Fax No.: (415)437-3994 **BHS** Invoice Period: July 2018 Funding Term: 07/01/2018 - 06/30/2019 Final Invoice: (Check if Yes) PHP Division: Behavioral Health Services ACE Control Number: Remaining Total Contracted Delivered THIS PERIOD % of TOTAL Deliverables Exhibit UDC Exhibit UDC Exhibit UDC **Exhibit UDC** Exhibit UDO Unduplicated Clients for Exhibit: \*Undupscaled Counts for AIDS Use Only.
DELIVERABLES Delivered Program Name/Reptg. Unit Total Contracted PERIOD Unit % of TOTAL to Date Deliverables Modality/Mode # - Svc Func (MH Only) CLIENTS UOS | CLIENTS UOS TCLIENTS Rate AMOUNT DUE UOS LIENT CLIENTS B-1a EPSDT Regular PC# - 38AS3 (HMHMCP751594) 251962-10000-10001670-0001 15/01 - 09 Case Mgt Brokerage 4,036 2.02 0.000 0.00% 4,036.000 8,152.72 15/ 10 - 57, 59 MH Svcs 230,525 2.61 0.000 0.00% 230,525.000 601,670.25 \$ 609,822.97 B-1b EPSDT Riley PC# - 38AS4 15/ 10 - 57, 59 MH Svcs 8,719 2.61 0.000 0.00% 8,719.000 22,756.59 \$ 22,756,59 B-1c EPSDT TI PC# - 38AS5 15/01 - 09 Case Mgt Brokerage 619 2.02 0.000 0.00% 619.000 1.250.38 15/ 10 - 57, 59 MH Svcs 7,619 2.61 0.000 0.00% 7,619.000 19,885.59 \$ 21,135.97 B-1d EPSDT LGBTQ PC#- 38AS6 15/01 - 09 Case Mgt Brokerage 1,571 2.02 0.000 0.00% 1,571.000 3,173.42 15/10 - 57, 59 MH Sycs 50,014 2.61 0.000 0.00% 50,014.000 130,536.54 \$ 133,709.96 TOTAL 303,103 0.000 0.000 0.00% 303,103.000 787,425.49 **Expenses To Date** % of Budget Remaining Budget **Budget Amount** 787,398.00 0.00% NOTES: SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (For DPH Use) Other Adjustment NET REIMBURSEMENT \$ I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Title: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103 Authorized Signatory Date

Appendix F

Appendix F

				Contr	ol Number						PAGE A			
							INVOICE NU	MBER:	M10	JL	18		1:	
										- 02	10			
Contractor: Homesless Children's Network							Ct.Blanket No	.: ВРНМ	TBD					
Address: 3265 17th Street, #404, San Francisco, CA 94110						1	Ct. PO No.: F	МНО	TBD		User (	Cd		
Tel No.: (415) 437-3990 Fax No.: (415) 437-3994					BHS	]	Fund Source:		WO HSA	A DMS	F CH DHS Chil	dcare	]	
122110 (410) 401-0334							Invoice Period	1:	July 2018	8			J	
Funding Term: 07/01/2018 - 06/30/2019							Final Invoice:				(Check if Ye	s)	]	
PHP Division: Behavioral Health Services							ACE Control N	lumber:	278	EWE	TO SEE BY	60 I VIII.	]	
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*Unduplicated Counts for AIDS Use Only.														
DELIVERABLES Program Name/Reptg. Unit	Total Co		PER	red THIS RIOD	Unit	·	Delive to Da	ate	% of TC		Remain Deliverat			
Modality/Mode # - Svc Func (MH only)  B-2 ECMHI HSA - (HMHMCHCDHSWO) 251962-10002-10001803-004	UOS	CLIENTS	UOS	CLIENTS	Rate	AMOUNT DUE	UOS	CLIENTS	UOS	LIENT	UOS	CLIENTS	3	
45/ 10 - 19 Outreach Svcs Consultation Indiv	161		***************************************		\$ 90.00	\$ -	0.000		0.000/	300	404 000	B   S B	1.	44 106 0
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45/ 10 - 19 Outreach Svcs Early Ref/Linkage	73				\$ 90.00		0.000		0.00%		70.000	100	1	6,300.00
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45/ 10 - 19 Outreach Svcs Early Interv Group (15% Cap)	7				\$ 110.00	Φ.	0.000		0.00%	-	11.000	1981	1	990.00
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I certify that the information provided above is, to the best of n in accordance with the contract approved for services provided	ly knowled	ge, comple	ete and a	ccurate; t	he amount i	requested for a	reimbursement	is						
claims are maintained in our office at the address indicated.	a under the	provision	or that co	ontract. F	uli justificati	on and backu	p records for th	ose						
the manufacture of the decision included.														
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Behavioral Health Services-Budget/ Invoice Analyst												- 1		
1380 Howard St., 4th Floor												- 1		
San Francisco, CA 94103					Authori	zed Signatory				Date	)	- 1		

Appendix F PAGE A

				Cont	rol Number					PAGE A		
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							INVOICE N	UMBER:	M11 JL	18		
Contractor: Homesless Children's Network							Ct.Blanket N	lo.: BPHM	TBD		7	
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Address: 3265 17th Street, #404, San Francisco, CA 94110				1 5	BHS	1	Ct. PO No.:	РОНМ	TBD		_	
Tel No.: (415) 437-3994						4	Fund Source	в:	WO DCYF Child	d Care/ CYF County WO CODB		
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Funding Term: 07/01/2018 - 06/30/2019							Final Invoice	<b>)</b> :		(Check if Yes)		
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				ntracted		THIS PERIOD	Delivered		% of TOTAL		1	
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45/10 - 19 Outreach Svcs Consultation Indiv	157				\$ 90.00	\$ -	0.000		0.00%	157.000	\$	14,13
45/10 - 19 Outreach Svcs Consultation Grp	83				\$ 90.00	\$ -	0.000		0.00%	83.000	4	7,47
45/10 - 19 Outreach Svcs Consultation Observ	74				\$ 90.00	\$ -	0.000	Marine S	0.00%	74.000	4	6,63
45/10 - 19 Outreach Sycs Staff Training	35				\$ 90.00	\$ -	0.000		0.00%	35.000	4	3,13
45/10 - 19 Outreach Svcs Parent Tm/Supp Grp 45/10 - 19 Outreach Svcs Early Ref/Linkage	68		<del></del>			<u> </u>	0.000		0.00%	68.000	4	6,12
	71				\$ 90.00	\$ -	0.000		0.00%	71.000	4	6,3
15/10 - 19 Outreach Svcs Consultant Train/Supv (10% Cap) 15/10 - 19 Outreach Svcs Evaluation (5% Cap)	60			-		<u>s</u>	0.000		0.00%	60.000	A .	5,43
15/ 10 - 19 Outreach Svcs System Work (5% Cap)	33				\$ 90.00	\$ -	0.000		0.00%	33.000	A .	2,97
15/ 10 - 19 Outreach Svcs Early Interv Indiv	12	CONTROL OF	************	-	\$ 90.00 \$ 90.00	\$ - <u>-</u>	0.000		0.00%	33.000	4	2,9
5/10 - 19 Outreach Svcs Early Interv Group (15% Cap)	8			1	\$ 110.00		0.000		0.00%	12.000	4	1,0
5/10 - 19 Outreach Svcs MH Services Indv/ Family	21			Service (S		\$ -	0.000	******	0.00%	8.000	1	8
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certify that the information provided above is, to the best of n	ny knowloda	o comple	to and con	urata: tha		santa d fan seisst						
accordance with the contract approved for services provide	ed under the	e, comple provision	of that conf	urate, trie Iract. Full	amount requ iustification	and hackun rec	oursement is					
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Appendix F PAGE A Control Number INVOICE NUMBER: M12 JL 18 Contractor: Homesless Children's Network Ct.Blanket No.: BPHM TBD User Cd Address: 3265 17th Street, #404, San Francisco, CA 94110 Ct. PO No.: POHM TBD **BHS** Tel No.: (415) 437-3994 Fund Source: MHSA (PEI) Fax No.: (415)437-3990 Invoice Period : July 2018 Funding Term: 07/01/2018 - 06/30/2019 Final Invoice: (Check if Yes) PHP Division: Community Behavioral Health Services ACE Control Number: Remaining Total Contracted Delivered THIS PERIOD Delivered to Date % of TOTAL Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Unduplicated Clients for Exhibit: \*Unduplicated Counts for AIDS Use Only DELIVERABLES Delivered THIS Delivered Program Name/Reptg. Unit Modality/Mode # - Svc Func (мн опу) Remaining Total Contro PERIOD Unit to Date % of TOTAL CLIENTS uos CLIENTS AMOUNT DUE Rate UOS CLIENTS UOS LIENT UOS LIENTS B-2 ECMHI - (HMHMPROP63-PMHS63-1810) 251984-17156-10031199-0020 45/ 10 - 19 Outreach Svcs Consultation Indiv 332 \$ 90.00 0.000 0.00% 332.000 29.880.00 45/ 10 - 19 Outreach Svcs Consultation Group 176 \$ 90.00 0.000 0.00% 176.000 15.840.00 45/10 - 19 Outreach Sycs Consultation Observ 157 \$ 90.00 0.000 0.00% 157.000 14,130.00 45/ 10 - 19 Outreach Svcs Staff Training 72 \$ 90.00 0.000 0.00% 72.000 6,480.00 45/10 - 19 Outreach Svcs Parent Trn/Supp Grp 144 \$ 90.00 0.000 0.00% 144.000 12,960.00 45/10 - 19 Outreach Svcs Early Ref/Linkage 150 90.00 0.000 0.00% 150.000 13.500,00 45/10 - 19 Outreach Svcs Consultant Train/Supv (10% Cap) 127 \$ 90.00 0.000 0.00% 127.000 11,430.00 45/ 10 - 19 Outreach Svcs Evaluation (5% Cap) 69 \$ 90.00 0.000 0.00% 69.000 6,210.00 45/ 10 - 19 Outreach Svcs System Work (5% Cap) 69 \$ 90.00 0.000 0.00% 69.000 6,210.00 45/ 10 - 19 Outreach Svcs Early Interv Indiv 24 \$ 90.00 0.000 0.00% 24.000 2,160.00 45/ 10 - 19 Outreach Svcs Early Interv Group (15% Cap) 15 \$ 110.00 0.000 0.00% 15.000 1.650.00 45/ 10 - 19 Outreach Svcs MH Services Indv/ Family 43 \$ 90.00 0.000 0.00% 45/10 - 19 Outreach Svcs MH Services Group (5%Cap) 43.000 3,870.00 \$ 110.00 0.000 0.00% 3.000 330.00 TOTAL 1,381 0.000 0.000 0.00% 1,381.000 124.650.00 Expenses To Date % of Budget Remaining Budget Budget Amount 124,602.00 124,602.00 NOTES SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (For DPH Use) Other Adjustments
NET REIMBURSEMENT I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Title: Send to: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103 Authorized Signatory Date

Appendix F

				Con	trol Number					PAGE A		
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						TT-	INVOICE N	UMBER:	M13 .	JL 18		
Contractor: Homesless Children's Network							Ct Blanket	No - DDUM	TBD			-
							Ct.Blanket	NO.: DPHM	IBD	Lie	er Cd	
Address: 3265 17th Street, #404, San Francisco, CA 94110						7	Ct. PO No.:	РОНМ	TBD	- 03	101 00	
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Tel No.: (415)437-3990 Fax No.: (415)437-3994						1	Fund Source	:	MH WO CF	C School Read	liness	
1 ax 140 (+15)+51-5554							Invoice Peri	ad.	1.15 2040			_
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Funding Term: 07/01/2018 - 06/30/2019							Final Invoice	e:		(Check it	Yes)	
PHP Division: Community Behavioral Health Services												_
Prin Division. Community behavioral realth Services							ACE Contro	l Number:			t II m	ليوا
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-2 ECMHI - CFC SchoolReadiness - (HMHMCHSRIPWO) 25196											8 / 41	III
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5/10 - 19 Outreach Svcs Parent Trn/Supp Grp	11		**********		\$ 90.00	\$	0.000		0.00%	11.000		
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5/ 10 - 19 Outreach Svcs Early Interv Indiv	2			1000000	\$ 90.00	\$	0.000		0.00%	. 5.000		
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Appendix F

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# Appendix G Dispute Resolution

# Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors

9-06

#### Introduction

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

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

#### **Dispute Resolution Procedure**

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

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

1 | P a g e Contract ID# 1000011726 Appendix G

Homeless Children's Network July 1, 2018 notwithstanding the foregoing, nothing shall diminish the parties' rights to seek any and all other legal or equitable remedies.

**NICKB** 

ACORD'

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 02/05/2019

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

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

PRODUCER License # 0K07568	CONTACT NAME:					
Pacific Diversified Insurance Services 925-686-2860	PHONE (A/C, No, Ext): (925) 686-2860	FAX (A/C, No):				
363 Civic Drive Suite 100	E-MAIL ADDRESS:	111111111111111111111111111111111111111				
Pleasant Hill, CA 94523	INSURER(S) AFFORDING COVE	ERAGE	NAIC#			
	INSURER A : Philadelphia Indemnity Ins	surance Co.,	18058			
INSURED	INSURER B: State Compensation Ins Fund 350					
Homeless Children's Network	INSURER C:					
3450 3rd Street Unit 1C	INSURER D:					
San Francisco, CA 94124	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER:

**REVISION NUMBER: 2** 

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

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY				VIII	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EACH OCCURRENCE	\$	1,000,000
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		21						MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
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		OTHER:						Host Liquor Lia	\$	1,000,000
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		ANY AUTO			PHPK1904404	01/22/2019	01/22/2020	BODILY INJURY (Per person)	\$	1,000,000
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					150257319	01/22/2019	01/22/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFI (Man	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	s	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	E&(				PHPK1904404	01/22/2019	01/22/2020			1,000,000
Α	Crin	ne / Fidelity			PHPK1904404	01/22/2019	01/22/2020	Limit:		150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
As required by written contract, the following endorsements apply to the Certificate Holder and/or any other entity named in this section: General Liability Additional Insured including Waiver of Subrogation PIGLDHA 10-11. Fund Raising Events PISE001 12-05.

City and County of San Francisco Department of Public Health. The General Liabilty is primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought per the attached endorsement PI-GL-005 07-12.

<b>CERTIFIC</b>	TE HOL	_DER
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City and County of San Francisco Department of Public Health 1380 Howard St.

San Francisco, CA 94103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AUTHORIZED REPR

ACORD 25 (2016/03)

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#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# GENERAL LIABILITY DELUXE ENDORSEMENT: HUMAN SERVICES

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposure is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page #
Extended Property Damage	Included	2
Limited Rental Lease Agreement Contractual Liability	\$50,000 limit	2
Non-Owned Watercraft	Less than 58 feet	2
Damage to Property You Own, Rent, or Occupy	\$30,000 limit	2
Damage to Premises Rented to You	\$1,000,000	3
HIPAA	Clarification	4
Medical Payments	\$20,000	5
Medical Payments – Extended Reporting Period	3 years	, 5
Athletic Activities	Amended	5
Supplementary Payments – Bail Bonds	\$5,000	5
Supplementary Payment – Loss of Earnings	\$1,000 per day	5
Employee Indemnification Defense Coverage	\$25,000	5
Key and Lock Replacement – Janitorial Services Client Coverage	\$10,000 limit	6
Additional Insured – Newly Acquired Time Period	Amended	6
Additional Insured – Medical Directors and Administrators	Included	7
Additional Insured – Managers and Supervisors (with Fellow Employee Coverage)	Included	7
Additional Insured – Broadened Named Insured	Included	7
Additional Insured – Funding Source	Included	7
Additional Insured – Home Care Providers	Included	7
Additional Insured – Managers, Landlords, or Lessors of Premises	Included	7
Additional Insured – Lessor of Leased Equipment	Included	7
Additional Insured – Grantor of Permits	Included	8
Additional Insured – Vendor	Included	8
Additional Insured – Franchisor	Included	9
Additional Insured – When Required by Contract	Included	9
Additional Insured - Owners, Lessees, or Contractors	Included	9
Additional Insured – State or Political Subdivisions	Included	10

Duties in the Event of Occurrence, Claim or Suit	Included	10
Unintentional Failure to Disclose Hazards	Included	10
Transfer of Rights of Recovery Against Others To Us	Clarification	10
Liberalization	Included	11
Bodily Injury – includes Mental Anguish	included	11
Personal and Advertising Injury – includes Abuse of Process, Discrimination	Included	11

#### A. Extended Property Damage

**SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions, Paragraph a.** is deleted in its entirety and replaced by the following:

#### a. Expected or Intended Injury

"Bodily injury" or property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

#### B. Limited Rental Lease Agreement Contractual Liability

**SECTION I – COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions, Paragraph b. Contractual Liability** is amended to include the following:

(3) Based on the named insured's request at the time of claim, we agree to indemnify the named insured for their liability assumed in a contract or agreement regarding the rental or lease of a premises on behalf of their client, up to \$50,000. This coverage extension only applies to rental lease agreements. This coverage is excess over any renter's liability insurance of the client.

#### C. Non-Owned Watercraft

**SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions**, Paragraph **g. (2)** is deleted in its entirety and replaced by the following:

- (2) A watercraft you do not own that is:
  - (a) Less than 58 feet long; and
  - (b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

#### D. Damage to Property You Own, Rent or Occupy

SECTION I - COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE

**LIABILITY**, Subsection **2. Exclusions**, Paragraph **j. Damage to Property**, Item **(1)** is deleted in its entirety and replaced with the following:

(1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, up to a \$30,000 limit. A client is defined as a person under your direct care and supervision.

#### E. Damage to Premises Rented to You

- 1. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" is changed to "fire, lightning, explosion, smoke, or leakage from automatic fire protective systems" where it appears in:
  - a. The last paragraph of SECTION I COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions; is deleted in its entirety and replaced by the following:

Exclusions **c**. through **n**. do not apply to damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in **SECTION III – LIMITS OF INSURANCE**.

**b. SECTION III – LIMITS OF INSURANCE**, Paragraph 6. is deleted in its entirety and replaced by the following:

Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems while rented to you or temporarily occupied by you with permission of the owner.

c. SECTION V – DEFINITIONS, Paragraph 9.a., is deleted in its entirety and replaced by the following:

A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";

 SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Subsection 4. Other Insurance, Paragraph b. Excess Insurance, (1) (a) (ii) is deleted in its entirety and replaced by the following:

That is insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems for premises rented to you or temporarily occupied by you with permission of the owner;

3. The Damage To Premises Rented To You Limit section of the Declarations is amended to the greater of:

- a. \$1,000,000; or
- b. The amount shown in the Declarations as the Damage to Premises Rented to You Limit.

This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, or leaks from automatic fire protective systems or any combination thereof.

#### F. HIPAA

SECTION I – COVERAGES, COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY, is amended as follows:

1. Paragraph 1. Insuring Agreement is amended to include the following:

We will pay those sums that the insured becomes legally obligated to pay as damages because of a "violation(s)" of the Health Insurance Portability and Accountability Act (HIPAA). We have the right and the duty to defend the insured against any "suit," "investigation," or "civil proceeding" seeking these damages. However, we will have no duty to defend the insured against any "suit" seeking damages, "investigation," or "civil proceeding" to which this insurance does not apply.

2. Paragraph 2. Exclusions is amended to include the following additional exclusions:

This insurance does not apply to:

a. Intentional, Willful, or Deliberate Violations

Any willful, intentional, or deliberate "violation(s)" by any insured.

b. Criminal Acts

Any "violation" which results in any criminal penalties under the HIPAA.

c. Other Remedies

Any remedy other than monetary damages for penalties assessed.

d. Compliance Reviews or Audits

Any compliance reviews by the Department of Health and Human Services.

- 3. SECTION V DEFINITIONS is amended to include the following additional definitions:
  - **a.** "Civil proceeding" means an action by the Department of Health and Human Services (HHS) arising out of "violations."
  - **b.** "Investigation" means an examination of an actual or alleged "violation(s)" by HHS. However, "investigation" does not include a Compliance Review.
  - c. "Violation" means the actual or alleged failure to comply with the regulations included in the HIPAA.

#### G. Medical Payments - Limit Increased to \$20,000, Extended Reporting Period

If COVERAGE C MEDICAL PAYMENTS is not otherwise excluded from this Coverage Part:

- 1. The Medical Expense Limit is changed subject to all of the terms of **SECTION III LIMITS OF INSURANCE** to the greater of:
  - a. \$20,000; or
  - **b**. The Medical Expense Limit shown in the Declarations of this Coverage Part.
- 2. SECTION I COVERAGE, COVERAGE C MEDICAL PAYMENTS, Subsection 1. Insuring Agreement, a. (3) (b) is deleted in its entirety and replaced by the following:
  - (b) The expenses are incurred and reported to us within three years of the date of the accident.

#### H. Athletic Activities

**SECTION I – COVERAGES**, **COVERAGE C MEDICAL PAYMENTS**, Subsection **2. Exclusions**, Paragraph **e. Athletic Activities** is deleted in its entirety and replaced with the following:

#### e. Athletic Activities

To a person injured while taking part in athletics.

#### I. Supplementary Payments

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS - COVERAGE A AND B are amended as follows:

- **1. b.** is deleted in its entirety and replaced by the following:
- b. Up to \$5000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these.
- **1.d.** is deleted in its entirety and replaced by the following:
- d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1,000 a day because of time off from work.

#### J. Employee Indemnification Defense Coverage

**SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** the following is added:

We will pay, on your behalf, defense costs incurred by an "employee" in a criminal proceeding occurring in the course of employment.

The most we will pay for any "employee" who is alleged to be directly involved in a criminal proceeding is \$25,000 regardless of the numbers of "employees," claims or "suits" brought or persons or organizations making claims or bringing "suits.

#### K. Key and Lock Replacement – Janitorial Services Client Coverage

### **SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** is amended to include the following:

We will pay for the cost to replace keys and locks at the "clients" premises due to theft or other loss to keys entrusted to you by your "client," up to a \$10,000 limit per occurrence and \$10,000 policy aggregate.

We will not pay for loss or damage resulting from theft or any other dishonest or criminal act that you or any of your partners, members, officers, "employees", "managers", directors, trustees, authorized representatives or any one to whom you entrust the keys of a "client" for any purpose commit, whether acting alone or in collusion with other persons.

The following, when used on this coverage, are defined as follows:

- a. "Client" means an individual, company or organization with whom you have a written contract or work order for your services for a described premises and have billed for your services.
- **b.** "Employee" means:
  - (1) Any natural person:
    - (a) While in your service or for 30 days after termination of service;
    - (b) Who you compensate directly by salary, wages or commissions; and
    - (c) Who you have the right to direct and control while performing services for you; or
  - (2) Any natural person who is furnished temporarily to you:
    - (a) To substitute for a permanent "employee" as defined in Paragraph (1) above, who is on leave; or
    - (b) To meet seasonal or short-term workload conditions;

while that person is subject to your direction and control and performing services for you.

- (3) "Employee" does not mean:
  - (a) Any agent, broker, person leased to you by a labor leasing firm, factor, commission merchant, consignee, independent contractor or representative of the same general character; or
  - (b) Any "manager," director or trustee except while performing acts coming within the scope of the usual duties of an "employee."
- "Manager" means a person serving in a directorial capacity for a limited liability company.

#### L. Additional Insureds

#### SECTION II - WHO IS AN INSURED is amended as follows:

1. If coverage for newly acquired or formed organizations is not otherwise excluded from this

Coverage Part, Paragraph 3.a. is deleted in its entirely and replaced by the following:

- a. Coverage under this provision is afforded until the end of the policy period.
- **2.** Each of the following is also an insured:
  - a. Medical Directors and Administrators Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services of any physician or psychiatrist in the treatment of a patient.
  - b. Managers and Supervisors Your managers and supervisors are also insureds, but only with respect to their duties as your managers and supervisors. Managers and supervisors who are your "employees" are also insureds for "bodily injury" to a co-"employee" while in the course of his or her employment by you or performing duties related to the conduct of your business.

This provision does not change Item 2.a.(1)(a) as it applies to managers of a limited liability company.

- c. Broadened Named Insured Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.
- d. Funding Source Any person or organization with respect to their liability arising out of:
  - (1) Their financial control of you; or
  - (2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

- **e. Home Care Providers** At the first Named Insured's option, any person or organization under your direct supervision and control while providing for you private home respite or foster home care for the developmentally disabled.
- f. Managers, Landlords, or Lessors of Premises Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.
- g. Lessor of Leased Equipment Automatic Status When Required in Lease Agreement With You Any person or organization from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or

organization is an insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

- h. Grantors of Permits Any state or political subdivision granting you a permit in connection with your premises subject to the following additional provision:
  - (1) This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with the premises you own, rent or control and to which this insurance applies:
    - (a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures;
    - (b) The construction, erection, or removal of elevators; or
    - (c) The ownership, maintenance, or use of any elevators covered by this insurance.
- i. Vendors Only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:
  - (1) The insurance afforded the vendor does not apply to:
    - (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
    - (b) Any express warranty unauthorized by you;
    - (c) Any physical or chemical change in the product made intentionally by the vendor;
    - (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
    - (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
    - (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
  - (i) The exceptions contained in Sub-paragraphs (d) or (f); or
  - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- (2) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing.
- Franchisor Any person or organization with respect to their liability as the grantor of a franchise to you.
- k. As Required by Contract Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations
- I. Owners, Lessees or Contractors Any person or organization, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - (1) Your acts or omissions; or
  - (2) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured when required by a contract.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- (b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- m. State or Political Subdivisions Any state or political subdivision as required, subject to the following provisions:
  - (1) This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit, and is required by contract.
  - (2) This insurance does not apply to:
    - (a) "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
    - **(b)** "Bodily injury" or "property damage" included within the "products-completed operations hazard."

#### M. Duties in the Event of Occurrence, Claim or Suit

**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 2. is amended as follows:

a. is amended to include:

This condition applies only when the "occurrence" or offense is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.
- b. is amended to include:

This condition will not be considered breached unless the breach occurs after such claim or "suit" is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

#### N. Unintentional Failure To Disclose Hazards

**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 6. Representations** is amended to include the following:

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

O. Transfer of Rights of Recovery Against Others To Us

SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 8. Transfer of Rights of

Page 10 of 12

Recovery Against Others To Us is deleted in its entirety and replaced by the following:

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

Therefore, the insured can waive the insurer's rights of recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

#### P. Liberalization

**SECTION IV -- COMMERCIAL GENERAL LIABILITY CONDITIONS**, is amended to include the following:

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

#### Q. Bodily Injury - Mental Anguish

**SECTION V – DEFINITIONS**, Paragraph **3**. Is deleted in its entirety and replaced by the following:

"Bodily injury" means:

- Bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b. Except for mental anguish, includes death resulting from the foregoing (Item a. above) at any time.

#### R. Personal and Advertising Injury – Abuse of Process, Discrimination

If COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE is not otherwise excluded from this Coverage Part, the definition of "personal and advertising injury" is amended as follows:

- SECTION V DEFINITIONS, Paragraph 14.b. is deleted in its entirety and replaced by the following:
  - b. Malicious prosecution or abuse of process;
- 2. SECTION V DEFINITIONS, Paragraph 14. is amended by adding the following:

Discrimination based on race, color, religion, sex, age or national origin, except when:

- a. Done intentionally by or at the direction of, or with the knowledge or consent of:
  - (1) Any insured; or
  - (2) Any executive officer, director, stockholder, partner or member of the insured;
- **b.** Directly or indirectly related to the employment, former or prospective employment, termination of employment, or application for employment of any person or persons by an insured:

- **c.** Directly or indirectly related to the sale, rental, lease or sublease or prospective sales, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured; or
- **d.** Insurance for such discrimination is prohibited by or held in violation of law, public policy, legislation, court decision or administrative ruling.

The above does not apply to fines or penalties imposed because of discrimination.

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### **FUND RAISING EVENTS ENDORSEMENT**

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. This insurance applies to "bodily Injury", "property damage", and "personal and advertising injury" arising out of all of your fund raising events with the following exceptions unless scheduled in paragraph C. below:
  - Parades sponsored by the Insured
  - Aircraft
  - Motorcycle runs and automobile rallies
  - Fireworks exhibitors operated by the Insured.
  - Firearms
  - Animals other than house pets
  - Carnivals and fairs with mechanical rides sponsored by the Insured
  - Rock, Hip-Hop or Rap concerts with admission over 500 people
  - Events including contact sports
  - Rodeos sponsored by the Insured
  - Political Rallies
  - Any event lasting more than 5 days (including otherwise acceptable events)
  - Any event with greater than 500 people at any one time (including otherwise acceptable events)
  - Any event with liquor provided by the Insured if a license is required for such activity.
  - Any activities by third party telemarketing, direct mail, or internet advertising (including spam) firms.
- B. Section II Who is An Insured is amended to include as an additional insured the person(s) or organization(s) related to your fund raising events, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf. However, third party telemarketing, direct mail, or internet advertising (including spam) firms shall not be Insureds.
- C. Schedule of fund raising events:

Event(s) Start Date Finish Date Premium

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY INSURANCE

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART** 

**SCHEDULE** 

Name of Person or Organization (Additional Insured):
City and County of San Francisco Department of Public Health

Effective Date: 1/25/2019

**SECTION II – WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" arising out of or relating to your negligence in the performance of "your work" for such person(s) or organization(s) that occurs on or after the effective date shown in the endorsement Schedule.

This insurance is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or "occurrence" we cover for this Additional Insured.

The Additional Insured's limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE**.

All other terms, conditions, and exclusions under the policy are applicable to this endorsement and remain unchanged.

# San Francisco Department of Public Health Division of Behavioral Health Services

## Homeless Children's Network

SFBOS Homelessness and Behavioral Health Select Committee April 28, 2023

#### Farahnaz Farahmand, Ph.D.

Director, Children, Youth and Families System of Care Behavioral Health Services San Francisco Department of Public Health



# **Homeless Children's Network Services**

- Under the proposed amendment, Homeless Children's Network would continue to provide:
  - Early Periodic Screening, Diagnostic, and Treatment (EPSDT): Provides culturally competent, strength-based mental health, case management, and crisis intervention services for homeless children and families living in emergency, transitional, and domestic violence shelters. The program is divided into four subprograms based on location and population.
  - Early Childhood Mental Health Consultation Initiative (ECMHCI):
     Provides mental health consultations to shelter/homeless services and regular childcare providers to ensure the emotional wellbeing of children who are 0-5 years.

# **EPSDT & ECMHCI within DPH-BHS Children, Youth, Families System of Care**

- This contract is under the Children, Youth, & Families system of care.
- EPSDT is contracted to provided mental health outpatient care to 118 clients per year
  - Youth ages 0-17, and their families
  - Four subprograms (General, Riley Center, Treasure Island, and LBGTQ+).
  - Lowest level of treatment services to meet the majority of children, youth, and families' needs and reduce the need for higher-acuity services or long-term treatment.
- **ECMHCI** is contracted to provide prevention and early intervention services and mental health assessment for 626 clients per year
  - Shelter-based and homeless services child care providers
  - Consultations for administrators, teachers and paras for children ages 0-5, and those children with their family caregivers.
  - Children and families who are assessed to need direct treatment are then referred to treatment providers in our system

**Children Youth & Families Services** Community Behavioral Health Services System of Care Overview Residentia Community Providers Crisis Services Hospitalization Systems Providers, e.g., Schools, Juvenile Probation & Child Intensive Services **Primary Care** Points of Entries for Children, Youth & Mental Health / SUD Outpatient Families to Access System of Care Health Promotion, Prevention, Early Intervention

# **Proposed Contract Amendment**

DPH agrees with BLA recommendations

DPH requests approval of the proposed resolution



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

# Thank You



#### San Francisco Department of Public Health



Grant Colfax, MD Director of Health

April 3, 2023

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

Dear Ms. Calvillo:

Please find attached a proposed resolution for Board of Supervisors approval of an amendment to the agreement between the Department of Public Health and Homeless Children's Network, in the amount of \$17,465,319.

This contract agreement requires Board of Supervisors approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Proposed Resolution
- Proposed Amendment 2
- Original Agreement and Amendment 1
- Form SFEC-126

For questions on this matter, please contact me at (415) 255-3492, <u>kelly.hiramoto@sfdph.org</u>.

Thank you for your time and consideration.

Sincerely,

Kelly Hiramoto

Kelly Hiramoto Acting Supervisor Office of Contracts Management and Compliance DPH Business Office

cc: Dr. Grant Colfax, Director of Health Greg Wagner, Chief Operating Officer Michelle Ruggels, Director, DPH Business Office



#### San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 230354

Bid/RFP #:

1

#### **Notification of Contract Approval**

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers/contract-approval-city-officers</a>

1. FILING INFORMATION	
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
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AMENDMENT DESCRIPTION – Explain reason for amendment	<b>'</b> O
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2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Kelly Hi	ramoto	415-255-3492
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
DPH	Department of Public Health	kelly.hiramoto@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Homeless Children's Network	415-437-3990
STREET ADDRESS (including City, State and Zip Code)	EMAIL
3450 3rd Street, Suite 1C, San Francisco, CA 94124	april@hcnkids.org

6. CO	DNTRACT			
	CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable)
	<b>A</b>			230354
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	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS
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#### 9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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		Francisco	Board of Directors
2	Mac Januahan		Board of Directors
	McClannahan	Greg	Board of Directors
3	Bellamy	Brittany	Board of Directors
4	Austin	Laquisha	Board of Directors
5	Pedroncelli	Larisa	Board of Directors
6	Silas	April	Other Principal Officer
7	Ryle	Mark	Other Principal Officer
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#### 9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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### 9. AFFILIATES AND SUBCONTRACTORS List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract. LAST NAME/ENTITY/SUBCONTRACTOR **FIRST NAME** TYPE 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK	DATE SIGNED		
BOS Clerk of the Board			