

BOARD of SUPERVISORS



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## MEMORANDUM

HOMELESSNESS AND BEHAVIORAL HEALTH SELECT COMMITTEE

SAN FRANCISCO BOARD OF SUPERVISORS

TO: Supervisor Hillary Ronen, Chair  
Homelessness and Behavioral Health Select Committee

FROM: John Carroll, Assistant Clerk

DATE: June 4, 2023

SUBJECT: **COMMITTEE REPORT, BOARD MEETING**  
Tuesday, June 6, 2023

The following file should be presented as COMMITTEE REPORT at the regular Board meeting on Tuesday, June 6, 2023. This resolution was acted upon at the Homelessness and Behavioral Health Select Committee meeting on June 2, 2023, at 9:00 a.m., by the votes indicated.

**Item No. 34                      File No. 230476**

**Resolution approving Amendment No. 2 to the agreement between Conard House and the Department of Public Health (DPH) for behavioral health services to increase the agreement by \$47,437,236 for total amount not to exceed \$92,300,000; to extend the term by four years and six months from June 30, 2023, for a total agreement term of July 1, 2018, through December 31, 2027; and to authorize DPH to enter into amendments or modifications to the contract prior to its final execution by all parties that do not materially increase the obligations or liabilities to the City and are necessary to effectuate the purposes of the contract or this Resolution.**

**RECOMMENDED AS AMENDED AS A COMMITTEE REPORT**

Vote: Supervisor Hillary Ronen - Aye  
Supervisor Rafael Mandelman - Aye  
Supervisor Shamann Walton - Aye

Cc: Board of Supervisors  
Angela Calvillo, Clerk of the Board  
Alisa Somera, Legislative Deputy  
Anne Pearson, Deputy City Attorney

**Committee Item No.** 7  
**Board Item No.** 34

## AGENDA PACKET CONTENTS LIST

## Cmte Board

## OTHER

<b>Prepared by:</b> <u>Stephanie Cabrera</u>	<b>Date:</b> <u>May 26, 2023</u>
<b>Prepared by:</b> <u>John Carroll</u>	<b>Date:</b> <u>June 4, 2023</u>
<b>Prepared by:</b> _____	<b>Date:</b> _____



1 [Contract Amendment - Conard House - Behavioral Health Services - Not to Exceed  
2 \$92,300,000]

3 **Resolution approving Amendment No. 2 to the agreement between Conard House and**  
4 **the Department of Public Health (DPH), for behavioral health services; to increase the**  
5 **agreement by \$47,437,236 for total amount not to exceed \$92,300,000; to extend the**  
6 **term by four years and six months, from June 30, 2023, for a total agreement term of**  
7 **July 1, 2018, through December 31, 2027; and to authorize DPH to enter into**  
8 **amendments or modifications to the contract prior to its final execution by all parties**  
9 **that do not materially increase the obligations or liabilities to the City and are**  
10 **necessary to effectuate the purposes of the contract or this Resolution.**

11  
12 WHEREAS, The Department of Public Health competitively selected and entered into  
13 an original agreement with Conard House to provide behavioral health services through  
14 Request for Proposals 4-2011 and Request for Proposals 8-2017, for a contract amount not to  
15 exceed \$8,538,779 and a term of July 1, 2018, through June 30, 2019; and

16 WHEREAS, The Board of Supervisors approved the contract agreement Amendment  
17 No. 1 between DPH and Conard House for a total contract term of five years from July 1,  
18 2018, through June 30, 2023, in the amount not to exceed \$44,862,764 through Resolution  
19 No. 121-19 (File No. 190106); and

20 WHEREAS, DPH wishes to amend the agreement to continue providing behavioral  
21 health services through outpatient mental health services and services to supportive housing  
22 residents who have chronic and severe mental health conditions by extending the term of  
23 Appendix A-1 by four years and six months, from June 30, 2023, through December 31, 2027,  
24 and extending the term of Appendix A-2 under San Francisco Administrative Code Section  
25

1 21.42 by one year, from June 30, 2023, through June 30, 2024, increasing the contract by  
2 \$47,437,236, for a total contract amount not to exceed \$92,300,000; now, therefore, be it

3       RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public  
4 Health and the Director of the Office of Contract Administration/Purchaser, on behalf of the  
5 City and County of San Francisco, to execute Amendment No. 2 to the agreement with  
6 Conard House for behavioral health services through outpatient mental health services and  
7 services to supportive housing residents who have chronic and severe mental health  
8 conditions, increasing the contract by \$47,437,236, for a total contract amount not to exceed  
9 \$92,300,000, extending the term of Appendix A-1 by four years and six months through  
10 December 31, 2027 and extending the term of Appendix A-2 under San Francisco  
11 Administrative Code Section 21.42 by one year, from June 30, 2023, through June 30, 2024;  
12 and, be it

13       FURTHER RESOLVED, That the Board of Supervisors authorizes the Department of  
14 Public Health to enter into any amendments or modifications to the contract, prior to its final  
15 execution by all parties, that the Department determines, in consultation with the City  
16 Attorney, are in the best interests of the City, do not otherwise materially increase the  
17 obligations or liabilities of the City, are necessary or advisable to effectuate the purposes of  
18 the contract, and are in compliance with all applicable laws; and, be it

19       FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed  
20 by all parties, the Director of Health and/or the Director of the Office of Contract  
21 Administration/Purchaser shall provide the final contracts to the Clerk of the Board for inclusion  
22 into the official File No. 230476.

1 RECOMMENDED

2 /s/

3 Dr. Grant Colfax

4 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

May 23, 2023

**TO:** Homelessness & Behavioral Health Select Committee

**FROM:** Budget and Legislative Analyst

**SUBJECT:** June 2, 2023 Homelessness & Behavioral Health Select Committee Meeting



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<b>Item 7</b> <b>File 23-0476</b>	<b>Department:</b> Public Health
<b>EXECUTIVE SUMMARY</b>	
<p style="text-align: center;"><b>Legislative Objectives</b></p> <ul style="list-style-type: none"> <li>The proposed resolution would approve Amendment No. 2 to the agreement between Conard House and the Department of Public Health (DPH), extending the contract term from June 2023 through December 2027 and increasing the not-to-exceed amount from \$44.9 million to \$93.3 million.</li> </ul> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>Following competitive solicitations, in 2018 DPH entered into a one-year agreement with Conard House to provide mental health outpatients services, including for residents in supportive and transitional housing. The agreement also includes “rep payee” services, to help clients manage their public income benefits.</li> <li>In March 2019, the Board of Supervisors approved the first amendment to that agreement, extending the term through June 2023 and increasing the not to exceed amount to \$44.9 million.</li> <li>FY 2021-22 program monitoring is still ongoing. However, DPH provided data that shows that in FY 2021-22, Conard House, Inc. provided 6.9 percent more actual units of service than budgeted.</li> <li>DPH evaluated Conard House’s financial condition in May 2023 and rated the entity as “moderate risk” because it was unable to review its most recent audited financial statement from FY 2021-22, which should have been completed in December 2022, per best practice. As of the audited financial statement from June 2021, the organization was not at risk of not meeting its financial obligations due within one year.</li> </ul> <p style="text-align: center;"><b>Fiscal Impact</b></p> <ul style="list-style-type: none"> <li>Annual program costs total \$12.3 million in FY 2023-24. The proposed amendment is funded by approximately 7 percent from federal funds, 24 percent from state funds, and 69 percent from local funds.</li> <li>Total projected spending is \$92,276,311, including spending through FY 2022-23 under the existing agreement, projected spending through December 2027 under the proposed amendment, and a 12 percent contingency. We therefore recommend a reduction in the proposed resolution’s not to exceed amount from \$93,255,538 to \$92,300,000.</li> </ul> <p style="text-align: center;"><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>Reduce the not to exceed amount of the proposed resolution to \$92,300,000.</li> <li>Approve the resolution, as amended.</li> </ul>	

**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**

The Department of Public Health (DPH) issued two Request for Proposals (RFP): (1) RFP 8-2017 for Mental Health Outpatient Modality Services including regular mental health outpatient services and supportive housing<sup>1</sup> in 2017, and (2) RFP 4-2011 in 2011 for Representative Payee Services (Rep Payee) to provide financial management services for those experiencing serious disability and severe mental health conditions. Technical evaluation panels reviewed and scored the proposals as shown below in Exhibit 1.

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<sup>1</sup> Clients eligible for the Supportive Housing Program are individuals who have chronic and severe mental health conditions and functional impairments whose lives would remain more stable, without hospitalization or homelessness, with the provision of Specialty Mental Health Case Management, Mental Health, and Crisis Services. Across all supportive housing sites, approximately 97% of clients eligible for services are recipients of Medi-Cal.

**Exhibit 1: Proposals and Scores from RFPs****RFP 8-2017: Supportive Housing Mental Health Outpatient Services<sup>2</sup>**

<b>Proposer</b>	<b>Percentage of Points Earned</b>
UCSF Citywide - 240 Direct Access to Housing Residents (RCA and Richardson Apartments)	93
UCSF Citywide - SRO's under Housing First Portfolio	93
Community Housing Partnership - Scattered Sites	89
Progress Foundation	89
Community Housing Partnership - CHP Richardson Apartments	88
Community Housing Partnership - CHP Rene Cazenave	88
Baker Places, Inc. - Odyssey House	85
Baker Places, Inc. - Baker Assisted Independent Living Program	85
Conard House	84

Source: DPH

**RFP 4-2011: Representative Payee Services<sup>3</sup>**

<b>Proposer</b>	<b>Percentage of Points Earned</b>
Conard House, Inc.	87.5
Walden House	85.6
Community Payee Partnership <sup>4</sup>	59.3

Source: DPH

In 2018, DPH entered into a one-year (FY 2018-19) agreement with Conard House for \$8.5 million to provide mental health outpatient, mental health outpatient at supportive housing sites, and representative payee services. In March 2019, the Board of Supervisors approved the first

<sup>2</sup> The evaluation panel for RFP 8-2017 Supportive Housing Services included an Assistant Director from OA System of Care (DPH), a Manager of Adult Housing Programs from the San Francisco Department of Homelessness and Supportive Housing, a Director of Public Funding from Larkin Street Youth Services, the President and CEO of Rams, Inc., a Program Assistant from RAMS Peer Wellness Center.

<sup>3</sup> The evaluation panel for RFP 4-2011 included a Consumer of CBHS TAY Services, an SSI Case Management Services Supervisor from Human Services Agency (HSA), a Medical Director from the Homeless & Community Program (DPH), a Sr. Psychiatric Social Worker (HSA), an Executive Director from Bayview Hunter's Point Foundation, and a Director from SF Homeless Outreach (CATS/DPH/HAS). Evaluation Criteria/Scoring included Project Approach, Assigned Project Staff, and Experience of Firm and Subconsultants.

<sup>4</sup> Community Payee Partnership did not meet minimum qualifications.



amendment to that agreement, extending the term through June 2023 and increasing the not to exceed amount to \$44.9 million.

### DETAILS OF PROPOSED LEGISLATION

The proposed resolution would approve Amendment No. 2 to the agreement between Conard House and the Department of Public Health (DPH), extending the contract term from June 2023 through December 2027 and increasing the not-to-exceed amount from \$44.9 million to \$93.3 million.

Under the contract, Conard House would provide the following services:

1. Outpatient Services and Supportive Housing mental health services, targeted to adults with chronic and severe mental health conditions that have the ability to maintain independent living without hospitalization or avoid homelessness with the provision of the services. The service has two components:
  - a. Outpatient: Provides mental health services including collateral, therapy assessment, plan/development, individual therapy, individual rehabilitation, group therapy, group rehabilitation, crisis intervention, and outreach including mental health education and consultation. The program serves 255 unduplicated clients.
  - b. Supportive Housing Services: Provides range of mental health services, including case management, crisis services, rep payee/money management, and community support to those living in Conard House supportive housing (residential hotels and co-operative housing) and transitional housing. The program serves 503 unduplicated clients.<sup>5</sup>
2. Rep Payee Services provides financial management services to help clients manage their public income benefits. The program serves 727 unduplicated clients.

The solicitation authorization for Rep Payee Services RFP 4-2011 expires June 2023. Under Administrative Code Section 21.42, DPH may extend behavioral health agreements on a sole source basis, subject to approval of the Health Commission, which approves such requests in batches every year. The proposed contract amendment funds this service through FY 2023-24 to allow for this service to be re-procured.

The proposed resolution cites Administrative Code Section 21.24, which pertains to short-term contract extensions, however the Department will propose an amendment to the resolution to correctly cite Section 21.42.

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<sup>5</sup> Services are provided to residents at Cooperative Apartments, Midori Hotel, El Dorado Hotel, Jordan Apartments, Lyric Hotel, Washburn Residence, Plaza Apartments, and Marilyn Inn.

### Fiscal and Performance Monitoring

The FY 2020-21 Monitoring Report for Outpatient and Supportive Housing Services shows Conard House, Inc. met 96 percent of the contracted units of service and 80 percent of its performance objectives. The client satisfaction survey showed an overall satisfaction rate of 82 percent. The FY 2020-21 Monitoring Report for Rep Payee services indicates the program met its contracted units of service and performance objectives. The program was exempt from its client satisfaction survey. Monitoring scoring was suspended for both programs due to the COVID response. FY 2021-22 program monitoring is still ongoing. However, DPH provided data that shows that in FY 2021-22, Conard House, Inc. provided 6.9 percent more actual units of service than budgeted.

DPH evaluated Conard House's financial condition in May 2023 and rated the entity as "moderate risk" because it was unable to review its most recent audited financial statement from FY 2021-22, which should have been completed in December 2022, per best practice. As of the audited financial statement from June 2021, the organization was not at risk of not meeting its financial obligations due within one year.

### FISCAL IMPACT

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

#### Exhibit 2: Estimated Uses of Funds

Uses	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28 (6 Months)	Total
Outpatient	1,735,765	1,735,765	1,735,765	1,735,765	867,883	7,810,943
Supportive Housing	6,676,670	6,676,670	6,676,670	6,676,670	3,338,335	30,045,015
Rep Payee	1,915,032	0	0	0	0	1,915,032
Cost of Doing Business	721,578	1,086,939	1,466,914	1,862,088	1,136,534	6,274,052
Contingency						5,525,405
<b>Total Uses</b>	<b>12,374,930</b>	<b>10,639,298</b>	<b>11,064,870</b>	<b>11,507,466</b>	<b>5,983,882</b>	<b>\$51,570,446</b>
Actual Expenditures (through FY 2022-23)						40,705,865
<b>Total Projected Spending</b>						<b>\$92,276,311</b>

Source: DPH

Note: Projected spending differs from the amounts shown in Appendix B of the proposed amendment. DPH had updated the budget for the provider since drafting the amendment.

As shown above, total projected spending is \$92,276,311, including spending through FY 2022-23 under the existing agreement, projected spending through December 2027 under the proposed amendment, and a 12 percent contingency. We therefore recommend a reduction in the proposed resolution's not to exceed amount from \$93,255,538 to \$92,300,000.

**Funding Sources**

The funding sources for the proposed amendment include approximately 7 percent from federal funds, 24 percent from state funds, and 69 percent from local funds.

**RECOMMENDATIONS**

1. Reduce the not to exceed amount of the resolution to \$92,300,000.
2. Approve the resolution, as amended.



## 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](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230476

Bid/RFP #:

### 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: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Kelly Hiramoto	415-255-3492
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	kelly.hiramoto@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR Conard House	TELEPHONE NUMBER 415-864-7833
STREET ADDRESS (including City, State and Zip Code) 1385 Mission St, Suite 200, San Francisco, CA 94103	EMAIL anne@conard.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 230476
DESCRIPTION OF AMOUNT OF CONTRACT Not to Exceed \$92,300,000		
NATURE OF THE CONTRACT (Please describe) Provide behavioral health services through outpatient mental health services and services to supportive housing residents who have chronic and severe mental health conditions		

7. COMMENTS
Description of Amount reflects amendments in Committee 6/2/2023.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**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
1	Haugen	Theo	Board of Directors
2	Rehmani	Saba	Board of Directors
3	Moerman	Ben	Board of Directors
4	Yang	Emma	Board of Directors
5	Raheem	Ali	Board of Directors
6	Yu	Wendy	Board of Directors
7	Thorpe	Dayton	Board of Directors
8	Raina	Savita	Board of Directors
9	Rodriguez	Eddie	Board of Directors
10	Segal	Glen	Board of Directors
11	Quaintance	Anne	CEO
12	Sturmer	Debra	Subcontractor
13	Rainbow Music Therapy	Robinson, Beth	Subcontractor
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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
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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
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☐ 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.**

<b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b>	<b>DATE SIGNED</b>
BOS Clerk of the Board	



# San Francisco Department of Public Health Division of Behavioral Health Services

## Conard House

Contract Amendment – June 30, 2023, through December 31, 2027

Homelessness & Behavioral Health Select Committee  
June 2<sup>nd</sup>, 2023

**Angelica Almeida, Ph.D.**

Director, Adult/Older Adult System of Care  
Behavioral Health Services  
San Francisco Department of Public Health



San Francisco Health Network  
Behavioral Health Services

# Overview

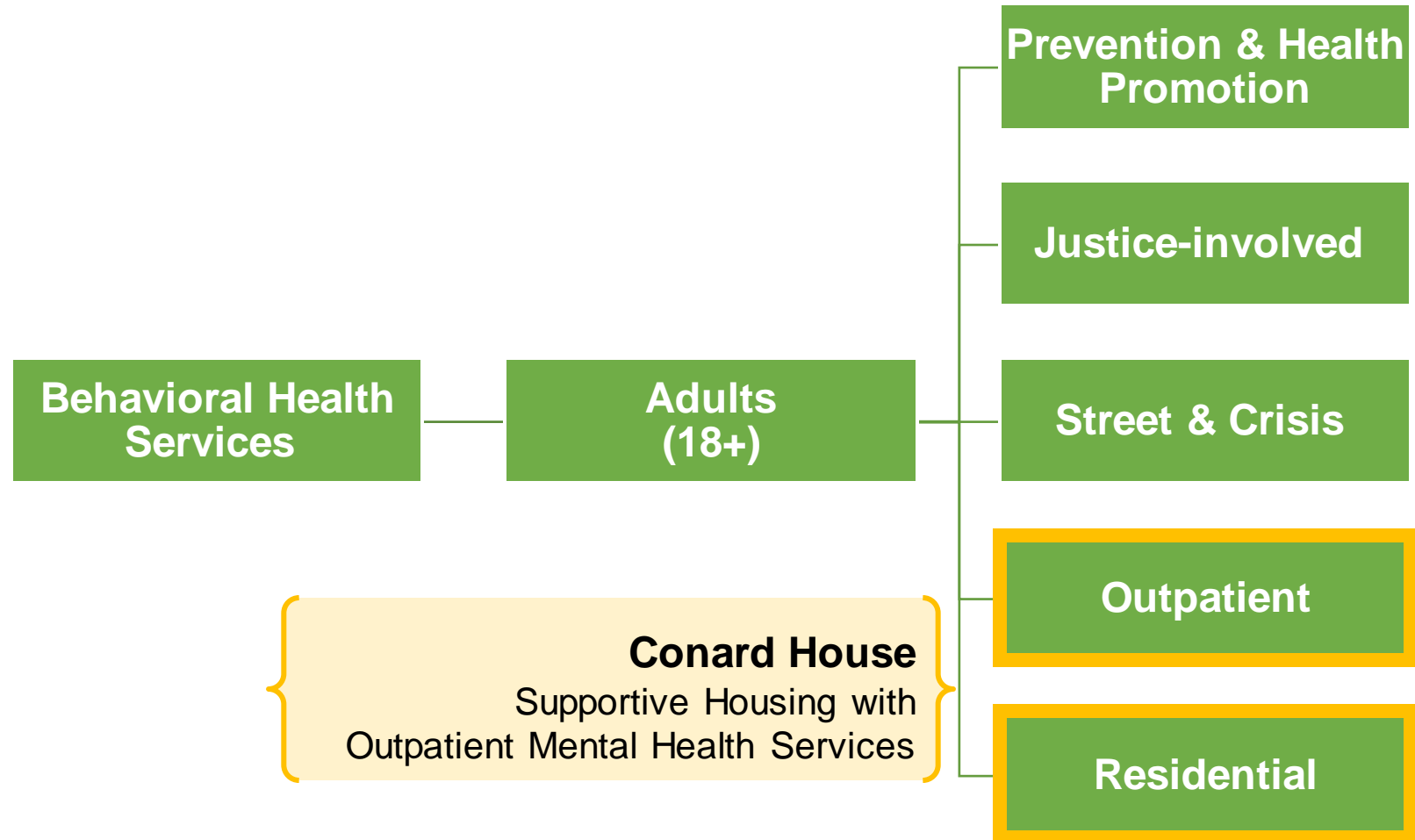
- Resolution approving Amendment No. 2 to the agreement between Conard House and DPH for behavioral health services.
  - Increase the agreement by \$47,437,236
  - Extend the term by four years and six months (total term of July 1, 2018, through December 31, 2027)
- Summary of Services:
  - Conard bridges residential treatment to permanent supportive housing
  - Outpatient mental health services and services to supportive housing residents who have chronic and severe mental health conditions.
  - Provide financial management services to help clients manage their public income benefits.



# Fit into Overall System of Care



# Fit into Overall System of Care



San Francisco Health Network  
Behavioral Health Services

# Conard House – Services

## Conard Supportive Housing

- Services: provide transitional or permanent supportive housing services
- Population Served: people experiencing homelessness with mental illness. (503 clients/year)
- Access: clients are referred from residential treatment programs and other CBOs.

## Conard Outpatient Services

- Services: mental health outpatient services – including case management and crisis services
- Population Served: clients living in Conard supportive housing. (255 clients/year)
- Access: clients are referred to outpatient services from Conard supportive housing providers.

## Conard Rep Payee

- Services: help eligible clients establish and manage their public income benefits by providing representative payee and money management services
- Population Served: SF Mental Health System and HSA County Adult Assistance Program (CAAP). (692 clients/year)
- Access: BHS clinics, CAAP



San Francisco Health Network  
Behavioral Health Services

# Proposed Contract Amendment

- DPH agrees with BLA recommendation to reduce the not to exceed amount of the proposed resolution to \$92.3 million.
- DPH requests approval of proposed Amendment No. 2 to the agreement between Conard House and DPH as amended



# Thank You



San Francisco Health Network  
Behavioral Health Services

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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

**Second Amendment**

THIS AMENDMENT (this “Amendment”) is made as of July 1, 2023, in San Francisco, California, by and between **Conard House** (“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 continue providing services for Mental Health and Substance Abuse Programs by extending the performance period, increasing the contract amount, and updating standard contractual clauses; and

WHEREAS, The San Francisco Department of Public Health (Department) entered into an Original Agreement dated July 1, 2018, with a term through June 30, 2019, with a contract price of \$8,538,779, for various mental health related services competitively solicited under various RFP/RFQs, described below, that allowed for different performance periods and scopes; and

WHEREAS, the scope of services described in Appendix A-1 (Outpatient Services and Supportive Housing) were competitively procured by the Department as required by San Francisco Administrative Code Chapter 21.1 through RFP 8-2017, issued on August 23, 2017, which allowed for contracts to have a duration up to 10 years, and this modification is consistent therewith to extend the term through December 31, 2027; and

WHEREAS, the scope of services described in Appendix A-2 (Rep Payee Services) were competitively procured by the Department as required by San Francisco Administrative Code Chapter 21.1 through RFP 4-2011, issued on March 3, 2011. To continue services of Appendix A-2 uninterrupted the Department desires to exercise its authority under San Francisco Administrative Code Section 21.24 (Short-Term Contract Extensions), to extend the Agreement for a period of 12 months to June 30, 2024; and

WHEREAS, approval for the Original Agreement was obtained on July 15, 2019 from the Department of Human Resources on behalf of the Civil Service Commission under PSC number 40587-17/18 in the amount of \$292,051,200 for the period of commencing 01/01/2018 and ending 12/31/2027; and

WHEREAS, the City’s Board of Supervisors approved this Agreement \_\_\_\_\_ 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 (Contract ID#: 1000010463) dated July 1, 2018 between Contractor and City, as amended by the:

First Amendment, dated July 1, 2019, and

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 **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 First Amendment 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, 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 the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on December 31, 2027, unless earlier terminated as otherwise provided herein.

2.3 **Compensation.** *Section 3.3 Compensation of the First Amendment 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 Forty-Four Million Eight Hundred Sixty-Two Thousand Seven Hundred Sixty-Four Dollars (\$44,862,764). 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.

*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 goods delivered and/or Services completed in the immediately preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for goods and/or Services identified in the invoice that the City, in his or her sole discretion, concludes has been satisfactorily performed. In no event shall the amount of this Agreement exceed Ninety-Three Million Two Hundred Fifty-Five Thousand Five Hundred Thirty-Eight Dollars (\$93,255,538). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges." 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. City will not honor minimum service order charges for any services covered by this Agreement.

**2.4 Audit and Inspection of Records.** *The following is hereby added and incorporated into 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](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 3.4.2 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

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

**3.7 Contract Amendments; Budgeting Revisions.**

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

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

3.7.3 City Program Scope Reduction. 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.

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

**4.5 Assignment.** The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture, a joint venture partner, (collectively referred to as an "Assignment") unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City's approval of any such Assignment is subject to the Contractor demonstrating to City's reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

**2.7 Contractor Vaccination Policy.** *The following is hereby added to Article 4 of the Agreement:*

**4.7 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: <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors>.

(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 <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors> (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.

**2.8 Insurance.** *The following is hereby added to Article 5 of the Agreement:*

**5.1.1 Required Coverages.**

(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.

**2.9 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.

**2.10 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.

**2.11 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.

**2.12 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.

**2.13 Notification of Legal Requests.** *The following section is hereby added and incorporated in 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.

**2.14 Ownership of City Data.** *The following section is hereby added and incorporated in Article 13 of the Agreement:*

**13.5 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.

**2.15 Management of City Data and Confidential Information.** *The following sections are hereby added and incorporated in Article 13 of the Agreement:*

**13.6 Management of City Data and Confidential Information.**

**13.6.1 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.

**13.6.2 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.

2.16 **Appendix A.** Appendix A is hereby replaced in its entirety by Appendix A, dated July 1, 2023, attached to this Amendment and fully incorporated within the Agreement.

2.17 **Appendix A-1 through A-2.** Appendix A-1 through A-2 is hereby replaced in its entirety by Appendix A-1 through A-2, dated July 1, 2023, attached to this Amendment and fully incorporated within the Agreement.

2.18 **Appendix B.** Appendix B is hereby replaced in its entirety by Appendix B, dated July 1, 2023, attached to this Amendment and fully incorporated within the Agreement.

2.19 **Appendix B1 through B-2.** Appendix B1 through B-2 is hereby replaced in its entirety by Appendix B1 through B-2, dated July 1, 2023, attached to this Amendment and fully incorporated within the Agreement.

2.20 **Appendix D.** Appendix D, dated July 2021, is hereby added in its entirety by Appendix D attached to this Amendment and fully incorporated within the Agreement.

2.21 **Appendix E and E-1.** Appendix E and E-1 is hereby replaced in its entirety by Appendices E, dated 8/3/2022 and E-1, dated 06/07/2017, attached to this Amendment and fully incorporated within the Agreement.

### **Article 3 Effective Date**

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

### **Article 4 Legal Effect**

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



IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY  
Recommended by:

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

\_\_\_\_\_  
Greg Wagner  
Acting Director of Health  
Department of Public Health

CONTRACTOR  
Conard House

DocuSigned by:



4/17/2023 | 12:04 PM PDT

\_\_\_\_\_  
Anne Quintance  
CEO/Executive Director  
1380 Mission Street  
San Francisco, CA 94103

Approved as to Form:

David Chiu  
City Attorney

City Supplier number: 0000022403

By: \_\_\_\_\_  
Louise Simpson  
Deputy City Attorney

Approved:

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

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



## **Appendix A Scope of Services**

### **1. Terms**

#### **A. Contract Administrator:**

In performing the Services hereunder, Contractor shall report to Valerie Wiggins, Contract Administrator for the City, or his / her designee.

#### **B. Reports:**

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

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

#### **C. Evaluation:**

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City.

The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

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

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

#### **E. Adequate Resources:**

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

#### **F. 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.

G. 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.

H. 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."

## **2. Description of Services**

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1 Outpatient Services/Supportive Housing

Appendix A-2 Rep Payee (*expires 06/30/2024*)

**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.

**Conard House Inc.**  
**Outpatient Services/Supportive Housing and MHSA Transitional**  
**Housing**  
**FY 22-23**

**Appendix A-1**  
**FY: 07/01/22 through 06/30/23**  
**FN #1 - Funding Notification Date: 08/04/22**  
**Funding Source: County GF, 1991 MH Realignment,**  
**FFP MediCal**

**1. Program Name: Outpatient Services (1A) / Supportive Housing and MHSA Transitional Housing (1B)**

Program Address: 1385 Mission Street, Suite 200  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 864-7833  
Facsimile: (415) 864-7093  
Program Codes: 89492 Conard House Outpatient Services  
8949SH Conard House Supportive Housing  
Website Address: www.conard.org  
Executive Director: Anne Quaintance, CEO/Executive Director  
Program Director: Louise Foo, PhD, Director of Clinical Services  
Telephone: 415/864-7833  
Email Address: anne@conard.org; louise@conard.org

**2. Nature of Document (check one)**

☐ Original      ☒ Contract Amendment      ☐ Revision to Program Budget

**3. Goal Statement**

To provide a full range of mental health services, case management, crisis services, representative payee/money management, community support, and community building to adults, of all ethnicities, with a special focus on the unique needs of those with serious mental and behavioral health conditions living in Conard House supportive housing (residential hotels and co-operative apartments) or other community housing located throughout San Francisco.

**4. Target Population**

Conard House Outpatient Services and Supportive Housing and MHSA Transitional Housing are designed to meet the unique services needs of adult residents of San Francisco, ages 18 and older, with chronic and severe mental health conditions, who are residents of Conard House or other housing, and meet BHS criteria for Medical Necessity and Functional Impairments; and have the ability to maintain independent living without hospitalization, or avoid homelessness with the provision of Case Management, Mental Health, and Crisis Services.

The Cooperative Apartment Program provides supportive housing and offers outpatient services, with a focused expertise in serving monolingual Asian-American clients as a specialized target sub-population. For Resident and Community Fellows, the Jackson Street

**Conard House Inc.**  
**Outpatient Services/Supportive Housing**

**FY 22-23**

**Appendix A-1**  
**Contract Term: 07/01/22 through 06/30/23**  
**FN #1 Funding Notification Date: 08/04/22**  
**Funding Source: Gen Fund, Medi-Cal**

Community specifically addresses personal and leadership development for community living.

Under this contract, Conard House provides psychosocial support services at the Plaza Apartments, a supportive housing facility opened January 2006, jointly operated by the Plaza Apartments Associates LP (Owner), San Francisco Department of Homelessness and Supportive Housing – Coordinated Entry and Direct Access to Housing Program (DAH), and John Stewart Company (Property Management).

Across all sites, approximately 97% of clients eligible for services are recipients of Medi-Cal benefits. Their Outpatient Services are funded by Medi-Cal revenue in this contract. The other 3% are funded by the County Realignment or General Fund revenue in this contract.

## **5. Modalities/Interventions**

### Outpatient Services (OP):

The CRDC Modes of Service for Reporting Unit 89492 are:

15-01 Case Management Brokerage  
 15-10 Mental Health Services – Collateral  
 15-30 Mental Health Services – Assessment  
 15-30 Mental Health Services – Plan/Development  
 15-40 Mental Health Services – Individual Therapy  
 15-40 Mental Health Services – Individual Rehabilitation  
 15-50 Mental Health Services – Group Therapy  
 15-40 Mental Health Services – Group Rehabilitation  
 15-70 Crisis Intervention  
 45-Outreach (Community Mental Health Education and Consultation; Enhancing other agencies MH knowledge; Individual and Group non-registered clients (including residents in Conard Supportive Housing who refuse to be opened in AVATAR or residents who do not meet the medical necessity criteria to be opened in AVATAR)).

A billable Unit of Service (UOS)—

- Eligible Specialty Mental Health Services for Mode 15, as defined by the Medi-Cal Rehab Option, is one minute of service.
- Service for Mode 45 Outreach is one hour of service.

We will use the BHS-issued codes for the relevant service according to instructions from BHS Quality Assurance and DPH Compliance Unit. Actual Units of service are aggregated for invoicing and monitoring contract deliverables.

**Conard House Inc.**  
**Outpatient Services/Supportive Housing**

**FY 22-23**

**Appendix A-1**  
**Contract Term: 07/01/22 through 06/30/23**  
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**Funding Source: Gen Fund, Medi-Cal**

**Supportive Housing:**

The CRDC Mode of Service is Mode 60 - 78 Support Services—

- A billable Supportive Housing Unit of Service (UOS) is a Supportive Housing Service Day, i.e., a day in which an individual is in residence in a co-op or hotel setting providing access to case management, staff time for core services (non-outpatient) such as money management, benefits advocacy, employment support, community orientation, community building, community meetings and resident councils, and/or milieu management.

The maximum static bed-capacity of the program is 480. Details are shown in the table below. The 106-unit Plaza Apartment program is included in the total static bed capacity. With turnover estimated at 5% for established DPH sites, now also 5% for the Plaza, and now 10% for the transitional Washburn site.

Under CRDC Mode/SFC 60 – 78—

- The Supportive Housing program UOS will be billed in Supportive Housing Client Days. Actual Units of service are aggregated for invoicing and monitoring contract deliverables.

Intake Coordinator/Case Managers will open each resident who meets BHS criteria for Specialty Mental Health Services in the Avatar System at Intake/at the beginning of the resident's residency in Supportive Housing. Each resident will be closed when he/she moves out of a Conard House supportive housing program. A small portion of the co-op and hotels' population will not be entered into Avatar because support services are voluntary by statute - some clients will decline services or because some residents do not meet BHS criteria for Specialty Mental Health Services. Conard House uses Property Management Rent Rosters to determine the total number of supported housing days delivered for the purpose of invoicing and monitoring. For the purpose of invoicing and monitoring contract deliverables, Conard House aggregates actual Units of Service against aggregated contracted Units of Service.



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**Table 1: Units of Service (UOS) and Unduplicated Client (UDC) in Supportive Housing/Outpatient Services**

<b>Supportive Housing Sites</b>	<b>Static Resident Capacity (# of beds)</b>	<b>Annual Unduplicated SH Residents</b>	<b>Supportive Housing Days (90% Capacity)</b>	<b>Annual Unduplicated OP Resident Clients</b>	<b>Total Outpatient Hours</b>	<b>Medi-Cal Outpatient Hours* (97%)</b>
Jackson Street	8	8	2,566			
Coops	68	71	21,810	48	339	335
El Dorado	57	60	18,282	48	313	310
Washburn	22	24	7,056	18	317	314
Midori	77	81	24,696	58	311	308
Lyric	58	61	18,602	29	325	322
Jordan	54	57	17,319	15	162	160
Plaza	106	111	34,096	39	296	293
Marilyn Inn	30	30	n/a	n/a	n/a	n/a
Static Capacity	480					
Annual SH UDC:		503		255		
Supportive Housing Total Days:			144,427			
SH Intakes:					91	90
Hourly rounding adjustments:						
OP Subtotal Hours (216,000 UOS/60 hrs.)					2,154	
Medi-Cal OP Mode 15 Subtotal Hours ((216,000 x 97%) /60 mins) = 209,520/60)						2,132
12mos projected UDC:				255		
Mode 45 Total Hours					607	N/A
DPH Total Hours (256,140 /60 mins.) and (209,520 /60 mins.)					2,761	2,132
Mode 15 Total OP minutes (2,761 x 60 mins.)					129,240	
Mode 15 Total Medi-Cal minutes (2,132 x 60 mins.)						127,920

\*Across all sites, approximately 97% of clients eligible for services are recipients of Medi-Cal benefits. Their Outpatient Services are funded by Medi-Cal revenue in this contract. The other 3% are funded by the County Realignment or General Fund revenue in this contract.

## **6. Methodology**

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**A. Outreach, recruitment, promotion, and advertisement:**

The Director of Clinical Services and the Intake Coordinator conduct outreach, promotion, advertisement to Placement Team and referral agencies. Specialty Mental Health Outpatient Services are available to Supportive Housing residents who meet the criteria for Medical Necessity and Target Symptoms/ Impairments on the BHS Treatment Plan of Care. Priority is given to those clients referred by the BHS Placement Team who are homeless or have been through a transitional level of care. Most of these clients will have been initially referred to the Placement Team by residential treatment programs, outpatient programs, other DPH providers (e.g., substance use programs, HIV programs), and homeless shelters. Outpatient Services imbedded in Supportive Housing furthers the DPH goals of providing consumer-guided and community-based services to its clients and reducing psychiatric hospitalizations.

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

Those eligible for the Supportive Housing Program are individuals who have chronic and severe mental health conditions and functional impairments whose lives would remain more stable, without hospitalization or homelessness, with the provision of Specialty Mental Health Case Management, Mental Health, and Crisis Services. Clients are assessed upon referral to Supportive Housing for history/ needs/goals relating to mental and functional status.

For DPH Placement Team beds at the Coops, El Dorado, Midori, Washburn and Marilyn Inn, Intake Coordinator reviews referrals that are authorized by Placement Team. Placement Team authorizations are needed for admission into Outpatient Services at each of these housing sites. The only exception is that because Midori and El Dorado are both permanent housing support service hotels, lateral transfers between these two housing sites do not require a Placement Team Authorization.

Intake Coordinator conducts a Clinical Eligibility Assessment with appropriate applicants. Clinical Eligibility is defined as the applicant (i) is covered by Managed Care Medi-Cal (SF Health Plan OR Anthem Blue Cross), (ii) meets the criteria to receive BHS Specialty Mental Health Services (e.g., moderate/severe mental health conditions and moderate/severe functional impairments), and (iii) consents to receive Outpatient Services at Conard House Supportive Housing sites. Placement at which Conard Supportive Housing Site is based upon maximizing the clinical effectiveness of the Cohort at a particular Conard housing site. The Conard House Senior Case Manager III functions as an Intake Coordinator and performs this Clinical Eligibility Assessment. The Director of Clinical Services supervises this Intake Coordinator.

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Federal Subsidy Program (formerly known as Shelter Plus Care) refers tenants to the Lyric Hotel and some beds at the Midori and El Dorado. John Stewart Company, the Property Management company refers Section 8 tenants for admission to the Jordan. Previously placed by Direct Access to Housing, the Department of Homelessness and Supportive Housing's Coordinated Entry system now places tenants at the Plaza Apartments.

The Conard House Outpatient Services/Supportive Housing Program has seven SRO Hotels located in the Tenderloin and South of Market areas. Room availability ranges from 22 to 106 units. The Coop Apartment Program has a static capacity of 68 residents. The total static capacity of residents served in the Supportive Housing and MHSA Transitional Housing is 480.

**Table 2: Supportive Housing Program Locations and Static Capacity**

Cooperative Apartments Office 2441 Jackson Street San Francisco, CA 94115 346-6384 (Capacity: 68) • Jackson Street: (Capacity: 8)	Midori Hotel 240 Hyde Street San Francisco, CA 94102 775-6006 (Capacity: 77)
El. Dorado Hotel 150 Ninth Street San Francisco, CA 93103 863-4582 (Capacity: 57)	Jordan Apartments 820 O'Farrell Street San Francisco, CA 94102 922-1503 (Capacity: 54)
Lyric Hotel 140 Jones Street San Francisco, CA 94102 776-2115 (Capacity: 58)	Washburn Residence 38-42 Washburn Street San Francisco, CA 94103 864-8701 (Capacity: 22)
Plaza Apartments 988 Howard Street San Francisco, CA 94103 344-0527 (Capacity: 106)	Marilyn Inn 27 Dashiell Hammett Street San Francisco, CA 94108 392-6102 (Capacity: 30)

The Plaza Apartments (formerly part of the Direct Access to Housing (DAH) under DPH), now operate under the Department of Homelessness and Supportive Housing. Conard House offers and provides the same services to Plaza residents as it does to its other supportive housing programs.

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Except for the Washburn, all Conard House Supportive Housing is permanent housing. The Washburn is operated to enable residents to transition into permanent supportive housing. The Jackson Street Community is designed as a residential and non-residential program operated to enable eligible Supportive Housing residents to benefit from psychosocial support, further develop their self-management skills and work with a limited number of individuals preparing to transition to community living and need referral assistance.

Upon move-in, Washburn and Marilyn Inn residents begin working individually and in groups to prepare for permanent, supportive or subsidized housing, as the Washburn is a transitional 24-month program. The transitional housing programs follow the harm reduction policy and offer educational groups and activities oriented to residents with dual diagnoses. This program also provides on-site dual diagnosis services and will refer residents to organizations that specialize in dual diagnosis and substance use treatment.

Upon enrollment Jackson Street participants will begin working individually and in groups on strategies for self-management and community living.

### **C. Service Delivery Model:**

#### Outpatient Services:

The Outpatient Services program is based on a psycho-social rehabilitation model in a supportive community providing a range of activities and services for beneficiaries who would be at risk of hospitalization or another institutional placement if they were not in the Supportive Housing/Outpatient program. The Outpatient services are provided in a non-institutional, residential setting.

Outpatient Services delivered, per the CRDC, include Mental Health Services, Crisis Intervention and Case Management. Targeted Case Management is directed at maintaining housing and independent living, teaching and reinforcing self-management skills, assessing physical health and mental health and substance use status, making appropriate linkages to needed services when necessary, and preventing hospitalization and/or homelessness.

Health Navigators conduct screenings and assessments of clients' health navigation needs according to Pacific Clinics (PC)/University of Southern California (USC) Health Navigation Program. All Supportive Housing Health Navigators are certified by this program. They follow procedures outlined in this program with the main goal of empowering clients to navigate the complex health system independently. Using the PC/USC program materials, Health Navigators assist clients in communicating

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effectively with their medical/dental/or optometry providers. Health Navigators assist clients in setting health care goals, wellness goals and collaborate with clients in achieving those goals.

Conard House Outpatient clients who only need escort to medical appointments but do not desire to learn skills in navigating the health care system, are not appropriate for enrollment in the Health Navigator program. However, as long as the client is willing to engage and attend the screening and assessment sessions, Health Navigators are willing to assist with making appointments, attending appointments with clients, as well as role modeling and coaching clients to be more independent as they interact with their various health care providers. "For Them, With Them, By Them" captures the spirit of this program.

#### Supportive Housing:

The Conard House Supportive Housing Program (includes MHSA Transitional Housing), as a non-licensed program, is not permitted to provide "care and supervision" to residents; during a crisis, staff are permitted and required to call appropriate emergency services and outside service providers, but are not permitted to provide "urgent care". This limitation includes a system to provide medications on site. Under this restriction, the SH program does not provide psychiatric medication treatment and cannot dispense or monitor medication for clients.

Conard House Supportive Housing Program will follow the harm reduction policy and offer educational groups and activities oriented to clients with dual diagnoses. The Program will refer clients to organizations that specialize in dual diagnosis and substance use treatment.

#### Case managers:

- Involve each tenant or client in his or her own service plan, which includes an assessment and appropriate reassessment of economic status.
- Work closely as indicated with BHS or non-BHS clinicians to help keep tenants and clients stably housed and able to provide for themselves. Case managers are available for care conferences with BHS and other providers.
- Assist tenants and clients in maintaining their housing, acquiring basic living skills, and coordinating with other services.
- Refers clients to pre-vocational program, vocational programs including employment and volunteer opportunities and academic programs.
- Meet regularly with clients and collaborate with staff of other programs that provide services to clients.

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- Disburse checks directly to each tenant based on the money management plan negotiated between tenant and case manager.
- Refer residents in Washburn and Marilyn Inn Transitional Housing to other supportive or subsidized housing programs.

#### **D. Program staffing**

Generally, hotel clinical staff work from 9:00 AM to 5:00 PM, Monday through Friday. We have shifts for staff that are from 11 AM to 7 PM as well as 9 AM to 5 PM. Desk clerks provide coverage after hours and on-weekends in our Support Service Hotels. The Director of Supportive Housing and Community Services, Director of Clinical Services, Associate Clinical Directors and Program Directors – all carry cell phones to respond to emergent clinical & staff situations at program sites. All staff are directed to bring in the assistance of outside service providers when necessary, including the police, psychiatric emergency services, mobile crisis, and outside case managers and therapists.

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

For residents and other clients leaving Supportive Housing, Conard House Case Managers notify the BHS Care Manager (and conservator, if applicable) of proposed discharge or service termination prior to such action in order to allow for collaborative problem solving and/or disposition planning. In rare instances when the Case Manager is circumstantially unable to notify the conservator prior to such discharge or termination, staff shall notify the conservator within 24 hours or the next workday.

Outpatient Services are provided to both permanent and transitional residents of Conard House Supportive Housing. Services are normally discontinued when a client leaves the Supportive Housing program and is referred to appropriate services if necessary. Exceptions to this are made on a case-by-case basis.

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

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled AOA Performance Objectives FY 22-23 located at [www.sfdph.org/CDTA](http://www.sfdph.org/CDTA).

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## 8. Continuous Quality Assurance and Improvement

A Quality Assurance and Improvement Project for Conard House Outpatient and Supportive Housing Services in FY 23 will be proposed and implemented. We will submit this Project for Conard House Board of Directors approval at a Conard House Board Meeting.

Additionally, the following CQA/CQI activities continue:

### A. Achievement of contract performance objectives.

Program Directors, Associate Clinical Directors, Director of Supportive Housing and Community Services, and the Director of Clinical Services meet monthly to discuss program operations and the collection of data to track performance objectives. Director of Clinical Services, Associate Clinical Directors, Program Directors, and Quality Assurance Manager track Avatar reports on Outpatient and Supportive Housing Service Units.

### B. Documentation quality, including a description of internal audits.

Outpatient Services complies with Avatar documentation requirements. We create and continue to update a checklist that each primary clinician must turn in documentation for each new admission, annual update, and discharge. Program Directors review the completed checklists from primary clinicians, then present the documentation in our monthly Program Directors' audit meeting for peer review (namely program directors checking documentation prepared by program's staff from other programs, rather than their own programs). In this meeting the Director of Clinical Services, Associate Clinical Directors, Program Directors, and Quality Assurance Manager perform internal audits of Avatar documents. The monthly internal audit also will include auditing progress notes, treatment plans, and assessments pertaining to compliance standards of the "Final Rule".

### C. Cultural competency of staff and services.

The Conard House Diversity, Equity, Inclusion and Belonging Committee meets monthly to discuss program operations and plan for future trainings based on needs as discussed during the meeting.

### D. Client satisfaction.

Clients receiving Conard House Outpatient Services participate in BHS Mental Health Consumer Perception Surveys two times each year. The Director of Clinical Services will review program results with Program Directors and incorporate feedback to program operations.

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Appendix A-2  
FY: 07/01/2022 through 06/30/2023  
FN#1 - Funding Notification Date: 8/04/22  
Funding Source: MH Adult GF, MHSA Adult, HSA WO Rep  
Payee, WO CODB

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**1. Program Name: Rep Payee Services**

Program Address: 1385 Mission Street, Suite 200  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 864-7897  
Facsimile: (415) 864-7093  
Program Code: 8949RP  
Website Address: www.conard.org

Executive Director: Anne Quaintance, CEO/Executive Director  
Program Director: Liliana Suarez, Director Supportive Housing & Comm. Services  
Telephone: 415/864-7833  
Email Address: anne@conard.org  
liliana@conard.org

**2. Nature of Document (check one)**

☐ Original    ☐ Contract Amendment    ☒ Revision to Program Budget

**3. Goal Statement**

The goal of Conard House Rep Payee Services is to help eligible clients, of all ethnicities and populations, establish and manage their public income benefits by providing representative payee and money management services to those in the San Francisco mental health system and Human Services Agency County Adult Assistance Program (CAAP). These services are funded by GF, MHSA, HSA Rep Payee, and Work Order CODB. The program will collect clients' public income benefits from the Social Security Administration and other sources, and deposit these funds into client subaccounts within a Conard House Rep Payee master account. Furthermore, CH will work with clients to budget the use of their funds, and make prudent, timely and documented disbursements from their subaccount accounts.

**4. Target Population**

This program serves San Francisco residents of all ethnicities and populations, and is designed to specifically address the needs of adult, ages 18 and older, with mental health diagnosis and who need representative payee services; and secondly, adults enrolled in the County Adult Assistance Program, who are in the process of receiving Social Security



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benefits. The total static capacity of the population served is 692, and broken down by the following funding sources, shown in the table below.

<b>Community Services Rep Payees by Funding Source</b>	<b>Allocated by Rev Ratios</b>	<b>Static Client Capacity</b>	<b>Max Undupl Clients</b>	<b>Annual Service Days</b>
<b>BHS Clients</b>				
BHS Rep Payee	42.08%	291	306	95,648
MHSA	3.50%	24	25	7,955
<b>BHS Subtotal</b>	<b>45.58%</b>	<b>315</b>	<b>331</b>	<b>103,603</b>
<b>HSA Work Order</b>	<b>54.42%</b>	<b>377</b>	<b>396</b>	<b>123,719</b>
<b>DPH Contract Total</b>	<b>100.00%</b>	<b>692</b>	<b>727</b>	<b>227,322</b>

## 5. Modality/Interventions

The CRDC Mode of Service is Mode 60 Support Services—

This is a Fee-For-Service Program. For management and invoicing purposes, a Unit of Service will be a Service Day, i.e., each day of 365 business days in the contract period that a client is enrolled in the Rep Payee Services Program.

Under CRDC Mode/SFC 60-78—

The Rep Payee Program will deliver 227,322 Service Days over the 12 months of the annual FY21-22 contract period. Service days are discounted at 90% to allow for 10% regular vacancies, the net result of the rate of discharges, referrals and vacancies. The Table above shows the Service Days detail by funding source. If the rate of discharges decreases, and the rate of eligible DPH or HSA referrals increases, Conard House agrees to enroll eligible clients to maintain a static capacity of up to 692 clients.

The Service Day Rate as shown in *Appendix B-2* is a single composite rate used for all 12 months. The same single rate applies to each funding source. The Service Day Rate is the Total Annual Cost divided by the Total Annual Service Days. The Service Day Rate per enrollee per day is shown in on the Rep Payee CRDC in *Appendix B-2*.

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For BHS, MHSA and Work Order clients will be maintained at a static capacity of 692. With a turnover rate over 5%, a variable stream of eligible referrals, the maximum unduplicated number of people served in the contract period is estimated at 727.

## **6. Methodology**

### **A. Admission Criteria and Process:**

Referrals will come exclusively from BHS or HSA designated programs.

For BHS Referrals:

All referrals for Conard House Rep Payee Services are handled by DPH Mental Health Providers, both Civil Service and Contractors, including Integrated Case Management & ICM step down programs. Additionally, HSA designated units can make direct referrals to Conard House for client Rep Payee services. The new process implemented is as follows:

1. DPH authorized Providers will fill out the Conard House Rep Payee Referral Form completely.
2. DPH authorized Providers will fax referral forms to Conard House Rep Payee Program's point of contact: Attention: Conard House Associate Director of SH/CS.
3. The point of contact will complete the Placement Status section of the referral form having determined the appropriate slot based on referral source and space availability.
4. Conard House Rep Payee program will notify referring DPH authorized provider of referral status (acceptance to program or placement on waitlist).
5. Conard House Rep Payee program will work with DPH authorized provider to schedule intake appointment.
6. Conard House Rep Payee program will report monthly to BHS A/OA Program Manager the following information: Total number of active slots with referral source, number of slots available per referral source, number of clients opened and closed that month by referral source, number of clients on waitlist with referral source.

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For HSA referrals:

1. HSA staff will contact the Director to schedule intake appointment.
2. Director will inform Community Services Program of intake appointment.
3. Case Manager will travel to the CAAP office and complete intake paperwork.
4. HSA staff will accompany clients to CS-South for no-shows or any rescheduled appointments.

**B. Service Delivery Model:**

The service model is centered on the working relationship between the client and his or her Case Manager, whose primary function is that of Representative Payee. In this model, the Case Manager will:

- (1) Involve each client in his or her own service plan, which shall include an assessment and appropriate re-assessment of economic status.
- (2) Work closely as indicated with BHS clinicians to help keep consumers stably housed and able to provide for themselves. Case managers will be available for case conferences with BHS providers.
- (3) Assist clients in maintaining housing, including budgeting and coordinating with other service providers
- (4) Meet regularly with clients and collaborate with staff of other programs that provide services to clients. Inform outside providers of consumer emergency situations or other issues affecting consumers' ability to live independently in the community.
- (5) Disburse checks directly and timely to each client's landlord and ensure timely payment of utility bills.
- (6) For persons not already in housing, make housing referrals and placements, and mediate landlord—tenant disputes.
- (7) Enroll clients in available affordable housing opportunities for which they are eligible – including Conard House and other supportive or subsidized housing programs.
- (8) As of July 2018, Conard House assumed the responsibility to enter client demographics into BHS Avatar (opening and closing services). Conard House Rep Payee data will allow other BHS providers to improve the quality of the coordination of client services within the continuum of care.

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The BHS Rep Payee Program Administration is located at Conard House, Inc. at 1385 Mission Street, San Francisco CA 94103.

**Rep Payees will be located at these San Francisco service locations:**

- Community Services North at 259 Hyde Street,
- Community Services South at 154 Ninth Street,
- Co-located at the SOMA Clinic at 760 Fourth Street

Rep Payee Case Managers are normally on duty from 9:00 am to 5:00 pm, Monday through Friday, although their duties, including training, may periodically take them off-site.

The Program will deliver services in the preferred language of the consumer (including sign language) and make provisions for the use of trained interpreters when needed.

All staff is directed to call in the assistance of outside services providers when necessary, including police and psychiatric emergency services.

**D. Exit Criteria and Process:**

Clients are required to become their own payees once they are no longer mandate by Social Security Administration to have a third-party manage their SSA income benefits.

The Case Manager shall notify BHS providers and conservator (if conserved) of proposed discharge or service termination prior to such action in order to allow for collaborative problem solving and/or disposition planning. In rare instances when the services will be terminated due to violence, staff notifies the BHS provider or conservator within 24 hours or the next workday.

The Case Manager shall notify Social Security Administration of discharge or service termination and shall comply with instructions from Social Security regarding the disposition of fund balances in the client's account.

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### **E. Program Staffing:**

Personnel totaling 18.53 FTE for the Program in FY22-23 consist of the following positions:

Director SHP/CS	0.294
Associate Director	0.255
Program Assistant	0.250
Program Director II	2.808
Senior Case Manager I	1.930
Case Manager I + Fill-in CM & Fill-in CM2	10.208
Accounting Assistant	0.314
FIU Account Manager	0.706
FIU Account Supervisor	0.706
FIU Messenger	1.058

The Rep Payees are responsible for the tasks listed above in Section 6.

C. The Case Managers are responsible for maintaining enrollment of up to 692-slots. The Fiscal Intermediary Unit (FIU) Account Managers are responsible for processing deposits and disbursement transactions on behalf of all Rep Payee clients. The Program Director provides supervision to the Case Managers. Associate Director supervises the Program Directors. The Director of Supportive Housing & Community Services (SH/CS) provides overall direction for the management and expansion of the program.

The following staff allocated among Departments provides administrative direction for Rep Payee Services: the FIU-Accounts Supervisor provides direction and training for Account Managers maintaining client accounts and processing deposits and disbursements. The Program Assistant, The IT Manager who maintains the program's electronic client files & computer systems is now an Indirect Cost.

## **7. Objectives and Measurements**

All objectives, and descriptions of how objectives will be measured, are contained in the BHS-AOA Performance Objectives FY 22-23, located at [www.sfdph.org/cda](http://www.sfdph.org/cda).

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## **8. Continuous Quality Assurance and Improvement**

### **A. Achievement of contract performance objectives.**

Community Services Program Directors, Operations Director, and Director of Supportive Housing and Community Services meet bi-monthly to discuss program operations and the collection of data to track performance objectives.

### **B. Documentation quality, including a description of internal audits.**

The Representative Payee Services require minimum documentation of clients' progress. However, staff document events that require medical, psychiatric, legal, or police involvement. Program Directors are aware of the documentation required by BHS and are in full compliance regarding confidentiality and release of information. Program Directors will conduct annual audits of files and quarterly audits of money management binders and report results to the Director of Operations and Director for assessment, training needs, and recommendations.

### **C. Cultural competency of staff and services.**

The Diversity, Equity, Inclusion and Belonging Committee meets monthly to discuss program operations and plan for future trainings based on needs as discussed during the meeting.

### **D. Client satisfaction.**

The Representative Payee programs participate in the annual survey per BHS dates and times. Operations Director and Director of supportive Housing and Community Services will review program results and incorporate feedback to the program operations.

## 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 Mental Health Service Act (Prop 63) portions of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. For fiscal year 2021-2022, the initial payment recovery period is October 2021 through January 2022 and May through June 2022. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

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

A. Program are listed below:

- Appendix B-1A Outpatient Services
- Appendix B-1B Supportive Housing
- Appendix B-2 Rep Payee Services (*expires 06/30/2024*)

## **3. 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 Ninety-Three Million Five Hundred Fifty-One Thousand Two Hundred Two Dollars (\$93,255,538) for the period of July 1, 2018 through December 31, 2027.

CONTRACTOR understands that, of this maximum dollar obligation, \$6,504,632 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with



applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

<b><i>Original Agreement (\$8,538,779)</i></b>	
July 1, 2018 through June 30, 2019	\$7,451,046
<b><i>Amendment One (\$44,862,864)</i></b>	
July 1, 2019 through June 30, 2020	\$7,672,601
July 1, 2020 through June 30, 2021	\$7,672,601
<i>FY 20-21 CODB (Direct Voucher)- \$228,201</i>	\$228,201
July 1, 2021 through June 30, 2022	\$10,235,006
July 1, 2022 through June 30, 2023	\$10,624,082
<b><i>Amendment Two (\$93,255,538)</i></b>	
July 1, 2023 through June 30, 2024	\$11,049,045
July 1, 2024 through June 30, 2025	\$9,499,374
July 1, 2025 through June 30, 2026	\$9,879,349
July 1, 2026 through June 30, 2027	\$10,274,523
July 1, 2027 through December 31, 2027	\$5,342,752
Subtotal	\$89,928,578
Contingency	\$6,504,632
<b>TOTAL</b>	<b>\$93,255,538</b>

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

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

#### **4. 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.

#### **5. 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."

#### **6. 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 342					Appendix B, Page 1
Legal Entity Name/Contractor Name CONARD HOUSE, INC.					Fiscal Year 2022-2023
Contract ID Number FSP#1000010463					Funding Notification Date 08/04/22
Appendix Number	B-1A	B-1B	B-2	B-#	
Provider Number	342	342	342		
Program Name	Outpatient	Supportive Housing	Rep Payee		
Program Code	89492	8949 SH	8949 RP		
Funding Term	7/1/2022-6/30/2023	7/1/2022-6/30/2023	7/1/2022-6/30/2023		
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries	\$ 1,093,005	\$ 1,413,324	\$ 1,031,817		\$ 3,538,146
Employee Benefits	\$ 210,472	\$ 392,522	\$ 310,424		\$ 913,418
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 1,303,477</b>	<b>\$ 1,805,846</b>	<b>\$ 1,342,241</b>	<b>\$ -</b>	<b>\$ 4,451,564</b>
Operating Expenses	\$ 234,128	\$ 4,290,492	\$ 425,659		\$ 4,950,279
Capital Expenses					\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 1,537,605</b>	<b>\$ 6,096,338</b>	<b>\$ 1,767,900</b>	<b>\$ -</b>	<b>\$ 9,401,843</b>
Indirect Expenses	199,888	792,524	229,827		\$ 1,222,239
Indirect %	13.0%	13.0%	13.0%	0.0%	13.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 1,737,493</b>	<b>\$ 6,888,862</b>	<b>\$ 1,997,727</b>	<b>\$ -</b>	<b>\$ 10,624,082</b>
			Employee Benefits Rate		25.0%
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
MH Adult Fed SDMC FFP (50%)	\$ 750,005				\$ 750,005
MH Adult State 1991 MH Realignment	\$ 777,585	\$ 6,957			\$ 784,542
MH Adult County General Fund	\$ 209,903	\$ 5,170,470	\$ 797,071		\$ 6,177,444
MH Adult County GF WO CODB			\$ 43,490		\$ 43,490
MH WO HSA Rep Payee			\$ 1,087,255		\$ 1,087,255
MH MHSA (Adult)		\$ 1,611,435	\$ 69,911		\$ 1,681,346
MH SF Beds & Facilities-CoOP Housing		\$ 100,000			\$ 100,000
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 1,737,493</b>	<b>\$ 6,888,862</b>	<b>\$ 1,997,727</b>	<b>\$ -</b>	<b>\$ 10,624,082</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 1,737,493</b>	<b>\$ 6,888,862</b>	<b>\$ 1,997,727</b>	<b>\$ -</b>	<b>\$ 10,624,082</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 1,737,493</b>	<b>\$ 6,888,862</b>	<b>\$ 1,997,727</b>	<b>\$ -</b>	<b>\$ 10,624,082</b>
Prepared By Roxie Uyeda					

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

DHCS Legal Entity Number 342						Appendix Number B-1A, Page 1	
Provider Name CONARD HOUSE, INC.						Page Number 1	
Provider Number 342						Fiscal Year 2022-2023	
Contract ID Number FSP#1000010463						Funding Notification Date 08/04/22	
Program Name		Outpatient					
Program Code		89492	89492	89492	89492		
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/70-79	45/20-29		
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	OS-Cmmty Client Svcs		
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/2022-6/30/2023	7/1/2022-6/30/2023	7/1/2022-6/30/2023	7/1/2022-6/30/2023		
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits		\$ 239,178	\$ 878,325	\$ 42,685	\$ 143,289		\$ 1,303,477
Operating Expenses		\$ 42,961	\$ 157,763	\$ 7,667	\$ 25,737		\$ 234,128
Capital Expenses							\$ -
<b>Subtotal Direct Expenses</b>		<b>\$ 282,139</b>	<b>\$ 1,036,088</b>	<b>\$ 50,352</b>	<b>\$ 169,026</b>	<b>\$ -</b>	<b>\$ 1,537,605</b>
Indirect Expenses		\$ 36,678	\$ 134,691	\$ 6,546	\$ 21,973		\$ 199,888
Indirect %		13.0%	13.0%	13%	13%	0%	13%
<b>TOTAL FUNDING USES</b>		<b>\$ 318,817</b>	<b>\$ 1,170,779</b>	<b>\$ 56,898</b>	<b>\$ 190,999</b>	<b>\$ -</b>	<b>\$ 1,737,493</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 154,617	\$ 567,794	\$ 27,594	\$ -		\$ 750,005
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 142,681	\$ 523,962	\$ 25,464	\$ 85,478		\$ 777,585
MH Adult County General Fund	251984-10000-10001792-0001	\$ 21,519	\$ 79,023	\$ 3,840	\$ 105,521		\$ 209,903
		\$ -	\$ -	\$ -	\$ -		\$ -
This row left blank for funding sources not in drop-down list							\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 318,817</b>	<b>\$ 1,170,779</b>	<b>\$ 56,898</b>	<b>\$ 190,999</b>	<b>\$ -</b>	<b>\$ 1,737,493</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 318,817</b>	<b>\$ 1,170,779</b>	<b>\$ 56,898</b>	<b>\$ 190,999</b>	<b>\$ -</b>	<b>\$ 1,737,493</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>318,817</b>	<b>1,170,779</b>	<b>56,898</b>	<b>190,999</b>	<b>-</b>	<b>1,737,493</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service		32,129	93,945	3,166	607		129,847
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 9.92	\$ 12.46	\$ 17.97	\$ 314.66	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 9.92	\$ 12.46	\$ 17.97	\$ 314.66	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 9.92	\$ 12.46	\$ 17.97	\$ 314.66		<b>Total UDC</b>
Unduplicated Clients (UDC)		47	172	8	28		255

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**Contract ID Number FSP#1000010463Program Name OutpatientProgram Code 89492

Appendix Number -1A, Page

Page Number 2Fiscal Year 2022-2023Funding Notification Date 08/04/22

	TOTAL		251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	7/1/2022-6/30/2023		7/1/2022-6/30/2023		mm/dd/yy-mm/dd/yy		mm/dd/yy-mm/dd/yy	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director Of Clinical Services	1.00	\$ 127,585	1.00	\$ 127,585				
Associate Clinical Director II	2.00	\$ 221,600	2.00	\$ 221,600				
Associate Director	0.17	\$ 14,860	0.17	\$ 14,860				
Program Assistant	0.18	\$ 7,972	0.18	\$ 7,972				
Clinical Program Director II	2.31	\$ 184,689	2.31	\$ 184,689				
Clinical Program Director III	0.77	\$ 76,946	0.77	\$ 76,946				
Case Manager I	0.77	\$ 38,809	0.77	\$ 38,809				
Clinical Case Manager II	1.54	\$ 100,028	1.54	\$ 100,028				
Clinical Case Manager III	2.31	\$ 194,389	2.31	\$ 194,389				
Clinical Quality Assurance Manager	1.00	\$ 70,512	1.00	\$ 70,512				
Client Information Specialist	0.38	\$ 19,168	0.38	\$ 19,168				
Clinical Intake Coordinator	0.38	\$ 36,447	0.38	\$ 36,447				
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
	0.00	\$ -						
Totals:	12.81	\$ 1,093,005	12.81	\$ 1,093,005	0.00	\$ -	0.00	\$ -
Employee Benefits:	19.26%	\$ 210,472	19.26%	\$ 210,472	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,303,477	\$ 1,303,477		\$ -		\$ -	

**Appendix B - DPH 4: Operating Expenses Detail**Contract ID Number FSP#1000010463Program Name OutpatientProgram Code 89492Appendix Number B-1A, Page 3Page Number 3Fiscal Year 2022-2023Funding Notification Date 08/04/22

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
<b>Funding Term</b>	7/1/2022-6/30/2023	7/1/2022-6/30/2023	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 83,372	83,372		
Utilities (telephone, electricity, water, gas)	\$ 39,681	39,681		
Building Repair/Maintenance	\$ 3,346	3,346		
<b>Occupancy Total:</b>	<b>\$ 126,399</b>	<b>126,399</b>	-	-
Office Supplies	\$ 28,864	28,864		
Furniture Replacement	\$ 1,189	1,189		
<b>Materials &amp; Supplies Total:</b>	<b>\$ 30,053</b>	<b>30,053</b>	-	-
Training/Staff Development	<b>\$ 30,805</b>	30,805		
Insurance	\$ 26,684	26,684		
Equipment Lease & Maintenance	\$ 16,185	16,185		
<b>General Operating Total:</b>	<b>\$ 73,674</b>	<b>73,674</b>	-	-
Local Travel	\$ 3,227	3,227		
<b>Staff Travel Total:</b>	<b>\$ 3,227</b>	<b>3,227</b>	-	-
Other (provide detail):	\$ -			
Operating Fees [License, fees, TB tests]	\$ 775	775		
	\$ -	-		
<b>Other Total:</b>	<b>\$ 775</b>	<b>775</b>	-	-
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 234,128</b>	<b>234,128</b>	-	-

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

DHCS Legal Entity Number 342		Appendix Number B-1B, Page 1	
Provider Name CONARD HOUSE, INC.		Page Number 1	
Provider Number 342		Fiscal Year 2022-2023	
Contract ID Number FSP#1000010463		Funding Notification Date 08/04/22	
Program Name	Supportive Housing	Supportive Housing	
Program Code	8949 SH	8949 SH	
Mode/SFC (MH) or Modality (SUD)	60/78	60/78	
Service Description	SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp	
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/2022-6/30/2023	7/1/2022-6/30/2023	
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits	\$ 1,548,180	\$ 257,666	\$ 1,805,846
Operating Expenses	\$ 3,122,109	\$ 1,168,383	\$ 4,290,492
Capital Expenses		\$ -	\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 4,670,289</b>	<b>\$ 1,426,049</b>	<b>\$ 6,096,338</b>
Indirect Expenses	\$ 607,138	\$ 185,386	\$ 792,524
<b>Indirect %</b>	<b>13%</b>	<b>13%</b>	<b>13.0%</b>
<b>TOTAL FUNDING USES</b>	<b>\$ 5,277,427</b>	<b>\$ 1,611,435</b>	<b>\$ 6,888,862</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 6,957	\$ 6,957
MH Adult County General Fund	251984-10000-10001792-0001	\$ 5,170,470	\$ 5,170,470
MH MHSA (Adult)	251984-17156-10031199-0071		\$ 1,611,435
MH SF Beds & Facilities-CoOP Housing	240645-21531-10037398-0010	\$ 100,000	\$ 100,000
This row left blank for funding sources not in drop-down list			\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 5,277,427</b>	<b>\$ 1,611,435</b>	<b>\$ 6,888,862</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 5,277,427</b>	<b>\$ 1,611,435</b>	<b>\$ 6,888,862</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>5,277,427</b>	<b>1,611,435</b>	<b>6,888,862</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Fee-For-Service (FFS)	Cost Reimbursement (CR)	
DPH Units of Service	144,427	9,541	
Unit Type	Staff Hour or Client Day, depending on contract.	Staff Hour or Client Day, depending on contract.	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 36.54	\$ 168.90	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 36.54	\$ 168.90	
Published Rate (Medi-Cal Providers Only)	\$ 36.54	\$ 168.90	<b>Total UDC</b>
Unduplicated Clients (UDC)	475	28	503

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

Contract ID Number FSP#1000010463

Program Name Supportive Housing

Program Code 8949 SH

Appendix Number 3-1B, Page 2

Page Number 2

Fiscal Year 2022-2023

Funding Notification Date 08/04/22

	TOTAL		251984-10000-10001792-0001		251984-17156-10031199-0071		240645-21531-10037398-0010		Dept-Auth-Proj-Activity	
Funding Term	7/1/2022-6/30/2023		7/1/2022-6/30/2023		7/1/2021-6/30/2022		7/1/2021-6/30/2022:		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director SHP/CS	0.45	\$ 52,525	0.45	\$ 52,525	0.00	\$ -				
Associate Director	1.31	\$ 138,671	0.26	\$ 23,760	1.05	\$ 114,911				
Program Assistant	0.34	\$ 15,295	0.28	\$ 12,745	0.06	\$ 2,550				
Clinical Program Director II	3.69	\$ 295,293	3.47	\$ 226,197	0.00	\$ -	0.22	\$ 69,096		
Clinical Program Director III	1.23	\$ 123,026	1.23	\$ 123,026	0.00	\$ -				
Case Manager I	1.23	\$ 62,050	1.23	\$ 62,050	0.00	\$ -				
Clinical Case Manager II	2.46	\$ 159,931	2.46	\$ 159,931	0.00	\$ -				
Clinical Case Manager III	4.69	\$ 394,998	3.69	\$ 310,800	1.00	\$ 84,198				
Clinical Intake Coordinator	0.62	\$ 30,648	0.62	\$ 30,648	0.00	\$ -				
Accounting Assistant	0.62	\$ 58,273	0.62	\$ 58,273	0.00	\$ -				
FIU Account Manager	0.11	\$ 5,351	0.11	\$ 5,351	0.00	\$ -				
FIU Messenger	1.77	\$ 68,222	1.77	\$ 68,222	0.00	\$ -				
FIU Senior Account Manager	0.11	\$ 5,821	0.11	\$ 5,821	0.00	\$ -				
		\$ -								
		\$ -								
	0.00	\$ -								
<b>Totals:</b>	18.69	\$ 1,413,324	16.36	1,142,569	2.11	\$ 201,659	0.22	\$ 69,096	0.00	\$ -
<b>Employee Benefits:</b>	27.77%	\$ 392,522	27.77%	317,325	27.77%	56,007	27.77%	\$ 19,190	0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 1,805,846</b>		<b>1,459,894</b>		<b>\$ 257,666</b>		<b>\$ 88,286</b>		<b>\$ -</b>



## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number FSP#1000010463  
 Program Name Supportive Housing  
 Program Code 8949 SH

Appendix Number B-1B, Page 3  
 Page Number 7  
 Fiscal Year 2022-2023  
 Funding Notification Date 08/04/22

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	251984-17156-10031199-0071		
<b>Funding Term</b>	7/1/2022-6/30/2023	7/1/2022-6/30/2023	7/1/2022-6/30/2023	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ 164,799	\$ 146,714	\$ 18,085		
Utilities (telephone, electricity, water, gas)	\$ 69,166	\$ 66,667	\$ 2,499		
Building Repair/Maintenance	\$ 25,274	\$ 24,905	\$ 369		
<b>Occupancy Total:</b>	<b>\$ 259,239</b>	<b>\$ 238,286</b>	<b>\$ 20,953</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 49,860	\$ 47,030	\$ 2,830		
Furniture Replacement	\$ 2,870	\$ 1,900	\$ 970		
<b>Materials &amp; Supplies Total:</b>	<b>\$ 52,730</b>	<b>\$ 48,930</b>	<b>\$ 3,800</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	<b>\$ 49,266</b>	\$ 49,252	\$ 14		
Insurance	\$ 43,975	\$ 42,663	\$ 1,312		
Equipment Lease & Maintenance	\$ 34,170	\$ 25,878	\$ 8,292		
<b>General Operating Total:</b>	<b>\$ 127,411</b>	<b>\$ 117,793</b>	<b>\$ 9,618</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 5,308	\$ 5,159	\$ 149		
<b>Staff Travel Total:</b>	<b>\$ 5,308</b>	<b>\$ 5,159</b>	<b>\$ 149</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -				
Legal Services [client related]	<b>\$ 52,217</b>	\$ 52,217	\$ -		
Client Services [food, transportation, activities fund]	\$ 93,437	\$ 91,859	\$ 1,578		
Client Services [check cashing, program related bank services]	\$ 24,037	\$ 24,037			
DPH Subsidy	\$ 3,674,855	\$ 2,542,589	\$ 1,132,266		
Operating Fees [License, fees, bank analysis]	\$ 1,258	\$ 1,239	\$ 19		
	\$ -	\$ -	\$ -		
<b>Other Total:</b>	<b>\$ 3,845,804</b>	<b>\$ 2,711,941</b>	<b>\$ 1,133,863</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 4,290,492</b>	<b>\$ 3,122,109</b>	<b>\$ 1,168,383</b>	<b>\$ -</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 342		Appendix Number B-2, Page 1	
Provider Name Conard House, Inc.		Page Number 1	
Provider Number 342		Fiscal Year 2022-2023	
Contract ID Number FSP#1000010463		Funding Notification Date 08/04/22	
Program Name	Rep Payee		
Program Code	8949 RP		
Mode/SFC (MH) or Modality (SUD)	60/78		
Service Description	SS-Other Non-MediCal Client Support Exp		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/2022-6/30/2023		
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits	\$ 1,342,241		\$ 1,342,241
Operating Expenses	\$ 425,659		\$ 425,659
Capital Expenses			\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 1,767,900</b>	<b>\$ -</b>	<b>\$ -</b>
Indirect Expenses	\$ 229,827		\$ 229,827
<b>Indirect %</b>	<b>13.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>TOTAL FUNDING USES</b>	<b>\$ 1,997,727</b>	<b>\$ -</b>	<b>\$ -</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>		
MH Adult County General Fund	251984-10000-10001792-0001	\$ 797,071	\$ 797,071
MH Adult County GF WO CODB	251984-10000-10001792-0001	\$ 43,490	\$ 43,490
MH MHSA (Adult)	251984-17156-10031199-0071	\$ 69,911	\$ 69,911
MH WO HSA Rep Payee	251984-10002-10001988-0006	\$ 1,087,255	\$ 1,087,255
			\$ -
This row left blank for funding sources not in drop-down list			\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 1,997,727</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 1,997,727</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>1,997,727</b>	<b>-</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased			
SUD Only - Number of Outpatient Group Counseling Sessions			
SUD Only - Licensed Capacity for Narcotic Treatment Programs			
Payment Method	Fee-For-Service (FFS)		
DPH Units of Service	227,322		227,322
Unit Type	Staff Hour or Client Day, depending on contract.		0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 8.79		\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 8.79		\$ -
Published Rate (Medi-Cal Providers Only)	\$ 8.79		<b>Total UDC</b>
Unduplicated Clients (UDC)	727		727

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

Contract ID Number FSP#1000010463

Program Name Rep Payee

Program Code 8949 RP

Appendix Number B-2, Page 2

Page Number 2

Fiscal Year 2022-2023

Funding Notification Date 08/04/22

	TOTAL		251984-10000-10001792-0001		251984-10000-10001792-0001&251984-10002-10001988-0006		251984-17156-10031199-0071		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		
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		mm/dd/yy-mm/dd/yy		
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Director SHP/CS	0.30	\$ 35,680	0.12	\$ 14,236	0.17	\$ 20,195	0.01	\$ 1,249					
Associate Director	0.26	\$ 23,710	0.11	\$ 9,460	0.15	\$ 13,420	0.01	\$ 830					
Program Assistant	0.26	\$ 11,793	0.10	\$ 4,705	0.15	\$ 6,675	0.01	\$ 413					
Program Director II	2.90	\$ 194,534	1.16	\$ 77,618	1.63	\$ 110,109	0.10	\$ 6,807					
Senior Case Manager I	1.99	\$ 105,664	0.80	\$ 42,158	1.12	\$ 59,808	0.07	\$ 3,698					
Case Manager I	8.50	\$ 425,536	3.41	\$ 169,780	4.79	\$ 240,867	0.30	\$ 14,889					
Fill In Case Manager	1.00	\$ 49,817	0.40	\$ 19,876	0.56	\$ 28,198	0.04	\$ 1,743					
Fill In Case Manager II	1.00	\$ 51,126	0.40	\$ 20,399	0.56	\$ 28,938	0.04	\$ 1,789					
FIU Account Manager	0.73	\$ 36,267	0.29	\$ 14,470	0.41	\$ 20,528	0.03	\$ 1,269					
FIU Messenger	1.09	\$ 42,121	0.44	\$ 16,806	0.61	\$ 23,841	0.04	\$ 1,474					
FIU Senior Account Manager	0.73	\$ 39,465	0.29	\$ 15,746	0.41	\$ 22,338	0.03	\$ 1,381					
	0.00	\$ -											
Totals:	19.07	\$ 1,031,817	7.65	\$ 411,679	10.75	\$ 584,032	0.67	\$ 36,106	0.00	\$ -	0.00	\$ -	
Employee Benefits:	30.09%	\$ 310,424	30.09%	\$ 123,854	30.09%	\$ 175,707	30.09%	\$ 10,863	0.00%		0.00%		
TOTAL SALARIES & BENEFITS		\$ 1,342,241			\$ 535,533			\$ 759,739			\$ 46,969	\$ -	\$ -

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number FSP#1000010463

Program Name Rep Payee

Program Code 8949 RP

Appendix Number

Page Number

Fiscal Year

Notification Date

B-2, Page 3

3

2022-2023

08/04/22

GF

WO &amp; WO CODB

MHSA

Expense Categories & Line Items	TOTAL	251984-1000-10001792-0001	251984-10000-10001792-0001&251984-10002-	251984-17156-10031199-0071	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
<b>Funding Term</b>	7/1/2022-6/30/2023	7/1/2022-6/30/2023	7/1/2022-6/30/2023	7/1/2022-6/30/2023	m/dd/yy-mm/dd/yy	7/1/2022-6/30/2022	m/dd/yy-mm/dd/yy
Rent	\$ 195,533	\$ 78,965	\$ 110,000	\$ 6,568			
Utilities (telephone, electricity, water, gas)	\$ 72,060	\$ 29,100	\$ 40,539	\$ 2,421			
Building Repair/Maintenance	\$ 25,934	\$ 10,474	\$ 14,589	\$ 871			
<b>Occupancy Total:</b>	<b>\$ 293,527</b>	<b>\$ 118,539</b>	<b>\$ 165,128</b>	<b>\$ 9,860</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 24,416	\$ 9,861	\$ 13,738	\$ 817			
Furniture Replacement	\$ 494	\$ 199	\$ 278	\$ 17			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 24,910</b>	<b>\$ 10,060</b>	<b>\$ 14,016</b>	<b>\$ 834</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 211	\$ 86	\$ 118	\$ 7			
Insurance	\$ 3,748	\$ 1,514	\$ 2,108	\$ 126			
Equipment Lease & Maintenance	\$ 19,164	\$ 7,852	\$ 9,503	\$ 1,809			
<b>General Operating Total:</b>	<b>\$ 23,123</b>	<b>\$ 9,452</b>	<b>\$ 11,729</b>	<b>\$ 1,942</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 3,606	\$ 1,457	\$ 2,028	\$ 121			
<b>Staff Travel Total:</b>	<b>\$ 3,606</b>	<b>\$ 1,457</b>	<b>\$ 2,028</b>	<b>\$ 121</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -						
Legal Services [client related]	\$ 1,881	\$ 760	\$ 1,058	\$ 63			
Client Services [food, transportation, activities fund]	\$ 14,455	\$ 5,433	\$ 8,641	\$ 381			
Client Services [check cashing, program related bank services]	\$ 63,343	\$ 23,808	\$ 37,863	\$ 1,672			
Operating Fees [License, fees, bank analysis]	\$ 814	\$ 330	\$ 457	\$ 27			
	\$ -						
	\$ -						
<b>Other Total:</b>	<b>\$ 80,493</b>	<b>\$ 30,331</b>	<b>\$ 48,019</b>	<b>\$ 2,143</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 425,659</b>	<b>\$ 169,839</b>	<b>\$ 240,920</b>	<b>\$ 14,900</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
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**Appendix B - DPH 6: Contract-Wide Indirect Detail**

Contractor Name	CONARD HOUSE, INC.	Page Number	15
Contract ID Number	FSP#1000010463	Fiscal Year	2022-2023
		Funding Notification Date	8/4/22

**1. SALARIES & EMPLOYEE BENEFITS**

Position Title	FTE	Amount
Executive Director	0.45	\$ 94,723
Director Administrative Svcs	0.74	\$ 82,096
Human Resources Manager	0.74	\$ 58,025
Director Of Finance	0.66	\$ 91,028
Controller	0.66	\$ 67,174
Senior Accounting Manager	0.66	\$ 58,845
Accounting Manager	0.74	\$ 66,839
Payroll Accountant	0.74	\$ 46,036
Accounts Payable Accountant	0.74	\$ 41,946
Staff Accountant	0.74	\$ 45,184
Accounting Assistant	0.52	\$ 26,012
IT Manager	0.74	\$ 48,902
Executive Assistant	0.74	\$ 59,930
Program Assistant	0.74	\$ 32,219
Director Of Real Estate	0.07	\$ 8,309
	-	
	Subtotal:	9.71 \$ 827,267
	Employee Benefits:	21.7% \$ 179,189
	<b>Total Salaries and Employee Benefits:</b>	\$ 1,006,456

**2. OPERATING COSTS**

Expenses (Use expense account name in the ledger.)	Amount
Contracted Services	\$ 13,004
Legal Fees	\$ 812
Audit Fees	\$ 18,270
Accounting\Bookkeeping\Data	\$ 36,565
Insurance	\$ 10,672
Rent	\$ 42,727
Utilities	\$ 3,018
Telephone	\$ 8,312
Maintenance and Repairs	\$ 2,963
Furniture replacement	\$ 460
Equipment Rental	\$ 13,589
Office Expense and Supplies	\$ 24,979
Travel	\$ 20,650
Training	\$ 1,195
Operating Fees	\$ 18,567
<b>Total Operating Costs</b>	\$ 215,783
<b>Total Indirect Costs</b>	\$ 1,222,239

Total Indirect from DPH 1: \$ 1,222,239

## **APPENDIX D**

### **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:

1.2.1 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, [dph.helpdesk@sfdph.org](mailto: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:

- (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
- 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.

**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 discretion, City directs Agency to do so.

## **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](http://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 Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at:  
<https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. 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](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 D

### Protected Information Destruction Order Purge Certification - Contract ID # 1000010463

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, 2023 (“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: \_\_\_\_\_



## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

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

**RECITALS**

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

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

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

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

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

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

**1. Definitions.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 2. Obligations of Business Associate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**3. Termination.**

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

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

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

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

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

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

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

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

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

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

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

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

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



Contractor Name:		Contractor City Vendor ID	
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## PRIVACY ATTESTATION

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

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

### I. All Contractors.

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

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

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

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

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

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

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

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

### I. All Contractors.

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

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

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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**City and County of San Francisco  
Office of Contract Administration  
Purchasing Division**

**First Amendment**

THIS AMENDMENT (this "Amendment") is made as of **July 1, 2019**, in San Francisco, California, by and between **Conard House** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

**Recitals**

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the performance period and increase the contract amount;  
and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFP 8-2017, a Request for Proposal ("RFP"), issued on August 23, 2017 and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 40587-17/18 on November 20, 2017;

WHEREAS, approval for this Amendment was obtained when the Board of Supervisors approved Resolution number 121-19 on March 22, 2019. ;

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, as amended by the:

First Amendment,                      dated July 1, 2019

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 Section 2 Term of the Agreement. Section 2.1 of the Agreement currently reads as follows:

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, 2019, unless earlier terminated as otherwise provided herein.

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

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, 2023, unless earlier terminated as otherwise provided herein.

2.2 Section 3.3 Compensation. Section 3.3.1 Payment of the Agreement currently reads as follows:

**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 **Eight Million Five Hundred Thirty Eight Thousand Seven Hundred Seventy Nine Dollars (\$8,538,779)**. 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.

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

**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 **Forty Four Million Eight Hundred Two Thousand Seven Hundred Sixty Four Dollars (\$44,862,764)**. 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.

### **Article 3      Effective Date**

Each of the modifications set forth in Section 2 shall be effective on and after December 1, 2019.

### **Article 4      Legal Effect**

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

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

Recommended by:



**Greg Wagner**  
Acting Director of Health  
Department of Public Health

Approved as to Form:

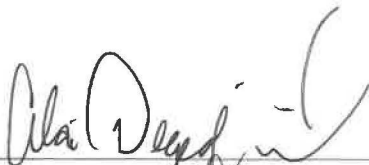
Dennis J. Herrera  
City Attorney

By:



**Virginia Dario Elizondo**  
Deputy City Attorney

Approved:



**Alaric Degrafinried**  
Director of the Office of Contract  
Administration, and Purchaser

CONTRACTOR

**Conard House**



**Richard Heasley**  
Executive Director  
1385 Mission Street, #200  
San Francisco, CA 94103

Supplier ID: 0000022403

Received By:  
APR 15 '19 PM 2:19  
Purchasing Department

Received By:  
DEC 27 '18 PM 1:34  
Purchasing Department

## **Appendix A Scope of Services**

### **1. Terms**

#### **A. Contract Administrator:**

In performing the Services hereunder, Contractor shall report to **Valerie Wiggins**, Contract Administrator for the City, or his / her designee.

#### **B. Reports:**

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

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

#### **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.

For contracts for the provision of services at San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

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. 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.

G. 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.

H. 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."

**2. Description of Services**

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1      Outpatient Services/Supportive Housing

Appendix A-2      Rep Payee

**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.

1. **Program Name:** Outpatient Services (1A) / Supportive Housing (1B)  
**Program Address:** 1385 Mission Street, Suite 200  
**City, State, Zip Code:** San Francisco, CA 94103  
**Telephone:** (415) 864-7833  
**Facsimile:** (415) 864-7093  
**Program Codes:** 89492 Conard House Outpatient Services  
8949SH Conard House Supportive Housing  
**Website Address:** www.conard.org  
**Executive Director/Program Director:** Richard Heasley, MPA , Executive Director  
Louise Foo, PhD, Director of Clinical Services  
**Telephone:** 415-864-7833  
**Email Address:** rheasley@conard.org  
louise@conard.org

2. **Nature of Document (check one)**

☐ Original      ☒ Contract Amendment      ☐ Internal Contract Revision

3. **Goal Statement**

To provide a full range of mental health services (assessment, plan development, individual, group, rehabilitation, collateral), case management, crisis services, representative payee/money management, community support, and community building to adults, of all ethnicities and populations, with a special focus on the unique needs of those with serious mental and behavioral health conditions living in Conard House supportive housing (residential hotels and co-operative apartments) or other community housing located throughout San Francisco

4. **Target Population**

Conard House Outpatient Services and Supportive Housing Program is designed to meet the unique services of adult residents of San Francisco, ages 18 and older, with chronic and severe mental health conditions, who are residents of Conard House or other housing, and meet BHS criteria for Medical Necessity and Functional Impairments; and, have the ability to maintain independent living without hospitalization, or becoming homeless would be greatly enhanced by the provision of Case Management, Mental Health, and Crisis Services.

The Cooperative Apartment Program provides supportive housing and offers outpatient needs, with a focused expertise in, serving monolingual Asian-American clients as a specialized target sub-population. For Resident and Community Fellows, the Jackson Street

Community specifically addresses personal and leadership development for community living.

In addition, under this contract Conard House provides psychosocial support services at the Plaza Apartments, a supportive housing facility opened January 2006, jointly operated by the Plaza Apartments Associates LP (owner), San Francisco Department of Homelessness and Supportive Housing - Direct Access to Housing Program (DAH), and John Stewart Property Management Company.

Across all sites, approximately 96.33% of clients eligible for services are recipients of Medi-Cal benefits. Their Outpatient Services are funded by Medi-Cal revenue in this contract. The other 3.67% are funded by the County General Fund revenue in this contract.

## **5. Modalities/Interventions**

### Outpatient Services (OP):

The CRDC Modes of Service for Reporting Unit 89492 are:

15-01 Case Management Brokerage  
15-10 Mental Health Services – Collateral  
15-30 Mental Health Services – Assessment  
15-30 Mental Health Services – Plan/Development  
15-40 Mental Health Services – Individual Therapy  
15-40 Mental Health Services – Individual Rehabilitation  
15-50 Mental Health Services – Group Therapy  
15-40 Mental Health Services – Group Rehabilitation  
15-70 Crisis Intervention  
45-Outreach (Community Mental Health Education and Consultation; Enhancing other agencies MH knowledge; Individual and Group non-registered clients (including residents in Conard Supportive Housing who refuse to be opened in AVATAR or residents who do not meet the medical necessity criteria to be opened in AVATAR)).

A billable Unit of Service (UOS) of eligible health services for Mode 15, as defined by the Medi-Cal Rehab Option, is one minute of service. We will use the BHS-issued codes for the relevant service according to instructions from BHS Quality Assurance and DPH Compliance Unit.

The maximum static capacity of the Outpatient Services is 450 clients. However, with some residents refusing services, others no longer meeting medical necessity, and turnover, the estimated unduplicated number of clients (UDC) opened in Avatar and receiving Outpatient Services is unchanged at 400 for this contact period.

See CRDC for details of OP UOS and UDC.

Incorporation of Health Navigation Activities in Outpatient Services:

Since 2015, we budgeted two full time equivalents for peer Health Navigators (four 20-hour positions). These Health Navigators work as needed at 7 DPH-funded Supportive Housing Sites providing Health Navigation Services. The efforts of the Health Navigators will contribute to the number of UOS for Mode 15 & Mode 45 services within OP services, namely, they provide outreach and Medi-Cal billable services to clients and residents on health navigation (e.g., when the opened client has a treatment goal in Medical/Health on his/her treatment plan and that health navigation services reduce the functional impairments as a result of clients' mental health conditions that meet the criteria of medical necessity). We provide documentation training and supervision for the Health Navigators so that they can effectively complete Medi-Cal documentation in AVATAR. Health Navigators collaborate with clients and their primary clinicians at Conard House in including Medical/Health goals (when appropriate) on their treatment plans.

Supportive Housing:

The CRDC Mode of Service is Mode 60 - 78 Support Services.

A billable Supportive Housing Unit of Service (UOS) is a Supportive Housing Service Day, i.e., a day in which an individual is in residence in a co-op or hotel setting providing access to case management, staff time for core services (non-outpatient) such as money management, benefits advocacy, employment support, community orientation, community building, community meetings and resident councils, and/or milieu management.

The maximum static bed-capacity of the program is 450. Details are shown in the table below. The 106-unit Plaza Apartment program is included in the 450 -total. For FY18-19 the number of Coop beds is 68, down 4 as one master-lease Coop was lost. This may change further because Coop landlords may terminate their "commercial" leases with Conard House Inc. or because of Conard House may choose not to renew "commercial" leases if leasing cost increases are exorbitant.

With turnover estimated at 5% for established sites, 15% for the Plaza, and 25% for the transitional Washburn site, the estimated unduplicated number of clients to receive Supportive Housing Services is 487 for this contact period.

Under CRDC Mode/SFC 60 - 78, the Supportive Housing program UOS will be billed in Supportive Housing Client Days. See CRDC in Appendix B for details of UOS and UDC.

Intake Coordinator and Case Managers will open each client in the Avatar System at the beginning of a client's admission into outpatient services. Each client will be closed at termination when the client declines further outpatient services or moves out of a Conard House supportive housing program. A small portion of the co-op and hotels' population will not be entered into Avatar because support services are voluntary by statute - some clients will decline services, or because some clients are not clients of BHS and choose not to be identified in the San Francisco Behavioral Health System. Conard House uses Property Management Rent Rosters to determine the total number of supported housing days delivered for the purpose of invoicing and monitoring aggregated actual Units of Service against aggregated contracted Units of Service.

Supportive Housing Sites	Static Resident Capacity (# of beds)	Annual Unduplicated SH Residents	Supportive Housing Days (90% Capacity) (12 months)	Total Outpatient Hours (12 months)	Medi-Cal Outpatient Hours (12 months)
Jackson Street	8	8	2,628		
Coops	68	71	22,338	1,814	1,754
El Dorado	57	60	18,724	1,680	1,623
Washburn	22	27	7,227	1,702	1,644
Midori	77	81	25,295	1,667	1,611
Lyric	58	61	19,053	1,743	1,684
Jordan	54	57	17,739	870	841
Plaza	106	122	34,821	1,587	1,534
<b>Annual Subtotal # of beds:</b>	<b>450</b>				
<b>Annual SH UDC:</b>		<b>487</b>			
<b>Supportive Housing Total Days:</b>			<b>147,825</b>		
<b>SH Intakes:</b>				<b>688</b>	<b>665</b>
Hourly rounding adjustments:					
<b>OP Subtotal Hours</b>				<b>11,751</b>	
<b>Medi-Cal OP Mode 15 Subtotal Hours</b>					<b>11,356</b>
<b>12mos projected UDC:</b>				<b>246</b>	
<b>Mode 45 Total Hours</b>				<b>516</b>	<b>N/A</b>
<b>DPH Total Hours</b>				<b>12,267</b>	<b>11,356</b>
<b>Mode 15 Total OP minutes</b>				<b>705,078</b>	
<b>Mode 15 Total Medi-Cal minutes</b>					<b>681,344</b>

## 6. Methodology

**A. Outreach, recruitment, promotion, and advertisement:**

As a part of Community Behavioral Health Services, it is the role of Conard House's Outpatient Services Program to provide outpatient mental health services and health navigation services relating to clients' severe and chronic mental health conditions under the Social Rehabilitation Option to its residents living in Conard House's Coops apartments and Hotels in the community. Conard House has been providing cooperative apartments for over 50 years and SRO housing and social rehab options for almost 30 years to San Franciscans with severe and chronic mental health conditions.

Outpatient Services are available to Supportive Housing clients who meet the criteria for Medical Necessity and Target Symptoms/Impairments on the BHS Treatment Plan of Care. Priority is given to those clients referred by the BHS Placement Team who have been through a transitional level of care. Most of these clients will have been initially referred from residential treatment programs, streets and homeless shelters. Outpatient Services imbedded in Supportive Housing furthers the BHS goals of providing consumer-guided and community-based services to its clients and reducing psychiatric hospitalizations.

**B. Admission Criteria and Process:**

Those eligible for the Supportive Housing Program are individuals who have chronic and severe mental health conditions and functional impairments whose lives would remain more stable, without hospitalization or homelessness, with the provision of Case Management, Mental Health, and Crisis Services. Client/residents are assessed at entry to Supportive Housing for history/needs/goals relating to mental and functional status. The Conard House Sr. Case Manager II, functions as an Intake Coordinator and performs this assessment for applicants for the Coops, El Dorado, the Midori, and the Washburn. The Intake Coordinator presents to and discusses the results with Director of Clinical Services and site Program Directors. Shelter Plus Care refers tenants to the Lyric Hotel and some beds at the Midori and El Dorado Hotels. John Stewart Company, the Property Management company refers Section 8 tenants for admission to the Jordan. Direct Access to Housing places tenants at the Plaza Apartments.

**C. Service Delivery Model:**

Outpatient Services:

The Outpatient Services program is based on a psycho-social rehabilitation model in a supportive community providing a range of activities and services for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the Supportive Housing/Outpatient program. The Outpatient services are provided in a non-institutional, residential setting.

Outpatient Services delivered, per the CRDC, include Mental Health Services, Crisis Intervention and Case Management. Targeted Case Management is directed at maintaining housing and independent living, teaching and reinforcing self-management skills, assessing physical health and mental health and substance use status, making appropriate linkages to needed services when necessary, and preventing hospitalization and/or homelessness.

Health Navigators conduct screenings and assessments of clients' health navigation needs according to Pacific Clinics/University of Southern California Health Navigation Program. All Outpatient Health Navigators are certified by this program. They follow procedures outlined in this program with the main goal of empowering clients to navigate the complex health system independently. Using the PC/USC program materials, Health Navigators assist clients in communicating effectively with their medical/dental/or optometry providers. Health Navigators assist clients in setting health care goals, wellness goals and collaborate with clients in achieving those goals.

Conard House Outpatient clients who only need escort to medical appointments but do not desire to learn skills in navigating the health care system, are not appropriate for enrollment in the Health Navigator program. However, as long as the Outpatient client is willing to engage and attend the screening and assessment sessions, Health Navigators are willing to assist with making appointments, attending appointments with clients, as well as role modeling and coaching clients to be more independent as they interact with their various health care providers. "For Them, With Them, By Them" captures the spirit of this program.

Supportive Housing:

The Conard House Supportive Housing Program, as a non-licensed program, is not permitted to provide care and supervision to residents; during a crisis, staff is permitted and required to call appropriate emergency services and outside service providers, but are not permitted to provide "urgent care". This limitation includes a system to provide medications on site. Under this restriction, the SH program does not provide psychiatric medication treatment and cannot dispense or monitor medication for clients.



Conard House Supportive Housing Program will follow the harm reduction policy and offer educational groups and activities oriented to clients with dual diagnoses. The Program will refer clients to organizations that specialize in dual diagnosis and substance use treatment.

Generally, hotel clinical staff work from 9:00 AM to 5:00 PM, Monday through Friday. At the Washburn, we have shifts for staff that are from 11 AM to 7 PM as well as 9 AM to 5 PM. Desk clerks provide coverage after hours and on-weekends in our Support Service Hotels. The Director of Supportive Housing and Community Services, Director of Clinical Services, Associate Clinical Directors, Operations Director, and Program Directors – all carry cell phones to respond to emergent clinical & staff situations at program sites. All staff are directed to bring in the assistance of outside service providers when necessary, including the police, psychiatric emergency services, mobile crisis, and outside case managers and therapists.

The Conard House Outpatient Services/Supportive Housing Program has six SRO Hotels located in the Tenderloin and South of Market areas. Room availability at the hotels ranges from 22 to 106 units. The static capacity is 374 SRO hotel residents. The Co-op Apartment Program has a static capacity of 68 residents. Jackson Street has a static capacity of 8 residents. The total static capacity is 450 residents

The total static capacity of residents served in the Supportive Housing Program 450.

Co-operative Apartments Office 2441 Jackson Street San Francisco, CA 94115 346-6384 (Capacity: 68)	Jackson Street Community 2441 Jackson Street San Francisco, CA 94115 346-6380 (Capacity: 8)
El. Dorado Hotel 150 Ninth Street San Francisco, CA 93103 863-4582 (Capacity: 57)	Midori Hotel 240 Hyde Street San Francisco, CA 94102 775-6006 (Capacity: 77)
Lyric Hotel 140 Jones Street San Francisco, CA 94102 776-2115 (Capacity: 58)	Jordan Apartments 820 O'Farrell Street San Francisco, CA 94102 922-1503 (Capacity: 54)
Plaza Apartments 988 Howard Street San Francisco, CA 94103 344-0527 (Capacity:106)	Washburn Residence 38-42 Washburn Street San Francisco, CA 94103 864-8701 (Capacity: 22)

The Plaza Apartments are part of the Direct Access to Housing (DAH) program under the Department of Homelessness and Supportive Housing. Conard House provides the same services to Plaza residents as it does to its other supportive housing programs.

Case managers:

- Involve each tenant or client in his or her own service plan, which includes an assessment and appropriate reassessment of economic status.
- Work closely as indicated with BHS or non BHS clinicians to help keep tenants and clients stably housed and able to provide for themselves. Case managers are available for case conferences with BHS and other providers.
- Assist tenants and clients in maintaining their housing, acquiring basic living skills, and coordinating with other services.
- Refers clients to pre-vocational program, vocational programs including employment and volunteer opportunities and academic programs.
- Meet regularly with clients and collaborate with staff of other programs that provide services to clients.
- Disburse checks directly to each tenant based on the money management plan negotiated between tenant and case manager.
- Refer clients in Washburn Transitional Residence to other supportive or subsidized housing programs.

**D. Exit Criteria and Process:**

Except for the Washburn and the Jackson Street Community, all Conard House Supportive Housing is permanent housing. The Washburn is operated to enable residents to transition into permanent supportive housing. The Jackson Street Community is operated to enable residents to transition to community living. Other tenants who wish to move to non-supportive housing are encouraged to do so when appropriate and are given referral assistance and other help they may need.

Upon move-in, Washburn tenants begin working individually and in groups to prepare for permanent, supportive or subsidized housing, as the Washburn is a transitional 24-month program.

Upon move-in, Jackson Street tenants will begin working individually and in groups on strategies for community living. The initial Fellowship residency for new residents will be 3 months. Residents in good standing with the program can extend their enrollment in 3-month increments up to 24 months.

For residents and other clients leaving Supportive Housing, Conard Case Managers shall notify the BHS Care Manager (and conservator, if conserved) of proposed discharge or service termination prior to such action in order to allow for collaborative problem solving and/or disposition planning. In rare instances when the Case Manager is unable due to circumstances to notify the conservator prior to such discharge or termination, staff shall notify the conservator within 24 hours or the next workday.

Outpatient Services are provided to both permanent and transitional residents of Conard House Supportive Housing. Services are normally discontinued when a client leaves the Supportive Housing program and is referred to appropriate services if necessary. Exceptions to this are made on a case-by-case basis. The step-down process is monitored per annual BHS Plan of Care reassessment.

**C. Please see Conard House Budget on Appendix B.**

## 7. Objectives and Measurements

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

Note:

1. Because Conard House Outpatient Services changed its RU from 3862OP to 89492 on July 2, 2007, INSYST had reclassified all clients in 3862OP to have the new admission date of July 2, 2007. When San Francisco Behavioral Health Services (BHS) issued a new policy of revising the due date of annual anniversary documentation to the opening date of the clients, Conard House Outpatient Services had received permission from BHS to create an internal log so that clients with an opening date of 7/2/2007 will have the anniversary date of the date of the last completed treatment plan at the time of this change. For example, if the client has an admission date of July 2, 2007, the last treatment plan completed was October 10, 2014. October 10 will be the anniversary date of this client, not July 2. Conard House Outpatient Services staff understand they have to follow the internal log for clients opened on 7/2/2007 and for clients who ARE NOT opened on July 2, 2007, they need to follow BHS's policy of completing annual anniversary documentation on their admission date, and that they will use the AVATAR Treatment Plan Due Date Report to track these treatment plan due dates.

The AVATAR Treatment Plan Due Date Report is not accurate for Conard House Outpatient Services clients when their opening date is 7/2/2007. Furthermore, the percentages of expired treatment plans calculated by AVATAR based on this AVATAR Report are not accurate in measuring our performance objective on the criteria on the timeliness in completing treatment plans and other anniversary documentation.

2. BHS had informed all outpatient clinics to close clients who have Medi-Care Part B and or Part C (HMO) and Medi-Cal (Medicaid) and refer these clients to the HMO's that they have signed up. Conard House Outpatient Services had received permission from BHS on January 8, 2016 to continue to provide mental health services, targeted case management brokerage, and crisis services to these clients and not to discharge them from Conard House Outpatient Services in that Conard House outpatient clients are residents who reside in our Supportive Housing sites and that Conard House Outpatient Services are not provided in an outpatient clinic setting.

## **8. Continuous Quality Assurance and Improvement**

A Quality Assurance and Improvement Project for Conard House Outpatient and Supportive Housing Services in FY18 -19 will be proposed and implemented. We will submit this Project for Conard Board approval at a Conard House Board Meeting. Additionally, the following CQA/CQI activities continue:

### **A. Achievement of contract performance objectives.**

Program Directors, Associate Clinical Directors, and Director of Supportive Housing and Community Services, and the Director of Clinical Services meet monthly to discuss program operations and the collection of data to track performance objectives. Director of Clinical Services and Associate Clinical Directors and Program Directors track Avatar reports on Outpatient and Supportive Housing Service Units.

### **B. Documentation quality, including a description of internal audits.**

Outpatient Services complies with Avatar documentation requirements. The Director of Clinical Services and Associate Clinical Directors and Program Directors perform routine internal audits of Avatar documents. The Director of Clinical Services will submit the a description of our internal audit procedures to BOCC .

### **C. Cultural competency of staff and services.**

The Conard House Cultural Competency Committee meets monthly to discuss program operations and plan for future trainings based on needs as discussed during the meeting.

### **D. Client satisfaction.**

Clients receiving Conard House Outpatient Services participate in BHS Mental Health Consumer Perception Surveys two times each year. The Director of Supportive Housing and Community Services and Director of Clinical Services will review program results and incorporate feedback to the program operations.

1. **Program Name:** Rep Payee Services  
**Program Address:** 1385 Mission Street, Suite 200  
**City, State, Zip Code:** San Francisco, CA 94103  
**Telephone:** (415) 864-7897  
**Facsimile:** (415) 864-7093  
**Program Code:** 8949RP  
**Website Address:** www.conard.org

**Executive Director/Program Director:** Richard Heasley, MPA, Executive Director  
Liliana Suarez, Director, Supportive Housing & Community Services  
**Telephone:** 415-864-7833  
**Email Address:** rheasley@conard.org  
liliana@conard.org

2. **Nature of Document** (check one)

☐ Original ☒ Contract Amendment ☐ Internal Contract Revision

3. **Goal Statement**

The goal of Conard House Rep Payee Services is to help eligible clients, of all ethnicities and populations, establish and manage their public income benefits by providing representative payee and money management services to those in the San Francisco mental health system and Human Services Agency County Adult Assistance Program (CAAP). These services are funded by BHS, DEAP, MHSA (formerly AB 2034) and an HSA General Fund Work Order. The program will collect clients' public income benefits from the Social Security Administration and other sources and deposit these funds into client subaccounts within a Conard House Rep Payee master account, work with clients to budget the use of their funds, and make prudent, timely and documented disbursements from their subaccount accounts.

4. **Target Population**

This program serves San Francisco residents of all ethnicities and populations, and is designed to specifically address the needs of adult, ages 18 and older, with mental health diagnosis and who need representative payee services; and secondly, adults enrolled in the County Adult Assistance Program, who are in the process of receiving

Social Security benefits. The total static capacity of the population served is 692, and broken down by the following funding sources, shown in the table below.

Community Services Rep Payees by Funding Source	Allocated by Rev Ratios	Static Client Capacity	Max Undupl Clients	Annual Service Days
<b>BHS Clients</b>				
BHS Rep Payee	30.28%	210	221	68,985
DEAP	11.75%	81	85	26,609
MHSA	3.60%	25	26	8,212
<b>BHS Subtotal</b>	<b>45.63%</b>	<b>316</b>	<b>332</b>	<b>103,806</b>
<b>HSA Work Order</b>	<b>54.37%</b>	<b>376</b>	<b>395</b>	<b>123,516</b>
<b>DPH Contract Total</b>	<b>100.00%</b>	<b>692</b>	<b>727</b>	<b>227,322</b>

##### 5. Modality/Interventions

The CRDC Mode of Service is Mode 60 Support Services.

This is a Fee-For-Service Program. For management and invoicing purposes, a Unit of Service will be a Service Day, i.e., each day of 365 business days in the contract period that a client is enrolled in the Rep Payee Services Program.

Under CRDC Mode/SFC 60-78, the Rep Payee Program will deliver 105,120 Service Days over the 12 months of the annual FY18-19 contract period. Service days are discounted at 90% to allow for 10% regular vacancies, the net result of the rate of discharges, referrals and vacancies. The Table above shows the Service Days detail by funding source. If the rate of discharges decreases, and the rate of eligible DPH or HSA referrals increases, Conard House agrees to enroll eligible clients to maintain a static capacity of up to 692 clients.

The Service Day Rate as shown in Appendix B-2 is a single composite rate used for all 12 months. The same single rate applies to each funding source. The Service Day Rate is the Total Annual Cost, \$1,803,120, divided by the Total Annual Service Days, 227,322. The Service Day Rate per enrollee per day is \$7.59.

For BHS, DEAP, MHSA and Work Order clients will be maintained at a static capacity of 692. With a turnover rate over 5%, a variable stream of eligible referrals, the maximum unduplicated number of people served in in the contract period is estimated at 727.

## 6. Methodology

### A. Admission Criteria and Process:

Referrals will come exclusively from BHS or HSA designated programs.

For BHS Referrals:

Formerly, all referrals for Conard House Rep Payee Services were handled by BHS Adult/Older Adult System of Care with the Adult/Older Adult Program Manager being the point of contact. As of FY17/18, Conard House takes all referrals to Rep Payee services from DPH Mental Health Providers, both Civil Service and Contractors, including Integrated Case Management & ICM step down programs. Additionally, HSA designated units can make direct referrals to Conard House for client Rep Payee services. The new process implemented is as follows:

1. DPH authorized Providers will fill out the Conard House Rep Payee Referral Form completely.
2. DPH authorized Providers will fax referral forms to Conard House Rep Payee Program's point of contact: **Attention: Conard House Associate Dir. of Operations.**
3. The Conard House Associate Dir. of Operations, as the point of contact will complete the Placement Status section of the referral form having determined the appropriate slot based on referral source and space availability.
4. Conard House Rep Payee program will notify referring DPH authorized provider of referral status (acceptance to program or placement on waitlist).
5. Conard House Rep Payee program will work with DPH authorized provider to schedule intake appointment.
6. Conard House Rep Payee program will report monthly to BHS A/OA Program Manager the following information: Total number of active slots with referral source, number of slots available per referral source, number of clients opened and closed that month by referral source, number of clients on waitlist with referral source.



For HSA referrals:

1. HSA staff will contact the Dir. of Operations to schedule intake appointment.
2. Dir. of Operations will inform Community Services Program of intake appointment.
3. Case Manager will travel to the CAAP office and complete intake paperwork.
4. HSA staff will accompany clients to CS-South for no-shows or any rescheduled appointments.

**B. Service Delivery Model:**

The service model is centered on the working relationship between the consumer and his or her Case Manager, whose primary function is that of Representative Payee. In this model, the Case Manager will:

- (1) Involve each client in his or her own service plan, which shall include an assessment and appropriate re-assessment of economic status.
- (2) Work closely as indicated with BHS clinicians to help keep consumers stably housed and able to provide for themselves. Case managers will be available for case conferences with BHS providers.
- (3) Assist clients in maintaining housing, including budgeting and coordinating with other service providers
- (4) Meet regularly with clients and collaborate with staff of other programs that provide services to clients. Inform outside providers of consumer emergency situations or other issues affecting consumers' ability to live independently in the community.
- (5) Disburse checks directly and timely to each client's landlord and ensure timely payment of utility bills.
- (6) For persons not already in housing, make housing referrals and placements, and mediate landlord—tenant disputes.
- (7) Enroll clients in available affordable housing opportunities for which they are eligible – including Conard House and other supportive or subsidized housing programs.
- (8) As of July 2018, Conard House will assume the responsibility to enter client demographics into BHS Avatar (opening and closing services). Conard House Rep Payee data will allow other BHS providers to improve the quality of the coordination of client services within the continuum of care.

The BHS Rep Payee Program Administration will be located at Conard House, Inc. at 1385 Mission Street, San Francisco CA 94103.

Rep Payees will be located at these San Francisco service locations:

- Community Services North at 259 Hyde Street,
- Community Services South at 154 Ninth Street,
- Co-located at the SOMA Clinic at 760 Fourth Street

Rep Payee Case Managers are normally on duty from 9:00 am to 5:00 pm, Monday through Friday, although their duties, including training, may periodically take them off-site.

The Program will deliver services in the preferred language of the consumer (including sign language) and make provisions for the use of trained interpreters when needed.

All staff is directed to call in the assistance of outside services providers when necessary, including police and psychiatric emergency services.

#### **D. Exit Criteria and Process:**

Clients are encouraged to become their own payees, that is, to be able to manage their own funds if they are not obligated to comply with the requirement from Social Security Administration that they must have someone else manage their money.

The Case Manager shall notify BHS providers and conservator (if conserved) of proposed discharge or service termination prior to such action in order to allow for collaborative problem solving and/or disposition planning. In rare instances when the services will be terminated due to violence, staff notifies the BHS provider or conservator within 24 hours or the next workday.

The Case Manager shall notify Social Security Administration of discharge or service termination and shall comply with instructions from Social Security regarding the disposition of fund balances in the consumer's account.

**E. Program Staffing:**

Personnel totaling 20.18 FTE for the Program consist of the following positions:

Director SHP/CS	0.21
Associate Director Operations	0.75
Program Assistant	0.23
IT Manager	0.12
FIU Account Manager	1.41
FIU Account Supervisor	.70
FIU Messenger	73
FIU Senior Account Manager	0.70
Program Director II	2.91
Senior Case Manager I	2.00
Case Manager I	10.54
Fill In Case Manager	0.00
Total	20.60

The Rep Payees are responsible for the tasks listed above in Section 6.

C. The Case Managers are responsible for maintaining enrollment of up to 692 slots. The Fiscal Intermediary Unit (FIU) Account Managers are responsible for processing deposits and disbursement transactions on behalf of all Rep Payee clients. The Program Director provides supervision to the Case Managers. Associate Director supervises the Program Directors. The Director of Supportive Housing & Community Services (SH/CS) provides overall direction for the management and expansion of the program.

The following staff in other Departments provides administrative direction for Rep Payee Services: the FIU-Accounts Supervisor provides direction and training for Account Managers maintaining client accounts and processing deposits and disbursements. The Program Assistant and Information Technology (IT) Manager collect data for reporting purposes. The following staff in other Departments provides administrative direction for Rep Payee Services: the FIU-Accounts Supervisor provides direction and training for Account Managers maintaining client accounts and processing deposits and disbursements. The Program Assistant and Information Technology (IT) Manager collect data for reporting purposes. Additionally, the IT Manager maintains the program's electronic client files & computer systems.

## 7. Objectives and Measurements

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

## 8. Continuous Quality Assurance and Improvement

### A. Achievement of contract performance objectives.

Community Services Program Directors, Operations Director, and Director of Supportive Housing and Community Services meet bi-monthly to discuss program operations and the collection of data to track performance objectives.

### B. Documentation quality, including a description of internal audits.

The Representative Payee Services require minimum documentation of clients' progress. However, staff document events that require medical, psychiatric, legal, or police involvement. Program Directors are aware of the documentation required by BHS and are in full compliance regarding confidentiality and release of information. Program Directors will conduct annual audits of files and quarterly audits of money management binders and report results to the Director of Operations and Director for assessment, trainings needs, and recommendations.

### C. Cultural competency of staff and services.

The Cultural Competency Committee meets monthly to discuss program operations and plan for future trainings based on needs as discussed during the meeting.

### D. Client satisfaction.

The Representative Payee programs participate in the annual survey per BHS dates and times. Operations Director and Director of supportive Housing and Community Services will review program results and incorporate feedback to the program operations.

## **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.

#### **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.

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 Prop 63 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether

for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

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

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

### **Budget Summary**

Appendix B-1a & 1b Outpatient Services and Supportive Housing

Appendix B-2 Rep Payee Services

## **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 **Forty Four Million Eight Hundred Two Thousand Seven Hundred Sixty Four Dollars (\$44,862,764)** for the period of **July 1, 2018 through June 30, 2023**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$4,806,725** 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 an Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2018 through June 30, 2019	\$7,623,910
July 1, 2019 through June 30, 2020	\$7,812,820
July 1, 2020 through June 30, 2021	\$8,006,410
July 1, 2021 through June 30, 2022	\$8,204,798
July 1, 2022 through June 30, 2023	\$8,408,101
<b>Subtotal – July 1, 2018 through June 30, 2023</b>	<b>\$40,056,039</b>
Contingency	\$4,806,725
<b>Grand Total:</b>	<b>\$44,862,764</b>

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

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

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

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

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



	A	B	C	D	E	F	G	H
1	<b>Appendix B - DPH 1: Department of Public Health Contract Budget Summary</b>							
2	DHCS Legal Entity Number (MH)	342					Page #	1
3	DHCS Legal Entity Name (MH)/Contractor Name (SA)	CONARD HOUSE, INC.					Fiscal Year	2018-2019
4	Contract CMS #	FSP #1000010463					Funding Notification Date	06/26/18
5	Contract Appendix Number	B-1 A	B-1 B	B-2	B-#	B-#	B-#	
6	Provider Number	342	342	342				
7	Program Name(s)	Outpatient	Supportive Housing	REP PAYEE				
8	Program Code(s)	89492	8949SH	8949RP				
9	Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19				TOTAL
10	<b>FUNDING USES</b>							
11	Salaries	\$ 1,328,006	\$ 701,627	\$ 969,474				\$ 2,999,107
12	Employee Benefits	\$ 445,323	\$ 220,249	\$ 315,984				\$ 981,556
13	<b>Subtotal Salaries &amp; Employee Benefits</b>	\$ 1,773,329	\$ 921,876	\$ 1,285,458	\$ -	\$ -	\$ -	\$ 3,980,663
14	Operating Expenses	\$ 481,160	\$ 1,996,662	\$ 348,579				\$ 2,826,401
15	Capital Expenses	\$ -						\$ -
16	<b>Subtotal Direct Expenses</b>	\$ 2,254,489	\$ 2,918,538	\$ 1,634,037	\$ -	\$ -	\$ -	\$ 6,807,064
17	Indirect Expenses	\$ 270,539	\$ 350,224	\$ 196,083				\$ 816,846
18	Indirect %	12.0%	12.0%	12.0%				12.0%
19	<b>TOTAL FUNDING USES</b>	\$ 2,525,028	\$ 3,268,762	\$ 1,830,120	\$ -	\$ -	\$ -	\$ 7,623,910
20							Employee Fringe Benefits %	30.9%
21	<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
22	MH FED SDMC FFP (50%) Adult	\$ 1,170,004						\$ 1,170,004
23	MH STATE Adult 1991 MH Realignment	\$ 1,244,616						\$ 1,244,616
24	MH COUNTY Adult - General Fund	\$ 110,408	\$ 3,268,762	\$ 554,230				\$ 3,933,400
25	MH COUNTY Adult WO CODB			\$ 24,268				\$ 24,268
26	MH COUNTY SSI-DISABILITY EVAL ASSIST PRG			\$ 215,000				\$ 215,000
27	MH MHSA (CSS)			\$ 65,898				\$ 65,898
28	MH WO HSA Rep Payee Program			\$ 970,724				\$ 970,724
29	<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	\$ 2,525,028	\$ 3,268,762	\$ 1,830,120	\$ -	\$ -	\$ -	\$ 7,623,910
30	<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
31								\$ -
32								\$ -
33								\$ -
34								\$ -
35								\$ -
36								\$ -
37	<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
38	<b>OTHER DPH FUNDING SOURCES</b>							
39	HUH General Fund		\$ -					\$ -
40								\$ -
41								\$ -
42								\$ -
43	<b>TOTAL OTHER DPH FUNDING SOURCES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
44	<b>TOTAL DPH FUNDING SOURCES</b>	\$ 2,525,028	\$ 3,268,762	\$ 1,830,120	\$ -	\$ -	\$ -	\$ 7,623,910
45	<b>NON-DPH FUNDING SOURCES</b>							
46								\$ -
47	<b>TOTAL NON-DPH FUNDING SOURCES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48	<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	\$ 2,525,028	\$ 3,268,762	\$ 1,830,120	\$ -	\$ -	\$ -	\$ 7,623,910
49	Prepared By	Roxie Uyeda/Richard Heasley			Phone Number	415-864-7833	Date prepared	07/13/18



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

DHCS Legal Entity Number (MH)	342						Page #	1a
DHCS Legal Entity Name (MH)/Contractor Name (SA)	CONARD HOUSE, INC.						Fiscal Year	2018-2019
Contract CMS #	#1000010463						Funding Notification Date	06/26/18
<b>CONTRACT TERM: 07/01/2018 - 06/30/2023</b>								
	SUBTOTAL:	SUBTOTAL:	SUBTOTAL:	SUBTOTAL:	SUBTOTAL:	SUB-TOTAL: (5 years)	<b>12%</b> <u>Contingency</u>	<b>CONTRACT NOT TO EXCEED AMOUNT</b>
	FISCAL YEAR #1 07/01/18-06/30/19	FISCAL YEAR #2 07/01/19-06/30/20	FISCAL YEAR #3 07/01/20-06/30/21	FISCAL YEAR #4 07/01/21-06/30/22	FISCAL YEAR #4.5 07/01/22-06/30/23	Contract Term: 07/01/18-06/30/23		
<b>Base</b>	\$ 7,439,568	\$ 7,623,910	\$ 7,812,820	\$ 8,006,410	\$ 8,204,798	\$ 39,087,505		
<b>2.5% CODB</b>	184,342	188,910	193,591	198,387	203,303	968,533		
<b>Total</b>	\$ 7,623,910	\$ 7,812,820	\$ 8,006,410	\$ 8,204,798	\$ 8,408,101	\$ 40,056,038	\$ 4,806,725	<b>\$ 44,862,762</b>

	A	B	C	D	E	F	G	H
1	<b>Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)</b>							
2	DHCS Legal Entity Name (MH)/Contractor Name (SA) 342						Appendix #	B-1 A, Page 1
3	Provider Name CONARD HOUSE, INC.						Page #	2
4	Provider Number 342						Fiscal Year	2018-2019
5							Funding Notification Date	06/26/18
6		Program Name	Outpatient	Outpatient	Outpatient	Outpatient		
7		Program Code	89492	89492	89492	89492		
8		Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/70-79	45/20-29		
9		Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	OS-Crmnty Client Svcs		
10		Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19		TOTAL
11	<b>FUNDING USES</b>							
12		Salaries & Employee Benefits	167,914	1,507,603	25,119	72,693		1,773,329
13		Operating Expenses	45,560	409,060	6,816	19,724		481,160
14		Capital Expenses						-
15		<b>Subtotal Direct Expenses</b>	<b>213,474</b>	<b>1,916,663</b>	<b>31,935</b>	<b>92,417</b>	-	2,254,489
16		Indirect Expenses	25,617	230,001	3,832	11,089		270,539
17		<b>TOTAL FUNDING USES</b>	<b>239,091</b>	<b>2,146,664</b>	<b>35,767</b>	<b>103,506</b>	-	<b>2,525,028</b>
18	<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
20	MH FED SDMC FFP (50%) Adult	251984-10000-10001792-0001	115,521	1,037,202	17,281			1,170,004
21	MH STATE Adult 1991 MH Realignment	251984-10000-10001792-0001	118,153	1,060,826	17,676	47,961		1,244,616
22	MH COUNTY Adult - General Fund	251984-10000-1001792-0001	5,417	48,636	810	55,545		110,408
23	MH COUNTY Adult WO CODB	251984-10000-1001792-0001						-
25	This row left blank for funding sources not in drop-down list							-
26	<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>239,091</b>	<b>2,146,664</b>	<b>35,767</b>	<b>103,506</b>	-	<b>2,525,028</b>
27	<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
28								-
29								-
30								-
32	This row left blank for funding sources not in drop-down list							-
33	<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-	-
34	<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>					
35							-	-
36								-
37	This row left blank for funding sources not in drop-down list							-
38	<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-	-	-
39	<b>TOTAL DPH FUNDING SOURCES</b>		<b>239,091</b>	<b>2,146,664</b>	<b>35,767</b>	<b>103,506</b>	-	<b>2,525,028</b>
40	<b>NON-DPH FUNDING SOURCES</b>							
41								
42	This row left blank for funding sources not in drop-down list							-
43	<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-	-
44	<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>239,091</b>	<b>2,146,664</b>	<b>35,767</b>	<b>103,506</b>	-	<b>2,525,028</b>
45	<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
46	Number of Beds Purchased (if applicable)							
47	SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
48	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
49		Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		43,287
50		DPH Units of Service	87,923	610,316	6,839	516		
51		Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0	
52		Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.72	\$ 3.52	\$ 5.23	\$ 200.59	\$ -	
53		Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.72	\$ 3.52	\$ 5.23	\$ 200.59	\$ -	
54		Published Rate (Medi-Cal Providers Only)	\$ 2.99	\$ 3.87	\$ 5.75	\$ 220.65		<b>Total UDC</b>

## Appendix B - DPH 3: Salaries &amp; Benefits Detail

Program Name: Outpatient

Appendix #: B-1 A, Page 2

Program Code: 89492

Page #: 3

Fiscal Year: 2018-2019

Funding Notification Date: 06/26/18

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
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	A	B	C	D	E	F	G	H	I
2									
3	Program Name: <u>Outpatient</u>								Appendix #: <u>B-1 A, Page 3</u>
4	Program Code: <u>89492</u>								<u>4</u>
5									Fiscal Year: <u>2018-2019</u>
6									Funding Notification Date: <u>06/26/18</u>
7	Expense Categories & Line Items	TOTAL	MH COUNTY Adult - General Fund 251984- 10000-1001792-0001	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
8	Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19						
9	Rent	\$ 176,996	\$ 176,996						
10	Utilities (telephone, electricity, water, gas)	\$ 97,015	\$ 97,015						
11	Building Repair/Maintenance	\$ 650	\$ 650						
12	Occupancy Total:	\$ 274,661	\$ 274,661	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13	Office Supplies	\$ 35,335	\$ 35,335						
14	Furniture Replacement	\$ 1,165	\$ 1,165						
15	Materials & Supplies Total:	\$ 36,500	\$ 36,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16	Training/Staff Development	\$ 34,311	\$ 34,311						
17	Insurance	\$ 40,177	\$ 40,177						
18	Equipment Lease & Maintenance	\$ 63,924	\$ 63,924						
19	General Operating Total:	\$ 138,412	\$ 138,412	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20	Local Travel	\$ 4,318	\$ 4,318						
21	Staff Travel Total:	\$ 4,318	\$ 4,318	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22	Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and	\$ -							
23	Legal Services: Debra Sturmer 10.5 hrs @ \$300/per hour; \$69 out-of-pocket expenses	\$ 3,219	\$ 3,219						
24	Consultant/Subcontractor Total:	\$ 3,219	\$ 3,219	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25	Other (provide detail):	\$ -							
26	Client Services (transportation, activities fund)	\$ 21,804	\$ 21,804						
28	Program staff TB tests	\$ 2,246	\$ 2,246						
29		\$ -							
30	Other Total:	\$ 24,050	\$ 24,050	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31									
32	TOTAL OPERATING EXPENSE	\$ 481,160	\$ 481,160	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

	A	B	C	D	E	F	G	H
1	<b>Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)</b>							
2	DHCS Legal Entity Name (MH)/Contractor Name (SA) 342						Appendix #	B-1 B, Page 1
3	Provider Name CONARD HOUSE, INC.						Page #	5
4	Provider Number 342						Fiscal Year	2018-2019
5							Funding Notification Date	06/26/18
6	Program Name	Supportive Housing	Supportive Housing					
7	Program Code	8949 SH	8949 SH					
8	Mode/SFC (MH) or Modality (SA)	60/78	60/78					
9	Service Description	SS-Client Non-Medical Client Support Exp	SS-Client Non-Medical Client Support Exp					
10	Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-6/30/19	7/1/18-6/30/19					<b>TOTAL</b>
11	<b>FUNDING USES</b>							
12	Salaries & Employee Benefits	921,876	-					921,876
13	Operating Expenses	1,996,662	-					1,996,662
14	Capital Expenses		-					-
15	Subtotal Direct Expenses	2,918,538	-					2,918,538
16	Indirect Expenses	350,224	-					350,224
17	<b>TOTAL FUNDING USES</b>	<b>3,268,762</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,268,762</b>
18	<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
20	MH COUNTY Adult - General Fund	251984-10000-10001792-0001	3,268,762					3,268,762
21								-
23								-
24								-
25	This row left blank for funding sources not in drop-down list							
26	<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>3,268,762</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,268,762</b>
27	<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
28								-
29								-
30								-
32	This row left blank for funding sources not in drop-down list							
33	<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
34	<b>OTHER DPH FUNDING SOURCES</b>							
35	HUH General Fund	HCHSHHSGGF						-
36								-
37	This row left blank for funding sources not in drop-down list							
38	<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
39	<b>TOTAL DPH FUNDING SOURCES</b>	<b>3,268,762</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,268,762</b>
40	<b>NON-DPH FUNDING SOURCES</b>							
41								-
42	This row left blank for funding sources not in drop-down list							
43	<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
44	<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>3,268,762</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,268,762</b>
45	<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
46	Number of Beds Purchased (if applicable)							
47	SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
48	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
49	Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)					43,287
50	DPH Units of Service	147,825						
51	Unit Type	Start Hour or Client Day, depending on contract.	Start Hour or Client Day, depending on contract.	0	0	0		
52	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 22.11	\$ -	\$ -	\$ -	\$ -	\$ -	
53	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 22.11	\$ -	\$ -	\$ -	\$ -	\$ -	
54	Published Rate (Medi-Cal Providers Only)	\$ 24.32						<b>Total UDC</b>
55	Unduplicated Clients (UDC)	487						487

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Appendix B - DPH 3: Salaries & Benefits Detail															
2																
3	Program Name: Supportive Housing														Appendix #: B-1 B, Page 2	
4	Program Code: 8949 SH														Page # 6	
5															Fiscal Year: 2018-2019	
6															Funding Notification Date: 06/26/18	
7		TOTAL		MH COUNTY Adult - General Fund 251984- 10000-10001792-0001		Accounting Code 3 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)		
8	Term (mm/dd/yy-mm/dd/yy):			7/1/18-6/30/19												
9	Position Title	FTE	Salaries	FTE	Salaries			FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
10	Director Of Clinical Services	0.34	\$ 35,931	0.34	\$ 35,931											
11	Director SHP/CS	0.24	\$ 22,451	0.24	\$ 22,451											
12	Associate Clinical Director	0.67	\$ 56,411	0.67	\$ 56,411											
13	Associate Director Operations	0.08	\$ 5,736	0.08	\$ 5,736											
14	Program Assistant	0.19	\$ 6,716	0.19	\$ 6,716											
15	Health Navigator	0.50	\$ 17,373	0.50	\$ 17,373											
16	IT Manager	0.17	\$ 9,930	0.17	\$ 9,930											
17	FIU Account Manager	0.34	\$ 14,740	0.34	\$ 14,740											
18	FIU Account Supervisor	0.17	\$ 9,282	0.17	\$ 9,282											
19	FIU Messenger	0.18	\$ 5,627	0.18	\$ 5,627											
20	Program Director I	1.02	\$ 54,919	1.02	\$ 54,919											
21	Program Director II	1.35	\$ 78,441	1.35	\$ 78,441											
22	Program Director III	0.36	\$ 20,693	0.36	\$ 20,693											
23	Senior Case Manager I	0.69	\$ 31,439	0.69	\$ 31,439											
24	Senior Case Manager II	0.69	\$ 35,139	0.69	\$ 35,139											
25	Case Manager I	4.47	\$ 193,959	4.47	\$ 193,959											
26	Case Manager II	1.82	\$ 79,092	1.82	\$ 79,092											
27	Fill In Case Manager	0.20	\$ 8,578	0.20	\$ 8,578											
28	Fill In Counselor	0.33	\$ 14,344	0.33	\$ 14,344											
29	Maintenance Technician	0.02	\$ 826	0.02	\$ 826											
30																
31																
32																
33																
34																
35																
36																
37																
38																
39																
40																
41	Totals:	13.81	\$ 701,627	13.81	\$ 701,627											\$ -
42																
43	Employee Fringe Benefits:	31.39%	\$ 220,249	31.39%	\$ 220,249											
44																
45	TOTAL SALARIES & BENEFITS		\$ 921,876		\$ 921,876				\$ -		\$ -		\$ -		\$ -	



	A	B	C	D	E	F	G	H	I
1	Appendix B - DPH 4: Operating Expenses Detail								
2									
3	Program Name: Supportive Housing						Appendix #: B-1 B, Page 3		
4	Program Code: 8949 SH						7		
5							Fiscal Year: 2018-2019		
6							Funding Notification Date: 06/26/18		
7	Combine on Appx B								
8	Funding Notification Date: 06/26/18								
9	Expense Categories & Line Items	TOTAL	MH COUNTY Adult General Fund 251984-10000-	Accounting Code 3 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)	
10	Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19						
11	Rent	\$ 100,283	\$ 100,283						
12	Utilities(telephone, electricity, water, gas)	\$ 50,823	\$ 50,823						
13	Building Repair/Maintenance	\$ 30,935	\$ 30,935						
14	Occupancy Total:	\$ 182,041	\$ 182,041	\$ -	\$ -	\$ -	\$ -	\$ -	
15	Office Supplies	\$ 24,980	\$ 24,980						
16	Furniture Replacement	\$ 576	\$ 576						
17									
18	Materials & Supplies Total:	\$ 25,556	\$ 25,556	\$ -	\$ -	\$ -	\$ -	\$ -	
19	Training/Staff Development	\$ 8,666	\$ 8,666						
20	Insurance	\$ 19,871	\$ 19,871						
21	Equipment Lease & Maintenance	\$ 31,653	\$ 31,653						
22	General Operating Total:	\$ 60,190	\$ 60,190	\$ -	\$ -	\$ -	\$ -	\$ -	
23	Local Travel	\$ 3,263	\$ 3,263						
24									
25									
26	Staff Travel Total:	\$ 3,263	\$ 3,263	\$ -	\$ -	\$ -	\$ -	\$ -	
27	Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -							
28	Beth Robinson dba Rainbow Music Therapy for Sound Connections non-clinical social rehab; Over 12 months, 44 weekly open sessions @ \$200/session = \$8,800; 88 weekly 1:1 sessions @ \$75/session = \$6,600; supplies \$610.	\$ 16,010	\$ 16,010						
29	Consultant/Subcontractor Total:	\$ 16,010	\$ 16,010	\$ -	\$ -	\$ -	\$ -	\$ -	
30	Other (provide detail):	\$ -							
31	Legal Services [client related]	\$ 2,440	\$ 2,440						
32	Client Services [food, transportation, activities fund]	\$ 12,251	\$ 12,251						
33	Transaction fees for rep payee residents	\$ 14,793	\$ 14,793						
34	DPH Subsidy	\$ 1,679,000	\$ 1,679,000						
35									
36	Program staff TB tests	\$ 1,118	\$ 1,118						
37		\$ -							
38	Other Total:	\$ 1,709,602	\$ 1,709,602	\$ -	\$ -	\$ -	\$ -	\$ -	
39									
40	TOTAL OPERATING EXPENSE	\$ 1,996,662	\$ 1,996,662	\$ -	\$ -	\$ -	\$ -	\$ -	

	A	B	C	D	E	F	G	H
1	<b>Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)</b>							
2	DHCS Legal Entity Name (MH)/Contractor Name (SA) 342						Appendix #	B-2, Page 1
3	Provider Name CONARD HOUSE, INC.						Page #	8
4	Provider Number 342						Fiscal Year	
5							Funding Notification Date	06/26/18
6	Program Name		REP PAYEE					
7	Program Code		8949 RP					
8	Mode/SFC (MH) or Modality (SA)		60/78					
9	Service Description		Support Exp					
10	Funding Term (mm/dd/yy - mm/dd/yy)		7/1/18-6/30/19					TOTAL
11	<b>FUNDING USES</b>							
12	Salaries & Employee Benefits		1,285,458					1,285,458
13	Operating Expenses		348,579					348,579
14	Capital Expenses							-
15	Subtotal Direct Expenses		1,634,037	-	-	-	-	1,634,037
16	Indirect Expenses		196,083					196,083
17	<b>TOTAL FUNDING USES</b>		<b>1,830,120</b>	-	-	-	-	<b>1,830,120</b>
18	<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Accounting Code (Index Code or Detail)</b>					
20	MH COUNTY Adult - General Fund	251984-10000-10001792-0001	554,230					554,230
21	MH COUNTY Adult WO CODEB	251984-10000-10001792-0001	24,268					24,268
23	MH COUNTY SSI-DISABILITY EVAL ASSIST PRG	240645-10000-1001669-003	215,000					215,000
24	MH MHSA (CSS)	251984-17156-10031199-0015	65,898					65,898
25	MH WO HSA Rep Payee Program	251984-10002-10001989-0002	970,724					970,724
26	This row left blank for funding sources not in drop-down list							-
27	<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>1,830,120</b>	-	-	-	-	<b>1,830,120</b>
28	<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>Accounting Code (Index Code or Detail)</b>					
29								-
30								-
31								-
33	This row left blank for funding sources not in drop-down list							-
34	<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			-	-	-	-	-
35	<b>OTHER DPH FUNDING SOURCES</b>		<b>Accounting Code (Index Code or Detail)</b>					
36								-
37								-
38	This row left blank for funding sources not in drop-down list							-
39	<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
40	<b>TOTAL DPH FUNDING SOURCES</b>		<b>1,830,120</b>	-	-	-	-	<b>1,830,120</b>
41	<b>NON-DPH FUNDING SOURCES</b>							
42								-
43	This row left blank for funding sources not in drop-down list							-
44	<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
45	<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>1,830,120</b>	-	-	-	-	<b>1,830,120</b>
46	<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
47	Number of Beds Purchased (if applicable)							
48	SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
49	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							7/6/2018
50	Payment Method		Fee-For-Service (FFS)					
51	DPH Units of Service		241,121					
52	Unit Type		0	0	0	0		
53	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 7.59	\$ -	\$ -	\$ -	\$ -	
54	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 7.59	\$ -	\$ -	\$ -	\$ -	
55	Published Rate (Medi-Cal Providers Only)		\$ 8.35					<b>Total UDC</b>
56	Unduplicated Clients (UDC)		727					727



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Appendix B - DPH 3: Salaries & Benefits Detail															
2																
3	Program Name: REP PAYEE										Appendix #: B-2, Page 2					
4	Program Code: 8949 RP										Page #: 9					
5											Fiscal Year: 2018-2019					
6											Funding Notification Date: 06/26/18					
	J & X 604				G & U 601				I & W 603				H & V 602			
	TOTAL		MH COUNTY Adult - General Fund 251984- 10000-10001792-0001		MH WO HSA Rep Payee Program 251984-10002- 10001989-0002&MH COUNTY Adult WO CODB251984-10000- 10001792-0001		MH COUNTY SSI- DISABILITY EVAL ASSIST PRG 240645-10000- 1001669-003		MH MHSA (CSS) 251984- 17156-10031199-0015		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)			
7	Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19							
8	Position Title		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
9	Director SHP/CS		0.21	\$ 19,538	0.06	\$ 5,916	0.11	\$ 10,623	0.02	\$ 2,296	0.01	\$ 703				
10	Associate Director Operations		0.75	\$ 51,056	0.23	\$ 15,460	0.41	\$ 27,759	0.09	\$ 5,999	0.03	\$ 1,838				
11	Program Assistant		0.23	\$ 8,181	0.07	\$ 2,477	0.13	\$ 4,448	0.03	\$ 961	0.01	\$ 295				
12	IT Manager		0.12	\$ 7,216	0.04	\$ 2,185	0.07	\$ 3,923	0.01	\$ 848	0.004	\$ 260				
13	FIU Account Manager		1.41	\$ 60,682	0.43	\$ 18,375	0.77	\$ 32,993	0.17	\$ 7,130	0.05	\$ 2,185				
14	FIU Account Supervisor		0.70	\$ 38,213	0.21	\$ 11,571	0.38	\$ 20,776	0.08	\$ 4,490	0.03	\$ 1,376				
15	FIU Messenger		0.73	\$ 23,196	0.22	\$ 7,024	0.39	\$ 12,612	0.09	\$ 2,726	0.03	\$ 835				
16	Program Director II		2.91	\$ 169,502	0.88	\$ 51,325	1.58	\$ 92,158	0.34	\$ 19,916	0.10	\$ 6,102				
17	Senior Case Manager I		2.00	\$ 91,560	0.61	\$ 27,724	1.09	\$ 49,781	0.24	\$ 10,758	0.07	\$ 3,296				
18	Case Manager I		11.54	\$ 500,330	3.50	\$ 151,500	6.28	\$ 272,029	1.36	\$ 58,789	0.42	\$ 18,012				
19																
20																
21																
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25																
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27																
28																
29																
30																
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34																
35	Totals:		20.60	\$ 969,474	6.24	\$ 293,557	11.20	\$ 527,103	2.42	\$ 113,913	0.74	\$ 34,901				\$ -
36																
37	Employee Fringe Benefits:		32.59%	\$ 315,984	32.59%	\$ 95,680	32.59%	\$ 171,801	32.59%	\$ 37,128	32.59%	\$ 11,375				
38																
39	TOTAL SALARIES & BENEFITS			\$ 1,285,458		\$ 389,237		\$ 698,904		\$ 151,041		\$ 46,276		\$ -		\$ -
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56																
57																
58																
59	Line 13		=SUM(F65:L65)		30.28%		54.37%		11.75%		3.60%					
60	Line 25		=SUM(F65:L65)		30.28%		54.37%		11.75%		3.60%					

	A	B	C	D	E	F	G	H	I
1	<b>Appendix B - DPH 4: Operating Expenses Detail</b>								
2									
3	Program Name: REP PAYEE						Appendix #: B-2, Page 3		
4	Program Code: 8949 RP						10		
5							Fiscal Year: 2018-2019		
6							ding Notification Date: 06/26/18		
			604	601	603	602			
7	Expense Categories & Line Items	TOTAL	MH COUNTY Adult - General Fund 251984- 10000-10001792-0001	MH WO HSA Rep Payee Program 251984- 10002-10001989- 0002&MH COUNTY Adult WO COB251984-10000- 10001792-0001	MH COUNTY SSI- DISABILITY EVAL ASSIST PRG 240645-10000-1001669- 003	MH MHSA (CSS) 251984-17156- 10031199-0015	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)	
8	Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19			
9	Rent	\$ 97,441	\$ 29,505	\$ 52,979	\$ 11,449	\$ 3,508			
10	Utilities (telephone, electricity, water, gas)	\$ 43,025	\$ 13,028	\$ 23,393	\$ 5,055	\$ 1,549			
11	Building Repair/Maintenance	\$ 8,556	\$ 2,591	\$ 4,652	\$ 1,005	\$ 308			
12	Occupancy Total:	\$ 149,022	\$ 45,124	\$ 81,024	\$ 17,509	\$ 5,365	\$ -	\$ -	
13	Office Supplies	\$ 16,556	\$ 5,013	\$ 9,002	\$ 1,945	\$ 596			
18	Materials & Supplies Total:	\$ 16,556	\$ 5,013	\$ 9,002	\$ 1,945	\$ 596	\$ -	\$ -	
19	Training/Staff Development	\$ 1,015	\$ 307	\$ 552	\$ 119	\$ 37			
20	Insurance	\$ 2,146	\$ 650	\$ 1,167	\$ 252	\$ 77			
21	Equipment Lease & Maintenance	\$ 36,685	\$ 11,108	\$ 19,946	\$ 4,310	\$ 1,321			
24	General Operating Total:	\$ 39,846	\$ 12,065	\$ 21,665	\$ 4,681	\$ 1,435	\$ -	\$ -	
25	Local Travel	\$ 485	\$ 147	\$ 264	\$ 57	\$ 17			
28	Staff Travel Total:	\$ 485	\$ 147	\$ 264	\$ 57	\$ 17	\$ -	\$ -	
29	Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and	\$ -							
30	Panoramic estimate 23 hours @ \$150/hour plus \$61 out-of-pocket expenses	\$ 3,511	\$ 1,063	\$ 1,909	\$ 413	\$ 126			
32	Consultant/Subcontractor Total:	\$ 3,511	\$ 1,063	\$ 1,909	\$ 413	\$ 126	\$ -	\$ -	
33	Other (provide detail):	\$ -							
34	Legal Services [client related]	\$ 221	\$ 67	\$ 120	\$ 26	\$ 8			
35	Client Services [food, transportation, activities fund]	\$ 3,102	\$ 939	\$ 1,687	\$ 364	\$ 112			
36	Transaction fees for rep payee community clients	\$ 135,301	\$ 41,031	\$ 73,520	\$ 15,866	\$ 4,884			
37	Program staff TB tests	\$ 535	\$ 162	\$ 291	\$ 63	\$ 19			
38		\$ -							
39	Other Total:	\$ 139,159	\$ 42,199	\$ 75,618	\$ 16,319	\$ 5,023	\$ -	\$ -	
40									
41	TOTAL OPERATING EXPENSE	\$ 348,579.00	\$ 105,611.00	\$ 189,482.00	\$ 40,924.00	\$ 12,562.00	\$ -	\$ -	

	A	B	C	D	E
1	Appendix B -DPH 6: Contract-Wide Indirect Detail				
2	Contractor Name: CONARD HOUSE, INC.			Page #	12
3	Contract CMS #: FSP #1000010463			Fiscal Year:	2018-2019
4				Funding Notification Date:	6/26/18
5					
6	1. SALARIES & BENEFITS				
7	Position Title			FTE	Amount
8	Executive Director			0.54	\$ 72,731
9	Chief Operating Officer			0.30	\$ 8,014
10	Budget Manager			0.30	\$ 48,837
11	Director Administrative Svcs			0.54	\$ 49,282
12	Human Resources Manager			0.54	\$ 28,727
13	Director Of Finance			0.54	\$ 54,585
14	Senior Accounting Manager			0.54	\$ 35,900
15	Accounting Manager			0.54	\$ 28,559
16	Payroll Accountant			0.08	\$ 4,454
17	Payroll Accountant			0.30	\$ 14,222
18	Accounts Payable Accountant			0.30	\$ 23,600
19	Staff Accountant			0.54	\$ 25,970
20	IT Manager			0.51	\$ 36,457
21	Personal Computer Technician			0.26	\$ 15,697
22	Senior Advisor			0.54	\$ 33,143
23	Executive Assistant			0.11	\$ 9,328
24	Program Assistant [Receptionist]			0.54	\$ 28,559
25	Maintenance Technician			-	\$ -
26				Subtotal:	7.01 \$ 518,065
27				Employee Fringe Benefits:	20.1% \$ 104,233
28				Total Salaries and Benefits:	\$ 622,298
29					
30	2. OPERATING COSTS				
31	Expense line item:			Amount	
32	Contracted Services [administrative temp staff, financial statements consultant]			\$ 34,520	
33	Management Fees			\$ 3,071	
34	Legal Fees			\$ 44,470	
35	Audit Fees			\$ 10,943	
36	Accounting\Bookkeeping\Data			\$ 721	
37	Insurance			\$ 8,179	
38	Rent			\$ 10,499	
39	Utilities			\$ 1,787	
40	Telephone			\$ 9,621	
41	Maintenance and Repairs			\$ 4,764	
42	Furniture replacement			\$ 36	
43	Equipment Rental			\$ 22,653	
44	Office Expense and Supplies			\$ 20,779	
45	Travel			\$ 2,812	
46	Training			\$ 6,262	
47	Other Fees [commuter check fees, recording fees, fire alarm fees]			\$ 13,431	
48				Total Operating Costs	\$ 194,548
49					
50	Total Indirect Costs (Salaries & Benefits + Operating Costs)			\$ 816,846	
52					
53				Total Indirect from DPH 1:	\$ 816,846.00

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

**Agreement between the City and County of San Francisco and**

**Conard House  
FSP#: 1000010463**

This Agreement is made this 1st day of July, 2018, in the City and County of San Francisco, State of California, by and between Conard House, 1385 Mission Street, #200, San Francisco, CA 94103, a DPH non-profit entity, ("Contractor") and City.

**Recitals**

WHEREAS, the Department of Public Health ("Department") wishes to provide services for Mental Health and Substance Abuse Programs and,

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFP 8-2017, a Request for Proposal ("RFP") issued on August 23, 2017, in which City selected Contractor as the highest qualified scorer pursuant to the RFP; and

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

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 40587-17-18 on November 20, 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 Conard House, 1385 Mission Street, #200, San Francisco, CA 94103.

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, 2019, unless earlier terminated as otherwise provided herein.

2.2 The City has two options to renew the Agreement for a period of three and a half or five years. The City may extend this Agreement beyond the expiration date by exercising this option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

Option 1:	07/01/2019 – 12/31/2022	3.5 years
Option 2:	01/01/2023 – 12/31/2027	5.0 years

## **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 **Eight Million Five Hundred Thirty Eight Thousand Seven Hundred Seventy Nine Dollars (\$8,538,779)**. 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 as specified in Section 3.3.6, or in such alternate manner as the Parties have mutually agreed upon in writing.

**3.3.5 Reserved. (LBE Payment and Utilization Tracking System)**

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

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

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

**3.3.7 Federal and/or State Funded Contracts.**

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

**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](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl).

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

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

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

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

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

#### **Article 4 Services and Resources**

4.1 **Services Contractor Agrees to Perform.** Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the



Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

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

4.3 **Subcontracting.**

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

4.3.2 Contractor will not employ subcontractors.

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

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

shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

**4.4.2 Payment of Employment Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.

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

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

## **Article 5 Insurance and Indemnity**

### **5.1 Insurance.**

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

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

(b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual

Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage.

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

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

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

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

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

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

Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person



or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

## **Article 6      Liability of the Parties**

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

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

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

## **Article 7      Payment of Taxes**

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

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

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

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

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

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

## **Article 8 Termination and Default**

### **8.1 Termination for Convenience**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 8.2 Termination for Default; Remedies.

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

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

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

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

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

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

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

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



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

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

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

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

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

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

**Article 9 Rights In Deliverables**

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

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

## **Article 10      Additional Requirements Incorporated by Reference**

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

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

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

10.4           **Reserved.**

10.5           **Nondiscrimination Requirements**

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

10.5.2 **Nondiscrimination in the Provision of Employee Benefits.** San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San

Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.

**10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance.** Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

**10.7 Minimum Compensation Ordinance.** Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

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

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

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

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

**10.11 Limitations on Contributions.** By executing this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a

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

10.12           **Reserved. (Slavery Era Disclosure)**

10.13           **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 <http://sfgov.org/olse/fco>. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in 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.

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

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

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

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

10.19           **Reserved. (Preservative Treated Wood Products)**

## **Article 11      General Provisions**

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

To CITY:	Office of Contract Management and Compliance Department of Public Health  101 Grove Street, Room 410 San Francisco, California 94102	e-mail:   stephanie.hon@sfdph.org
And:	Valerie Wiggins CONTRACT DEVELOPMENT AND TECHNICAL ASSISTANCE (CDTA) 1380 HOWARD STREET, 5 <sup>TH</sup> FLOOR SAN FRANCISCO, CA 94103	e-mail:   valerie.wiggins@sfdph.org
To CONTRACTOR:	CONARD HOUSE 1385 MISSION STREET, #200 SAN FRANCISCO, CA 94103	e-mail:   Rheasley@conard.org

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

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

11.3           **Reserved.**

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

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

**11.6 Dispute Resolution Procedure.**

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

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

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

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

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

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



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

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

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

11.13 **Order of Precedence.** Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP, and Contractor's proposal. The RFP and Contractor's proposal 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**

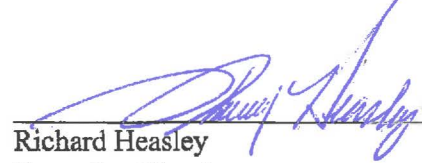
Recommended by:



Greg Wagner  
Acting Director of Health  
Department of Public Health

**CONTRACTOR**

Conard House




Richard Heasley  
Executive Director  
1385 Mission Street, #200  
San Francisco, CA 94103

Supplier ID: 22403

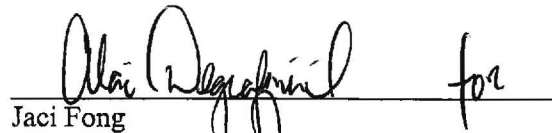
Approved as to Form:

Dennis J. Herrera  
City Attorney

By: 

Virginia Dario Elizondo  
Deputy City Attorney

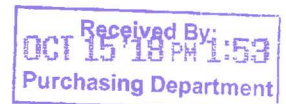
Approved:



Jaci Fong  
Director of the Office of Contract Administration, and  
Purchaser

**Appendices**

- A: Scope of Services
- B: Calculation of Charges
- C: Reserved
- D: Reserved
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: The Declaration of Compliance





## **Appendix A Scope of Services**

### **1. Terms**

#### **A. Contract Administrator:**

In performing the Services hereunder, Contractor shall report to **Valerie Wiggins**, Contract Administrator for the City, or his / her designee.

#### **B. Reports:**

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

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

#### **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.

For contracts for the provision of services at San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

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. 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.

G. 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.

H. 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."

**2. Description of Services**

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1      Outpatient Services/Supportive Housing

Appendix A-2      Rep Payee

**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.



1. **Program Name:** Outpatient Services (1A) / Supportive Housing (1B)  
**Program Address:** 1385 Mission Street, Suite 200  
**City, State, Zip Code:** San Francisco, CA 94103  
**Telephone:** (415) 864-7833  
**Facsimile:** (415) 864-7093  
**Program Codes:** 89492 Conard House Outpatient Services  
89495H Conard House Supportive Housing  
**Website Address:** www.conard.org  
  
**Executive Director/Program Director:** Richard Heasley, MPA , Executive Director  
Louise Foo, PhD, Director of Clinical Services  
  
**Telephone:** 415/864-7833  
**Email Address:** rheasley@conard.org  
louise@conard.org

2. **Nature of Document (check one)**

☒ Original      ☐ Contract Amendment      ☐ Internal Contract Revision

3. **Goal Statement**

To provide a full range of mental health services (assessment, plan development, individual, group, rehabilitation, collateral), case management, crisis services, representative payee/money management, community support, and community building to adults, of all ethnicities and populations, with a special focus on the unique needs of those with serious mental and behavioral health conditions living in Conard House supportive housing (residential hotels and co-operative apartments) or other community housing located throughout San Francisco

4. **Target Population**

Conard House Outpatient Services and Supportive Housing Program is designed to meet the unique services of adult residents of San Francisco, ages 18 and older, with chronic and severe mental health conditions, who are residents of Conard House or other housing, and meet BHS criteria for Medical Necessity and Functional Impairments; and, have the ability to maintain independent living without hospitalization, or becoming homeless would be greatly enhanced by the provision of Case Management, Mental Health, and Crisis Services.

The Cooperative Apartment Program provides supportive housing and offers outpatient needs, with a focused expertise in, serving monolingual Asian-American clients as a specialized target sub-population. For Resident and Community Fellows, the Jackson Street

Community specifically addresses personal and leadership development for community living.

In addition, under this contract Conard House provides psychosocial support services at the Plaza Apartments, a supportive housing facility opened January 2006, jointly operated by the Plaza Apartments Associates LP (owner), San Francisco Department of Homelessness and Supportive Housing - Direct Access to Housing Program (DAH), and John Stewart Property Management Company.

Across all sites, approximately 96.33% of clients eligible for services are recipients of Medi-Cal benefits. Their Outpatient Services are funded by Medi-Cal revenue in this contract. The other 3.67% are funded by the County General Fund revenue in this contract.

## **5. Modalities/Interventions**

### Outpatient Services (OP):

The CRDC Modes of Service for Reporting Unit 89492 are:

- 15-01 Case Management Brokerage
- 15-10 Mental Health Services – Collateral
- 15-30 Mental Health Services – Assessment
- 15-30 Mental Health Services – Plan/Development
- 15-40 Mental Health Services – Individual Therapy
- 15-40 Mental Health Services – Individual Rehabilitation
- 15-50 Mental Health Services – Group Therapy
- 15-40 Mental Health Services – Group Rehabilitation
- 15-70 Crisis Intervention
- 45-Outreach (Community Mental Health Education and Consultation; Enhancing other agencies MH knowledge; Individual and Group non-registered clients (including residents in Conard Supportive Housing who refuse to be opened in AVATAR or residents who do not meet the medical necessity criteria to be opened in AVATAR)).

A billable Unit of Service (UOS) of eligible health services for Mode 15, as defined by the Medi-Cal Rehab Option, is one minute of service. We will use the BHS-issued codes for the relevant service according to instructions from BHS Quality Assurance and DPH Compliance Unit.

The maximum static capacity of the Outpatient Services is 450 clients. However, with some residents refusing services, others no longer meeting medical necessity, and turnover, the estimated unduplicated number of clients (UDC) opened in Avatar and receiving Outpatient Services is unchanged at 400 for this contract period.

See CRDC for details of OP UOS and UDC.

Incorporation of Health Navigation Activities in Outpatient Services:

Since 2015, we budgeted two full time equivalents for peer Health Navigators (four 20-hour positions). These Health Navigators work as needed at 7 DPH-funded Supportive Housing Sites providing Health Navigation Services. The efforts of the Health Navigators will contribute to the number of UOS for Mode 15 & Mode 45 services within OP services, namely, they provide outreach and Medi-Cal billable services to clients and residents on health navigation (e.g., when the opened client has a treatment goal in Medical/Health on his/her treatment plan and that health navigation services reduce the functional impairments as a result of clients' mental health conditions that meet the criteria of medical necessity). We provide documentation training and supervision for the Health Navigators so that they can effectively complete Medi-Cal documentation in AVATAR. Health Navigators collaborate with clients and their primary clinicians at Conard House in including Medical/Health goals (when appropriate) on their treatment plans.

Supportive Housing:

The CRDC Mode of Service is Mode 60 - 78 Support Services.

A billable Supportive Housing Unit of Service (UOS) is a Supportive Housing Service Day, i.e., a day in which an individual is in residence in a co-op or hotel setting providing access to case management, staff time for core services (non-outpatient) such as money management, benefits advocacy, employment support, community orientation, community building, community meetings and resident councils, and/or milieu management.

The maximum static bed-capacity of the program is 450. Details are shown in the table below. The 106-unit Plaza Apartment program is included in the 450 -total. For FY18-19 the number of Coop beds is 68, down 4 as one master-lease Coop was lost. This may change further because Coop landlords may terminate their "commercial" leases with Conard House Inc. or because of Conard House may choose not to renew "commercial" leases if leasing cost increases are exorbitant.

With turnover estimated at 5% for established sites, 15% for the Plaza, and 25% for the transitional Washburn site, the estimated unduplicated number of clients to receive Supportive Housing Services is 487 for this contact period.

Under CRDC Mode/SFC 60 - 78, the Supportive Housing program UOS will be billed in Supportive Housing Client Days. See CRDC in Appendix B for details of UOS and UDC.

Intake Coordinator and Case Managers will open each client in the Avatar System at the beginning of a client's admission into outpatient services. Each client will be closed at termination when the client declines further outpatient services or moves out of a Conard House supportive housing program. A small portion of the co-op and hotels' population will not be entered into Avatar because support services are voluntary by statute - some clients will decline services, or because some clients are not clients of BHS and choose not to be identified in the San Francisco Behavioral Health System. Conard House uses Property Management Rent Rosters to determine the total number of supported housing days delivered for the purpose of invoicing and monitoring aggregated actual Units of Service against aggregated contracted Units of Service.

Supportive Housing Sites	Static Resident Capacity (# of beds)	Annual Unduplicated SH Residents	Supportive Housing Days (90% Capacity) (12 months 7/1/18 to 6/30/19)	Total Outpatient Hours (12 months 7/1/18 to 6/30/19)	Medi-Cal Outpatient Hours (12 months 7/1/18 to 6/30/19)
Jackson Street	8	8	2,628		
Coops	68	71	22,338	1,814	1,754
El Dorado	57	60	18,724	1,680	1,623
Washburn	22	27	7,227	1,702	1,644
Midori	77	81	25,295	1,667	1,611
Lyric	58	61	19,053	1,743	1,684
Jordan	54	57	17,739	870	841
Plaza	106	122	34,821	1,587	1,534
<b>Annual Subtotal # of beds:</b>	<b>450</b>				
<b>Annual SH UDC:</b>		487			
<b>Supportive Housing Total Days:</b>			<b>147,825</b>		
<b>SH Intakes:</b>				688	665
Hourly rounding adjustments:					
<b>OP Subtotal Hours</b>				<b>11,751</b>	
<b>Medi-Cal OP Mode 15 Subtotal Hours</b>					<b>11,356</b>
<b>12mos projected UDC:</b>				<b>246</b>	
<b>Mode 45 Total Hours</b>				<b>516</b>	<b>N/A</b>
<b>DPH Total Hours</b>				<b>12,267</b>	<b>11,356</b>
<b>Mode 15 Total OP minutes</b>				<b>705,078</b>	
<b>Mode 15 Total Medi-Cal minutes</b>					<b>681,344</b>



## **6. Methodology**

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

As a part of Community Behavioral Health Services, it is the role of Conard House's Outpatient Services Program to provide outpatient mental health services and health navigation services relating to clients' severe and chronic mental health conditions under the Social Rehabilitation Option to its residents living in Conard House's Coops apartments and Hotels in the community. Conard House has been providing cooperative apartments for over 50 years and SRO housing and social rehab options for almost 30 years to San Franciscans with severe and chronic mental health conditions.

Outpatient Services are available to Supportive Housing clients who meet the criteria for Medical Necessity and Target Symptoms/Impairments on the BHS Treatment Plan of Care. Priority is given to those clients referred by the BHS Placement Team who have been through a transitional level of care. Most of these clients will have been initially referred from residential treatment programs, streets and homeless shelters. Outpatient Services imbedded in Supportive Housing furthers the BHS goals of providing consumer-guided and community-based services to its clients and reducing psychiatric hospitalizations.

### **B. Admission Criteria and Process:**

Those eligible for the Supportive Housing Program are individuals who have chronic and severe mental health conditions and functional impairments whose lives would remain more stable, without hospitalization or homelessness, with the provision of Case Management, Mental Health, and Crisis Services. Client/residents are assessed at entry to Supportive Housing for history/needs/goals relating to mental and functional status. The Conard House Sr. Case Manager II, functions as an Intake Coordinator and performs this assessment for applicants for the Coops, El Dorado, the Midori, and the Washburn. The Intake Coordinator presents to and discusses the results with Director of Clinical Services and site Program Directors. Shelter Plus Care refers tenants to the Lyric Hotel and some beds at the Midori and El Dorado Hotels. John Stewart Company, the Property Management company refers Section 8 tenants for admission to the Jordan. Direct Access to Housing places tenants at the Plaza Apartments.

### C. Service Delivery Model:

#### Outpatient Services:

The Outpatient Services program is based on a psycho-social rehabilitation model in a supportive community providing a range of activities and services for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the Supportive Housing/Outpatient program. The Outpatient services are provided in a non-institutional, residential setting.

Outpatient Services delivered, per the CRDC, include Mental Health Services, Crisis Intervention and Case Management. Targeted Case Management is directed at maintaining housing and independent living, teaching and reinforcing self-management skills, assessing physical health and mental health and substance use status, making appropriate linkages to needed services when necessary, and preventing hospitalization and/or homelessness.

Health Navigators conduct screenings and assessments of clients' health navigation needs according to Pacific Clinics/University of Southern California Health Navigation Program. All Outpatient Health Navigators are certified by this program. They follow procedures outlined in this program with the main goal of empowering clients to navigate the complex health system independently. Using the PC/USC program materials, Health Navigators assist clients in communicating effectively with their medical/dental/or optometry providers. Health Navigators assist clients in setting health care goals, wellness goals and collaborate with clients in achieving those goals.

Conard House Outpatient clients who only need escort to medical appointments but do not desire to learn skills in navigating the health care system, are not appropriate for enrollment in the Health Navigator program. However, as long as the Outpatient client is willing to engage and attend the screening and assessment sessions, Health Navigators are willing to assist with making appointments, attending appointments with clients, as well as role modeling and coaching clients to be more independent as they interact with their various health care providers. "For Them, With Them, By Them" captures the spirit of this program.

#### Supportive Housing:

The Conard House Supportive Housing Program, as a non-licensed program, is not permitted to provide care and supervision to residents; during a crisis, staff is permitted and required to call appropriate emergency services and outside service providers, but are not permitted to provide "urgent care". This limitation includes a system to provide medications on site. Under this restriction, the SH program does

not provide psychiatric medication treatment and cannot dispense or monitor medication for clients.

Conard House Supportive Housing Program will follow the harm reduction policy and offer educational groups and activities oriented to clients with dual diagnoses. The Program will refer clients to organizations that specialize in dual diagnosis and substance use treatment.

Generally, hotel clinical staff work from 9:00 AM to 5:00 PM, Monday through Friday. At the Washburn, we have shifts for staff that are from 11 AM to 7 PM as well as 9 AM to 5 PM. Desk clerks provide coverage after hours and on-weekends in our Support Service Hotels. The Director of Supportive Housing and Community Services, Director of Clinical Services, Associate Clinical Directors, Operations Director, and Program Directors – all carry cell phones to respond to emergent clinical & staff situations at program sites. All staff are directed to bring in the assistance of outside service providers when necessary, including the police, psychiatric emergency services, mobile crisis, and outside case managers and therapists.

The Conard House Outpatient Services/Supportive Housing Program has six SRO Hotels located in the Tenderloin and South of Market areas. Room availability at the hotels ranges from 22 to 106 units. The static capacity is 374 SRO hotel residents. The Co-op Apartment Program has a static capacity of 68 residents. Jackson Street has a static capacity of 8 residents. The total static capacity is 450 residents



The total static capacity of residents served in the Supportive Housing Program 450.

Co-operative Apartments Office 2441 Jackson Street San Francisco, CA 94115 346-6384 (Capacity: 68)	Jackson Street Community 2441 Jackson Street San Francisco, CA 94115 346-6380 (Capacity: 8)
El. Dorado Hotel 150 Ninth Street San Francisco, CA 93103 863-4582 (Capacity: 57)	Midori Hotel 240 Hyde Street San Francisco, CA 94102 775-6006 (Capacity: 77)
Lyric Hotel 140 Jones Street San Francisco, CA 94102 776-2115 (Capacity: 58)	Jordan Apartments 820 O'Farrell Street San Francisco, CA 94102 922-1503 (Capacity: 54)
Plaza Apartments 988 Howard Street San Francisco, CA 94103 344-0527 (Capacity:106)	Washburn Residence 38-42 Washburn Street San Francisco, CA 94103 864-8701 (Capacity: 22)

The Plaza Apartments are part of the Direct Access to Housing (DAH) program under the Department of Homelessness and Supportive Housing. Conard House provides the same services to Plaza residents as it does to its other supportive housing programs.

#### Case managers:

- Involve each tenant or client in his or her own service plan, which includes an assessment and appropriate reassessment of economic status.
- Work closely as indicated with BHS or non BHS clinicians to help keep tenants and clients stably housed and able to provide for themselves. Case managers are available for case conferences with BHS and other providers.
- Assist tenants and clients in maintaining their housing, acquiring basic living skills, and coordinating with other services.
- Refers clients to pre-vocational program, vocational programs including employment and volunteer opportunities and academic programs.
- Meet regularly with clients and collaborate with staff of other programs that provide services to clients.
- Disburse checks directly to each tenant based on the money management plan negotiated between tenant and case manager.
- Refer clients in Washburn Transitional Residence to other supportive or subsidized housing programs.

**D. Exit Criteria and Process:**

Except for the Washburn and the Jackson Street Community, all Conard House Supportive Housing is permanent housing. The Washburn is operated to enable residents to transition into permanent supportive housing. The Jackson Street Community is operated to enable residents to transition to community living. Other tenants who wish to move to non-supportive housing are encouraged to do so when appropriate and are given referral assistance and other help they may need.

Upon move-in, Washburn tenants begin working individually and in groups to prepare for permanent, supportive or subsidized housing, as the Washburn is a transitional 24-month program.

Upon move-in, Jackson Street tenants will begin working individually and in groups on strategies for community living. The initial Fellowship residency for new residents will be 3 months. Residents in good standing with the program can extend their enrollment in 3-month increments up to 24 months.

For residents and other clients leaving Supportive Housing, Conard Case Managers shall notify the BHS Care Manager (and conservator, if conserved) of proposed discharge or service termination prior to such action in order to allow for collaborative problem solving and/or disposition planning. In rare instances when the Case Manager is unable due to circumstances to notify the conservator prior to such discharge or termination, staff shall notify the conservator within 24 hours or the next workday.

Outpatient Services are provided to both permanent and transitional residents of Conard House Supportive Housing. Services are normally discontinued when a client leaves the Supportive Housing program and is referred to appropriate services if necessary. Exceptions to this are made on a case-by-case basis. The step-down process is monitored per annual BHS Plan of Care reassessment.

C. Please see Conard House Budget on Appendix B.

## 7. Objectives and Measurements

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

Note:

1. Because Conard House Outpatient Services changed its RU from 3862OP to 89492 on July 2, 2007, INSYST had reclassified all clients in 3862OP to have the new admission date of July 2, 2007. When San Francisco Behavioral Health Services (BHS) issued a new policy of revising the due date of annual anniversary documentation to the opening date of the clients, Conard House Outpatient Services had received permission from BHS to create an internal log so that clients with an opening date of 7/2/2007 will have the anniversary date of the date of the last completed treatment plan at the time of this change. For example, if the client has an admission date of July 2, 2007, the last treatment plan completed was October 10, 2014. October 10 will be the anniversary date of this client, not July 2. Conard House Outpatient Services staff understand they have to follow the internal log for clients opened on 7/2/2007 and for clients who ARE NOT opened on July 2, 2007, they need to follow BHS's policy of completing annual anniversary documentation on their admission date, and that they will use the AVATAR Treatment Plan Due Date Report to track these treatment plan due dates.

The AVATAR Treatment Plan Due Date Report is not accurate for Conard House Outpatient Services clients when their opening date is 7/2/2007. Furthermore, the percentages of expired treatment plans calculated by AVATAR based on this AVATAR Report are not accurate in measuring our performance objective on the criteria on the timeliness in completing treatment plans and other anniversary documentation.

2. BHS had informed all outpatient clinics to close clients who have Medi-Care Part B and or Part C (HMO) and Medi-Cal (Medicaid) and refer these clients to the HMO's that they have signed up. Conard House Outpatient Services had received permission from BHS on January 8, 2016 to continue to provide mental health services, targeted case management brokerage, and crisis services to these clients and not to discharge them from Conard House Outpatient Services in that Conard House outpatient clients are residents who reside in our Supportive Housing sites and that Conard House Outpatient Services are not provided in an outpatient clinic setting.

## **8. Continuous Quality Assurance and Improvement**

A Quality Assurance and Improvement Project for Conard House Outpatient and Supportive Housing Services in FY18 -19 will be proposed and implemented. We will submit this Project for Conard Board approval at a Conard House Board Meeting. Additionally, the following CQA/CQI activities continue:

### **A. Achievement of contract performance objectives.**

Program Directors, Associate Clinical Directors, and Director of Supportive Housing and Community Services, and the Director of Clinical Services meet monthly to discuss program operations and the collection of data to track performance objectives. Director of Clinical Services and Associate Clinical Directors and Program Directors track Avatar reports on Outpatient and Supportive Housing Service Units.

### **B. Documentation quality, including a description of internal audits.**

Outpatient Services complies with Avatar documentation requirements. The Director of Clinical Services and Associate Clinical Directors and Program Directors perform routine internal audits of Avatar documents. The Director of Clinical Services will submit the a description of our internal audit procedures to BOCC .

### **C. Cultural competency of staff and services.**

The Conard House Cultural Competency Committee meets monthly to discuss program operations and plan for future trainings based on needs as discussed during the meeting.

### **D. Client satisfaction.**

Clients receiving Conard House Outpatient Services participate in BHS Mental Health Consumer Perception Surveys two times each year. The Director of Supportive Housing and Community Services and Director of Clinical Services will review program results and incorporate feedback to the program operations.

1. **Program Name:** Rep Payee Services  
**Program Address:** 1385 Mission Street, Suite 200  
**City, State, Zip Code:** San Francisco, CA 94103  
**Telephone:** (415) 864-7897  
**Facsimile:** (415) 864-7093  
**Program Code:** 8949RP  
**Website Address:** www.conard.org

**Executive Director/Program Director:** Richard Heasley, MPA, Executive Director  
Liliana Suarez, Director, Supportive Housing & Community Services  
**Telephone:** 415/864-7833  
**Email Address:** rheasley@conard.org  
liliana@conard.org

2. **Nature of Document (check one)**

☒ Original ☐ Contract Amendment ☐ Internal Contract Revision

3. **Goal Statement**

The goal of Conard House Rep Payee Services is to help eligible clients, of all ethnicities and populations, establish and manage their public income benefits by providing representative payee and money management services to those in the San Francisco mental health system and Human Services Agency County Adult Assistance Program (CAAP). These services are funded by BHS, DEAP, MHSA (formerly AB 2034) and an HSA General Fund Work Order. The program will collect clients' public income benefits from the Social Security Administration and other sources and deposit these funds into client subaccounts within a Conard House Rep Payee master account, work with clients to budget the use of their funds, and make prudent, timely and documented disbursements from their subaccount accounts.

4. **Target Population**

This program serves San Francisco residents of all ethnicities and populations, and is designed to specifically address the needs of adult, ages 18 and older, with mental health diagnosis and who need representative payee services; and secondly, adults enrolled in the County Adult Assistance Program, who are in the process of receiving

Social Security benefits. The total static capacity of the population served is 692, and broken down by the following funding sources, shown in the table below.

Community Services Rep Payees by Funding Source	Allocated by Rev Ratios	Static Client Capacity	Max Undupl Clients	Annual Service Days
<b>BHS Clients</b>				
BHS Rep Payee	30.28%	210	221	68,985
DEAP	11.75%	81	85	26,609
MHSA	3.60%	25	26	8,212
<b>BHS Subtotal</b>	<b>45.63%</b>	<b>316</b>	<b>332</b>	<b>103,806</b>
<b>HSA Work Order</b>	<b>54.37%</b>	<b>376</b>	<b>395</b>	<b>123,516</b>
<b>DPH Contract Total</b>	<b>100.00%</b>	<b>692</b>	<b>727</b>	<b>227,322</b>

#### 5. Modality/Interventions

The CRDC Mode of Service is Mode 60 Support Services.

This is a Fee-For-Service Program. For management and invoicing purposes, a Unit of Service will be a Service Day, i.e., each day of 365 business days in the contract period that a client is enrolled in the Rep Payee Services Program.

Under CRDC Mode/SFC 60-78, the Rep Payee Program will deliver 105,120 Service Days over the 12 months of the annual FY18-19 contract period. Service days are discounted at 90% to allow for 10% regular vacancies, the net result of the rate of discharges, referrals and vacancies. The Table above shows the Service Days detail by funding source. If the rate of discharges decreases, and the rate of eligible DPH or HSA referrals increases, Conard House agrees to enroll eligible clients to maintain a static capacity of up to 692 clients.

The Service Day Rate as shown in Appendix B-2 is a single composite rate used for all 12 months. The same single rate applies to each funding source. The Service Day Rate is the Total Annual Cost, \$1,803,120, divided by the Total Annual Service Days, 227,322. The Service Day Rate per enrollee per day is \$7.59.

For BHS, DEAP, MHSA and Work Order clients will be maintained at a static capacity of 692. With a turnover rate over 5%, a variable stream of eligible referrals, the maximum unduplicated number of people served in in the contract period is estimated at 727.

## 6. Methodology

### A. Admission Criteria and Process:

Referrals will come exclusively from BHS or HSA designated programs.

For BHS Referrals:

Formerly, all referrals for Conard House Rep Payee Services were handled by BHS Adult/Older Adult System of Care with the Adult/Older Adult Program Manager being the point of contact. As of FY17/18, Conard House takes all referrals to Rep Payee services from DPH Mental Health Providers, both Civil Service and Contractors, including Integrated Case Management & ICM step down programs. Additionally, HSA designated units can make direct referrals to Conard House for client Rep Payee services. The new process implemented is as follows:

1. DPH authorized Providers will fill out the Conard House Rep Payee Referral Form completely.
2. DPH authorized Providers will fax referral forms to Conard House Rep Payee Program's point of contact: **Attention: Conard House Associate Dir. of Operations.**
3. The Conard House Associate Dir. of Operations, as the point of contact will complete the Placement Status section of the referral form having determined the appropriate slot based on referral source and space availability.
4. Conard House Rep Payee program will notify referring DPH authorized provider of referral status (acceptance to program or placement on waitlist).
5. Conard House Rep Payee program will work with DPH authorized provider to schedule intake appointment.
6. Conard House Rep Payee program will report monthly to BHS A/OA Program Manager the following information: Total number of active slots with referral source, number of slots available per referral source, number of clients opened and closed that month by referral source, number of clients on waitlist with referral source.

For HSA referrals:

1. HSA staff will contact the Dir. of Operations to schedule intake appointment.
2. Dir. of Operations will inform Community Services Program of intake appointment.
3. Case Manager will travel to the CAAP office and complete intake paperwork.
4. HSA staff will accompany clients to CS-South for no-shows or any rescheduled appointments.

**B. Service Delivery Model:**

The service model is centered on the working relationship between the consumer and his or her Case Manager, whose primary function is that of Representative Payee. In this model, the Case Manager will:

- (1) Involve each client in his or her own service plan, which shall include an assessment and appropriate re-assessment of economic status.
- (2) Work closely as indicated with BHS clinicians to help keep consumers stably housed and able to provide for themselves. Case managers will be available for case conferences with BHS providers.
- (3) Assist clients in maintaining housing, including budgeting and coordinating with other service providers
- (4) Meet regularly with clients and collaborate with staff of other programs that provide services to clients. Inform outside providers of consumer emergency situations or other issues affecting consumers' ability to live independently in the community.
- (5) Disburse checks directly and timely to each client's landlord and ensure timely payment of utility bills.
- (6) For persons not already in housing, make housing referrals and placements, and mediate landlord—tenant disputes.
- (7) Enroll clients in available affordable housing opportunities for which they are eligible – including Conard House and other supportive or subsidized housing programs.
- (8) As of July 2018, Conard House will assume the responsibility to enter client demographics into BHS Avatar (opening and closing services). Conard House Rep Payee data will allow other BHS providers to improve the quality of the coordination of client services within the continuum of care.



The BHS Rep Payee Program Administration will be located at Conard House, Inc. at 1385 Mission Street, San Francisco CA 94103.

Rep Payees will be located at these San Francisco service locations:

- Community Services North at 259 Hyde Street,
- Community Services South at 154 Ninth Street,
- Co-located at the SOMA Clinic at 760 Fourth Street

Rep Payee Case Managers are normally on duty from 9:00 am to 5:00 pm, Monday through Friday, although their duties, including training, may periodically take them off-site.

The Program will deliver services in the preferred language of the consumer (including sign language) and make provisions for the use of trained interpreters when needed.

All staff is directed to call in the assistance of outside services providers when necessary, including police and psychiatric emergency services.

#### **D. Exit Criteria and Process:**

Clients are encouraged to become their own payees, that is, to be able to manage their own funds if they are not obligated to comply with the requirement from Social Security Administration that they must have someone else manage their money.

The Case Manager shall notify BHS providers and conservator (if conserved) of proposed discharge or service termination prior to such action in order to allow for collaborative problem solving and/or disposition planning. In rare instances when the services will be terminated due to violence, staff notifies the BHS provider or conservator within 24 hours or the next workday.

The Case Manager shall notify Social Security Administration of discharge or service termination and shall comply with instructions from Social Security regarding the disposition of fund balances in the consumer's account.

#### **E. Program Staffing:**

Personnel totaling 20.18 FTE for the Program consist of the following positions:

Director SHP/CS	0.21
Associate Director Operations	0.75
Program Assistant	0.23
IT Manager	0.12
FIU Account Manager	1.41
FIU Account Supervisor	.70
FIU Messenger	.73
FIU Senior Account Manager	0.70
Program Director II	2.91
Senior Case Manager I	2.00
Case Manager I	10.54
Fill In Case Manager	0.00
Total	<b>20.60</b>

The Rep Payees are responsible for the tasks listed above in Section 6.

C. The Case Managers are responsible for maintaining enrollment of up to 692 slots. The Fiscal Intermediary Unit (FIU) Account Managers are responsible for processing deposits and disbursement transactions on behalf of all Rep Payee clients. The Program Director provides supervision to the Case Managers. Associate Director supervises the Program Directors. The Director of Supportive Housing & Community Services (SH/CS) provides overall direction for the management and expansion of the program.

The following staff in other Departments provides administrative direction for Rep Payee Services: the FIU-Accounts Supervisor provides direction and training for Account Managers maintaining client accounts and processing deposits and disbursements. The Program Assistant and Information Technology (IT) Manager collect data for reporting purposes. The following staff in other Departments provides administrative direction for Rep Payee Services: the FIU-Accounts Supervisor provides direction and training for Account Managers maintaining client accounts and processing deposits and disbursements. The Program Assistant and Information Technology (IT) Manager collect data for reporting purposes. Additionally, the IT Manager maintains the program's electronic client files & computer systems.

## 7. Objectives and Measurements

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

## 8. Continuous Quality Assurance and Improvement

### A. Achievement of contract performance objectives.

Community Services Program Directors, Operations Director, and Director of Supportive Housing and Community Services meet bi-monthly to discuss program operations and the collection of data to track performance objectives.

### B. Documentation quality, including a description of internal audits.

The Representative Payee Services require minimum documentation of clients' progress. However, staff document events that require medical, psychiatric, legal, or police involvement. Program Directors are aware of the documentation required by BHS and are in full compliance regarding confidentiality and release of information. Program Directors will conduct annual audits of files and quarterly audits of money management binders and report results to the Director of Operations and Director for assessment, trainings needs, and recommendations.

### C. Cultural competency of staff and services.

The Cultural Competency Committee meets monthly to discuss program operations and plan for future trainings based on needs as discussed during the meeting.

### D. Client satisfaction.

The Representative Payee programs participate in the annual survey per BHS dates and times. Operations Director and Director of supportive Housing and Community Services will review program results and incorporate feedback to the program operations.

## **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.

#### **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.

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 Prop 63 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether

for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

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

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

Budget Summary

Appendix B-1a & 1b Outpatient Services and Supportive Housing

Appendix B-2 Rep Payee Services

### **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 **Eight Million Five Hundred Thirty Eight Thousand Seven Hundred Seventy Nine Dollars (\$8,538,779) for the period of July 1, 2018 through June 30, 2019.**

CONTRACTOR understands that, of this maximum dollar obligation, **\$914,869** 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 an Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2018 through June 30, 2019	\$7,623,910
<b>Subtotal – July 1, 2018 through June 30, 2023</b>	<b>\$7,623,910</b>
Contingency	\$914,869
<b>Grand Total:</b>	<b>\$8,538,779</b>

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

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

D. To provide for continuity of services while a new agreement was developed, the Department of Public Health established a contract with Conard House 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.

E. 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.

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

G. 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.



	A	B	C	D	E	F	G	H
1	<b>Appendix B - DPH 1: Department of Public Health Contract Budget Summary</b>							
2	DHCS Legal Entity Number (MH)	342					Page #	1
3	DHCS Legal Entity Name (MH)/Contractor Name (SA)	CONARD HOUSE, INC.					Fiscal Year	2018-2019
4	Contract CMS #	FSP #1000010463					Funding Notification Date	06/26/18
5	Contract Appendix Number	B-1 A	B-1 B	B-2	B-#	B-#	B-#	
6	Provider Number	342	342	342				
7	Program Name(s)	Outpatient	Supportive Housing	REP PAYEE				
8	Program Code(s)	89492	8949SH	8949RP				
9	Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19				<b>TOTAL</b>
10	<b>FUNDING USES</b>							
11	Salaries	\$ 1,328,006	\$ 701,627	\$ 969,474				\$ 2,999,107
12	Employee Benefits	\$ 445,323	\$ 220,249	\$ 315,984				\$ 981,556
13	<b>Subtotal Salaries &amp; Employee Benefits</b>	\$ 1,773,329	\$ 921,876	\$ 1,285,458	\$ -	\$ -	\$ -	\$ 3,980,663
14	Operating Expenses	\$ 481,160	\$ 1,996,662	\$ 348,579				\$ 2,826,401
15	Capital Expenses	\$ -						\$ -
16	<b>Subtotal Direct Expenses</b>	\$ 2,254,489	\$ 2,918,538	\$ 1,634,037	\$ -	\$ -	\$ -	\$ 6,807,064
17	Indirect Expenses	\$ 270,539	\$ 350,224	\$ 196,083				\$ 816,846
18	Indirect %	12.0%	12.0%	12.0%				12.0%
19	<b>TOTAL FUNDING USES</b>	\$ 2,525,028	\$ 3,268,762	\$ 1,830,120	\$ -	\$ -	\$ -	\$ 7,623,910
20							Employee Fringe Benefits %	30.9%
21	<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
22	MH FED SDMC FFP (50%) Adult	\$ 1,170,004						\$ 1,170,004
23	MH STATE Adult 1991 MH Realignment	\$ 1,244,616						\$ 1,244,616
24	MH COUNTY Adult - General Fund	\$ 110,408	\$ 3,268,762	\$ 554,230				\$ 3,933,400
25	MH COUNTY Adult WO CODB			\$ 24,268				\$ 24,268
26	MH COUNTY SSI-DISABILITY EVAL ASSIST PRG			\$ 215,000				\$ 215,000
27	MH MHSA (CSS)			\$ 65,898				\$ 65,898
28	MH WO HSA Rep Payee Program			\$ 970,724				\$ 970,724
29	<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	\$ 2,525,028	\$ 3,268,762	\$ 1,830,120	\$ -	\$ -	\$ -	\$ 7,623,910
30	<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
31								\$ -
32								\$ -
33								\$ -
34								\$ -
35								\$ -
36								\$ -
37	<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
38	<b>OTHER DPH FUNDING SOURCES</b>							
39	HUH General Fund		\$ -					\$ -
40								\$ -
41								\$ -
42								\$ -
43	<b>TOTAL OTHER DPH FUNDING SOURCES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
44	<b>TOTAL DPH FUNDING SOURCES</b>	\$ 2,525,028	\$ 3,268,762	\$ 1,830,120	\$ -	\$ -	\$ -	\$ 7,623,910
45	<b>NON-DPH FUNDING SOURCES</b>							
46								\$ -
47	<b>TOTAL NON-DPH FUNDING SOURCES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48	<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	\$ 2,525,028	\$ 3,268,762	\$ 1,830,120	\$ -	\$ -	\$ -	\$ 7,623,910
49	Prepared By	Roxie Uyeda/Richard Heasley			Phone Number	415-864-7833	Date prepared	07/13/18



	A	B	C	D	E	F	G	H
1	<b>Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)</b>							
2	DHCS Legal Entity Name (MH)/Contractor Name (SA) 342						Appendix #	B-1 A, Page 1
3	Provider Name CONARD HOUSE, INC.						Page #	2
4	Provider Number 342						Fiscal Year	2018-2019
5							Funding Notification Date	06/26/18
6		Program Name	Outpatient	Outpatient	Outpatient	Outpatient		
7		Program Code	89492	89492	89492	89492		
8		Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/70-79	45/20-29		
9		Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	OS-Cmmty Client Svcs		
10		Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19		TOTAL
11	<b>FUNDING USES</b>							
12		Salaries & Employee Benefits	167,914	1,507,603	25,119	72,693		1,773,329
13		Operating Expenses	45,560	409,060	6,816	19,724		481,160
14		Capital Expenses						-
15		Subtotal Direct Expenses	213,474	1,916,663	31,935	92,417		2,254,489
16		Indirect Expenses	25,617	230,001	3,832	11,089		270,539
17		TOTAL FUNDING USES	239,091	2,146,664	35,767	103,506		2,525,028
18	<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		Dept-Auth-Proj-Activity					
20	MH FED SDMC FFP (50%) Adult	251984-10000-10001792-0001	115,521	1,037,202	17,281			1,170,004
21	MH STATE Adult 1991 MH Realignment	251984-10000-10001792-0001	118,153	1,060,826	17,676	47,961		1,244,616
22	MH COUNTY Adult - General Fund	251984-10000-1001792-0001	5,417	48,636	810	55,545		110,408
23	MH COUNTY Adult WO CODB	251984-10000-1001792-0001						-
25	This row left blank for funding sources not in drop-down list							-
26	TOTAL BHS MENTAL HEALTH FUNDING SOURCES		239,091	2,146,664	35,767	103,506		2,525,028
27	<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		Dept-Auth-Proj-Activity					
28								-
29								-
30								-
32	This row left blank for funding sources not in drop-down list							-
33	TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-		-
34	<b>OTHER DPH FUNDING SOURCES</b>		Dept-Auth-Proj-Activity					
35								-
36								-
37	This row left blank for funding sources not in drop-down list							-
38	TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-		-
39	TOTAL DPH FUNDING SOURCES		239,091	2,146,664	35,767	103,506		2,525,028
40	<b>NON-DPH FUNDING SOURCES</b>							
41								-
42	This row left blank for funding sources not in drop-down list							-
43	TOTAL NON-DPH FUNDING SOURCES		-	-	-	-		-
44	TOTAL FUNDING SOURCES (DPH AND NON-DPH)		239,091	2,146,664	35,767	103,506		2,525,028
45	<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
46	Number of Beds Purchased (if applicable)							
47	SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
48	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
49		Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
50		DPH Units of Service	87,923	610,316	6,839	516		
51		Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0	
52		Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 2.72	\$ 3.52	\$ 5.23	\$ 200.59	\$ -	
53		Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.72	\$ 3.52	\$ 5.23	\$ 200.59	\$ -	
54		Published Rate (Medi-Cal Providers Only)	\$ 2.99	\$ 3.87	\$ 5.75	\$ 220.65		Total UDC
55		Unduplicated Clients (UDC)	23	209	3	10		246



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Appendix B - DPH 3: Salaries & Benefits Detail															
2																
3	Program Name: Outpatient										Appendix #: B-1 A, Page 2					
4	Program Code: 89492										Page # 3					
5	Fiscal Year: 2018-2019															
6	Funding Notification Date: 06/26/18															
7		TOTAL		MH COUNTY Adult - General Fund 251984-10000-1001792-0001		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)		
8	Term (mm/dd/yy-mm/dd/yy):			7/1/18-6/30/19												
9	Position Title			FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
10	Director Of Clinical Services			0.66	\$ 70,645	0.66	\$ 70,645									
11	Director SHP/CS			0.47	\$ 44,187	0.47	\$ 44,187									
12	Associate Clinical Director			1.33	\$ 112,697	1.33	\$ 112,697									
13	Associate Director Operations			0.17	\$ 11,280	0.17	\$ 11,280									
14	Program Assistant			0.37	\$ 13,204	0.37	\$ 13,204									
15	Health Navigator			1.00	\$ 35,126	1.00	\$ 35,126									
16	IT Manager			0.32	\$ 19,535	0.32	\$ 19,535									
17																
18																
19																
20	Program Director I			2.04	\$ 110,027	2.04	\$ 110,027									
21	Program Director II			2.65	\$ 154,224	2.65	\$ 154,224									
22	Program Director III			0.64	\$ 37,464	0.64	\$ 37,464									
23	Senior Case Manager I			1.31	\$ 60,123	1.31	\$ 60,123									
24	Senior Case Manager II			1.31	\$ 67,197	1.31	\$ 67,197									
25	Case Manager I			8.94	\$ 387,626	8.94	\$ 387,626									
26	Case Manager II			3.61	\$ 156,654	3.61	\$ 156,654									
27	Fill In Case Manager			0.40	\$ 17,344	0.40	\$ 17,344									
28	Fill In Counselor			0.67	\$ 29,003	0.67	\$ 29,003									
29	Maintenance Technician			0.04	\$ 1,670	0.04	\$ 1,670									
30																
31																
32																
33																
34																
35																
36																
37																
38																
39																
40																
41	Totals:			25.96	\$ 1,328,006	25.96	\$ 1,328,006	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	
42																
43	Employee Fringe Benefits:			33.53%	\$ 445,323	33.53%	\$ 445,323	0.00%		0.00%		0.00%		0.00%		
44																
45	TOTAL SALARIES & BENEFITS				\$ 1,773,329		\$ 1,773,329		\$ -		\$ -		\$ -		\$ -	

	A	B	C	D	E	F	G	H	I
2									
3	Program Name: <u>Outpatient</u>						Appendix #: <u>B-1 A, Page 3</u>		
4	Program Code: <u>89492</u>						4		
5							Fiscal Year: <u>2018-2019</u>		
6							Funding Notification Date: <u>06/26/18</u>		
7	Expense Categories & Line Items	TOTAL	MH COUNTY Adult - General Fund 251984- 10000-1001792-0001	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	
8	Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19						
9	Rent	\$ 176,996	\$ 176,996						
10	Utilities(telephone, electricity, water, gas)	\$ 97,015	\$ 97,015						
11	Building Repair/Maintenance	\$ 650	\$ 650						
12	Occupancy Total:	\$ 274,661	\$ 274,661	\$ -	\$ -	\$ -	\$ -	\$ -	
13	Office Supplies	\$ 35,335	\$ 35,335						
14	Furniture Replacement	\$ 1,165	\$ 1,165						
15	Materials & Supplies Total:	\$ 36,500	\$ 36,500	\$ -	\$ -	\$ -	\$ -	\$ -	
16	Training/Staff Development	\$ 34,311	\$ 34,311						
17	Insurance	\$ 40,177	\$ 40,177						
18	Equipment Lease & Maintenance	\$ 63,924	\$ 63,924						
19	General Operating Total:	\$ 138,412	\$ 138,412	\$ -	\$ -	\$ -	\$ -	\$ -	
20	Local Travel	\$ 4,318	\$ 4,318						
21	Staff Travel Total:	\$ 4,318	\$ 4,318	\$ -	\$ -	\$ -	\$ -	\$ -	
22	Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and	\$ -							
23	Legal Services: Debra Sturmer 10.5 hrs @ \$300/per hour; \$69 out-of-pocket expenses	\$ 3,219	\$ 3,219						
24	Consultant/Subcontractor Total:	\$ 3,219	\$ 3,219	\$ -	\$ -	\$ -	\$ -	\$ -	
25	Other (provide detail):	\$ -							
26	Client Services [transportation, activities fund]	\$ 21,804	\$ 21,804						
28	Program staff TB tests	\$ 2,246	\$ 2,246						
29		\$ -							
30	Other Total:	\$ 24,050	\$ 24,050	\$ -	\$ -	\$ -	\$ -	\$ -	
31									
32	TOTAL OPERATING EXPENSE	\$ 481,160	\$ 481,160	\$ -	\$ -	\$ -	\$ -	\$ -	



	A	B	C	D	E	F	G	H
1	<b>Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)</b>							
2	DHCS Legal Entity Name (MH)/Contractor Name (SA) 342						Appendix #	B-1 B, Page 1
3	Provider Name CONARD HOUSE, INC.						Page #	5
4	Provider Number 342						Fiscal Year	2018-2019
5							Funding Notification Date	06/26/18
6	Program Name	Supportive Housing	Supportive Housing					
7	Program Code	8949 SH	8949 SH					
8	Mode/SFC (MH) or Modality (SA)	60/78	60/78					
9	Service Description	SS-Other Non-Medical Client Support Exp	SS-Other Non-Medical Client Support Exp					
10	Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-6/30/19	7/1/18-6/30/19					<b>TOTAL</b>
11	<b>FUNDING USES</b>							
12	Salaries & Employee Benefits	921,876	-					921,876
13	Operating Expenses	1,996,662	-					1,996,662
14	Capital Expenses							-
15	Subtotal Direct Expenses	2,918,538	-	-	-	-	-	2,918,538
16	Indirect Expenses	350,224	-					350,224
17	<b>TOTAL FUNDING USES</b>	<b>3,268,762</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,268,762</b>
18	<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>						
20	MH COUNTY Adult - General Fund	251984-10000-10001792-0001	3,268,762					3,268,762
21								-
23								-
24								-
25	This row left blank for funding sources not in drop-down list							
26	<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>3,268,762</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,268,762</b>
27	<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>						
28								-
29								-
30								-
32	This row left blank for funding sources not in drop-down list							
33	<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
34	<b>OTHER DPH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>						
35	HUH General Fund	HCHSHHSGGF						-
36								-
37	This row left blank for funding sources not in drop-down list							
38	<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
39	<b>TOTAL DPH FUNDING SOURCES</b>		<b>3,268,762</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,268,762</b>
40	<b>NON-DPH FUNDING SOURCES</b>							
41								-
42	This row left blank for funding sources not in drop-down list							
43	<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
44	<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>3,268,762</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,268,762</b>
45	<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
46	Number of Beds Purchased (if applicable)							
47	SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
48	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
49	Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)					43,287
50	DPH Units of Service	147,825						
51	Unit Type	Start Hour or Client Day, depending on contract.	Start Hour or Client Day, depending on contract.	0	0	0		
52	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 22.11	\$ -	\$ -	\$ -	\$ -		
53	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 22.11	\$ -	\$ -	\$ -	\$ -		
54	Published Rate (Medi-Cal Providers Only)	\$ 24.32						<b>Total UDC</b>
55	Unduplicated Clients (UDC)	487						487

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
1	Appendix B - DPH 3: Salaries & Benefits Detail																
2																	
3	Program Name: Supportive Housing										Appendix #: B-1 B, Page 2						
4	Program Code: 8949 SH										Page #: 6						
5											Fiscal Year: 2018-2019						
6											Funding Notification Date: 06/26/18						
7		TOTAL		MH COUNTY Adult - General Fund 251984- 10000-10001792-0001		Accounting Code 3 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)			
8	Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19														
9	Position Title		FTE	Salaries	FTE	Salaries				FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
10	Director Of Clinical Services		0.34	\$ 35,931	0.34	\$ 35,931											
11	Director SHP/CS		0.24	\$ 22,451	0.24	\$ 22,451											
12	Associate Clinical Director		0.67	\$ 56,411	0.67	\$ 56,411											
13	Associate Director Operations		0.08	\$ 5,736	0.08	\$ 5,736											
14	Program Assistant		0.19	\$ 6,716	0.19	\$ 6,716											
15	Health Navigator		0.50	\$ 17,373	0.50	\$ 17,373											
16	IT Manager		0.17	\$ 9,930	0.17	\$ 9,930											
17	FIU Account Manager		0.34	\$ 14,740	0.34	\$ 14,740											
18	FIU Account Supervisor		0.17	\$ 9,282	0.17	\$ 9,282											
19	FIU Messenger		0.18	\$ 5,627	0.18	\$ 5,627											
20	Program Director I		1.02	\$ 54,919	1.02	\$ 54,919											
21	Program Director II		1.35	\$ 78,441	1.35	\$ 78,441											
22	Program Director III		0.36	\$ 20,693	0.36	\$ 20,693											
23	Senior Case Manager I		0.69	\$ 31,439	0.69	\$ 31,439											
24	Senior Case Manager II		0.69	\$ 35,139	0.69	\$ 35,139											
25	Case Manager I		4.47	\$ 193,959	4.47	\$ 193,959											
26	Case Manager II		1.82	\$ 79,092	1.82	\$ 79,092											
27	Fill In Case Manager		0.20	\$ 8,578	0.20	\$ 8,578											
28	Fill In Counselor		0.33	\$ 14,344	0.33	\$ 14,344											
29	Maintenance Technician		0.02	\$ 826	0.02	\$ 826											
30																	
31																	
32																	
33																	
34																	
35																	
36																	
37																	
38																	
39																	
40																	
41	Totals:		13.81	\$ 701,627	13.81	\$ 701,627										\$ -	
42																	
43	Employee Fringe Benefits:		31.39%	\$ 220,249	31.39%	\$ 220,249											
44																	
45	TOTAL SALARIES & BENEFITS			\$ 921,876		\$ 921,876				\$ -		\$ -		\$ -		\$ -	



	A	B	C	D	E	F	G	H	I
1	<b>Appendix B - DPH 4: Operating Expenses Detail</b>								
2									
3	Program Name: <u>Supportive Housing</u>						Appendix #: <u>B-1 B, Page 3</u>		
4	Program Code: <u>8949 SH</u>						<u>7</u>		
5							Fiscal Year: <u>2018-2019</u>		
6	Combine on Appx B						Funding Notification Date: <u>06/26/18</u>		
7	<b>Expense Categories &amp; Line Items</b>	<b>TOTAL</b>	<b>MH COUNTY Adult General Fund 251984-10000-</b>	<b>Accounting Code 3 (Index Code or Detail)</b>	<b>Accounting Code 3 (Index Code or Detail)</b>	<b>Accounting Code 4 (Index Code or Detail)</b>	<b>Accounting Code 5 (Index Code or Detail)</b>	<b>Accounting Code 6 (Index Code or Detail)</b>	
8	<b>Term (mm/dd/yy-mm/dd/yy):</b>		<b>7/1/18-6/30/19</b>						
9	Rent	\$ 100,283	\$ 100,283						
10	Utilities(telephone, electricity, water, gas)	\$ 50,823	\$ 50,823						
11	Building Repair/Maintenance	\$ 30,935	\$ 30,935						
12	<b>Occupancy Total:</b>	<b>\$ 182,041</b>	<b>\$ 182,041</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
13	Office Supplies	\$ 24,980	\$ 24,980						
14	Furniture Replacement	\$ 576	\$ 576						
17									
18	<b>Materials &amp; Supplies Total:</b>	<b>\$ 25,556</b>	<b>\$ 25,556</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
19	Training/Staff Development	\$ 8,666	\$ 8,666						
20	Insurance	\$ 19,871	\$ 19,871						
21	Equipment Lease & Maintenance	\$ 31,653	\$ 31,653						
22	<b>General Operating Total:</b>	<b>\$ 60,190</b>	<b>\$ 60,190</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
23	Local Travel	\$ 3,263	\$ 3,263						
24									
25									
26	<b>Staff Travel Total:</b>	<b>\$ 3,263</b>	<b>\$ 3,263</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
27	Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -							
28	Beth Robinson dba Rainbow Music Therapy for Sound Connections non-clinical social rehab; Over 12 months, 44 weekly open sessions @ \$200/session = \$8,800; 88 weekly 1:1 sessions @ \$75/session = \$6,600; supplies \$610.	\$ 16,010	\$ 16,010						
29	<b>Consultant/Subcontractor Total:</b>	<b>\$ 16,010</b>	<b>\$ 16,010</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
30	<b>Other (provide detail):</b>	<b>\$ -</b>							
31	Legal Services [client related]	\$ 2,440	\$ 2,440						
32	Client Services [food, transportation, activities fund]	\$ 12,251	\$ 12,251						
33	Transaction fees for rep. payee residents	\$ 14,793	\$ 14,793						
34	DPH Subsidy	\$ 1,679,000	\$ 1,679,000						
36	Program staff TB tests	\$ 1,118	\$ 1,118						
37		\$ -							
38	<b>Other Total:</b>	<b>\$ 1,709,602</b>	<b>\$ 1,709,602</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
39									
40	<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 1,996,662</b>	<b>\$ 1,996,662</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

	A	B	C	D	E	F	G	H
1	<b>Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)</b>							
2	DHCS Legal Entity Name (MH)/Contractor Name (SA) 342						Appendix #	B-2, Page 1
3	Provider Name CONARD HOUSE, INC.						Page #	8
4	Provider Number 342						Fiscal Year	
5							Funding Notification Date	06/26/18
6								
7	Program Name		REP PAYEE					
8	Program Code		8949 RP					
9	Mode/SFC (MH) or Modality (SA)		60/78					
10	Service Description		SS-Only Non-Medical Case Support Exp					
11	Funding Term (mm/dd/yy - mm/dd/yy)		7/1/18-6/30/19					
12	FUNDING USES		TOTAL					
13	Salaries & Employee Benefits		1,285,458					
14	Operating Expenses		348,579					
15	Capital Expenses							
16	Subtotal Direct Expenses		1,634,037					
17	Indirect Expenses		196,083					
18	TOTAL FUNDING USES		1,830,120					
19	Accounting Code (Index Code or Detail)							
20	BHS MENTAL HEALTH FUNDING SOURCES							
21	MH COUNTY Adult - General Fund		554,230					
22	MH COUNTY Adult WO CODB		24,268					
23	MH COUNTY SSI-DISABILITY EVAL ASSIST PRG		215,000					
24	MH MHSA (CSS)		65,898					
25	MH WO HSA Rep Payee Program		970,724					
26	This row left blank for funding sources not in drop-down list							
27	TOTAL BHS MENTAL HEALTH FUNDING SOURCES		1,830,120					
28	Accounting Code (Index Code or Detail)							
29	BHS SUBSTANCE ABUSE FUNDING SOURCES							
30								
31								
32	This row left blank for funding sources not in drop-down list							
33	TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES							
34	Accounting Code (Index Code or Detail)							
35	OTHER DPH FUNDING SOURCES							
36								
37								
38	This row left blank for funding sources not in drop-down list							
39	TOTAL OTHER DPH FUNDING SOURCES							
40	TOTAL DPH FUNDING SOURCES		1,830,120					
41	NON-DPH FUNDING SOURCES							
42								
43	This row left blank for funding sources not in drop-down list							
44	TOTAL NON-DPH FUNDING SOURCES							
45	TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,830,120					
46	BHS UNITS OF SERVICE AND UNIT COST							
47	Number of Beds Purchased (if applicable)							
48	SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
49	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program		7/6/2018					
50	Payment Method		Fee-For-Service (FFS)					
51	DPH Units of Service		241,121					
52	Unit Type		Start Hour of Client Day, depending on contract.					
53	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		7.59					
54	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		7.59					
55	Published Rate (Medi-Cal Providers Only)		8.35					
56	Unduplicated Clients (UDC)		727					
			Total UDC					

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
1	Appendix B - DPH 3: Salaries & Benefits Detail																
2																	
3	Program Name: REP PAYEE												Appendix #: B-2, Page 2				
4	Program Code: 8949 RP												Page #: 9				
5					J & X		G & U		I & W		H & V		Fiscal Year: 2018-2019				
6					604		601		603		602		Funding Notification Date: 06/26/18				
7				TOTAL	MH COUNTY Adult - General Fund 251984- 10000-10001792-0001		MH WO HSA Rep Payee Program 251984-10002- 10001989-0002&MH COUNTY Adult WO C0DB251984-10000- 10001792-0001		MH COUNTY SSI- DISABILITY EVAL ASSIST PRG 240645-10000- 1001669-003		MH MHSA (CSS) 251984- 17156-10031199-0015		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)		
8	Term (mm/dd/yy-mm/dd/yy):			7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19							
9	Position Title			FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
10	Director SHP/CS			0.21	\$ 19,538	0.06	\$ 5,916	0.11	\$ 10,623	0.02	\$ 2,296	0.01	\$ 703				
11	Associate Director Operations			0.75	\$ 51,056	0.23	\$ 15,460	0.41	\$ 27,759	0.09	\$ 5,999	0.03	\$ 1,838				
12	Program Assistant			0.23	\$ 8,181	0.07	\$ 2,477	0.13	\$ 4,448	0.03	\$ 961	0.01	\$ 295				
13	IT Manager			0.12	\$ 7,216	0.04	\$ 2,185	0.07	\$ 3,923	0.01	\$ 848	0.00	\$ 260				
14	FIU Account Manager			1.41	\$ 60,682	0.43	\$ 18,375	0.77	\$ 32,993	0.17	\$ 7,130	0.05	\$ 2,185				
15	FIU Account Supervisor			0.70	\$ 38,213	0.21	\$ 11,571	0.38	\$ 20,776	0.08	\$ 4,490	0.03	\$ 1,376				
16	FIU Messenger			0.73	\$ 23,196	0.22	\$ 7,024	0.39	\$ 12,612	0.09	\$ 2,726	0.03	\$ 835				
17	Program Director II			2.91	\$ 169,502	0.88	\$ 51,325	1.58	\$ 92,158	0.34	\$ 19,916	0.10	\$ 6,102				
18	Senior Case Manager I			2.00	\$ 91,560	0.61	\$ 27,724	1.09	\$ 49,781	0.24	\$ 10,758	0.07	\$ 3,296				
19	Case Manager I			11.54	\$ 500,330	3.50	\$ 151,500	6.28	\$ 272,029	1.36	\$ 58,789	0.42	\$ 18,012				
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
32																	
33																	
34																	
35	Totals:			20.60	\$ 969,474	6.24	\$ 293,557	11.20	\$ 527,103	2.42	\$ 113,913	0.74	\$ 34,901				\$ -
36																	
37	Employee Fringe Benefits:			32.59%	\$ 315,984	32.59%	\$ 95,680	32.59%	\$ 171,801	32.59%	\$ 37,128	32.59%	\$ 11,375				
38																	
39	TOTAL SALARIES & BENEFITS				\$ 1,285,458		\$ 389,237		\$ 698,904		\$ 151,041		\$ 46,276		\$ -		\$ -
40																	
41																	
42																	
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54																	
55																	
56																	
57																	
58																	
59	Line 13			=SUM(F65:L65)		30.28%		54.37%		11.75%		3.60%					
60	Line 25			=SUM(F65:L65)		30.28%		54.37%		11.75%		3.60%					



	A	B	C	D	E	F	G	H	I
1	Appendix B - DPH 4: Operating Expenses Detail								
2									
3	Program Name: REP PAYEE						Appendix #:		B-2, Page 3
4	Program Code: 8949 RP								10
5							Fiscal Year:		2018-2019
6							ding Notification Date:		06/26/18
			604	601	603	602			
	Expense Categories & Line Items	TOTAL	MH COUNTY Adult - General Fund 251984- 10000-10001792-0001	MH WO HSA Rep Payee Program 251984- 10002-10001989- 0002&MH COUNTY Adult WO CDOB251984-10000- 10001792-0001	MH COUNTY SSI- DISABILITY EVAL ASSIST PRG 240645-10000-1001669- 003	MH MHSA (CSS) 251984-17156- 10031199-0015	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)	
7									
8	Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19			
9	Rent	\$ 97,441	\$ 29,505	\$ 52,979	\$ 11,449	\$ 3,508			
10	Utilities(telephone, electricity, water, gas)	\$ 43,025	\$ 13,028	\$ 23,393	\$ 5,055	\$ 1,549			
11	Building Repair/Maintenance	\$ 8,556	\$ 2,591	\$ 4,652	\$ 1,005	\$ 308			
12	Occupancy Total:	\$ 149,022	\$ 45,124	\$ 81,024	\$ 17,509	\$ 5,365	\$ -	\$ -	
13	Office Supplies	\$ 16,556	\$ 5,013	\$ 9,002	\$ 1,945	\$ 596			
18	Materials & Supplies Total:	\$ 16,556	\$ 5,013	\$ 9,002	\$ 1,945	\$ 596	\$ -	\$ -	
19	Training/Staff Development	\$ 1,015	\$ 307	\$ 552	\$ 119	\$ 37			
20	Insurance	\$ 2,146	\$ 650	\$ 1,167	\$ 252	\$ 77			
21	Equipment Lease & Maintenance	\$ 36,685	\$ 11,108	\$ 19,946	\$ 4,310	\$ 1,321			
24	General Operating Total:	\$ 39,846	\$ 12,065	\$ 21,665	\$ 4,681	\$ 1,435	\$ -	\$ -	
25	Local Travel	\$ 485	\$ 147	\$ 264	\$ 57	\$ 17			
28	Staff Travel Total:	\$ 485	\$ 147	\$ 264	\$ 57	\$ 17	\$ -	\$ -	
29	Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and	\$ -							
30	Panoramic estimate 23 hours @ \$150/hour plus \$61 out-of-pocket expenses	\$ 3,511	\$ 1,063	\$ 1,909	\$ 413	\$ 126			
32	Consultant/Subcontractor Total:	\$ 3,511	\$ 1,063	\$ 1,909	\$ 413	\$ 126	\$ -	\$ -	
33	Other (provide detail):	\$ -							
34	Legal Services [client related]	\$ 221	\$ 67	\$ 120	\$ 26	\$ 8			
35	Client Services [food, transporation, activities fund]	\$ 3,102	\$ 939	\$ 1,687	\$ 364	\$ 112			
36	Transaction fees for rep payee community clients	\$ 135,301	\$ 41,031	\$ 73,520	\$ 15,866	\$ 4,884			
37	Program staff TB tests	\$ 535	\$ 162	\$ 291	\$ 63	\$ 19			
38		\$ -							
39	Other Total:	\$ 139,159	\$ 42,199	\$ 75,618	\$ 16,319	\$ 5,023	\$ -	\$ -	
40									
41	TOTAL OPERATING EXPENSE	\$ 348,579.00	\$ 105,611.00	\$ 189,482.00	\$ 40,924.00	\$ 12,562.00	\$ -	\$ -	



	A	B	C	D	E
1	Appendix B -DPH 6: Contract-Wide Indirect Detail				
2	Contractor Name: CONARD HOUSE, INC.			Page #	12
3	Contract CMS #: FSP #1000010463			Fiscal Year:	2018-2019
4				Funding Notification Date:	6/26/18
5					
6	1. SALARIES & BENEFITS				
7	Position Title			FTE	Amount
8	Executive Director			0.54	\$ 72,731
9	Chief Operating Officer			0.30	\$ 8,014
10	Budget Manager			0.30	\$ 48,837
11	Director Administrative Svcs			0.54	\$ 49,282
12	Human Resources Manager			0.54	\$ 28,727
13	Director Of Finance			0.54	\$ 54,585
14	Senior Accounting Manager			0.54	\$ 35,900
15	Accounting Manager			0.54	\$ 28,559
16	Payroll Accountant			0.08	\$ 4,454
17	Payroll Accountant			0.30	\$ 14,222
18	Accounts Payable Accountant			0.30	\$ 23,600
19	Staff Accountant			0.54	\$ 25,970
20	IT Manager			0.51	\$ 36,457
21	Personal Computer Technician			0.26	\$ 15,697
22	Senior Advisor			0.54	\$ 33,143
23	Executive Assistant			0.11	\$ 9,328
24	Program Assistant [Receptionist]			0.54	\$ 28,559
25	Maintenance Technician			-	\$ -
26				Subtotal:	7.01 \$ 518,065
27				Employee Fringe Benefits:	20.1% \$ 104,233
28				Total Salaries and Benefits:	\$ 622,298
29					
30	2. OPERATING COSTS				
31	Expense line item:			Amount	
32	Contracted Services [administrative temp staff, financial statements consultant]			\$ 34,520	
33	Management Fees			\$ 3,071	
34	Legal Fees			\$ 44,470	
35	Audit Fees			\$ 10,943	
36	Accounting\Bookkeeping\Data			\$ 721	
37	Insurance			\$ 8,179	
38	Rent			\$ 10,499	
39	Utilities			\$ 1,787	
40	Telephone			\$ 9,621	
41	Maintenance and Repairs			\$ 4,764	
42	Furniture replacement			\$ 36	
43	Equipment Rental			\$ 22,653	
44	Office Expense and Supplies			\$ 20,779	
45	Travel			\$ 2,812	
46	Training			\$ 6,262	
47	Other Fees [commuter check fees, recording fees, fire alarm fees]			\$ 13,431	
48				Total Operating Costs	\$ 194,548
49					
50	Total Indirect Costs (Salaries & Benefits + Operating Costs)			\$ 816,846	
52					
53				Total Indirect from DPH 1:	\$ 816,846.00

**Appendix C  
Insurance Waiver**

**(Reserved)**

**Appendix D  
(Reserved)**

## **Appendix E**

### **BAA**



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") ("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 ("SFPDH"), 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 111-001 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").

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

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

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

### 1. Definitions.

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

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



## San Francisco Department of Public Health

## Business Associate Agreement

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 or not 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.



San Francisco Department of Public Health  
Business Associate Agreement

**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 164.30

**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 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





## San Francisco Department of Public Health

## Business Associate Agreement

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).

**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





San Francisco Department of Public Health  
Business Associate Agreement

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 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)].

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

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



San Francisco Department of Public Health  
Business Associate Agreement

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.

### 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.



## 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.

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

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

#### 4. Amendment to Comply with Law.

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

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

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



San Francisco Department of Public Health  
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Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

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



Contractor Name:	Conard House	Contractor City Vendor ID	0000022403
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**PRIVACY ATTESTATION**

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

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

**I. All Contractors.**

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

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

If Applicable: DOES YOUR ORGANIZATION...		Yes	No*
G	Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?		
H	Have evidence in each patient's / client's chart or electronic file that a 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 <u>other than</u> treatment, payment, or operations?		
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?		

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

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Contractor Name:	<b>Conard House</b>	Contractor City Vendor ID	<b>0000022403</b>
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**DATA SECURITY ATTESTATION**

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

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

**I. All Contractors.**

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

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

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Appendix F  
PAGE A

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

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - SVC F-UNC (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1A Outpatient PC# - 89492 -(HMMCC730515) 251984-10000-10001762-9001												
15/ 01 - 09 OP - Case Mgt Brokerage	87,923				\$ 2.72	\$ -	0.000		0.00%		87,923.000	
15/ 10- 57, 59 OP - MH Svcs	610,316				\$ 3.52	\$ -	0.000		0.00%		610,316.000	
15/ 70 - 79 OP - Crisis Intervention	6,839				\$ 5.23	\$ -	0.000		0.00%		6,839.000	
45/ 20 - 29 OS - Cmmy Client Svcs	516				\$ 200.59	\$ -	0.000		0.00%		516.000	
B-1B Supportive Housing PC# - 8949 SH												
60/ 78 SS - Other Non-Medi-Cal Client Support Exp	147,841				\$ 22.11	\$ -	0.000		0.00%		147,841.000	
TOTAL	853,435		0.000				0.000		0.00%		853,435.000	

\$	239,150.56		
	2,148,312.32		
	35,767.97		
	103,504.44	\$	2,526,735.29
	3,268,764.51	\$	3,268,764.51

**\$ 5,795,499.80**

SUBTOTAL AMOUNT DUE	\$ -
Less: Initial Payment Recovery	
(For OPH Use) Other Adjustments	
<b>NET REIMBURSEMENT</b>	<b>\$ -</b>

NOTES:

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

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

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

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

DPH Authorization for Payment

Authorized Signatory

Date \_\_\_\_\_

Appendix F  
PAGE A

INVOICE NUMBER: M04 JL 18

Ct.Blanket No.: BPHM	TBD
----------------------	-----

\_\_\_\_\_ User Cd

Ct. PO No.: POHM SFGOV-0000201107

All Content All Content 5 of 1

Fund Source:	MH County Adult - General Fund
	MH County Adult WQ CODB

Fund Source:	MM County Adult WO CODB MM MHSA (CSS)
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MH County SSI-Disability Eval Assist PRG

**MH WO HS A Rep Payee Program**

Invoice Period : July 2018

Final Invoice:		(Check if Yes)
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ACE Control Number: [REDACTED]

**BHS**

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
<b>B-2 REP PAYEE PC# 8949 RP</b>												
60/ 78 SS-Client Non-Medical Client Support Exp	241,121.00				\$ 7.59	\$ -	0.000		0.00%		241,121.000	
<b>TOTAL</b>	241,121.00		0.000				0.000		0.00%		241,121.000	

**₹ 1,830,103.39**

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

**NOTES:**

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

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

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

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

**DPH Authorization for Payment**

**Authorized Signatory**

Date \_\_\_\_\_



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

**Introduction**

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

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

**Dispute Resolution Procedure**

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

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

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

- **Step 1**      The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit

agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.

- Step 2      Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3      Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

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

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to [purchasing@sfgov.org](mailto: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**

### **THE DECLARATION OF COMPLIANCE**

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

AMENDED IN COMMITTEE

3/6/19

FILE NO. 190106

RESOLUTION NO. 121-19

1 [Agreement Amendment - Conard House - Behavioral Health Services - Not to Exceed  
2 \$44,862,764]

3 **Resolution approving Amendment No. 1 to the agreement between Conard House**  
4 **and the Department of Public Health for behavioral health services, to increase**  
5 **the agreement amount by \$36,323,985 for an amount not to exceed \$44,862,764;**  
6 **and to extend the term by four years from June 30, 2019, for a total agreement**  
7 **term of July 1, 2018, through June 30, 2023.**

8  
9 WHEREAS, The Department of Public Health selected Conard House to provide  
10 behavioral and mental health services through a competitive solicitation; and

11 WHEREAS, Under this contract, Conard House provides outpatient mental  
12 health services and supportive housing services (including case management, crisis  
13 services, and representative payee/money management) to adult residents of Conard  
14 House or other housing who have chronic and severe mental health conditions and the  
15 ability to live independently without hospitalization; now, therefore, be it

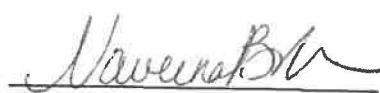
16 RESOLVED, That the Board of Supervisors hereby authorizes the Director of  
17 Public Health and the Director of the Office of Contract Administration/Purchaser, on  
18 behalf of the City and County of San Francisco, to execute an agreement with Conard  
19 House to increase the agreement amount by \$36,323,985 for a total amount not to  
20 exceed \$44,862,764 and to extend the term by four years, from June 30, 2019, for a  
21 total agreement term of July 1, 2018, through June 30, 2023; and, be it

22 FURTHER RESOLVED, That the Board of Supervisors authorizes the  
23 Department of Public Health to enter into any amendments or modifications to the  
24 contract, prior to its final execution by all parties, that the Department determines, in  
25 consultation with the City Attorney, are in the best interest of the City, do not otherwise

1 materially increase the obligations or liabilities of the City, are necessary or advisable to  
2 effectuate the purposes of the contract, and are in compliance with all applicable laws;  
3 and, be it

4 FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed  
5 by all parties, the Director of Health and/or the Director of the Office of Contract  
6 Administration/Purchaser shall provide the final contracts to the Clerk of the Board for  
7 inclusion into the official File No. 190106 .

8  
9 RECOMMENDED:

10   
11 \_\_\_\_\_  
12 Greg Wagner  
13 Acting Director of Health  
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**City and County of San Francisco**  
**Tails**  
**Resolution**

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

**File Number:** 190106

**Date Passed:** March 12, 2019

Resolution approving Amendment No. 1 to the agreement between Conard House and the Department of Public Health for behavioral health services, to increase the agreement amount by \$36,323,985 for an amount not to exceed \$44,862,764; and to extend the term by four years from June 30, 2019, for a total agreement term of July 1, 2018, through June 30, 2023.

March 06, 2019 Budget and Finance Sub-Committee - AMENDED

March 06, 2019 Budget and Finance Sub-Committee - RECOMMENDED AS AMENDED


March 12, 2019 Board of Supervisors - ADOPTED


Ayes: 9 - Brown, Fewer, Haney, Mandelman, Mar, Peskin, Ronen, Stefani and Yee

Absent: 2 - Safai and Walton

File No. 190106

I hereby certify that the foregoing  
Resolution was ADOPTED on 3/12/2019 by  
the Board of Supervisors of the City and  
County of San Francisco.

  
Angela Calvillo  
Clerk of the Board

  
London N. Breed  
Mayor

  
Date Approved



City and County of San Francisco  
**London N. Breed, Mayor**

## San Francisco Department of Public Health

Grant Colfax, MD  
Director of Health

April 21, 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 Conard House, in the amount of \$93,255,538.

**This is a Behavioral Health Services contract. My understanding is that it will be referred to the new Homelessness and Behavioral Health Select Committee.** 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, Amendment 1 and Amendment 1 Board Resolution No. 121-19, File No. 190106
- Form SFEC-126

For questions on this matter, please contact me at (415) 255-3492, [kelly.hiramoto@sfdph.org](mailto:kelly.hiramoto@sfdph.org).

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

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**The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.**

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~

~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

[kellyhiramoto@SFDPH.org](mailto:kellyhiramoto@SFDPH.org) – office 415-255-3492 – fax 415 252-3088

1380 Howard Street, Room 419B, San Francisco, CA 94103

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