

Committee Item No. 15

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance

Date December 9, 2015

Board of Supervisors Meeting

Date _____

Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input type="checkbox"/>	<input type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form 126 – Ethics Commission
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

OTHER (Use back side if additional space is needed)

[illegible]

Completed by: Victor Young **Date** December 4, 2015

Completed by: Victor Young Date

1 [Contract Amendment - A Better Way, Inc - Behavioral Health Services - Not to Exceed
2 \$14,115,308]

3 **Resolution approving amendment number two to the Department of Public Health**
4 **contract for behavioral health services with A Better Way, Inc., to extend the contract**
5 **by two years, from July 1, 2010, through December 31, 2015, to July 1, 2010, through**
6 **December 31, 2017, with a corresponding increase of \$4,132,394 for a total amount not**
7 **to exceed \$14,115,308.**

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

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

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

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

23 WHEREAS, The San Francisco Charter, Section 9.118, requires that contracts entered
24 into by a department or commission having a term in excess of ten years, or requiring
25

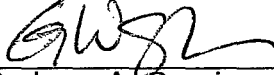
1 anticipated expenditures by the City and County of ten million dollars, to be approved by the
2 Board of Supervisors; and

3 WHEREAS, The Department of Public Health requests approval of an amendment to
4 the Department of Public Health contract for behavioral health services with A Better Way, Inc
5 to extend the contract by two years, from July 1, 2010, through December 31, 2015, to July 1,
6 2010, through December 31, 2017, with a corresponding increase of \$4,132,394 for a total
7 not-to-exceed amount of \$14,115,308; now, therefore, be it

8 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health
9 and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and
10 County of San Francisco to amend the contract with A Better Way, extending the term of the
11 contract by two years, through December 31, 2017, and increasing the total, not-to-exceed
12 amount of the contract by \$4,132,394 to \$14,115,308; and, be it

13 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being
14 fully executed by all parties, the Director of Health and/or the Director of the Office of Contract
15 Administration/Purchaser shall provide the final contract amendment to the Clerk of the Board
16 for inclusion into the official file (File No. 151029).

17 RECOMMENDED:

18 
19 _____
Barbara A. Garcia,
Director of Health

APPROVED:

20 
21 _____
Mark Morewitz,
Health Commission Secretary

Items 15, 17, 18 and 19 Files 15-1029, 15-1041, 15-1042 and 15-1045	Department: Department of Public Health (DPH)
EXECUTIVE SUMMARY	
<p style="text-align: center;">Legislative Objectives</p> <ul style="list-style-type: none"> The proposed resolutions would amend four behavioral health services contracts between DPH and four non-profit organizations to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract. 	
<p style="text-align: center;">Key Points</p> <ul style="list-style-type: none"> In June 2015, DPH informed the Board of Supervisors of their intention to request two-year contract extensions for their behavioral health services contracts in order to meet the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver regarding Medi-Cal organized drug delivery system. The extension period would allow DPH to have sufficient time to complete the planning process, issue new RFPs, and award new contracts for behavioral health services. 	
<p style="text-align: center;">Fiscal Impact</p> <ul style="list-style-type: none"> The current total not-to-exceed amount of the four contracts is \$38,495,982. DPH is requesting a total increase of \$13,385,008 in these contracts for a total contract not-to-exceed amount of \$51,880,990. The contract amounts for the two-year extension from January 1, 2016 through December 31, 2017 include contingencies of 12 percent and Cost of Living Adjustments (COLA) approved by the Board of Supervisors for FY 2015-16 and FY 2016-17. The Budget and Legislative Analyst found the requested increase for each of the four contracts to be reasonable, based on actual and projected contract expenditures. 	
<p style="text-align: center;">Policy Consideration</p> <ul style="list-style-type: none"> DPH is now in the process of determining how to best align contracted services with the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration, and plans to issue Requests for Proposals (RFP) in approximately March 2016. DPH considers the two-year contract extension to be necessary in order to prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of these RFPs, and award new contracts, while preventing any break in service delivery. 	
<p style="text-align: center;">Recommendation</p> <ul style="list-style-type: none"> Approve the proposed resolutions. 	

MANDATE STATEMENT

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

BACKGROUND

In 2010, the Department of Public Health (DPH) awarded four behavioral health services contracts to four non-profit organizations including A Better Way, Inc., Larkin Street Youth Services, Oakes Children's Center, and the Regents of the University of California at San Francisco (UCSF), after completing a competitive Request for Proposals (RFP) process. Funding for the four contracts was a combination of (i) City General Funds, (ii) State Realignment and State General Funds, (iii) Federal Medi-Cal and Short Doyle Medi-Cal funds, and (iv) work orders. All four non-profit organizations currently have a contract term of five years and six months from July 1, 2010 through December 31, 2015.¹ These contracts were not subject to Board of Supervisors approval because they were for less than \$10 million and 10 years.

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

DETAILS OF PROPOSED LEGISLATION

The proposed resolutions would amend four behavioral health services contracts between DPH and four non-profit organizations to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract as shown in Table 1 below.

The four non-profit organizations include A Better Way, Inc., Larkin Street Youth Services, Oakes Children's Center, and UCSF.

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

¹ DPH made prior amendments to the contract terms and the total not-exceed amounts for A Better Way, Inc. and Oakes Children's Center prior to the proposed resolution.

services with the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver.

FISCAL IMPACT

The current total not-to-exceed amount of the four contracts is \$38,495,982. DPH is requesting a total increase of \$13,385,008 in these contracts for a total contract not-to-exceed amount of \$51,880,990, as shown in the Table 1 below.

Table 1. Current and Proposed Contract Not-to-Exceed Amounts

Contractor	Item No.	Current Not-to-Exceed Amount	Requested Increase	Revised Not-to-Exceed Amount
A Better Way, Inc.	15-1029	\$9,982,914	\$4,132,394	\$14,115,308
Larkin Street Youth Services	15-1041	9,930,795	1,871,834	11,802,629
Oakes Children's Center	15-1042	9,276,533	4,370,003	13,646,536
The Regents of the University of California at San Francisco (Infant Parent Program)	15-1045	9,305,740	3,010,777	12,316,517
Total		\$38,495,982	\$13,385,008	\$51,880,990

Source: Department of Public Health staff.

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

According to Ms. Ruggels, the contract amounts for the two-year extension from January 1, 2016 through December 31, 2017 include contingencies of 12 percent and Cost of Living Adjustments (COLA) approved by the Board of Supervisors for FY 2015-16 and FY 2016-17. Additionally, Oakes Children's Center, which provides therapy on-site to children in San Francisco's public schools, has had its contract increased to meet the increasing number of referrals by the school district. Finally, Larkin Street Youth Services received State Mental Health Services Funding to expand housing services to its clients.

POLICY CONSIDERATION

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

- (a) Complete its planning process to identify any service model changes necessary to better meet the needs of the Department's integrated service delivery system, the San Francisco Health Network, in response to the implementation of the Affordable Care Act;

- (b) Finalize its plan for addressing the new requirements of the State Department of Health Care Services 1115 demonstration waiver (Drug Medi-Cal Organized Delivery System) approved by the State in August 2015, which will require significant changes to the current substance abuse delivery system, including entirely new service models; and
- (c) Prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of these RFPs, and award new contracts, while preventing any break in service delivery.

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

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

RECOMMENDATION

Approve the proposed resolutions.



City and County of San Francisco

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

October 5, 2015

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

Dear Ms. Calvillo:

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

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

The following is a list of accompanying documents:

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

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

Thank you for your time and consideration.

Sincerely,

Jacquie Hale
Director
DPH Office of Contracts Management and Compliance

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
OCT 5 AM 11:47

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 ~

Jacquie.hale@sfdph.org – office 415-554-2509 fax 415 554-2555

101 Grove Street, Room 307, San Francisco, CA 94102

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

Amendment Number Two

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

RECITALS

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

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

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 4150-09/10 on 6/21/2010;

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

1. **Definitions.** The following definitions shall apply to this Amendment:
- 1a. **Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2010 between Contractor and City, as amended by the:

First amendment, dated July 1, 2015 and this
Second amendment

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

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

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

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

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

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

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

2b. Section 5. Compensation currently reads as follows:

5. Compensation. Compensation shall be made in monthly payments on or before the 1st day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Nine Hundred Eighty Two Thousand Nine Hundred Fourteen Dollars (\$9,982,914)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

5. Compensation. Compensation shall be made in monthly payments on or before the 1st day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Fourteen Million One Hundred Fifteen Thousand Three Hundred Eight Dollars (\$14,115,308)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

2c. Appendices A-1 through A-3 dated 7/1/2015 are hereby added for 2015-16 as amended.

2d. Appendix B is deleted in its entirety and Appendix B dated 7/1/2015 is hereby added

2e. Appendix B-1 through B-3 dated 7/1/2015 is hereby added for FY 2015-16 as amended.

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

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.

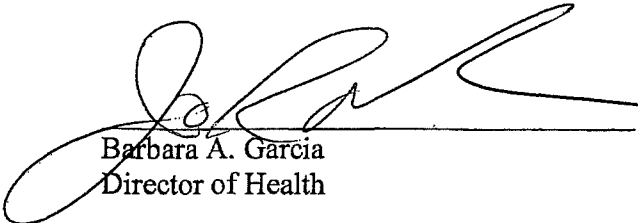
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.


CITY

CONTRACTOR

Recommended by:

A Better Way, Inc.


Barbara A. Garcia
Director of Health

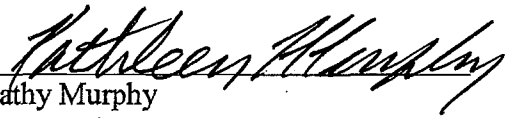

Shahnaz Mazandarani
Executive Director
3200 Adeline Street
Berkeley, CA 94703

Approved as to Form:


City vendor number: 75699

Dennis J. Herrera
City Attorney

By:

 9/23/15
Kathy Murphy
Deputy City Attorney

Approved:


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

1. Identifiers:

Program Name: A Better Way
Outpatient Mental Health Program

Program Address: 1663 Mission Street, Suite 460

City, State, ZIP: San Francisco, CA 94103

Telephone: 415-715-1050

FAX: 415-715-1051

Website Address: www.abetterwayinc.net

Contractor Address: 3200 Adeline Street

City, State, ZIP: Berkeley, CA 94703

Person Completing this Narrative: Ann Chu, PhD

Telephone: 415-592-4149

Email Address: achu@abetterwayinc.net

Program Code(s): 38GTOP (A Better Way-SF Outpatient)

2. Nature of Document:

☐ New ☒ Renewal ☐ Modification

3. Goal Statement:

To help ameliorate the behavioral health symptoms for children aged birth to 21 within a system of care, which helps assure client permanency, safety and well-being.

4. Target Population:

Children aged birth to 21 years with an open case with the San Francisco County Human Services Agency and their families. These children need to have full scope San Francisco County Medi-Cal coverage. Children birth to 18 years will be admitted into the program. Children may receive services until age 21 years.

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

Modalities include Mental Health Services (individual, family, group, collateral, plan development, rehabilitation, assessment and evaluation), Case Management and Crisis Intervention.

See CRDC for details.

6. Methodology:

Direct Client Services:

A. Outreach, recruitment, promotion, and advertisement:

Collaboration with San Francisco Foster Care Mental Health (FCMH) and Human Services Agency (HAS) will be ongoing, who are our primary referral sources. Outreach through informal and formal collaborations with other agencies will assist communities to become aware of our services and ensure continuity of care.

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

o Criteria:

Clients are eligible for services if they 1) have an open case through Human Services Agency; 2) meet medical necessity and display behavioral health symptoms that can be ameliorated by services; and 3) have EPSDT/San Francisco full-scope Medi-Cal coverage.

- Process:

Protective Social Workers (PSW) from HSA refer children and their families to FCMH who in turn refer eligible clients for outpatient mental health services. Once we receive the complete referral paperwork packet from FCMH, we connect with the PSW and family to begin our services.

C. Service delivery model:

- Treatment modalities:

Within an overarching relationship-based framework, we utilize Evidence Based Practices (EBPs) and Outcome Informed Practices as indicated by client need. Interventions include: Trauma Focus Cognitive Behavioral Therapy, Safety Organized Practice, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Incredible Years, Motivational Interviewing, Cognitive Behavioral Therapy, and evidence-based elements from these and other EBPs.

- Phases of treatment:

- Engagement Phase:

Clients and families will engage in a 30 day EPSDT and medical necessity assessment through clinical interviews, behavioral observations, and any indicated standardized assessment tools (including CANS). During the 30 day period, clinicians will work with the client and family to obtain information, build rapport, and establish medical necessity. During the initial 30 day assessment period, the clinician will also work with the client and family to create agreed upon treatment plan goals and objectives. Clinicians will work with Protective Social Workers (PSW) to gather information on safety concerns and permanency planning issues that may be relevant to the mental health needs of the client.

- Service Delivery Phase:

Based on CANS assessment and clinical formulation, treatment providers will provide services including individual therapy, family therapy, dyadic therapy, collateral sessions, case management, plan development, individual rehabilitation, and crisis intervention. Ongoing collaboration with members of the child's support team (biological family, foster parents, Human Service Agency workers, attorneys, etc.) will take place to develop progressive, permanency-informed treatment goals.

- Hours of operation:

Open 9:00a.m. - 6 p.m. Monday-Friday, and limited availability on Saturdays. After 6:00 p.m. appointments are available as needed.

- Length of Stay:

Average length of treatment will be six to eight months depending on the needs of the client and family.

Contractor: A Better Way, Inc.

City Fiscal Year: 15-16

CMS#: 7020

Appendix A- 1

Term: 07/01/15 – 06/30/16

- Locations of Service Delivery:
Locations are dependent on the need of the family and client. Locations include A Better Way's San Francisco Offices, other A Better Way offices, and surrounding Bay Area community locations (client's home, foster home, school, and community spaces such as parks, Family Resource Centers, community recreation centers, public libraries, and churches).
- Frequency and Duration of Services:
Maximum frequency and duration of services will be determined by the level of medical necessity. Within these limits and EPSDT standards, the actual frequency and duration of services will be determined through collaborative treatment planning with the client and family and with respect to input from the PSW.
- Strategies for service delivery:
Services will be Evidence-Based and Outcomes Informed as indicated by client needs.

D. Discharge planning

- Exit criteria
There is no specific exit criteria needed in order for clients to be discharged. However, termination of services will take place if there is lack of medical necessity (e.g., through successful completion of treatment goals and amelioration of mental health) or if eligibility criteria are no longer in place (e.g., child placed out of county with discontinuation of San Francisco County full-scope Medi-Cal coverage).
- Process
During the 6-month reassessment period, the treatment team will collaborate with family and support team to determine treatment goals. If treatment goals have been successfully completed and medical necessity is no longer met, termination will take place. Outside of the 6-month reassessment period, if medical necessity is no longer met due to amelioration of mental health, termination will also take place.
The treatment team will collaborate with the family and PSW to assure that clients are connected with ongoing support services, if appropriate.

E. Program staffing:

Mental Health Services are provided by Marriage and Family Therapists, Marriage and Family Therapist Interns, Licensed Clinical Social Workers, Associate Social Workers, Licensed Psychologists, Waivered Psychologists, Psychology Assistants, or other trained staff (e.g., Mental Health Rehabilitation Specialists) who are qualified to deliver EPSDT services to the target population. Staff also includes: clinical supervisors, licensed program director, intake clinician, office management, and quality assurance staff.

7. Objectives and Measurements:

All objectives and corresponding measurements are contained in the BHS document entitled *BHS Performance Objectives FY 14-15*.

8. Continuous Quality Improvement:

Our program's CQI activities include the following:

Achievement of contract performance objectives and productivity:

A Better Way monitors contract utilization and productivity in an ongoing manner. We have dashboards to help managers track contract fulfillment by comparing projected services to actual services on a weekly, monthly, and 'year to date' basis. We also have additional tools to help service providers and supervisors to adjust a provider's time-management and caseload as need.

Our productivity projections are carefully calibrated to account for fluctuations caused by predictable factors such as the number of workdays in each month. Productivity standards are clarified to all services providers and are managed as an ongoing part of supervision.

Documentation of quality and internal audits:

Our service documentation goes through multiple levels of Quality Assurance and Internal Review.

- All providers are carefully trained in Medi-Cal documentation standards
- Our Electronic Health Records (Avatar and Clinitrak) help reduce errors in entries
- All provider documentation is reviewed by a supervisor upon completion
- Our Quality Assurance conducts full-chart reviews for all charts at the following intervals: 30 days post episode opening; every 6 months thereafter; at discharge
- All charts are reviewed for semi-annual reauthorization of services during our monthly PURQC meetings with Alternative Family Services
- Feedback and corrections from all internal reviews are shared with supervisors and clinicians to assure continuous quality improvement
- Reports on timeliness of notes are generated monthly and distributed to supervisor to share with supervisees.

Cultural competency of staff and services:

A Better Way places a great deal of attention on training our staff in cultural humility and competency. Assessment of staff cultural competency levels is monitored through regular supervision and periodic case presentation. A Better Way will be implementing a Consumer Advisory Board during this fiscal year to obtain input from consumers and community partners, which will include an assessment of the cultural competence level of our services.

Client satisfaction:

A Better Way distributes client satisfaction surveys on an annual basis. We also strive to create an environment of trust such that clients feel safe in sharing their feedback directly to our treatment team.

Timely completion and use of outcome data, including CANS:

A Better Way utilizes the CANS for all clients. Additionally, we also ask the treatment team to administer standardized self-report measures for older children (e.g., Youth

Self Report, Trauma Symptom Checklist) as well as caregiver-report questionnaires for all children (e.g., Child Behavior Checklist, Trauma Symptom Checklist for Young Children) and teacher reports if appropriate (e.g., Teacher Report Form). The treatment team also utilizes CANS ratings and dashboards as a collaborative tool and framework with families and children to discuss and monitor strengths and needs that influence treatment planning. Our CQI team (comprise of QA and Clinical leadership) are engaged in ongoing efforts to broaden and improve the integration of CANS data into more aspects of our decision making.

9. Required Language:

Not applicable.

Contractor: A Better Way, Inc.
City Fiscal Year: 15-16
CMS#: 7020

Appendix A-2
Term: 07/01/15 – 06/30/16

1. Identifiers:

Program Name: A Better Way
Early Childhood Mental Health Program (0-5)

Program Address: 1663 Mission Street, Suite 460

City, State, ZIP: San Francisco, CA 94103

Telephone: 415-715-1050

FAX: 415-715-1051

Website Address: www.abetterwayinc.net

Contractor Address: 3200 Adeline Street

City, State, ZIP: Berkeley, CA 94703

Person Completing this Narrative: Ann Chu, PhD

Telephone: 415-592-4149

Email Address: achu@abetterwayinc.net

Program Code(s): 38GT05 (A Better Way, Inc. 0-5 OP)

2. Nature of Document:

☐ New ☒ Renewal ☐ Modification

3. Goal Statement:

To help ameliorate and enhance the emotional and behavioral health symptoms as well as the overall developmental functioning of children aged birth to 5 within a system of care. Our services aims to prevent severe and long-term consequences of emotional and behavioral problems.

4. Target Population:

San Francisco County children age birth to 5 years with full scope Medi-Cal who have been identified as having or imminently at-risk for having emotional or behavioral disturbance.

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

Modalities include Mental Health Services (individual, family, group, collateral, plan development, rehabilitation, assessment and evaluation), Case Management and Crisis Intervention.

See CRDC for details.

6. Methodology:

Direct Client Services:

A. Outreach, recruitment, promotion, and advertisement:

Linkages have been established with community agencies that serve as referral sources for our Early Childhood Mental Health Services, including: Infant Parent Program, Child

Trauma Research Program, Public Health Nursing, Zero to Three Program, Wu Yee Child and Family Services, Hamilton Family Center, Bayview Family Resource Center, Ashbury House, Golden Gate Regional Center, and Foster Care Mental Health meetings with HSA representatives. Additional outreach activities include the development of relationships with preschools, child-care centers, pediatricians, WIC, Early Head Start, and other community agencies.

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

○ **Criteria:**

Clients are eligible for services if they 1) meet medical necessity and display behavioral health symptoms that can be ameliorated by services; and 3) have EPSDT/San Francisco full-scope Medi-Cal coverage.

○ **Process:**

Clients are referred by community agencies to our intake coordinator. Our intake coordinator will assign a clinician to work with the family for the initial assessment period. Clients will be assessed within the first 30 days for EPSDT eligibility and medical necessity. For services to continue past the initial assessment, clients must continue to meet medical necessity.

Clients who do not meet eligibility criteria will be referred to other community agencies/resources.

C. Service delivery model:

○ **Treatment modalities:**

Services will primarily involve dyadic (infant-parent/child –parent) therapy and other evidence based practices and outcome informed practices within an overarching relationship-based framework as indicated by client need.

Interventions include: STEEP (Steps Toward Effective and Enjoyable Parenting), Safety Organized Practice, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Incredible Years, ABC (Attachment and Bio-Behavioral Catch-Up), attachment-based play, child-specific developmental guidance, infant massage, and parent support groups.

Phases of treatment:

▪ **Engagement Phase:**

Clients and families will engage in a 30 day EPSDT and medical necessity assessment through clinical interviews, behavioral observations, and any indicated standardized assessment tools (including CANS). During the 30 day period, clinicians will work with the client and family to obtain information, build rapport, and establish medical necessity. During the initial 30 day assessment period, the clinician will also work with the client and family to create agreed upon treatment plan goals and objectives.

▪ **Service Delivery Phase:**

Based on CANS assessment and clinical formulation, treatment providers will provide services including, but not limited to infant-parent/child-parent therapy, family therapy, collateral, case management and plan development. Ongoing collaboration with members of the child's support team (e.g., family members, day care providers) will take place to develop progressive, permanency-informed treatment goals and strengthen caregiver's natural support system to enhance stability of care giving environment.

- Hours of operation:
Open 9:00a.m. - 6 p.m. Monday-Friday, and limited availability on Saturdays. After 6:00 p.m. appointments are available as needed.
- Length of Stay:
Average length of treatment will be six to eight months depending on the needs of the client and family.
- Locations of Service Delivery:
Locations are dependent on the need of the family and client. Locations include A Better Way's San Francisco Offices, other A Better Way offices, and surrounding Bay Area community locations (client's home, school, and community spaces such as parks, Family Resource Centers, community recreation centers, public libraries, and churches).
- Frequency and Duration of Services:
Maximum frequency and duration of services will be determined by the level of medical necessity. Within these limits and EPSDT standards, the actual frequency and duration of services will be determined through collaborative treatment planning with the client and family.
- Strategies for service delivery:
Services will be Evidence-Based and Outcomes Informed as indicated by client needs.

D. Discharge planning

- Exit criteria
There is no specific exit criteria needed in order for clients to be discharged. However, termination of services will take place if there is lack of medical necessity (e.g., through successful completion of treatment goals and amelioration of mental health) or if eligibility criteria are no longer in place (e.g., child placed out of county with discontinuation of San Francisco County full-scope Medi-Cal coverage).
- Process
During the 6-month reassessment period, the treatment team will collaborate with family and support team to determine treatment goals. If treatment goals have been successfully completed and medical necessity is no longer met, termination will take place. Outside of the 6-month reassessment period, if medical necessity is no longer met due to amelioration of mental health, termination will also take place.

The treatment team will collaborate with the family and PSW to assure that clients are connected with ongoing support services, if appropriate.

E. Program staffing:

Mental Health Services are provided by Marriage and Family Therapists, Marriage and Family Therapist Interns, Licensed Clinical Social Workers, Associate Social Workers, Licensed Psychologists, Waivered Psychologists, Psychology Assistants, or other trained staff (e.g., Mental Health Rehabilitation Specialists) who are qualified to deliver EPSDT services to the target population. Staff also includes: clinical supervisors, licensed program director, intake clinician, office management, and quality assurance staff.

7. Objectives and Measurements:

All objectives and corresponding measurements are contained in the BHS document entitled *BHS Performance Objectives FY 14-15*.

8. Continuous Quality Improvement:

Our program's CQI activities include the following:

Achievement of contract performance objectives and productivity:

A Better Way monitors contract utilization and productivity in an ongoing manner. We have dashboards to help managers track contract fulfillment by comparing projected services to actual services on a weekly, monthly, and 'year to date' basis. We also have additional tools to help service providers and supervisors to adjust a provider's time-management and caseload as need.

Our productivity projections are carefully calibrated to account for fluctuations caused by predictable factors such as the number of workdays in each month. Productivity standards are clarified to all services providers and are managed as an ongoing part of supervision.

Documentation of quality and internal audits:

Our service documentation goes through multiple levels of Quality Assurance and internal Review.

- All providers are carefully trained in Medi-Cal documentation standards
- Our Electronic Health Records (Avatar and Clinitrak) help reduce errors in entries
- All provider documentation is reviewed by a supervisor upon completion
- Our Quality Assurance conducts full-chart reviews for all charts at the following intervals: 30 days post episode opening; every 6 months thereafter; at discharge
- All charts are reviewed for semi-annual reauthorization of services during our monthly PURQC meetings with Alternative Family Services
- Feedback and corrections from all internal reviews are shared with supervisors and clinicians to assure continuous quality improvement
- Reports on timeliness of notes are generated monthly and distributed to supervisor to share with supervisees.

Cultural competency of staff and services:

A Better Way places a great deal of attention on training our staff in cultural humility and competency. Assessment of staff cultural competency levels is monitored through regular supervision and periodic case presentation. A Better Way will be implementing a Consumer Advisory Board during this fiscal year to obtain input from consumers and community partners, which will include an assessment of the cultural competence level of our services.

Client satisfaction:

A Better Way distributes client satisfaction surveys on an annual basis. We also strive to create an environment of trust such that clients feel safe in sharing their feedback directly to our treatment team.

Timely completion and use of outcome data, including CANS:

A Better Way utilizes the CANS for all clients. Additionally, we also ask the treatment team to administer standardized self-report measures for older children (e.g., Youth Self Report, Trauma Symptom Checklist) as well as caregiver-report questionnaires for all children (e.g., Child Behavior Checklist, Trauma Symptom Checklist for Young Children) and teacher reports if appropriate (e.g., Teacher Report Form). The treatment team also utilizes CANS ratings and dashboards as a collaborative tool and framework with families and children to discuss and monitor strengths and needs that influence treatment planning. Our CQI team (comprise of QA and Clinical leadership) are engaged in ongoing efforts to broaden and improve the integration of CANS data into more aspects of our decision making.

9. Required Language:

Not applicable.

Contractor: A Better Way, Inc.

City Fiscal Year: 15-16

CMS#: 7020

Appendix A-3

Term: 07/01/15 – 06/30/16

1. Identifiers:

Program Name: A Better Way
Therapeutic Visitation Services Program

Program Address: 1663 Mission Street, Suite 460

City, State, ZIP: San Francisco, CA 94103

Telephone: 415-715-1050

FAX: 415-715-1051

Website Address: www.abetterwayinc.net

Contractor Address: 3200 Adeline Street

City, State, ZIP: Berkeley, CA 94703

Person Completing this Narrative: Ann Chu, PhD

Telephone: 415-592-4149

Email Address: achu@abetterwayinc.net

Program Code(s): 38GT01 (A Better Way-SF Thera Visitati)

2. Nature of Document:

☐ New ☒ Renewal ☐ Modification

3. Goal Statement:

The goal of this program is to increase the protective capacities within the family for children/youth who are attempting to reunify following removal by Child Protective Services.

4. Target Population:

Full scope Medi-Cal San Francisco County children ages birth to eighteen with behavioral health needs that have been removed from their parents by Children Protective Services and are attempting to reunify.

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

Modalities include Mental Health Services (individual, family, group, collateral, plan development, rehabilitation, assessment and evaluation), Case Management, Crisis Intervention and Mode 60/Service Function 78 services (Other Non-Medi-Cal Client Support Expenditures).

See CRDC for details.

6. Methodology:

Direct Client Services:

A. Outreach, recruitment, promotion, and advertisement:

Collaboration with San Francisco Foster Care Mental Health (FCMH) and Human Services Agency (HSA) will be ongoing, who are our primary referral sources. Outreach through

informal and formal collaborations with other agencies will assist communities to become aware of our services and ensure continuity of care.

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

○ **Criteria:**

Clients are eligible for services if they 1) have an open case through Human Services Agency; 2) meet medical necessity and display behavioral health symptoms that can be ameliorated by services; and 3) demonstrate clinical need for therapeutic visitations; and 4) have EPSDT/San Francisco full-scope Medi-Cal coverage.

○ **Process:**

Protective Social Workers (PSW) from HSA refer children and their families to FCMH who in turn refer eligible clients for therapeutic visitation services. Once we receive the complete referral paperwork packet from FCMH, we connect with the PSW and family to begin our services.

C. Service delivery model:

○ **Treatment modalities:**

Within an overarching relationship-based framework, we utilize Evidence Based Practices (EBPs) and Outcome Informed Practices as indicated by client need. Interventions include: Safety Organized Practice, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Incredible Years, and evidence-based elements from these and other EBPs that will help parents to increase their protective capacity for their child.

An HSA work order was increased to provide supervised visitation to HSA clients and their families when therapeutic visitation is counter indicated. It is prudent that these Mode 60 supervised visitation services are provided by the same trained clinical staff of the TVS program.

○ **Phases of treatment:**

▪ **Engagement Phase:**

Clients and families will engage in a 30 day EPSDT and medical necessity assessment through clinical interviews, behavioral observations, and any indicated standardized assessment tools (including CANS). During the 30 day period, clinicians will work with the client and family to obtain information, build rapport, and establish medical necessity. During the initial 30 day assessment period, the clinician will also work with the client and family to create agreed upon treatment plan goals and objectives. Clinicians will work with Protective Social Workers (PSW) to gather information on safety concerns and permanency planning issues that may be relevant to the mental health needs of the client.

▪ **Service Delivery Phase:**

Based on CANS assessment and clinical formulation, treatment providers will provide services including family therapy, dyadic therapy, collateral sessions, case management, plan development, individual rehabilitation, and crisis intervention. The clinician will also maintain ongoing

collaboration with members of the treatment team (parents, foster parents, Human Service Agency workers, attorneys, etc.) in order to:

- Manage risk and assure safety
- Develop progressive family treatment goals that allow for ongoing development and assessment of protective capacities within the family system
- Provide objective information to the PSW regarding the client's needs and the family's protective capacities.

○ Hours of operation:

Open 9:00a.m. - 6 p.m. Monday-Friday, and limited availability on Saturdays. After 6:00 p.m. appointments are available as needed.

○ Length of Stay:

Average length of treatment will be six to eight months depending on the needs of the client and family and reunification/permanency planning.

○ Locations of Service Delivery:

Locations are dependent on the need of the family and client as well as the parameters determined to be appropriate by PSW. Locations include A Better Way's San Francisco Offices, other A Better Way offices, and surrounding Bay Area community locations (school, and community spaces such as parks, Family Resource Centers, community recreation centers, public libraries, and churches).

○ Frequency and Duration of Services:

Maximum frequency and duration of services will be determined by the level of medical necessity. Within these limits and EPSDT standards, the actual frequency and duration of services will be determined through collaborative treatment planning with the client and family and with respect to input from the PSW.

○ Strategies for service delivery:

Services will be Evidence-Based and Outcomes Informed as indicated by client needs.

D. Discharge planning

○ Exit criteria

There is no specific exit criteria needed in order for clients to be discharged.

However, termination of services will take place if there is lack of medical necessity (e.g., through successful completion of treatment goals and amelioration of mental health) or if eligibility criteria are no longer in place (e.g., child placed out of county with discontinuation of San Francisco County full-scope Medi-Cal coverage).

Termination of services will also be determined dependent on reunification/permanency planning.

○ Process

During the 6-month reassessment period, the treatment team will collaborate with family and support team to determine treatment goals. If treatment goals have been successfully completed and medical necessity is no longer met, termination will take place. Outside of the 6-month reassessment period, if medical necessity is

no longer met due to amelioration of mental health, termination will also take place.

The treatment team will collaborate with the family and PSW to assure that clients are connected with ongoing support services, if appropriate.

E. Program staffing:

Mental Health Services are provided by Marriage and Family Therapists, Marriage and Family Therapist Interns, Licensed Clinical Social Workers, Associate Social Workers, Licensed Psychologists, Waivered Psychologists, Psychology Assistants, or other trained staff (e.g., Mental Health Rehabilitation Specialists) who are qualified to deliver EPSDT services to the target population. Staff also includes: clinical supervisors, licensed program director, intake clinician, office management, and quality assurance staff.

7. Objectives and Measurements:

All objectives and corresponding measurements are contained in the BHS document entitled *BHS Performance Objectives FY 14-15*.

8. Continuous Quality Improvement:

Our program's CQI activities include the following:

Achievement of contract performance objectives and productivity:

A Better Way monitors contract utilization and productivity in an ongoing manner. We have dashboards to help managers track contract fulfillment by comparing projected services to actual services on a weekly, monthly, and 'year to date' basis. We also have additional tools to help service providers and supervisors to adjust a provider's time-management and caseload as need.

Our productivity projections are carefully calibrated to account for fluctuations caused by predictable factors such as the number of workdays in each month. Productivity standards are clarified to all services providers and are managed as an ongoing part of supervision.

Documentation of quality and internal audits:

Our service documentation goes through multiple levels of Quality Assurance and internal Review.

- All providers are carefully trained in Medi-Cal documentation standards
- Our Electronic Health Records (Avatar and Clinitrak) help reduce errors in entries
- All provider documentation is reviewed by a supervisor upon completion
- Our Quality Assurance conducts full-chart reviews for all charts at the following intervals: 30 days post episode opening; every 6 months thereafter; at discharge
- All charts are reviewed for semi-annual reauthorization of services during our monthly PURQC meetings with Alternative Family Services
- Feedback and corrections from all internal reviews are shared with supervisors and clinicians to assure continuous quality improvement
- Reports on timeliness of notes are generated monthly and distributed to supervisor to share with supervisees.

Cultural competency of staff and services:

A Better Way places a great deal of attention on training our staff in cultural humility and competency. Assessment of staff cultural competency levels is monitored through regular supervision and periodic case presentation. A Better Way will be implementing a Consumer Advisory Board during this fiscal year to obtain input from consumers and community partners, which will include an assessment of the cultural competence level of our services.

Client satisfaction:

A Better Way distributes client satisfaction surveys on an annual basis. We also strive to create an environment of trust such that clients feel safe in sharing their feedback directly to our treatment team.

Timely completion and use of outcome data, including CANS:

A Better Way utilizes the CANS for all clients. Additionally, we also ask the treatment team to administer standardized self-report measures for older children (e.g., Youth Self Report, Trauma Symptom Checklist) as well as caregiver-report questionnaires for all children (e.g., Child Behavior Checklist, Trauma Symptom Checklist for Young Children) and teacher reports if appropriate (e.g., Teacher Report Form). The treatment team also utilizes CANS ratings and dashboards as a collaborative tool and framework with families and children to discuss and monitor strengths and needs that influence treatment planning. Our CQI team (comprise of QA and Clinical leadership) are engaged in ongoing efforts to broaden and improve the integration of CANS data into more aspects of our decision making.

9. Required Language:

Not applicable.

Appendix B

Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

A. Program Budgets are listed below.

Budget Summary

Appendix B-1 Outpatient Mental Health Services

Appendix B-2 Outpatient Behavioral Health Services Early Childhood Mental Health Program (05)

Appendix B-3 Therapeutic Visitation Services 38GT

B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Fourteen Million One Hundred Fifteen Thousand Three Hundred Eight Dollars (\$14,115,308) for the period of July 1, 2010 through December 31, 2017.

CONTRACTOR understands that, of this maximum dollar obligation, \$454,168 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through June 30, 2011	\$1,691,034
July 1, 2011 through June 30, 2012	\$1,742,888
July 1, 2012 through June 30, 2013	\$1,737,562
July 1, 2013 through June 30, 2014	\$1,865,183
July 1, 2014 through June 30, 2015	\$1,893,160
July 1, 2015 through December 31, 2015	946,580
July 1, 2015 through June 30, 2016	946,580
July 1, 2016 through December 31, 2016	1,882,792
July 1, 2016 through December 31, 2017	955,361
Sub-total July 1, 2010 through December 31, 2017	13,661,140
July 1, 2010 through December 31, 2017- Contingency	\$454,168
 Grand Total July 1, 2010 through December 31, 2017	 \$14,115,308

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

(4) CONTRACTOR further understands that, \$852,500 of the period from July 1, 2010 through December 31, 2010 in the Contract Numbers BPHM08000070 and DPHM11000123 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM08000070 for the Fiscal Year 2010-11.

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

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

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

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

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH):		00765		Prepared By/Phone #:		Roger Ailshie/5106010203		Fiscal Year: 2015-16	
DHCS Legal Entity Name (MH)/Contractor Name (SA):		A Better Way				7/1/2015		page1	
Contract CMS # (CDTA use only):									
Contract Appendix Number:		B-1	B-2	B-3	B-#	B-#	B-#		
Appendix A/Program Name:		Outpatient	0-5	TVS					
Provider Number		38GT	38GT	38GT					
Program Code(s)		38GT0P	38GT05	38GT01					
FUNDING TERM:		7/1/15 _ 6/30/16	7/1/15 _ 6/30/16	7/1/15 _ 6/30/16	-/- - -/- -	-/- - -/- -	-/- - -/- -	TOTAL	
FUNDING USES									
Salaries & Employee Benefits:		\$588,036	\$99,953	\$536,286				1,224,275	
Operating Expenses:		202,669	34,448	184,831				421,948	
Capital Expenses:		-	-	-				-	
Subtotal Direct Expenses:		790,705	134,401	721,117	-	-	-	1,646,223	
Indirect Expenses:		118,607	20,162	108,168				246,937	
Indirect %:		15%	15%	15%	0%	0%	0%	15%	
TOTAL FUNDING USES		909,312	154,563	829,285	-	-	-	1,893,160	
							Employee Fringe Benefits %:	30	
BHS MENTAL HEALTH FUNDING SOURCES									
MH FED - SDMC Regular FFP (50%)		408,850	69,500	326,650				805,000	
MH STATE - 2011 PSR EPSDT		367,965	62,550	293,985				724,500	
MH WORK ORDER - HSA (Match)		42,325	7,193	33,821				83,339	
MH WORK ORDER - HSA		49,954	8,492	139,907				198,353	
MH COUNTY - General Fund		38,834	6,593	32,316				77,743	
MH COUNTY - Work Order CODB		1,384	235	2,606				4,225	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		909,312	154,563	829,285	-	-	-	1,893,160	
BHS SUBSTANCE ABUSE FUNDING SOURCES									
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-	
OTHER DPH FUNDING SOURCES									
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-	
TOTAL DPH FUNDING SOURCES		909,312	154,563	829,285	-	-	-	1,893,160	
NON-DPH FUNDING SOURCES									
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		909,312	154,563	829,285	-	-	-	1,893,160	

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00765						Appendix/Page #: B-1/Page 1	
Provider Name: A Better Way						1/0/1900	
Provider Number: 38GT						Fiscal Year: 2015-16	
Program Name:		Outpatient	Outpatient	Outpatient			
Program Code (formerly Reporting Unit):		38GTOP	38GTOP	38GTOP			
Mode/SFC (MH) or Modality (SA)		15/01-09	15/10-57, 59	15/70-79			
Service Description:		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	0	0	TOTAL
FUNDING TERM:		7/1/15 6/30/16	7/1/15 6/30/16	7/1/15 6/30/16	-	-	
FUNDING USES							
Salaries & Employee Benefits:		5,940	580,803	1,293			588,036
Operating Expenses:		2,047	200,176	446			202,669
Capital Expenses (greater than \$5,000):							-
Subtotal Direct Expenses:		7,987	780,979	1,739	-	-	790,705
Indirect Expenses:		1,198	117,148	261			118,607
TOTAL FUNDING USES:		9,185	898,127	2,000	-	-	909,312
BHS MENTAL HEALTH FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
MH FED - SDMC Regular FFP (50%)		HMHMCP751594	4,130	403,821	899		408,850
MH STATE - 2011 PSR EPSDT		HMHMCP751594	3,717	363,439	809		367,965
MH WORK ORDER - HSA (Match)		HMHMCHMTCHWO	428	41,804	93		42,325
MH WORK ORDER - HSA		HMHMCHCWSNWO	504	49,339	111		49,954
MH COUNTY - General Fund		HMHMCP751594	392	38,857	85		38,834
MH COUNTY - Work Order CODB		HMHMCP751594	14	1,367	3		1,384
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			9,185	898,127	2,000	-	909,312
BHS SUBSTANCE ABUSE FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
							-
							-
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-	-
OTHER DPH FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
							-
							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			9,185	898,127	2,000	-	909,312
NON-DPH FUNDING SOURCES							
Index Code/Project Detail/CFDA#:							
							-
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			9,185	898,127	2,000	-	909,312
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):							
DPH Units of Service:		FFS	FFS	FFS			
Unit Type:		Staff Minute	Staff Minute	Staff Minute	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		2.05	2.66	3.90			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		2.05	2.66	3.90	0.00	0.00	
Published Rate (Medi-Cal Providers Only):		2.22	2.81	4.08			Total UDC:
Unduplicated Clients (UDC):		29	68	2			68

DPH 3: Salaries & Benefits Detail

Appendix #: B-1
Page #: 2

Employee Fringe Benefits:	30.00%	\$135,700	30.00%	\$121,723	30.00%	\$6,523	30.00%	\$7,454	0.00%		0.00%
----------------------------------	--------	-----------	--------	-----------	--------	---------	--------	---------	-------	--	-------

\$0

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

DPH 4: Operating Expenses Detail

Program Code: 38GTOP
 Program Name: Outpatient
 Document Date: 1/0/00

Appendix #: B-1
 Page # 3

Expenditure Categories & Line Items	TOTAL	General Fund HMMCP751594	HSA WO-Local Match HMMCHMTCHWO (Includes WO-CODB)	HSA WO HMMCHCWSNWO (Includes WO-CODB)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:
Occupancy:						
Rent	\$ 103,788	\$ 93,097	\$ 4,989	\$ 5,702		
Utilities(telephone, electricity, water, gas)	\$ 8,963	\$ 8,040	\$ 431	\$ 492		
Building Repair/Maintenance	\$ 5,215	\$ 4,678	\$ 251	\$ 286		
Materials & Supplies:						
Office Supplies	\$ 7,271	\$ 6,522	\$ 350	\$ 399		
Photocopying	\$ -	\$ -	\$ -	\$ -		
Printing	\$ -	\$ -	\$ -	\$ -		
Program Supplies	\$ 4,481	\$ 4,020	\$ 215	\$ 246		
Computer hardware/software	\$ -	\$ -	\$ -	\$ -		
General Operating:						
Training/Staff Development	\$ 5,427	\$ 4,868	\$ 261	\$ 298		
Insurance	\$ 17,121	\$ 15,357	\$ 823	\$ 941		
Professional License	\$ 377	\$ 338	\$ 18	\$ 21		
Permits	\$ 440	\$ 395	\$ 21	\$ 24		
Equipment Lease & Maintenance	\$ 3,213	\$ 2,882	\$ 154	\$ 177		
Staff Travel:						
Local Travel	\$ 46,373	\$ 41,596	\$ 2,229	\$ 2,548		
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE \$ 202,669 \$ 181,793 \$ 9,742 \$ 11,134 \$ - \$ -

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00765				Appendix/Page #: B-2/Page 1	
Provider Name: A Better Way				Document Date: 1/0/1900	
Provider Number: 38GT				Fiscal Year: 2015-16	
Program Name:	0-5	0-5	0-5		
Program Code (formerly Reporting Unit):	38GT05	38GT05	38GT05		
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57, 59	15/70-79		
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	0	0
FUNDING TERM:	7/1/15 6/30/16	7/1/15 6/30/16	7/1/15 6/30/16	-	-
FUNDING USES					
Salaries & Employee Benefits:	1,419	98,425	109		99,953
Operating Expenses:	489	33,921	38		34,448
Capital Expenses (greater than \$5,000):					-
Subtotal Direct Expenses:	1,908	132,346	147	-	134,401
Indirect Expenses:	286	19,854	22		20,162
TOTAL FUNDING USES:	2,194	152,200	169	-	154,563
BHS MENTAL HEALTH FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
MH FED - SDMC Regular FFP (50%)	HMH-MCP751594	986	68,437	77	69,500
MH STATE - 2011 PSR EPSDT	HMH-MCP751594	888	61,594	68	62,550
MH WORK ORDER - HSA (Match)	HMH-MCHMTCHWO	102	7,083	8	7,193
MH WORK ORDER - HSA	HMH-MCHCWSNWC	121	8,362	9	8,492
MH COUNTY - General Fund	HMH-MCP751594	94	6,492	7	6,593
MH COUNTY - Work Order CODB	HMH-MCP751594	3	232		235
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		2,194	152,200	169	154,563
BHS SUBSTANCE ABUSE FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
					-
					-
					-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
OTHER DPH FUNDING SOURCES					
	Index Code/Project Detail/CFDA#:				
					-
					-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		2,194	152,200	169	154,563
NON-DPH FUNDING SOURCES					
					-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,194	152,200	169	154,563
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS		
DPH Units of Service:	1,070	57,218	43	-	-
Unit Type:	Staff Minute	Staff Minute	Staff Minute	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.05	2.66	3.90		
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES):	2.05	2.66	3.90	0.00	0.00
Published Rate (Medi-Cal Providers Only):	2.22	2.81	4.08		
Unduplicated Clients (UDC):	5	11	1		11

DPH 3: Salaries & Benefits Detail

Appendix #: B-2
Page #: 2

Employee Fringe Benefits:	30.00%	\$23,066	30.00%	\$20,690	30.01%	\$1,109	30.00%	\$1,267	0.00%		0.00%	
----------------------------------	--------	----------	--------	----------	--------	---------	--------	---------	-------	--	-------	--

\$0

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

DPH 4: Operating Expenses Detail

Program Code: 38GT05

Program Name: 0-5

Document Date: 1/0/00

Appendix #: B-2

Page #: 3

Expenditure Categories & Line Items	TOTAL	General Fund HMHMCP751594	HSA WO-Local Match HMHMCHMTCHWO (Includes WO-CODB)	HSA WO HMHMCHCWSNWO (Includes WO-CODB)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: _____	Term: _____
Occupancy:						
Rent	\$ 17,638	\$ 15,821	\$ 848	\$ 969		
Utilities(telephone, electricity, water, gas)	\$ 1,524	\$ 1,367	\$ 73	\$ 84		
Building Repair/Maintenance	\$ 887	\$ 795	\$ 43	\$ 49		
Materials & Supplies:						
Office Supplies	\$ 1,236	\$ 1,109	\$ 59	\$ 68		
Photocopying	\$ -	\$ -	\$ -	\$ -		
Printing	\$ -	\$ -	\$ -	\$ -		
Program Supplies	\$ 762	\$ 683	\$ 37	\$ 42		
Computer hardware/software	\$ -	\$ -	\$ -	\$ -		
General Operating:						
Training/Staff Development	\$ 923	\$ 828	\$ 44	\$ 51		
Insurance	\$ 2,910	\$ 2,610	\$ 140	\$ 160		
Professional License	\$ 65	\$ 58	\$ 3	\$ 4		
Permits	\$ 75	\$ 67	\$ 4	\$ 4		
Equipment Lease & Maintenance	\$ 546	\$ 490	\$ 26	\$ 30		
Staff Travel:						
Local Travel	\$ 7,882	\$ 7,070	\$ 379	\$ 433		
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -		
Field Expenses	\$ -	\$ -	\$ -	\$ -		
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE

\$ 34,448 \$ 30,898 \$ 1,656 \$ 1,894 - \$ -

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00765					Appendix/Page #: B-3/Page 1	
Provider Name: A Better Way					Fiscal Year: 1/0/1900	
Provider Number: 38GT					Fiscal Year: 2015-16	
Program Name:	TVS	TVS	TVS	TVS		
Program Code (formerly Reporting Unit):	38GT01	38GT01	38GT01	38GT01		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/70-79	60/78		
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	SS-Other Non- Medi-Cal Client Support Exp	0	TOTAL
FUNDING TERM:	7/1/15 6/30/16	7/1/15 6/30/16	7/1/15 6/30/16	7/1/15 6/30/16	-	
FUNDING USES						
Salaries & Employee Benefits:	10,242	460,786	590	64,668		536,286
Operating Expenses:	3,530	158,810	203	22,288		184,831
Capital Expenses (greater than \$5,000):						-
Subtotal Direct Expenses:	13,772	619,596	793	86,956	-	721,117
Indirect Expenses:	2,066	92,939	119	13,044		108,168
TOTAL FUNDING USES:	15,838	712,535	912	100,000	-	829,285
BHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	7,094	319,148	408		326,650
MH STATE - 2011 PSR EPSDT	HMHMCP751594	6,384	287,233	368		293,985
MH WORK ORDER - HSA (Match)	HMHMCHMTCHWO	734	33,044	43		33,821
MH WORK ORDER - HSA	HMHMCHCWSNWC	867	38,990	50	100,000	139,907
MH COUNTY - General Fund	HMHMCP751594	702	31,574	40		32,316
MH COUNTY - Work Order CODB	HMHMCP751594	57	2,546	3		2,608
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		15,838	712,535	912	100,000	829,285
BHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
						-
						-
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
						-
						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		15,838	712,535	912	100,000	829,285
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		15,838	712,535	912	100,000	829,285
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	CR		
DPH Units of Service:	7,726	267,870	234	1,709		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.05	2.66	3.90	58.51		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.05	2.66	3.90	58.51	0.00	
Published Rate (Medi-Cal Providers Only):	2.22	2.81	4.08	N/A		Total UDC:
Unduplicated Clients (UDC):	18	40	3	6		46

DPH 3: Salaries & Benefits Detail

Document Date: 1/0/00

Page # 2

Employee Fringe Benefits:	30.00%	\$123,758	30.00%	\$97,443	30.00%	\$5,436	30.00%	\$5,956	30.00%	\$14,923	0.00%
----------------------------------	--------	-----------	--------	----------	--------	---------	--------	---------	--------	----------	-------

\$0

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

DPH 4: Operating Expenses Detail

Program Code: 38GT01
Program Name: TVS
Document Date: 1/0/00

Appendix #: B-3
Page # 3

Expenditure Categories & Line Items	TOTAL	General Fund HMMCP751594	HSA WO-Local Match HMMCHMTCHWO (Includes WO-CODB)	HSA WO HMMCHCWSNWO (Includes WO-CODB)	HSA WO HMMCHCWSNWO (Supervised Client Family Visits) Cost Reimbursement	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:
Occupancy:						
Rent	\$ 94,651	\$ 74,524	\$ 4,158	\$ 4,555	\$ 11,414	
Utilities(telephone, electricity, water, gas)	\$ 8,175	\$ 6,437	\$ 359	\$ 393	\$ 986	
Building Repair/Maintenance	\$ 4,755	\$ 3,744	\$ 209	\$ 229	\$ 573	
Materials & Supplies:						
Office Supplies	\$ 6,631	\$ 5,221	\$ 291	\$ 319	\$ 800	
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	
Printing	\$ -	\$ -	\$ -	\$ -	\$ -	
Program Supplies	\$ 4,087	\$ 3,218	\$ 180	\$ 197	\$ 492	
Computer hardware/software	\$ -	\$ -	\$ -	\$ -	\$ -	
General Operating:						
Training/Staff Development	\$ 4,949	\$ 3,897	\$ 217	\$ 238	\$ 597	
Insurance	\$ 15,614	\$ 12,294	\$ 686	\$ 751	\$ 1,883	
Professional License	\$ 344	\$ 271	\$ 15	\$ 17	\$ 41	
Permits	\$ 402	\$ 316	\$ 18	\$ 19	\$ 49	
Equipment Lease & Maintenance	\$ 2,931	\$ 2,308	\$ 129	\$ 141	\$ 353	
Staff Travel:						
Local Travel	\$ 42,292	\$ 33,299	\$ 1,858	\$ 2,035	\$ 5,100	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE	\$ 184,831	\$ 145,529	\$ 8,120	\$ 8,894	\$ 22,288	\$ -
--------------------------------	-------------------	-------------------	-----------------	-----------------	------------------	-------------

FY 15-16 BHS APPENDIX B BUDGET DOCUMENTS

DPH 7: Contract-Wide Indirect Detail

Contractor Name/Program Name: Outpatient . page 1

Document Date: 7/1/2015

Fiscal Year: 2015-16

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
President/CEO	0.21	\$ 34,048
CFO	0.21	\$ 26,826
HR Director	0.21	\$ 16,467
Office Manager	0.21	\$ 9,533
Accounting Supervisor	0.21	\$ 13,412
AR Accountant	0.21	\$ 8,699
AP Accountant	0.21	\$ 8,143
Receptionist/Admin Asst.	0.63	\$ 20,100
Facilities Technician	0.21	\$ 7,238
SUBTOTAL SALARIES		\$ 144,466
EMPLOYEE FRINGE BENEFITS	30%	\$ 43,340
TOTAL SALARIES & BENEFITS		\$ 187,806

2. OPERATING COSTS

Expense line item:	Amount
Professional Fees	\$ 35,632
Telecommunications	\$ 2,449
Travel/Training	\$ 1,666
Office Expense	\$ 7,683
Insurance	\$ 2,658
Facility	\$ 9,043
TOTAL OPERATING COSTS	\$ 59,131
TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)	\$ 246,937



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/12/2015

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

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

PRODUCER Poms & Associates Insurance Brokers, Inc. 1255 Treat Boulevard 10th Floor Walnut Creek CA 94597	CONTACT NAME: Teagan Chastain PHONE (A/C, No. Ext): (925) 338-8400 FAX (A/C, No): (866) 735-8385 E-MAIL ADDRESS: tchastain@pomsassoc.com
INSURED A Better Way, Inc. 3200 Adeline Street Berkeley CA 94703	INSURER(S) AFFORDING COVERAGE INSURER A: Nonprofits Ins. Alliance of CA INSURER B: State Compensation Ins. Fund (SCIF) INSURER C: Lloyd's of London INSURER D: The Hartford INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** CL1551234518**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		2014-08771-NPO	12/10/2014	12/10/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Sexual or Phys Abuse or \$ 250,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			2014-08771-NPO	12/10/2014	12/10/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A		1955746-2014	11/10/2014	11/10/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Errors & Omissions			B1692715008QG	5/8/2015	5/8/2016	Limit \$1,000,000
D	Dishonesty Bond			72BDDGX1915	12/10/2014	12/10/2015	Limit \$327,500

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

Certificate holder is included as additional insured per policy as required by written contract or agreement.

CERTIFICATE HOLDER**CANCELLATION**

San Francisco Department of Public Health
Office of Contract Management & Compliance
Attn: Carolyn McKenney
1380 Howard Street, Room 419
San Francisco, CA 94103

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

AUTHORIZED REPRESENTATIVE

T Chastain/TCHAST

© 1988-2014 ACORD CORPORATION. All rights reserved.

POLICY NUMBER: 2014-08771-NPO

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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

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

Amendment Number One

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

RECITALS

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

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

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 4150-0/9/10 on 6/21/2010;

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

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

1a. Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 between Contractor and City, as amended by the:

First amendment, this Amendment

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

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

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

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

2. Term of the Agreement. Subject to Section 2 the term of this Agreement shall be from July 1, 2010 to June 30, 2015.

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

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

2b. Section 5. Compensation currently reads as follows:

5. Compensation. Compensation shall be made in monthly payments on or before the 1st day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Fifty Thousand Three Hundred Dollars (\$9,050,300)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

5. Compensation. Compensation shall be made in monthly payments on or before the 1st day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Nine Hundred Eighty Two Thousand Nine Hundred Fourteen Dollars (\$9,982,914)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

15. Insurance.

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

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

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

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

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

5) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement

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

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

2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

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

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

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

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

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

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

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

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

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

a. Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T “City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions,” of the San Francisco Administrative Code (Chapter 12T), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at www.sfgov.org/olse/fco. A partial listing of some of Contractor’s obligations under Chapter 12T is set forth in this Section. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

b. The requirements of Chapter 12T shall only apply to a Contractor’s or Subcontractor’s operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, shall apply only when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco, and shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

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

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant’s or potential applicant for employment’s, or employee’s: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in

subsection 32(d), above. Contractor or Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.

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

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

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

- 2e. Appendices A, A-1, A-2 and A-3 dated 7/1/2015 are hereby added for 2015-16 as amended.
- 2f. Appendices B, B-1, B-2 and B-3 dated 7/1/2015 are hereby added for 2015-16 as amended.
- 2g. Delete Appendix D and replace in its entirety with Appendix D dated 7/1/2015 as amended.
- 2h. Delete Appendix E and replace in its entirety with Appendix E dated 5/19/15 as amended
- 2i. Add Appendix F dated 7/1/2015 as amended.
- 2j. Add Appendix G dated 7/1/2015 as amended.
- 2k. Add Appendix H dated 7/1/2015 as amended.
- 2l. Add Appendix I dated 7/1/2015 as amended.

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

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.

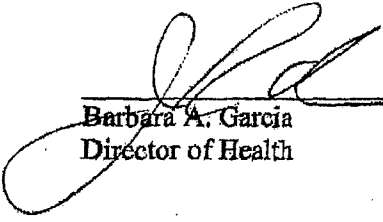
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.


CITY

CONTRACTOR

Recommended by:

A Better Way, Inc.


Barbara A. Garcia
Director of Health

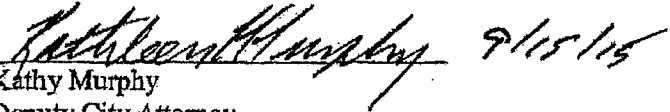

Shahnaz Mazandarani
Executive Director
3200 Adeline Street
Berkeley, CA 94703

Approved as to Form:


City vendor number: 75699

Dennis J. Herrera
City Attorney

By:


Kathy Murphy
Deputy City Attorney

Approved:


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

CMS # 7020

P-550 (9-14; DPH 5-15)

6 of 7

A Better Way, Inc.

July 1, 2015

MEMO

Appendices:

- A: Services to be provided by Contractor**
- B: Calculation of Charges/Budget**
- C: Appendix C - Reserved**
- D: Appendix D - Additional Terms**
- E: Appendix E – Business Associate Addendum**
- F: Appendix F - Invoices**
- G: Appendix G - Dispute Resolution Procedure**
- H: Appendix H - Declaration of Compliance**
- I: Appendix I – Privacy Policy Compliance Standards**

Appendix A
Community Behavioral Health Services
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as

"DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

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

M. CBHS Electronic Health Records System

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

N. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Community Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the

duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

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

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client. CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

2. Description of Services

Detailed description of services is listed below and is attached hereto

Appendix A-1 Outpatient Mental Health Services

Appendix A-2 Outpatient Behavioral Health Services Early Childhood Mental Health Program (05)

Appendix A-3 Therapeutic Visitation Services 38GT

Contractor: A Better Way, Inc.
City Fiscal Year: 15-16
CMS#: 7020

Appendix A- 1
Term: 07/01/15 – 06/30/16

1. Identifiers:

Program Name: A Better Way
Outpatient Mental Health Program
Program Address: 1663 Mission Street, Suite 460
City, State, ZIP: San Francisco, CA 94103
Telephone: 415-715-1050
FAX: 415-715-1051
Website Address: www.abetterwayinc.net

Contractor Address: 3200 Adeline Street
City, State, ZIP: Berkeley, CA 94703
Person Completing this Narrative: Ann Chu, PhD
Telephone: 415-592-4149
Email Address: achu@abetterwayinc.net
Program Code(s): 38GTOP (A Better Way-SF Outpatient)

2. Nature of Document:

☐ New ☒ Renewal ☐ Modification

3. Goal Statement:

To help ameliorate the behavioral health symptoms for children aged birth to 21 within a system of care, which helps assure client permanency, safety and well-being.

4. Target Population:

Children aged birth to 21 years with an open case with the San Francisco County Human Services Agency and their families. These children need to have full scope San Francisco County Medi-Cal coverage. Children birth to 18 years will be admitted into the program. Children may receive services until age 21 years.

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

Modalities include Mental Health Services (individual, family, group, collateral, plan development, rehabilitation, assessment and evaluation), Case Management and Crisis Intervention.

See CRDC for details.

6. Methodology:

Direct Client Services:

A. Outreach, recruitment, promotion, and advertisement:

Collaboration with San Francisco Foster Care Mental Health (FCMH) and Human Services Agency (HAS) will be ongoing, who are our primary referral sources. Outreach through informal and formal collaborations with other agencies will assist communities to become aware of our services and ensure continuity of care.

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

o Criteria:

Clients are eligible for services if they 1) have an open case through Human Services Agency; 2) meet medical necessity and display behavioral health symptoms that can be ameliorated by services; and 3) have EPSDT/San Francisco full-scope Medi-Cal coverage.

- Process:

Protective Social Workers (PSW) from HSA refer children and their families to FCMH who in turn refer eligible clients for outpatient mental health services. Once we receive the complete referral paperwork packet from FCMH, we connect with the PSW and family to begin our services.

C. Service delivery model:

- Treatment modalities:

Within an overarching relationship-based framework, we utilize Evidence Based Practices (EBPs) and Outcome Informed Practices as indicated by client need. Interventions include: Trauma Focus Cognitive Behavioral Therapy, Safety Organized Practice, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Incredible Years, Motivational Interviewing, Cognitive Behavioral Therapy, and evidence-based elements from these and other EBPs.

- Phases of treatment:

- Engagement Phase:

Clients and families will engage in a 30 day EPSDT and medical necessity assessment through clinical interviews, behavioral observations, and any indicated standardized assessment tools (including CANS). During the 30 day period, clinicians will work with the client and family to obtain information, build rapport, and establish medical necessity. During the initial 30 day assessment period, the clinician will also work with the client and family to create agreed upon treatment plan goals and objectives. Clinicians will work with Protective Social Workers (PSW) to gather information on safety concerns and permanency planning issues that may be relevant to the mental health needs of the client.

- Service Delivery Phase:

Based on CANS assessment and clinical formulation, treatment providers will provide services including individual therapy, family therapy, dyadic therapy, collateral sessions, case management, plan development, individual rehabilitation, and crisis intervention. Ongoing collaboration with members of the child's support team (biological family, foster parents, Human Service Agency workers, attorneys, etc.) will take place to develop progressive, permanency-informed treatment goals.

- Hours of operation:

Open 9:00a.m. - 6 p.m. Monday-Friday, and limited availability on Saturdays. After 6:00 p.m. appointments are available as needed.

- Length of Stay:

Average length of treatment will be six to eight months depending on the needs of the client and family.

Contractor: A Better Way, Inc.
City Fiscal Year: 15-16
CMS#: 7020

Appendix A- 1
Term: 07/01/15 – 06/30/16

- Locations of Service Delivery:
Locations are dependent on the need of the family and client. Locations include A Better Way's San Francisco Offices, other A Better Way offices, and surrounding Bay Area community locations (client's home, foster home, school, and community spaces such as parks, Family Resource Centers, community recreation centers, public libraries, and churches).
- Frequency and Duration of Services:
Maximum frequency and duration of services will be determined by the level of medical necessity. Within these limits and EPSDT standards, the actual frequency and duration of services will be determined through collaborative treatment planning with the client and family and with respect to input from the PSW.
- Strategies for service delivery:
Services will be Evidence-Based and Outcomes Informed as indicated by client needs.

D. Discharge planning

- Exit criteria
There is no specific exit criteria needed in order for clients to be discharged. However, termination of services will take place if there is lack of medical necessity (e.g., through successful completion of treatment goals and amelioration of mental health) or if eligibility criteria are no longer in place (e.g., child placed out of county with discontinuation of San Francisco County full-scope Medi-Cal coverage).
- Process
During the 6-month reassessment period, the treatment team will collaborate with family and support team to determine treatment goals. If treatment goals have been successfully completed and medical necessity is no longer met, termination will take place. Outside of the 6-month reassessment period, if medical necessity is no longer met due to amelioration of mental health, termination will also take place.
The treatment team will collaborate with the family and PSW to assure that clients are connected with ongoing support services, if appropriate.

E. Program staffing:

Mental Health Services are provided by Marriage and Family Therapists, Marriage and Family Therapist Interns, Licensed Clinical Social Workers, Associate Social Workers, Licensed Psychologists, Waivered Psychologists, Psychology Assistants, or other trained staff (e.g., Mental Health Rehabilitation Specialists) who are qualified to deliver EPSDT services to the target population. Staff also includes: clinical supervisors, licensed program director, intake clinician, office management, and quality assurance staff.

7. **Objectives and Measurements:**

All objectives and corresponding measurements are contained in the BHS document entitled *BHS Performance Objectives FY 14-15*.

8. Continuous Quality Improvement:

Our program's CQI activities include the following:

Achievement of contract performance objectives and productivity:

A Better Way monitors contract utilization and productivity in an ongoing manner. We have dashboards to help managers track contract fulfillment by comparing projected services to actual services on a weekly, monthly, and 'year to date' basis. We also have additional tools to help service providers and supervisors to adjust a provider's time-management and caseload as need.

Our productivity projections are carefully calibrated to account for fluctuations caused by predictable factors such as the number of workdays in each month. Productivity standards are clarified to all services providers and are managed as an ongoing part of supervision.

Documentation of quality and internal audits:

Our service documentation goes through multiple levels of Quality Assurance and Internal Review.

- All providers are carefully trained in Medi-Cal documentation standards
- Our Electronic Health Records (Avatar and Clinitrak) help reduce errors in entries
- All provider documentation is reviewed by a supervisor upon completion
- Our Quality Assurance conducts full-chart reviews for all charts at the following intervals: 30 days post episode opening; every 6 months thereafter; at discharge
- All charts are reviewed for semi-annual reauthorization of services during our monthly PURQC meetings with Alternative Family Services
- Feedback and corrections from all internal reviews are shared with supervisors and clinicians to assure continuous quality improvement
- Reports on timeliness of notes are generated monthly and distributed to supervisor to share with supervisees.

Cultural competency of staff and services:

A Better Way places a great deal of attention on training our staff in cultural humility and competency. Assessment of staff cultural competency levels is monitored through regular supervision and periodic case presentation. A Better Way will be implementing a Consumer Advisory Board during this fiscal year to obtain input from consumers and community partners, which will include an assessment of the cultural competence level of our services.

Client satisfaction:

A Better Way distributes client satisfaction surveys on an annual basis. We also strive to create an environment of trust such that clients feel safe in sharing their feedback directly to our treatment team.

Timely completion and use of outcome data, including CANS:

A Better Way utilizes the CANS for all clients. Additionally, we also ask the treatment team to administer standardized self-report measures for older children (e.g., Youth

Contractor: A Better Way, Inc.
City Fiscal Year: 15-16
CMS#: 7020

Appendix A- 1
Term: 07/01/15 – 06/30/16

Self Report, Trauma Symptom Checklist) as well as caregiver-report questionnaires for all children (e.g., Child Behavior Checklist, Trauma Symptom Checklist for Young Children) and teacher reports if appropriate (e.g., Teacher Report Form). The treatment team also utilizes CANS ratings and dashboards as a collaborative tool and framework with families and children to discuss and monitor strengths and needs that influence treatment planning. Our CQI team (comprise of QA and Clinical leadership) are engaged in ongoing efforts to broaden and improve the integration of CANS data into more aspects of our decision making.

9. Required Language:
Not applicable.

Contractor: A Better Way, Inc.
City Fiscal Year: 15-16
CMS#: 7020

Appendix A- 1
Term: 07/01/15 – 06/30/16

1. Identifiers:

Program Name: A Better Way
Outpatient Mental Health Program
Program Address: 1663 Mission Street, Suite 460
City, State, ZIP: San Francisco, CA 94103
Telephone: 415-715-1050
FAX: 415-715-1051
Website Address: www.abetterwayinc.net

Contractor Address: 3200 Adeline Street
City, State, ZIP: Berkeley, CA 94703
Person Completing this Narrative: Ann Chu, PhD
Telephone: 415-592-4149
Email Address: achu@abetterwayinc.net
Program Code(s): 38GTOP (A Better Way-SF Outpatient)

2. Nature of Document:

☐ New ☒ Renewal ☐ Modification

3. Goal Statement:

To help ameliorate the behavioral health symptoms for children aged birth to 21 within a system of care, which helps assure client permanency, safety and well-being.

4. Target Population:

Children aged birth to 21 years with an open case with the San Francisco County Human Services Agency and their families. These children need to have full scope San Francisco County Medi-Cal coverage. Children birth to 18 years will be admitted into the program. Children may receive services until age 21 years.

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

Modalities include Mental Health Services (individual, family, group, collateral, plan development, rehabilitation, assessment and evaluation), Case Management and Crisis Intervention.

See CRDC for details.

6. Methodology:

Direct Client Services:

A. Outreach, recruitment, promotion, and advertisement:

Collaboration with San Francisco Foster Care Mental Health (FCMH) and Human Services Agency (HAS) will be ongoing, who are our primary referral sources. Outreach through informal and formal collaborations with other agencies will assist communities to become aware of our services and ensure continuity of care.

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

o Criteria:

Clients are eligible for services if they 1) have an open case through Human Services Agency; 2) meet medical necessity and display behavioral health symptoms that can be ameliorated by services; and 3) have EPSDT/San Francisco full-scope Medi-Cal coverage.

○ Process:

Protective Social Workers (PSW) from HSA refer children and their families to FCMH who in turn refer eligible clients for outpatient mental health services. Once we receive the complete referral paperwork packet from FCMH, we connect with the PSW and family to begin our services.

C. Service delivery model:

○ Treatment modalities:

Within an overarching relationship-based framework, we utilize Evidence Based Practices (EBPs) and Outcome Informed Practices as indicated by client need. Interventions include: Trauma Focus Cognitive Behavioral Therapy, Safety Organized Practice, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Incredible Years, Motivational Interviewing, Cognitive Behavioral Therapy, and evidence-based elements from these and other EBPs.

○ Phases of treatment:

▪ Engagement Phase:

Clients and families will engage in a 30 day EPSDT and medical necessity assessment through clinical interviews, behavioral observations, and any indicated standardized assessment tools (including CANS). During the 30 day period, clinicians will work with the client and family to obtain information, build rapport, and establish medical necessity. During the initial 30 day assessment period, the clinician will also work with the client and family to create agreed upon treatment plan goals and objectives. Clinicians will work with Protective Social Workers (PSW) to gather information on safety concerns and permanency planning issues that may be relevant to the mental health needs of the client.

▪ Service Delivery Phase:

Based on CANS assessment and clinical formulation, treatment providers will provide services including individual therapy, family therapy, dyadic therapy, collateral sessions, case management, plan development, individual rehabilitation, and crisis intervention. Ongoing collaboration with members of the child's support team (biological family, foster parents, Human Service Agency workers, attorneys, etc.) will take place to develop progressive, permanency-informed treatment goals.

○ Hours of operation:

Open 9:00a.m. - 6 p.m. Monday-Friday, and limited availability on Saturdays. After 6:00 p.m. appointments are available as needed.

○ Length of Stay:

Average length of treatment will be six to eight months depending on the needs of the client and family.

Contractor: A Better Way, Inc.
City Fiscal Year: 15-16
CMS#: 7020

Appendix A- 1
Term: 07/01/15 – 06/30/16

- Locations of Service Delivery:

Locations are dependent on the need of the family and client. Locations include A Better Way's San Francisco Offices, other A Better Way offices, and surrounding Bay Area community locations (client's home, foster home, school, and community spaces such as parks, Family Resource Centers, community recreation centers, public libraries, and churches).

- Frequency and Duration of Services:

Maximum frequency and duration of services will be determined by the level of medical necessity. Within these limits and EPSDT standards, the actual frequency and duration of services will be determined through collaborative treatment planning with the client and family and with respect to input from the PSW.

- Strategies for service delivery:

Services will be Evidence-Based and Outcomes Informed as indicated by client needs.

D. Discharge planning

- Exit criteria

There is no specific exit criteria needed in order for clients to be discharged. However, termination of services will take place if there is lack of medical necessity (e.g., through successful completion of treatment goals and amelioration of mental health) or if eligibility criteria are no longer in place (e.g., child placed out of county with discontinuation of San Francisco County full-scope Medi-Cal coverage).

- Process

During the 6-month reassessment period, the treatment team will collaborate with family and support team to determine treatment goals. If treatment goals have been successfully completed and medical necessity is no longer met, termination will take place. Outside of the 6-month reassessment period, if medical necessity is no longer met due to amelioration of mental health, termination will also take place.

The treatment team will collaborate with the family and PSW to assure that clients are connected with ongoing support services, if appropriate.

E. Program staffing:

Mental Health Services are provided by Marriage and Family Therapists, Marriage and Family Therapist Interns, Licensed Clinical Social Workers, Associate Social Workers, Licensed Psychologists, Waivered Psychologists, Psychology Assistants, or other trained staff (e.g., Mental Health Rehabilitation Specialists) who are qualified to deliver EPSDT services to the target population. Staff also includes: clinical supervisors, licensed program director, intake clinician, office management, and quality assurance staff.

7. **Objectives and Measurements:**

All objectives and corresponding measurements are contained in the BHS document entitled *BHS Performance Objectives FY 14-15*.

8. Continuous Quality Improvement:

Our program's CQI activities include the following:

Achievement of contract performance objectives and productivity:

A Better Way monitors contract utilization and productivity in an ongoing manner. We have dashboards to help managers track contract fulfillment by comparing projected services to actual services on a weekly, monthly, and 'year to date' basis. We also have additional tools to help service providers and supervisors to adjust a provider's time-management and caseload as need.

Our productivity projections are carefully calibrated to account for fluctuations caused by predictable factors such as the number of workdays in each month. Productivity standards are clarified to all services providers and are managed as an ongoing part of supervision.

Documentation of quality and internal audits:

Our service documentation goes through multiple levels of Quality Assurance and internal Review.

- All providers are carefully trained in Medi-Cal documentation standards
- Our Electronic Health Records (Avatar and Clinitrak) help reduce errors in entries
- All provider documentation is reviewed by a supervisor upon completion
- Our Quality Assurance conducts full-chart reviews for all charts at the following intervals: 30 days post episode opening; every 6 months thereafter; at discharge
- All charts are reviewed for semi-annual reauthorization of services during our monthly PURQC meetings with Alternative Family Services
- Feedback and corrections from all internal reviews are shared with supervisors and clinicians to assure continuous quality improvement
- Reports on timeliness of notes are generated monthly and distributed to supervisor to share with supervisees.

Cultural competency of staff and services:

A Better Way places a great deal of attention on training our staff in cultural humility and competency. Assessment of staff cultural competency levels is monitored through regular supervision and periodic case presentation. A Better Way will be implementing a Consumer Advisory Board during this fiscal year to obtain input from consumers and community partners, which will include an assessment of the cultural competence level of our services.

Client satisfaction:

A Better Way distributes client satisfaction surveys on an annual basis. We also strive to create an environment of trust such that clients feel safe in sharing their feedback directly to our treatment team.

Timely completion and use of outcome data, including CANS:

A Better Way utilizes the CANS for all clients. Additionally, we also ask the treatment team to administer standardized self-report measures for older children (e.g., Youth

Contractor: A Better Way, Inc.
City Fiscal Year: 15-16
CMS#: 7020

Appendix A- 1
Term: 07/01/15 – 06/30/16

Self Report, Trauma Symptom Checklist) as well as caregiver-report questionnaires for all children (e.g., Child Behavior Checklist, Trauma Symptom Checklist for Young Children) and teacher reports if appropriate (e.g., Teacher Report Form). The treatment team also utilizes CANS ratings and dashboards as a collaborative tool and framework with families and children to discuss and monitor strengths and needs that influence treatment planning. Our CQI team (comprise of QA and Clinical leadership) are engaged in ongoing efforts to broaden and improve the integration of CANS data into more aspects of our decision making.

9. Required Language:
Not applicable.

1. Identifiers:

Program Name: A Better Way
Early Childhood Mental Health Program (0-5)
Program Address: 1663 Mission Street, Suite 460
City, State, ZIP: San Francisco, CA 94103
Telephone: 415-715-1050
FAX: 415-715-1051
Website Address: www.abetterwayinc.net

Contractor Address: 3200 Adeline Street
City, State, ZIP: Berkeley, CA 94703
Person Completing this Narrative: Ann Chu, PhD
Telephone: 415-592-4149
Email Address: achu@abetterwayinc.net

Program Code(s): 38GT05 (A Better Way, Inc. 0-5 OP)

2. Nature of Document:

☐ New ☒ Renewal ☐ Modification

3. Goal Statement:

To help ameliorate and enhance the emotional and behavioral health symptoms as well as the overall developmental functioning of children aged birth to 5 within a system of care. Our services aims to prevent severe and long-term consequences of emotional and behavioral problems.

4. Target Population:

San Francisco County children age birth to 5 years with full scope Medi-Cal who have been identified as having or imminently at-risk for having emotional or behavioral disturbance.

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

Modalities include Mental Health Services (individual, family, group, collateral, plan development, rehabilitation, assessment and evaluation), Case Management and Crisis Intervention.

See CRDC for details.

6. Methodology:

Direct Client Services:

A. Outreach, recruitment, promotion, and advertisement:

Linkages have been established with community agencies that serve as referral sources for our Early Childhood Mental Health Services, including: Infant Parent Program, Child Trauma Research Program, Public Health Nursing, Zero to Three Program, Wu Yee Child and Family Services, Hamilton Family Center, Bayview Family Resource Center, Ashbury House, Golden Gate Regional Center, and Foster Care Mental Health meetings with HSA representatives. Additional outreach activities include the development of relationships with preschools, child-care centers, pediatricians, WIC, Early Head Start, and other community agencies.

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

○ **Criteria:**

Clients are eligible for services if they 1) meet medical necessity and display behavioral health symptoms that can be ameliorated by services; and 3) have EPSDT/San Francisco full-scope Medi-Cal coverage.

○ **Process:**

Clients are referred by community agencies to our intake coordinator. Our intake coordinator will assign a clinician to work with the family for the initial assessment period. Clients will be assessed within the first 30 days for EPSDT eligibility and medical necessity. For services to continue past the initial assessment, clients must continue to meet medical necessity.

Clients who do not meet eligibility criteria will be referred to other community agencies/resources.

C. Service delivery model:

○ **Treatment modalities:**

Services will primarily involve dyadic (infant-parent/child –parent) therapy and other evidence based practices and outcome informed practices within an overarching relationship-based framework as indicated by client need. Interventions include: STEEP (Steps Toward Effective and Enjoyable Parenting), Safety Organized Practice, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Incredible Years, ABC (Attachment and Bio-Behavioral Catch-Up), attachment-based play, child-specific developmental guidance, infant massage, and parent support groups.

Phases of treatment:

▪ **Engagement Phase:**

Clients and families will engage in a 30 day EPSDT and medical necessity assessment through clinical interviews, behavioral observations, and any indicated standardized assessment tools (including CANS). During the 30 day period, clinicians will work with the client and family to obtain information, build rapport, and establish medical necessity. During the initial 30 day assessment period, the clinician will also work with the client and family to create agreed upon treatment plan goals and objectives.

▪ **Service Delivery Phase:**

Based on CANS assessment and clinical formulation, treatment providers will provide services including, but not limited to infant-parent/child-parent therapy, family therapy, collateral, case management and plan development. Ongoing collaboration with members of the child's support team (e.g., family members, day care providers) will take place to develop progressive, permanency-informed treatment goals and strengthen caregiver's natural support system to enhance stability of care giving environment.

○ **Hours of operation:**

Open 9:00a.m. - 6 p.m. Monday-Friday, and limited availability on Saturdays. After 6:00 p.m. appointments are available as needed.

○ **Length of Stay:**

Average length of treatment will be six to eight months depending on the needs of the client and family.

- Locations of Service Delivery:

Locations are dependent on the need of the family and client. Locations include A Better Way's San Francisco Offices, other A Better Way offices, and surrounding Bay Area community locations (client's home, school, and community spaces such as parks, Family Resource Centers, community recreation centers, public libraries, and churches).

- Frequency and Duration of Services:

Maximum frequency and duration of services will be determined by the level of medical necessity. Within these limits and EPSDT standards, the actual frequency and duration of services will be determined through collaborative treatment planning with the client and family.

- Strategies for service delivery:

Services will be Evidence-Based and Outcomes Informed as indicated by client needs.

D. Discharge planning

- Exit criteria

There is no specific exit criteria needed in order for clients to be discharged. However, termination of services will take place if there is lack of medical necessity (e.g., through successful completion of treatment goals and amelioration of mental health) or if eligibility criteria are no longer in place (e.g., child placed out of county with discontinuation of San Francisco County full-scope Medi-Cal coverage).

- Process

During the 6-month reassessment period, the treatment team will collaborate with family and support team to determine treatment goals. If treatment goals have been successfully completed and medical necessity is no longer met, termination will take place. Outside of the 6-month reassessment period, if medical necessity is no longer met due to amelioration of mental health, termination will also take place.

The treatment team will collaborate with the family and PSW to assure that clients are connected with ongoing support services, if appropriate.

E. Program staffing:

Mental Health Services are provided by Marriage and Family Therapists, Marriage and Family Therapist Interns, Licensed Clinical Social Workers, Associate Social Workers, Licensed Psychologists, Waivered Psychologists, Psychology Assistants, or other trained staff (e.g., Mental Health Rehabilitation Specialists) who are qualified to deliver EPSDT services to the target population. Staff also includes: clinical supervisors, licensed program director, intake clinician, office management, and quality assurance staff.

7. **Objectives and Measurements:**

All objectives and corresponding measurements are contained in the BHS document entitled *BHS Performance Objectives FY 14-15*.

8. **Continuous Quality Improvement:**

Our program's CQI activities include the following:

Achievement of contract performance objectives and productivity:

A Better Way monitors contract utilization and productivity in an ongoing manner. We have dashboards to help managers track contract fulfillment by comparing projected services to actual

services on a weekly, monthly, and 'year to date' basis. We also have additional tools to help service providers and supervisors to adjust a provider's time-management and caseload as need. Our productivity projections are carefully calibrated to account for fluctuations caused by predictable factors such as the number of workdays in each month. Productivity standards are clarified to all services providers and are managed as an ongoing part of supervision.

Documentation of quality and internal audits:

Our service documentation goes through multiple levels of Quality Assurance and internal Review.

- All providers are carefully trained in Medi-Cal documentation standards
- Our Electronic Health Records (Avatar and Clinitrak) help reduce errors in entries
- All provider documentation is reviewed by a supervisor upon completion
- Our Quality Assurance conducts full-chart reviews for all charts at the following intervals: 30 days post episode opening; every 6 months thereafter; at discharge
- All charts are reviewed for semi-annual reauthorization of services during our monthly PURQC meetings with Alternative Family Services
- Feedback and corrections from all internal reviews are shared with supervisors and clinicians to assure continuous quality improvement
- Reports on timeliness of notes are generated monthly and distributed to supervisor to share with supervisees.

Cultural competency of staff and services:

A Better Way places a great deal of attention on training our staff in cultural humility and competency. Assessment of staff cultural competency levels is monitored through regular supervision and periodic case presentation. A Better Way will be implementing a Consumer Advisory Board during this fiscal year to obtain input from consumers and community partners, which will include an assessment of the cultural competence level of our services.

Client satisfaction:

A Better Way distributes client satisfaction surveys on an annual basis. We also strive to create an environment of trust such that clients feel safe in sharing their feedback directly to our treatment team.

Timely completion and use of outcome data, including CANS:

A Better Way utilizes the CANS for all clients. Additionally, we also ask the treatment team to administer standardized self-report measures for older children (e.g., Youth Self Report, Trauma Symptom Checklist) as well as caregiver-report questionnaires for all children (e.g., Child Behavior Checklist, Trauma Symptom Checklist for Young Children) and teacher reports if appropriate (e.g., Teacher Report Form). The treatment team also utilizes CANS ratings and dashboards as a collaborative tool and framework with families and children to discuss and monitor strengths and needs that influence treatment planning. Our CQI team (comprise of QA and Clinical leadership) are engaged in ongoing efforts to broaden and improve the integration of CANS data into more aspects of our decision making.

9. Required Language:

Not applicable.

Contractor: A Better Way, Inc.
City Fiscal Year: 15-16
CMS#: 7020

Appendix A-2
Term: 07/01/15 – 06/30/16

1. Identifiers:

Program Name: A Better Way
Early Childhood Mental Health Program (0-5)
Program Address: 1663 Mission Street, Suite 460
City, State, ZIP: San Francisco, CA 94103
Telephone: 415-715-1050
FAX: 415-715-1051
Website Address: www.abetterwayinc.net

Contractor Address: 3200 Adeline Street
City, State, ZIP: Berkeley, CA 94703
Person Completing this Narrative: Ann Chu, PhD
Telephone: 415-592-4149
Email Address: achu@abetterwayinc.net

Program Code(s): 38GT05 (A Better Way, Inc. 0-5 OP)

2. Nature of Document:

☐ New ☒ Renewal ☐ Modification

3. Goal Statement:

To help ameliorate and enhance the emotional and behavioral health symptoms as well as the overall developmental functioning of children aged birth to 5 within a system of care. Our services aims to prevent severe and long-term consequences of emotional and behavioral problems.

4. Target Population:

San Francisco County children age birth to 5 years with full scope Medi-Cal who have been identified as having or imminently at-risk for having emotional or behavioral disturbance.

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

Modalities include Mental Health Services (individual, family, group, collateral, plan development, rehabilitation, assessment and evaluation), Case Management and Crisis Intervention.

See CRDC for details.

6. Methodology:

Direct Client Services:

A. Outreach, recruitment, promotion, and advertisement:

Linkages have been established with community agencies that serve as referral sources for our Early Childhood Mental Health Services, including: Infant Parent Program, Child Trauma Research Program, Public Health Nursing, Zero to Three Program, Wu Yee Child and Family Services, Hamilton Family Center, Bayview Family Resource Center, Ashbury House, Golden Gate Regional Center, and Foster Care Mental Health meetings with HSA representatives. Additional outreach activities include the development of relationships with preschools, child-care centers, pediatricians, WIC, Early Head Start, and other community agencies.

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

o Criteria:

Clients are eligible for services if they 1) meet medical necessity and display behavioral health symptoms that can be ameliorated by services; and 3) have EPSDT/San Francisco full-scope Medi-Cal coverage.

o Process:

Clients are referred by community agencies to our intake coordinator. Our intake coordinator will assign a clinician to work with the family for the initial assessment period. Clients will be assessed within the first 30 days for EPSDT eligibility and medical necessity. For services to continue past the initial assessment, clients must continue to meet medical necessity.

Clients who do not meet eligibility criteria will be referred to other community agencies/resources.

C. Service delivery model:

o Treatment modalities:

Services will primarily involve dyadic (infant-parent/child –parent) therapy and other evidence based practices and outcome informed practices within an overarching relationship-based framework as indicated by client need. Interventions include: STEEP (Steps Toward Effective and Enjoyable Parenting), Safety Organized Practice, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Incredible Years, ABC (Attachment and Bio-Behavioral Catch-Up), attachment-based play, child-specific developmental guidance, infant massage, and parent support groups.

Phases of treatment:

▪ Engagement Phase:

Clients and families will engage in a 30 day EPSDT and medical necessity assessment through clinical interviews, behavioral observations, and any indicated standardized assessment tools (including CANS). During the 30 day period, clinicians will work with the client and family to obtain information, build rapport, and establish medical necessity. During the initial 30 day assessment period, the clinician will also work with the client and family to create agreed upon treatment plan goals and objectives.

▪ Service Delivery Phase:

Based on CANS assessment and clinical formulation, treatment providers will provide services including, but not limited to infant-parent/child-parent therapy, family therapy, collateral, case management and plan development. Ongoing collaboration with members of the child's support team (e.g., family members, day care providers) will take place to develop progressive, permanency-informed treatment goals and strengthen caregiver's natural support system to enhance stability of care giving environment.

o Hours of operation:

Open 9:00a.m. - 6 p.m. Monday-Friday, and limited availability on Saturdays. After 6:00 p.m. appointments are available as needed.

o Length of Stay:

Average length of treatment will be six to eight months depending on the needs of the client and family.

- Locations of Service Delivery:

Locations are dependent on the need of the family and client. Locations include A Better Way's San Francisco Offices, other A Better Way offices, and surrounding Bay Area community locations (client's home, school, and community spaces such as parks, Family Resource Centers, community recreation centers, public libraries, and churches).

- Frequency and Duration of Services:

Maximum frequency and duration of services will be determined by the level of medical necessity. Within these limits and EPSDT standards, the actual frequency and duration of services will be determined through collaborative treatment planning with the client and family.

- Strategies for service delivery:

Services will be Evidence-Based and Outcomes Informed as indicated by client needs.

D. Discharge planning

- Exit criteria

There is no specific exit criteria needed in order for clients to be discharged. However, termination of services will take place if there is lack of medical necessity (e.g., through successful completion of treatment goals and amelioration of mental health) or if eligibility criteria are no longer in place (e.g., child placed out of county with discontinuation of San Francisco County full-scope Medi-Cal coverage).

- Process

During the 6-month reassessment period, the treatment team will collaborate with family and support team to determine treatment goals. If treatment goals have been successfully completed and medical necessity is no longer met, termination will take place. Outside of the 6-month reassessment period, if medical necessity is no longer met due to amelioration of mental health, termination will also take place.

The treatment team will collaborate with the family and PSW to assure that clients are connected with ongoing support services, if appropriate.

E. Program staffing:

Mental Health Services are provided by Marriage and Family Therapists, Marriage and Family Therapist Interns, Licensed Clinical Social Workers, Associate Social Workers, Licensed Psychologists, Waivered Psychologists, Psychology Assistants, or other trained staff (e.g., Mental Health Rehabilitation Specialists) who are qualified to deliver EPSDT services to the target population. Staff also includes: clinical supervisors, licensed program director, intake clinician, office management, and quality assurance staff.

7. **Objectives and Measurements:**

All objectives and corresponding measurements are contained in the BHS document entitled *BHS Performance Objectives FY 14-15*.

8. **Continuous Quality Improvement:**

Our program's CQI activities include the following:

Achievement of contract performance objectives and productivity:

A Better Way monitors contract utilization and productivity in an ongoing manner. We have dashboards to help managers track contract fulfillment by comparing projected services to actual

services on a weekly, monthly, and 'year to date' basis. We also have additional tools to help service providers and supervisors to adjust a provider's time-management and caseload as need. Our productivity projections are carefully calibrated to account for fluctuations caused by predictable factors such as the number of workdays in each month. Productivity standards are clarified to all services providers and are managed as an ongoing part of supervision.

Documentation of quality and internal audits:

Our service documentation goes through multiple levels of Quality Assurance and internal Review.

- o All providers are carefully trained in Medi-Cal documentation standards
- o Our Electronic Health Records (Avatar and Clinitrak) help reduce errors in entries
- o All provider documentation is reviewed by a supervisor upon completion
- o Our Quality Assurance conducts full-chart reviews for all charts at the following intervals: 30 days post episode opening; every 6 months thereafter; at discharge
- o All charts are reviewed for semi-annual reauthorization of services during our monthly PURQC meetings with Alternative Family Services
- o Feedback and corrections from all internal reviews are shared with supervisors and clinicians to assure continuous quality improvement
- o Reports on timeliness of notes are generated monthly and distributed to supervisor to share with supervisees.

Cultural competency of staff and services:

A Better Way places a great deal of attention on training our staff in cultural humility and competency. Assessment of staff cultural competency levels is monitored through regular supervision and periodic case presentation. A Better Way will be implementing a Consumer Advisory Board during this fiscal year to obtain input from consumers and community partners, which will include an assessment of the cultural competence level of our services.

Client satisfaction:

A Better Way distributes client satisfaction surveys on an annual basis. We also strive to create an environment of trust such that clients feel safe in sharing their feedback directly to our treatment team.

Timely completion and use of outcome data, including CANS:

A Better Way utilizes the CANS for all clients. Additionally, we also ask the treatment team to administer standardized self-report measures for older children (e.g., Youth Self Report, Trauma Symptom Checklist) as well as caregiver-report questionnaires for all children (e.g., Child Behavior Checklist, Trauma Symptom Checklist for Young Children) and teacher reports if appropriate (e.g., Teacher Report Form). The treatment team also utilizes CANS ratings and dashboards as a collaborative tool and framework with families and children to discuss and monitor strengths and needs that influence treatment planning. Our CQI team (comprise of QA and Clinical leadership) are engaged in ongoing efforts to broaden and improve the integration of CANS data into more aspects of our decision making.

9. Required Language:

Not applicable.

Contractor: A Better Way, Inc.
City Fiscal Year: 15-16
CMS#: 7020

Appendix A-3
Term: 07/01/15 – 06/30/16

1. Identifiers:

Program Name: A Better Way
Therapeutic Visitation Services Program
Program Address: 1663 Mission Street, Suite 460
City, State, ZIP: San Francisco, CA 94103
Telephone: 415-715-1050
FAX: 415-715-1051
Website Address: www.abetterwayinc.net

Contractor Address: 3200 Adeline Street
City, State, ZIP: Berkeley, CA 94703
Person Completing this Narrative: Ann Chu, PhD
Telephone: 415-592-4149
Email Address: achu@abetterwayinc.net
Program Code(s): 38GT01 (A Better Way-SF Thera Visitati)

2. Nature of Document:

☐ New ☒ Renewal ☐ Modification

3. Goal Statement:

The goal of this program is to increase the protective capacities within the family for children/youth who are attempting to reunify following removal by Child Protective Services.

4. Target Population:

Full scope Medi-Cal San Francisco County children ages birth to eighteen with behavioral health needs that have been removed from their parents by Children Protective Services and are attempting to reunify.

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

Modalities include Mental Health Services (individual, family, group, collateral, plan development, rehabilitation, assessment and evaluation), Case Management, Crisis Intervention and Mode 60/Service Function 78 services (Other Non-Medi-Cal Client Support Expenditures).

See CRDC for details.

6. Methodology:

Direct Client Services:

A. Outreach, recruitment, promotion, and advertisement:

Collaboration with San Francisco Foster Care Mental Health (FCMH) and Human Services Agency (HSA) will be ongoing, who are our primary referral sources. Outreach through

informal and formal collaborations with other agencies will assist communities to become aware of our services and ensure continuity of care.

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

○ Criteria:

Clients are eligible for services if they 1) have an open case through Human Services Agency; 2) meet medical necessity and display behavioral health symptoms that can be ameliorated by services; and 3) demonstrate clinical need for therapeutic visitations; and 4) have EPSDT/San Francisco full-scope Medi-Cal coverage.

○ Process:

Protective Social Workers (PSW) from HSA refer children and their families to FCMH who in turn refer eligible clients for therapeutic visitation services. Once we receive the complete referral paperwork packet from FCMH, we connect with the PSW and family to begin our services.

C. Service delivery model:

○ Treatment modalities:

Within an overarching relationship-based framework, we utilize Evidence Based Practices (EBPs) and Outcome Informed Practices as indicated by client need. Interventions include: Safety Organized Practice, Parent-Child Interaction Therapy, Child Parent Psychotherapy, Incredible Years, and evidence-based elements from these and other EBPs that will help parents to increase their protective capacity for their child.

An HSA work order was increased to provide supervised visitation to HSA clients and their families when therapeutic visitation is counter indicated. It is prudent that these Mode 60 supervised visitation services are provided by the same trained clinical staff of the TVS program.

○ Phases of treatment:

▪ Engagement Phase:

Clients and families will engage in a 30 day EPSDT and medical necessity assessment through clinical interviews, behavioral observations, and any indicated standardized assessment tools (including CANS). During the 30 day period, clinicians will work with the client and family to obtain information, build rapport, and establish medical necessity. During the initial 30 day assessment period, the clinician will also work with the client and family to create agreed upon treatment plan goals and objectives. Clinicians will work with Protective Social Workers (PSW) to gather information on safety concerns and permanency planning issues that may be relevant to the mental health needs of the client.

▪ Service Delivery Phase:

Based on CANS assessment and clinical formulation, treatment providers will provide services including family therapy, dyadic therapy, collateral sessions, case management, plan development, individual rehabilitation, and crisis intervention. The clinician will also maintain ongoing

collaboration with members of the treatment team (parents, foster parents, Human Service Agency workers, attorneys, etc.) in order to:

- Manage risk and assure safety
- Develop progressive family treatment goals that allow for ongoing development and assessment of protective capacities within the family system
- Provide objective information to the PSW regarding the client's needs and the family's protective capacities.

○ Hours of operation:

Open 9:00a.m. - 6 p.m. Monday-Friday, and limited availability on Saturdays. After 6:00 p.m. appointments are available as needed.

○ Length of Stay:

Average length of treatment will be six to eight months depending on the needs of the client and family and reunification/permanency planning.

○ Locations of Service Delivery:

Locations are dependent on the need of the family and client as well as the parameters determined to be appropriate by PSW. Locations include A Better Way's San Francisco Offices, other A Better Way offices, and surrounding Bay Area community locations (school, and community spaces such as parks, Family Resource Centers, community recreation centers, public libraries, and churches).

○ Frequency and Duration of Services:

Maximum frequency and duration of services will be determined by the level of medical necessity. Within these limits and EPSDT standards, the actual frequency and duration of services will be determined through collaborative treatment planning with the client and family and with respect to input from the PSW.

○ Strategies for service delivery:

Services will be Evidence-Based and Outcomes Informed as indicated by client needs.

D. Discharge planning

○ Exit criteria

There is no specific exit criteria needed in order for clients to be discharged.

However, termination of services will take place if there is lack of medical necessity (e.g., through successful completion of treatment goals and amelioration of mental health) or if eligibility criteria are no longer in place (e.g., child placed out of county with discontinuation of San Francisco County full-scope Medi-Cal coverage).

Termination of services will also be determined dependent on reunification/permanency planning.

○ Process

During the 6-month reassessment period, the treatment team will collaborate with family and support team to determine treatment goals. If treatment goals have been successfully completed and medical necessity is no longer met, termination will take place. Outside of the 6-month reassessment period, if medical necessity is

no longer met due to amelioration of mental health, termination will also take place.

The treatment team will collaborate with the family and PSW to assure that clients are connected with ongoing support services, if appropriate.

E. Program staffing:

Mental Health Services are provided by Marriage and Family Therapists, Marriage and Family Therapist Interns, Licensed Clinical Social Workers, Associate Social Workers, Licensed Psychologists, Waivered Psychologists, Psychology Assistants, or other trained staff (e.g., Mental Health Rehabilitation Specialists) who are qualified to deliver EPSDT services to the target population. Staff also includes: clinical supervisors, licensed program director, intake clinician, office management, and quality assurance staff.

7. **Objectives and Measurements:**

All objectives and corresponding measurements are contained in the BHS document entitled *BHS Performance Objectives FY 14-15*.

8. **Continuous Quality Improvement:**

Our program's CQI activities include the following:

Achievement of contract performance objectives and productivity:

A Better Way monitors contract utilization and productivity in an ongoing manner. We have dashboards to help managers track contract fulfillment by comparing projected services to actual services on a weekly, monthly, and 'year to date' basis. We also have additional tools to help service providers and supervisors to adjust a provider's time-management and caseload as need.

Our productivity projections are carefully calibrated to account for fluctuations caused by predictable factors such as the number of workdays in each month. Productivity standards are clarified to all services providers and are managed as an ongoing part of supervision.

Documentation of quality and internal audits:

Our service documentation goes through multiple levels of Quality Assurance and internal Review.

- All providers are carefully trained in Medi-Cal documentation standards
- Our Electronic Health Records (Avatar and Clinitrak) help reduce errors in entries
- All provider documentation is reviewed by a supervisor upon completion
- Our Quality Assurance conducts full-chart reviews for all charts at the following intervals: 30 days post episode opening; every 6 months thereafter; at discharge
- All charts are reviewed for semi-annual reauthorization of services during our monthly PURQC meetings with Alternative Family Services
- Feedback and corrections from all internal reviews are shared with supervisors and clinicians to assure continuous quality improvement
- Reports on timeliness of notes are generated monthly and distributed to supervisor to share with supervisees.

Cultural competency of staff and services:

A Better Way places a great deal of attention on training our staff in cultural humility and competency. Assessment of staff cultural competency levels is monitored through regular supervision and periodic case presentation. A Better Way will be implementing a Consumer Advisory Board during this fiscal year to obtain input from consumers and community partners, which will include an assessment of the cultural competence level of our services.

Client satisfaction:

A Better Way distributes client satisfaction surveys on an annual basis. We also strive to create an environment of trust such that clients feel safe in sharing their feedback directly to our treatment team.

Timely completion and use of outcome data, including CANS:

A Better Way utilizes the CANS for all clients. Additionally, we also ask the treatment team to administer standardized self-report measures for older children (e.g., Youth Self Report, Trauma Symptom Checklist) as well as caregiver-report questionnaires for all children (e.g., Child Behavior Checklist, Trauma Symptom Checklist for Young Children) and teacher reports if appropriate (e.g., Teacher Report Form). The treatment team also utilizes CANS ratings and dashboards as a collaborative tool and framework with families and children to discuss and monitor strengths and needs that influence treatment planning. Our CQI team (comprise of QA and Clinical leadership) are engaged in ongoing efforts to broaden and improve the integration of CANS data into more aspects of our decision making.

9. Required Language:
Not applicable.

Appendix B

Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

A. Program Budgets are listed below.

Budget Summary

Appendix B-1 Outpatient Mental Health Services

Appendix B-2 Outpatient Behavioral Health Services Early Childhood Mental Health Program (05)

Appendix B-3 Therapeutic Visitation Services 38GT

B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Nine Million Nine Hundred Eighty Two Thousand Nine Hundred Fourteen Dollars (\$9,982,914) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$106,507 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through June 30, 2011	\$1,705,000
July 1, 2011 through June 30, 2012	\$1,742,888
July 1, 2012 through June 30, 2013	\$1,737,562
July 1, 2013 through June 30, 2014	\$1,865,183
July 1, 2014 through June 30, 2015	\$1,893,160
Sub-Total July 1, 2010 through December 31, 2015	\$9,876,407
July 1, 2010 through December 31, 2015- Contingency	\$106,507
Total July 1, 2010 through December 31, 2015	\$9,982,914

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

(4) CONTRACTOR further understands that, \$852,500 of the period from July 1, 2010 through December 31, 2010 in the Contract Numbers BPHM08000070 and DPHM11000123 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM08000070 for the Fiscal Year 2010-11.

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

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

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

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

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH):		00765		Prepared By/Phone #:		Roger Ailshie/5106010203		Fiscal Year: 2014-15	
DHCS Legal Entity Name (MH)/Contractor Name (SA):		A Better Way				7/1/2015		page 4	
Contract CMS # (CDTA use only):									
Contract Appendix Number:		B-1	B-2	B-3	B-#	B-#	B-#		
Appendix A/Program Name:		Outpatient	0-5	TVS					
Provider Number		38GT	38GT	38GT					
Program Code(s)		38GT0P	38GT05	38GT01					
FUNDING TERM:		7/1/15_6/30/16	7/1/15_6/30/16	7/1/15_6/30/16	-/- -/-	-/- -/-	-/- -/-	TOTAL	
FUNDING USES									
Salaries & Employee Benefits:		\$588,036	\$99,953	\$536,286				1,224,275	
Operating Expenses:		202,669	34,448	184,831				421,948	
Capital Expenses:		-	-	-				-	
Subtotal Direct Expenses:		790,705	134,401	721,117	-	-	-	1,646,223	
Indirect Expenses:		118,607	20,162	108,168				246,937	
Indirect %:		15%	15%	15%	0%	0%	0%	15%	
TOTAL FUNDING USES		909,312	154,563	829,285	-	-	-	1,893,160	
							Employee Fringe Benefits %:	30	
BHS MENTAL HEALTH FUNDING SOURCES									
MH FED - SDMC Regular FFP (50%)		408,850	69,500	326,650				805,000	
MH STATE - 2011 PSR EPSDT		367,965	62,550	293,985				724,500	
MH WORK ORDER - HSA (Match)		42,325	7,193	33,821				83,339	
MH WORK ORDER - HSA		49,954	8,492	139,907				198,353	
MH COUNTY - General Fund		38,834	6,593	32,316				77,743	
MH COUNTY - Work Order CODB		1,384	235	2,606				4,225	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		909,312	154,563	829,285	-	-	-	1,893,160	
BHS SUBSTANCE ABUSE FUNDING SOURCES									
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-	
OTHER DPH FUNDING SOURCES									
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-	
TOTAL DPH FUNDING SOURCES		909,312	154,563	829,285	-	-	-	1,893,160	
NON-DPH FUNDING SOURCES									
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		909,312	154,563	829,285	-	-	-	1,893,160	

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00765					Appendix/Page #: B-1/Page 1	
Provider Name: A Better Way					7/1/2015	
Provider Number: 38GT					Fiscal Year: 2014-15	
Program Name:	Outpatient	Outpatient	Outpatient			
Program Code (formerly Reporting Unit):	38GTOP	38GTOP	38GTOP			
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57, 59	15/70-79			
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	0	0	TOTAL
FUNDING TERM:	7/1/15 6/30/16	7/1/15 6/30/16	7/1/15 6/30/16	-	-	
FUNDING USES						
Salaries & Employee Benefits:	5,940	580,803	1,293			588,036
Operating Expenses:	2,047	200,176	446			202,669
Capital Expenses (greater than \$5,000):						-
Subtotal Direct Expenses:	7,987	780,979	1,739	-	-	790,705
Indirect Expenses:	1,198	117,148	261			118,607
TOTAL FUNDING USES:	9,185	898,127	2,000	-	-	909,312
BHS MENTAL HEALTH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
MH FED - SDMG Regular FFP (50%)	HMHMCP751594	4,130	403,821	899		408,850
MH STATE - 2011 PSR EPSDT	HMHMCP751594	3,717	363,439	809		367,965
MH WORK ORDER - HSA (Match)	HMHMCHMTCHWO	428	41,804	93		42,325
MH WORK ORDER - HSA	HMHMCHCWSNWO	504	49,339	111		49,954
MH COUNTY - General Fund	HMHMCP751594	392	88,057	85		88,534
MH COUNTY - Work Order CODB	HMHMCP751594	14	887	2		1,384
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		9,185	898,127	2,000	-	909,312
BHS SUBSTANCE ABUSE FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
						-
						-
						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES						
	Index Code/Project Detail/CFDA#:					
						-
						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		9,185	898,127	2,000	-	909,312
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		9,185	898,127	2,000	-	909,312
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):						
		FFS	FFS	FFS		
DPH Units of Service:	4,480	33,462	513	-	-	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.93	2.65	3.90			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.95	2.66	3.90	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	2.22	2.81	4.08			Total UDC:
Unduplicated Clients (UDC):	29	68	2			68

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

DPH 7: Contract-Wide Indirect Detail

Contractor Name/Program Name: Outpatient

Document Date: 7/1/2015

page 5

1. SALARIES & BENEFITS

[illegible]

2. OPERATING COSTS

Expense line item:	Amount
Professional Fees	\$ 35,632
Telecommunications	\$ 2,449
Travel/Training	\$ 1,666
Office Expense	\$ 7,683
Insurance	\$ 2,658
Facility	\$ 9,043
TOTAL OPERATING COSTS	\$ 59,131
TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)	\$ 248,937

DPH 3: Salaries & Benefits Detail

Appendix # B-1
Page # 2

Employee Fringe Benefits:	30.00%	\$135,700	30.00%	\$121,723	30.00%	\$6,523	30.00%	\$7,454	0.00%		0.00%
---------------------------	--------	-----------	--------	-----------	--------	---------	--------	---------	-------	--	-------

\$0

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

DPH 4: Operating Expenses Detail

Program Code: 38GTOP
Program Name: Outpatient
Document Date: 7/1/15

Appendix #: B-1
Page # 3

Expenditure Categories & Line Items	TOTAL	General Fund HMHMCP751594	HSA WO-Local Match HMHMCHMTCHWO (Includes WO-CODE)	HSA WO HMHMCHCWSNWO (Includes WO-CODE)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:
Occupancy:						
Rent	\$ 103,788	\$ 93,097	\$ 4,989	\$ 5,702		
Utilities (telephone, electricity, water, gas)	\$ 8,963	\$ 8,040	\$ 431	\$ 492		
Building Repair/Maintenance	\$ 5,215	\$ 4,678	\$ 251	\$ 286		
Materials & Supplies:						
Office Supplies	\$ 7,271	\$ 6,522	\$ 350	\$ 369		
Photocopying	\$ -	\$ -	\$ -	\$ -		
Printing	\$ -	\$ -	\$ -	\$ -		
Program Supplies	\$ 4,481	\$ 4,020	\$ 215	\$ 246		
Computer hardware/software	\$ -	\$ -	\$ -	\$ -		
General Operating:						
Training/Staff Development	\$ 5,427	\$ 4,868	\$ 261	\$ 298		
Insurance	\$ 17,121	\$ 15,357	\$ 823	\$ 941		
Professional License	\$ 377	\$ 338	\$ 18	\$ 21		
Permits	\$ 440	\$ 395	\$ 21	\$ 24		
Equipment Lease & Maintenance	\$ 3,213	\$ 2,882	\$ 154	\$ 177		
Staff Travel:						
Local Travel	\$ 48,373	\$ 41,596	\$ 2,228	\$ 2,548		
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					

TOTAL OPERATING EXPENSE	\$ 202,669	\$ 181,793	\$ 9,742	\$ 11,134	\$ -	\$ -
--------------------------------	-------------------	-------------------	-----------------	------------------	-------------	-------------

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

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

DHCS Legal Entity Name (MF)/Contractor Name (SA): 00765						Appendix/Page #: B-2/Page 1	
Provider Name: A Better Way						Document Date: 7/1/2015	
Provider Number: 38GT						Fiscal Year: 2014-15	
Program Name:	0-5	0-5	0-5				
Program Code (formerly Reporting Unit):	38GT05	38GT05	38GT05				
Model/SFC (MH) or Modality (SA):	15/01-08	15/10-57, 59	15/70-79				
Service Description:	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	0	0	TOTAL	
FUNDING TERM:	7/1/15 6/30/16	7/1/15 6/30/16	7/1/15 6/30/16	-	-		
FUNDING USES							
Salaries & Employee Benefits:	1,419	98,425	109			99,953	
Operating Expenses:	489	33,921	38			34,448	
Capital Expenses (greater than \$5,000):						-	
Subtotal Direct Expenses:	1,908	132,346	147	-	-	134,401	
Indirect Expenses:	266	19,854	22			20,162	
TOTAL FUNDING USES:	2,194	152,200	169	-	-	154,563	
BHS MENTAL HEALTH FUNDING SOURCES							
	Index Code/Project Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	986	68,437	77		69,600	
MH STATE - 2011 PSR EPSDT	HMHMCP751594	888	61,594	68		62,550	
MH WORK ORDER - HSA (Match)	HMHMCHMTCHWO	102	7,083	8		7,193	
MH WORK ORDER - HSA	HMHMCHCWSNWO	121	8,362	9		8,492	
MH COUNTY - General Fund	HMHMCP751594	94	8,492	7		8,593	
MH COUNTY - Work Order CODB	HMHMCP751594	3	232			235	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		2,194	152,200	169	-	154,563	
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	Index Code/Project Detail/CFDA#:						
						-	
						-	
						-	
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	
OTHER DPH FUNDING SOURCES							
	Index Code/Project Detail/CFDA#:						
						-	
						-	
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	
TOTAL DPH FUNDING SOURCES		2,194	152,200	169	-	154,563	
NON-DPH FUNDING SOURCES							
						-	
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,194	152,200	169	-	154,563	
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS				
DPH Units of Service:	1,070	57,218	43				
Unit Type:	Staff Minute	Staff Minute	Staff Minute	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.05	2.66	3.90				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.05	2.66	3.90	0.00	0.00		
Published Rate (Medi-Cal Providers Only):	2.22	2.81	4.08				
Unduplicated Clients (UDC):	5	11	1			11	

DPH 3: Salaries & Benefits Detail

Document Date: 7/1/15

Page # 2

\$0

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

DPH 4: Operating Expenses Detail

Program Code: 38GT05
Program Name: 0-5
Document Date: 7/1/15

Appendix #: B-2
Page #: 3

Expenditure Categories & Line Items	TOTAL	General Fund HMMHCP751594	HSA WO-Local Match HMMHCHMTCHWO (Includes WG-CODE)	HSA WO HMMHCHCWSNWO (Includes WO-CODE)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:
Occupancy:						
Rent	\$ 17,838	\$ 15,821	\$ 848	\$ 969		
Utilities/telephone, electricity, water, gas)	\$ 1,524	\$ 1,387	\$ 73	\$ 84		
Building Repair/Maintenance	\$ 887	\$ 795	\$ 43	\$ 49		
Materials & Supplies:						
Office Supplies	\$ 1,236	\$ 1,109	\$ 59	\$ 68		
Photocopying	\$ -	\$ -	\$ -	\$ -		
Printing	\$ -	\$ -	\$ -	\$ -		
Program Supplies	\$ 762	\$ 683	\$ 37	\$ 42		
Computer hardware/software	\$ -	\$ -	\$ -	\$ -		
General Operating:						
Training/Staff Development	\$ 923	\$ 828	\$ 44	\$ 51		
Insurance	\$ 2,910	\$ 2,610	\$ 140	\$ 160		
Professional License	\$ 65	\$ 58	\$ 3	\$ 4		
Permits	\$ 75	\$ 67	\$ 4	\$ 4		
Equipment Lease & Maintenance	\$ 546	\$ 490	\$ 26	\$ 30		
Staff Travel:						
Local Travel	\$ 7,882	\$ 7,070	\$ 379	\$ 433		
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -		
Field Expenses	\$ -	\$ -	\$ -	\$ -		
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$ 34,448	\$ 30,898	\$ 1,656	\$ 1,894	\$ -	\$ -

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00765					Appendix/Page #: B-3/Page 1
Provider Name: A Better Way					7/1/2015
Provider Number: 38GT					Fiscal Year: 2014-15
Program Name:	TVS	TVS	TVS	TVS	
Program Code (formerly Reporting Unit):	38GT01	38GT01	38GT01	38GT01	
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57, 59	15/70-79	60/78	
Service Description:	OP-Care Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	SS-Other Non- Med/Cal Client Support Exp	
FUNDING TERM:	7/1/15 6/30/16	7/1/15 6/30/16	7/1/15 6/30/16	7/1/15 6/30/16	TOTAL
FUNDING USES					
Salaries & Employee Benefits:	10,242	460,786	590	64,668	536,286
Operating Expenses:	3,530	158,810	203	22,288	184,831
Capital Expenses (greater than \$5,000):					-
Subtotal Direct Expenses:	13,772	619,596	793	86,956	721,117
Indirect Expenses:	2,066	92,939	119	13,044	108,168
TOTAL FUNDING USES:	15,838	712,535	912	100,000	829,285
BHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	7,094	319,148	408	326,650
MH STATE - 2011 PSR EPSDT	HMHMCP751594	6,384	287,233	368	293,985
MH WORK ORDER - HSA (Match)	HMHMCHMTCHWO	734	33,044	43	33,821
MH WORK ORDER - HSA	HMHMCHCWSNWC	867	38,990	50	139,907
MH COUNTY - General Fund	HMHMCP751594	702	31,574	40	32,316
MH COUNTY - Work Order COOB	HMHMCP751594	57	2,548	3	2,608
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		15,838	712,535	912	829,285
BHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
					-
					-
					-
					-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
OTHER DPH FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
					-
					-
					-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		15,838	712,535	912	829,285
NON-DPH FUNDING SOURCES					
					-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		15,838	712,535	912	829,285
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	CR	
DPH Units of Service:	7,726	267,870	234	1,709	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.05	2.66	3.90	58.51	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.05	2.66	3.90	58.51	0.00
Published Rate (Medi-Cal Providers Only):	2.22	2.61	4.08	N/A	
Unduplicated Clients (UDC):	18	40	3	6	46

DPH 3: Salaries & Benefits Detail

Document Date: 7/1/15

1000

Employee Fringe Benefits:	30.00%	\$123,758	30.00%	\$97,443	30.00%	\$5,436	30.00%	\$5,956	30.00%	\$14,923	0.00%
---------------------------	--------	-----------	--------	----------	--------	---------	--------	---------	--------	----------	-------

\$0

**FY 15-16 BHS APPENDIX B
BUDGET DOCUMENTS**

DPH 4: Operating Expenses Detail

Program Code: 38GT01
Program Name: TYS
Document Date: 7/1/15

Appendix #: B-3
Page #: 3

Expenditure Categories & Line Items	TOTAL	General Fund HMMCP751594	HSA WO-Local Match HMMCHMTCHWO (Includes WO-CODE)	HSA WO HMMCHCWSNWO (Includes WO-CODE)	HSA WO HMMCHCWSNWO (Supervised Client Family Visits) Cost Reimbursement	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:
Occupancy:						
Rent	\$ 94,651	\$ 74,524	\$ 4,158	\$ 4,555	\$ 11,414	
Utilities(telephone, electricity, water, gas)	\$ 8,175	\$ 6,437	\$ 359	\$ 393	\$ 986	
Building Repair/Maintenance	\$ 4,755	\$ 3,744	\$ 209	\$ 229	\$ 573	
Materials & Supplies:						
Office Supplies	\$ 6,631	\$ 5,221	\$ 291	\$ 319	\$ 800	
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	
Printing	\$ -	\$ -	\$ -	\$ -	\$ -	
Program Supplies	\$ 4,087	\$ 3,218	\$ 180	\$ 197	\$ 492	
Computer hardware/software	\$ -	\$ -	\$ -	\$ -	\$ -	
General Operating:						
Training/Staff Development	\$ 4,949	\$ 3,897	\$ 217	\$ 238	\$ 597	
Insurance	\$ 15,614	\$ 12,294	\$ 686	\$ 751	\$ 1,883	
Professional License	\$ 344	\$ 271	\$ 15	\$ 17	\$ 41	
Permits	\$ 402	\$ 316	\$ 18	\$ 19	\$ 49	
Equipment Lease & Maintenance	\$ 2,931	\$ 2,308	\$ 129	\$ 141	\$ 353	
Staff Travel:						
Local Travel	\$ 42,292	\$ 33,299	\$ 1,858	\$ 2,035	\$ 5,100	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -					
Other:						
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$ 184,831	\$ 145,529	\$ 8,120	\$ 8,894	\$ 22,288	\$ -

APPENDIX C

RESERVED

THIS PAGE IS LEFT BLANK AND IS NOT BEING USED

**Appendix D
Additional Terms**

1. PROTECTED HEALTH INFORMATION AND BAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information.

The parties acknowledge that CONTRACTOR is one of the following:

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

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

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

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

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

Appendix E
Business Associates Agreement



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

7/1/15

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

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

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

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the CONTRACT in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§ 5328, et seq., and the regulations promulgated there under (the "California Regulations").
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Agreement.
- D. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this Agreement to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the HIPAA Regulations.

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

1. Definitions.

- a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an



Appendix E

San Francisco Department of Public Health Business Associate Agreement

7/1/15

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.
- c. **Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this Agreement, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
- h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. **Health Care Operations** means any of the following activities: i) conducting quality assessment and improvement activities; ii) reviewing the competence or qualifications of health care professionals; iii) underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits; iv) conducting or arranging for medical review, legal services, and auditing functions; v) business planning development; vi) business management and general administrative activities of the entity. This shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the



Appendix E

San Francisco Department of Public Health Business Associate Agreement

7/1/15

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 Agreement, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

- l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- m. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- n. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- o. **Unsecured PHI** means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

- a. **Permitted Uses.** BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Agreement and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written



Appendix E

San Francisco Department of Public Health Business Associate Agreement

7/1/15

agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. k. of the Agreement, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Contract or this Agreement, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).
- e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes



Appendix E

San Francisco Department of Public Health Business Associate Agreement

7/1/15

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.

- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.
- h. **Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- j. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- k. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

7/1/15

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

[42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

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

3. Termination.

- a. **Material Breach.** A breach by BA of any provision of this Agreement, as determined by CE, shall constitute a material breach of the CONTRACT and this Agreement and shall provide grounds for immediate termination of the CONTRACT and this Agreement, any provision in the CONTRACT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the CONTRACT and this Agreement, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.



Appendix E

San Francisco Department of Public Health Business Associate Agreement

7/1/15

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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



Appendix E

**San Francisco Department of Public Health
Business Associate Agreement**

7/1/15

Attachments (links)

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

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

Appendix F
Invoices

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: A Better Way, Inc.

Address: 3200 Adeline Street, Berkeley, CA 94703

Tel. No.: (510) 207-8825

BHS

Funding Term: 07/01/2015 - 12/31/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M01 JL 15

Ct.Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH Work Order - HSA

Invoice Period: July 2015

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 TVS PC# - 38GT01 - HMMCHCWSNWO												
60/ 78 Other Non-Medical Client	1,709	6			-	-	0%	0%	1,709	6	100%	100%
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 25,246.00	\$ -	\$ -	0.00%	\$ 25,246.00
Fringe Benefits	\$ 7,573.00	\$ -	\$ -	0.00%	\$ 7,573.00
Total Personnel Expenses	\$ 32,819.00	\$ -	\$ -	0.00%	\$ 32,819.00
Operating Expenses:					
Occupancy	\$ 6,584.00	\$ -	\$ -	0.00%	\$ 6,584.00
Materials and Supplies	\$ 656.00	\$ -	\$ -	0.00%	\$ 656.00
General Operating	\$ 1,483.00	\$ -	\$ -	0.00%	\$ 1,483.00
Staff Travel	\$ 2,588.00	\$ -	\$ -	0.00%	\$ 2,588.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 11,311.00	\$ -	\$ -	0.00%	\$ 11,311.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 44,130.00	\$ -	\$ -	0.00%	\$ 44,130.00
Indirect Expenses	\$ 6,620.00	\$ -	\$ -	0.00%	\$ 6,620.00
TOTAL EXPENSES	\$ 50,750.00	\$ -	\$ -	0.00%	\$ 50,750.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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: _____

Printed Name: _____

Title: _____

Phone: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: A Better Way, Inc.

Address: 3200 Adeline Street, Berkeley, CA 94703

Tel. No.: (510) 207-8825

Funding Term: 07/01/2015 - 12/31/2015

PHP Division: Community Behavioral Health Services

BHS

INVOICE NUMBER: M02 JL 15
 CL Blanket No.: BPHM TBD
 CL PO No.: POHM TBD
 Fund Source: MH Work Order - HSA (Match)
 Invoice Period: July 2015
 Final Invoice: (Check if Yes)
 ACE Control Number:

HMHMCHMTCHWO	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:					

*Unduplicated Counts for ADS Use Only.

DELIVERABLES Program Name/Rept. Unit Modality/Mode # - Svc Func (see key)	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-3 TVS (Therapeutic Visitation) PC# - 38GT01 - HMHMCHMTCHWO													
15/ 01 - 09 OP - Case Mgt Brokerage	178.00				\$ 2.05	\$ -	0.000		0.00%		178.000		\$ 364.90
15/ 10 - 57, 59 OP - MH Svcs	6,182.00				\$ 2.86	\$ -	0.000		0.00%		6,182.000		16,444.12
15/ 70 - 79 OP - Crisis Intervention	5.00				\$ 3.90	\$ -	0.000		0.00%		5.000		18.50 \$ 16,628.62
B-1 Outpatient PC# - 38GT0P													
15/ 01 - 09 OP - Case Mgt Brokerage	100.00				\$ 2.05	\$ -	0.000		0.00%		100.000		206.00
15/ 10 - 57, 59 OP - MH Svcs	7,499.00				\$ 2.66	\$ -	0.000		0.00%		7,499.000		19,947.34
15/ 70 - 79 OP - Crisis Intervention	11.00				\$ 3.90	\$ -	0.000		0.00%		11.000		42.90 \$ 20,195.24
B-2 0 - 5 Yr Old Outpatient PC# - 38GT05													
15/ 01 - 09 OP - Case Mgt Brokerage	24.00				\$ 2.05	\$ -	0.000		0.00%		24.000		48.20
15/ 10 - 57, 59 OP - MH Svcs	1,271.00				\$ 2.86	\$ -	0.000		0.00%		1,271.000		3,360.86
15/ 70 - 79 OP - Crisis Intervention	1.00				\$ 3.90	\$ -	0.000		0.00%		1.000		3.90 \$ 3,433.96
TOTAL	15,271.00								0.00%		15,271.000		\$ 40,467.72
Budget Amount					\$ 40,459.00		Expenses To Date		% of Budget		Remaining Budget		
							\$ -		0.00%		\$ 40,459.00		
NOTES:													
SUBTOTAL AMOUNT DUE						\$ -	HSA Work Order - HMHMCHMTCHWO - \$83,336.00						
Less: Initial Payment Recovery							GF - WO CODE - HMHMCP7515R4 - \$4,225.00						
(for DPH Use) Other Adjustments													
NET REIMBURSEMENT						\$ -							

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

Signature: _____
 Title: _____

Date: _____

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

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
PAGE A

Control Number

Contractor: A Better Way, Inc.

Address: 3200 Adeline Street, Berkeley, CA 94703

Telephone No.: (510) 207-8825

Funding Term: 07/01/2015 - 12/31/2015

PHP Division: Community Behavioral Health Services

BHS

INVOICE NUMBER:

M03 JL 15

Ct. Blanket No.: BPHM

TBD

Ct. PO No.: POHM

TBD

Fund Source:

Federal MediCal, 2011 EPSDT State Match

Invoice Period:

July 2015

Final Invoice:

(Check if Yes)

ACE Control Number:

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

*Unduplicated Counts for ADR Use Only.

DELIVERABLES Program Name/Rept. Unit Modality/Mode # - Svc Func (see 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-3 TYS (Therapeutic Visitation) PC# - 38GT01 - HMHMC#751594												
15/ 01 - 09 OP - Case Mgt Brokerage	3,408				\$ 2.05	\$ -	0,000		0.00%		3,408,000	
15/ 10 - 57, 59 OP - MH Svcs	118,108				\$ 2.66	\$ -	0,000		0.00%		118,108,000	
15/ 70 - 79 OP - Crisis Intervention	103				\$ 3.90	\$ -	0,000		0.00%		103,000	
B-1 Outpatient PC# - 38GT05												
15/ 01 - 09 OP - Case Mgt Brokerage	1,879				\$ 2.05	\$ -	0,000		0.00%		1,879,000	
15/ 10 - 57, 59 OP - MH Svcs	149,146				\$ 2.66	\$ -	0,000		0.00%		149,146,000	
15/ 70 - 79 OP - Crisis Intervention	230				\$ 3.90	\$ -	0,000		0.00%		230,000	
B-2 0 - 5 Yr Old Outpatient PC# - 38GT05												
15/ 01 - 09 OP - Case Mgt Brokerage	480				\$ 2.05	\$ -	0,000		0.00%		480,000	
15/ 10 - 57, 59 OP - MH Svcs	25,662				\$ 2.66	\$ -	0,000		0.00%		25,662,000	
15/ 70 - 79 OP - Crisis Intervention	19				\$ 3.90	\$ -	0,000		0.00%		19,000	
							0,000					
TOTAL	289,131		0,000				0,000		0.00%		289,131,000	

6,982.30
314,161.86
401.70 \$ 321,545.96
4,056.85
396,728.36
897.00 \$ 401,682.31
864.00
68,260.82
74.10 \$ 68,319.02

\$ 792,547.28

Budget Amount \$ 781,491.00

Expenses To Date \$ -
% of Budget 0.00%
Remaining Budget \$ 781,491.00

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

NOTES:

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

Signature: _____

Date: _____

Title: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

Prepared: 8/28/2015

JUL MYE 08-28

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

Appendix F
PAGE A

Control Number

Contractor: A Better Way, Inc.

Address: 3200 Adeline Street, Berkeley, CA 94703

Tel. No.: (510) 207-8825

Funding Term: 07/01/2015 - 12/31/2015

PHP Division: Community Behavioral Health Services

BHS

INVOICE NUMBER: M04 JL 15

Cl.Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: MH Worker - HSA

Invoice Period: July 2015

Final Invoice: (Check if Yes)

ACE Control Number:

HHMCHCWSNWO	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 Exhibits					

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (see 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
B-3 TYS (Therapeutic Visitation) PG# - 38GTOP - HHMCHCWSNWO											
15/01 - 09 OP - Case Mgt Brokerage	235				\$ 2.05	\$ -	0.000		0.00%	215.000	
15/10 - 57, 59 OP - MH Svce	7,439				\$ 2.66	\$ -	0.000		0.00%	7,439.000	
15/70 - 79 OP - Crisis Intervention	7				\$ 3.90	\$ -	0.000		0.00%	7.000	
B-1 Outpatient RU# 38GTOP - HHMCHCWSNWO											
15/01 - 09 OP - Case Mgt Brokerage	125				\$ 2.05	\$ -	0.000		0.00%	125.000	
15/10 - 57, 59 OP - MH Svce	9,413				\$ 2.66	\$ -	0.000		0.00%	9,413.000	
15/70 - 79 OP - Crisis Intervention	14				\$ 3.90	\$ -	0.000		0.00%	14.000	
B-2 0 - 5 Yr Old Outpatient RU# 38GT05 - HHMCHCWSNWO											
15/01 - 09 OP - Case Mgt Brokerage	30				\$ 2.05	\$ -	0.000		0.00%	30.000	
15/10 - 57, 59 OP - MH Svce	1,595				\$ 2.66	\$ -	0.000		0.00%	1,595.000	
15/70 - 79 OP - Crisis Intervention	1				\$ 3.90	\$ -	0.000		0.00%	1.000	
TOTAL	18,839		0.000				0.000		0.00%	18,839.000	
Budget Amount					\$ 49,914.00		Expenses To Date		% of Budget	Remaining Budget	
							\$ -			\$ 49,914.00	
SUBTOTAL AMOUNT DUE						\$ -	NOTES:				
Less: Initial Payment Recovery						\$ -					
(For PH Use) Other Adjustments						\$ -					
NET REIMBURSEMENT						\$ -					

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

Signature: _____

Date: _____

Title: _____

Send to:
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. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

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

Dispute Resolution Procedure

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

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

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

- **Step 1** The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- **Step 2** Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- **Step 3** Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

Appendix G

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

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

Appendix H

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.

Appendix I

San Francisco Department of Public Health Privacy Policy Compliance Standards

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

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

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

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

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

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

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

As Measured by: Documentation showing individual was trained exists

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

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

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

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

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

As Measured by: Documentation exists.

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/12/2015

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

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

PRODUCER Poms & Associates Insurance Brokers, Inc. 1255 Treat Boulevard 10th Floor Walnut Creek CA 94597		CONTACT NAME: Teagan Chastain PHONE (A/C No. Ext): (925) 338-8400 FAX (A/C No.): (866) 735-8385 E-MAIL ADDRESS: tchastain@pomsassoc.com	
INSURED A Better Way, Inc. 3200 Adeline Street Berkeley CA 94703		INSURER(S) AFFORDING COVERAGE INSURER A: Nonprofits Ins. Alliance of CA INSURER B: State Compensation Ins. Fund (SCIF) INSURER C: Lloyd's of London INSURER D: The Hartford INSURER E: INSURER F:	
		NAIC # 160	

COVERAGES**CERTIFICATE NUMBER:** CL1551234518**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	2014-08771-NPO	12/10/2014	12/10/2015	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000					
	MED EXP (Any one person) \$ 20,000					
	PERSONAL & ADV INJURY \$ 1,000,000					
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		2014-08771-NPO	12/10/2014	12/10/2015	GENERAL AGGREGATE \$ 3,000,000
	PRODUCTS - COMP/OP AGG \$ 3,000,000					
	Sexual or Phys Abuse or \$ 250,000					
	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000					
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$					BODILY INJURY (Per person) \$
	OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					
	BODILY INJURY (Per accident) \$					
	PROPERTY DAMAGE (Per accident) \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	1955746-2014	11/10/2014	11/10/2015	EACH OCCURRENCE \$
	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>					
	E.L. EACH ACCIDENT \$ 1,000,000					
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000					
C	Errors & Omissions		B1692715008QG	5/8/2015	5/8/2016	Limit \$1,000,000
	Dishonesty Bond					
D			72BDDGX1915	12/10/2014	12/10/2015	Limit \$327,500

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

Certificate holder is included as additional insured per policy as required by written contract or agreement.

CERTIFICATE HOLDER

San Francisco Department of Public Health
Office of Contract Management & Compliance
Attn: Carolyn McKenney
1380 Howard Street, Room 419
San Francisco, CA 94103

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

T Chastain/TCHAST

© 1988-2014 ACORD CORPORATION. All rights reserved.

POLICY NUMBER: 2013-08771-NPO

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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

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

A BETTER WAY, INC.

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

Recitals

WHEREAS, the Department of Public Health, Community Behavioral Health Services, ("Department") wishes to provide Behavioral Health and Mental Health Residential Services; and,

WHEREAS, a Request for Proposal ("RFP") was issued on 7/31/2009, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 4150-09/10 (CBHS) on 6/21/2010;

Now, THEREFORE, the parties agree as follows:

1. Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation. This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

2. **Term of the Agreement.** Subject to Section 1, the term of this Agreement shall be from July 1, 2010 to June 30, 2015.
3. **Effective Date of Agreement.** This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.
4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.
5. **Compensation.** Compensation shall be made in monthly payments on or before the 1st day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Fifty Thousand Three Hundred Dollars (\$9,050,300)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.
6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.
7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."
8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the

City, subsequently discover the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

9. Disallowance. If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

10. Taxes. Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

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

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

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

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

11. Payment Does Not Imply Acceptance of Work. The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

12. Qualified Personnel. Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at

City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

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

14. Independent Contractor; Payment of Taxes and Other Expenses

a. **Independent Contractor.** Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement.

b. **Payment of Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

15. Insurance

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

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

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

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

4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.

5) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement

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

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

2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

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

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

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

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

reinstated, the City may, at its option, terminate this Agreement, effective on the date of such lapse of insurance.

h. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.

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

16. Indemnification

Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's performance of this Agreement, including, but not limited to; Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

17. Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

18. Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

19. Left blank by agree. at o. ie parties. (Liquidated damages,

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

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

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

And, item 1 of Appendix D attached to this Agreement

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

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

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

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

c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

21. Termination for Convenience

a. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving

Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

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

- 1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.
- 2) Not placing any further orders or subcontracts for materials, services, equipment or other items.
- 3) Terminating all existing orders and subcontracts.
- 4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- 5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- 6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.
- 7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

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

- 1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.
- 2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.
- 3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.
- 4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

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

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

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

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

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

Subject to the immediately preceding sentence, upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

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

24. Proprietary or Confidential Information of City

a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

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

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

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

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

To CITY: Office of Contract Management and Compliance
Department of Public Health

1. Howard Street, Room 442
San Francisco, California 94102

X: (415) 252-3088
e-mail: Carolyn.McKenney@sfdph.org

And: **RUDY AGUILAR**
Community Behavioral Health Services
1380 HOWARD STREET
SAN FRANCISCO, CA 94103

FAX: (415) 255-3657
e-mail: Rudy.Aguilar@sfdph.org

To CONTRACTOR: **A BETTER WAY**
3200 Adeline Street
Berkeley, CA 94703

FAX: (510) 601-6315
e-mail: smazandarani@abetterwayinc.net

Any notice of default must be sent by registered mail.

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

27. Works for Hire. If, in connection with services performed under this Agreement, Contractor or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of the City. If it is ever determined that any works created by Contractor or its subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

28. Audit and Inspection of Records

a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement shall have the same rights conferred upon City by this Section.

b. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his/her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the

Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

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

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

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

30. Assignment. The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

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

32. Earned Income Credit (EIC) Forms. Administrative Code section 12O requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance/Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 12O of the San Francisco Administrative Code.

33. Local Business Enterprise Utilization; Liquidated Damages

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

b. Compliance and Enforcement

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

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

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

34. Nondiscrimination; Penalties

a. **Contractor Shall Not Discriminate.** In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

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

Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

c. Nondiscrimination in Benefits. Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

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

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

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

36. Tropical Hardwood vs. Virgin Redwood Ban. Pursuant to §86.01 of the San Francisco Environment Code, the City and County of San Francisco urges contractors not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

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

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

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

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

41. Public Access to Meetings and Records. If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

42. Limitations on Contributions. Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six

months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

43. Requiring Minimum Compensation for Covered Employees

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

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

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

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

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

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

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

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

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

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

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

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

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

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

forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

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

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

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

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

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

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

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

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

45. First Source Hiring Program

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

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

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

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

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

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

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

6) Set the term of the requirements.

7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.

8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.

9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

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

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

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

1) To be liable to the City for liquidated damages as provided in this section;

2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;

3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.

4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;

5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

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

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

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

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

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

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

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

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

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

49. Administrative Remedy for Agreement Interpretation – *DELETED BY MUTUAL AGREEMENT OF THE PARTIES*

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

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

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

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

54. Services Provided by Attorneys. Any services to be provided by a law firm or attorney must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

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

in combination with any other available remedy. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

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

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

58. Graffiti Removal. Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

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

59. Food Service Waste Reduction Requirements. Effective June 1, 2007 Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City

will suffer actual damage. It will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

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

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

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

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

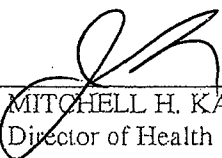
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

A Better Way, Inc.


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

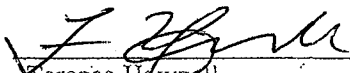
1-13-11
/ Date

Approved as to Form:

Dennis J. Herrera
City Attorney

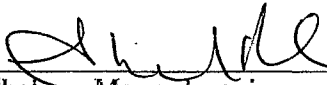
By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

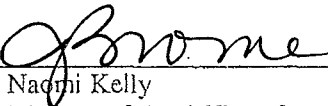

Terence Howzell
Deputy City Attorney

1/25/11
/ Date

Approved:


Shahbaz Mazandarani
Executive Director
3200 Adeline Street
Berkeley, CA 94703

1 Dec 13 / 10
/ Date


Naqri Kelly
Director of the Office of
Contract Administration and
Purchaser

2/25/11
/ Date

City vendor number: 75699

RECEIVED
PURCHASING DEPARTMENT
11 JAN 31 PM 4:50

RECEIVED
PURCHASING DEPARTMENT
11 FEB -9 PM 2:28

Appendices

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

Appendix A

Services to be provided by Contractor

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

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

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

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. Under-Utilization Reports:

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

N. Quality Assurance:

Contractor agrees to develop and implement a Quality Assurance Plan based on internal standards established by Contractor applicable to the Services as follows:

- 1) Staff evaluations completed on an annual basis.
- 2) Personnel policies and procedures in place, reviewed and updated annually.
- 3) Board Review of Quality Assurance Plan.
- O. Compliance With Grant Award Notices:

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

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

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

2. **Description of Services**

Detailed description of services are listed below and are attached hereto

- Appendix A-1a Therapeutic Visitation Services 38GT
- Appendix A-1b Outpatient Behavioral Health Services 38GTOP
- Appendix A-2a Therapeutic Visitation Services 38GI3
- Appendix A-2b Outpatient Behavioral Health Services 38GI2

Appendix B Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1a Therapeutic Visitation Services 38GT

Appendix B-1b Outpatient Behavioral Health Services 38GTOP

Appendix B-2a Therapeutic Visitation Services 38GI3

Appendix B-2b Outpatient Behavioral Health Services 38GI2

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Nine Million Fifty Thousand Three Hundred Dollars (\$9,050,300) for the period of July 1, 2010 through June 30, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$525,300 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through June 30, 2011

\$1,705,000

July 1, 2011 through June 30, 2012	\$1,705,000
July 1, 2012 through June 30, 2013	\$1,705,000
July 1, 2013 through June 30, 2014	\$1,705,000
July 1, 2014 through June 30, 2015	\$1,705,000
Total July 1, 2010 through June 30, 2015	\$8,525,000

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

(4) CONTRACTOR further understands that, \$852,500 of the period from July 1, 2010 through December 31, 2010 in the Contract Numbers BPHM08000070 and DPHM11000123 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM08000070 for the Fiscal Year 2010-11.

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

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

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

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

A EN I A - FORMAT FOR NARR IV

Contractor: A Better Way

Appendix A-1a _____

Program: Therapeutic Visitation Services 38GT01

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

Please keep the narrative concise. This narrative relates only to the funded services or programs for this Appendix.

1. Program Name: A Better Way Outpatient Behavioral Health Services
Program Address: 150 Executive Park Blvd. Suite 4000
City, State, Zip Code: San Francisco • CA • 94134
Telephone: (415)-715-1050
Facsimile: (415)-715-1051

2. Nature of Document (check one)

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

This program offers strength-based, outcome-oriented evidence-based behavioral health services to children and families who are attempting to reunify following a removal by Child Protective Services. The goals of the program are to

- A. Assure the safety of children and youth during contact with parents
- B. Treat the child/youth's existing Behavioral Health needs
- C. Offer family therapy and parent training to increase the protective capacities within the family and
- D. Provide Protective Social Workers with relevant, objective information that can help them make informed recommendations to the court.

4. Target Population

The target population is San Francisco County children aged birth to eighteen (and their families) who have full scope Medi-Cal insurance coverage and who are (1) involved with, or are at risk for becoming involved with, the foster care system and/or (2) who are in need of behavioral health care services.

5. Modality(ies)/Interventions

Billable services will be delivered and billed in minutes. Services will include the following modalities: Individual Therapy, Family Therapy, Group Therapy, Collateral, Case Management, Crisis Intervention, Assessment, Plan Development, and Evaluation.

Program A	B	C	D
Units of Service (UOS) Description	Units of Service	Number of Clients	Unduplicated Clients (UDC)
Case Management	16,670	17	

<i>Mental Health Services</i>	237,394	17	
<i>Crisis Intervention</i>	5,207	4	
<i>Total UOS Delivered</i>	259,271		
<i>Total UDC Served</i>			17

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Outreach, recruitment, promotion, and advertisement.

San Francisco Human Service Agency will refer clients to San Francisco Foster Care Mental Health who in turn will refer eligible clients for TVS services. As such, outreach, promotion and advertisement for this program will consist mainly of A Better Way's ongoing efforts to collaborate with FCMH and HSA to streamline referral, engagement, intake and treatment. A Better Way will also conduct outreach efforts through informal and formal collaborations with other agencies to help communities become aware of our services and ensure continuity of care.

B. Admission, enrollment and/or intake criteria and process.

For a client to be eligible for referral to TVS, they will

- i. Have a reunification plan
- ii. Meet basic medical necessity and display behavioral health symptoms indicating that Mental Health Services and
- iii. Have EPSDT/Medi-Cal coverage in place

All referrals to A Better Way will be assessed within the first 30 days for EPSDT eligibility and medical necessity. For services to continue past initial assessment, clients must have a qualifying axis I diagnosis, as identified on the Child Adolescence Needs and Strengths (CANS) tool

C. Service delivery model

a. Phases of treatment:

- i. Engagement Phase: Upon referral, clients and families will engage in a 30 day EPSDT and medical necessity assessment through clinical interview and observation, the CANS, and any indicated standardized assessment tools. During this 30 day period, clinicians will work with the

Contractor: A Better Way

Appendix A-1a

Program: Therapeutic Visitation Services 38GT01

Contract Term (MM/DD/YY)
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

client and family to obtain information, build rapport, and establish medical necessity. If medical necessity and EPSDT eligibility are established, then the clinician will work with the client and family to create agreed upon treatment plan goals and objectives. Medical necessity and progress are assessed in a continuous and ongoing manner. Treatment goals and interventions are updated based on need. During this phase, clinicians will also work with Protective Social Workers to gather information on safety concerns and reunification criteria relevant to the family's service plan. These concerns will inform the structure of services to:

1. Manage risk and assure safety
 2. Develop family treatment goals that allow for the development and assessment of protective capacities within the family system
- ii. Service Delivery Phase: Based on the CANS assessment and clinical formulation, clinicians will provide services including, but not limited to individual therapy, family therapy, collateral, case management, and plan development. The clinician will maintain ongoing collaboration with members of the treatment team (foster parents, Human Service Agency workers, attorneys, etc.) to:
1. Manage risk and assure safety
 2. Develop progressive family treatment goals that allow for the ongoing development and assessment of protective capacities within the family system.
 3. Provide strengths-based, objective information to PSW's regarding client's needs, and the family's protective capacities

- b. Hours of Operation: Our program will be open 9:00 a.m. to 8 p.m. Monday - Friday, and on Saturdays as scheduled.
- c. Length of stay: Average length of treatment will be six to eight months depending on the needs of the client and family.
- d. Locations: Service locations are determined in collaboration with the PSW based on the client & family need. In general, locations will be chosen which provide the most "home like" setting in which the child's safety can be assured and in which the parent will face an "optimum challenge" in the development and demonstration of parenting capacities. Locations can range from A Better Way's San Francisco offices to surrounding bay area communities (client's home, foster home, parks, community spaces such as parks, FRCs and churches). A Better Way will provide services in locations that are clinically indicated, and that will prepare families for successful "step down" (i.e. supervised visitation, kin supervised visit, visits in the home, etc) from therapeutic visitation.
- e. Frequency and Duration of Services: In accordance with EPSDT standards, the maximum frequency and duration of services will be determined by the level of

medical necessity. Within these maximum limits, the actual frequency and duration of services will be determined collaboratively by HSA, A Better Way, clients, and families to achieve the optimal level of treatment that will enhance greater client well-being and greater protective capacities within the family.

- f. Strategies for Service Delivery: Mental Health services will involve Evidence Based and Outcomes Informed practice as indicated by client need. A Better Way utilizes Parent Child Interaction Therapy, Incredible Years, Trauma Focused Cognitive Behavioral Therapy, Cognitive Behavioral Therapy and Evidence-Based elements from these and other EBPs.

D. Exit criteria and process: Clients will be discharged through the following avenues:

- a. Termination of Services due to lack of medical necessity – When behavioral health symptoms no longer warrant mental health treatment, clients will be discharged from A Better Way. In collaboration with the PSW, A Better Way will assure that these clients are connected with ongoing visitation services and other support services that are not dependent on Medical Necessity.
- b. Step Down due to successful completion of program treatment goals – When clients and families succeed in their treatment goals and are ready to step down to unsupervised, or less supervised, settings. In collaboration with the PSW, A Better Way will assure that all clients are connected with all indicated aftercare services and visitation support services.

- E. Describe your program's staffing: All mental Health Services will be provided by MFTi, MFT, MSW, LCSW, PhD, PsyD or other trained and board registered mental health clinicians who are qualified to deliver EPSDT services to the target population. A Better Way staff includes: Clinical Supervisors with appropriate licensure and supervisory training/experience, a licensed Program Director, an Intake Coordinator, and office management, and Quality Assurance staff.

7. Objectives and Measurements

Note: Some sections have other specific requirements for objectives. Please see CBHS updated Performance Objectives for FY 2010-2011.

A.1 Reduced Psychiatric Symptoms:

A.1.a. Acute Inpatient Hospital Episodes:

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009– June 2010.

Contractor: A Better Way

Program: Therapeutic Visitation Services 38GT01

City Fiscal Year (CBHS only): 2011

Appendix A-1a _____

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

Funding Source (AIDS Office & CHPP only):

Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Data Source:

CBHS Billing Information System - CBHS will compute.

A.1e:

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

Data Source:

BIS Reason for Discharge Field, Avatar.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

A.1.f:

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

Data Source:

CANS Certificates of completion with a passing score.

Program Review Measurement:

Objective will be evaluated based on program submission of CANS training completion certificates for all new employees from July 1, 2009 to June 30, 2010.

A.1.g:

Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening.

For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

Data Source:

CANS submitted to CANS database website, summarized by CYF System of Care

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

A.1.h:

CYF agency representatives attend regularly scheduled SuperUser calls.

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

Date Source:

SuperUser calls attendance log, summarized by CYF System of Care.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

A.1.I.

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

Day Treatment clients have a Reassessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care.

Program Review and Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

A.1.J

Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening

Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter.

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care

Program Review and Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective A.3: Increase Stable Living Environment

A.3.a

Contractor: A Better Way

Appendix A-1a _____

Program: Therapeutic Visitation Services 38GT01

Contract Term (MM/DD/YY)
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

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

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective B.2: Treatment Access and Retention

B.2.a.

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

Data Source:

BIS.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective F.1: Health Disparity in African Americans

F.1.a.

Metabolic and Health Screening: Metabolic screening (height, weight, and blood pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

Data Source:

Avatar Health Monitoring Section

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

F.1.b.

Primary Care Provider and health care information: All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

Data Source:

Avatar Health Monitoring Section

Program Review Measurement:

Contractor: A Better Way

Program: Therapeutic Visitation Services 38GT01

Appendix A-1a

Contract Term (MM/DD/YY)
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

F.1.c.

Active engagement with primary care provider: 75% of clients who are in treatment for over 90 days will have upon discharge, an identified Primary care provider.

Data Source:

Avatar Health Monitoring Section

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective G.1: Alcohol Use/Dependency:

G.1.a.

For all contractors and civil service clinics, information on self-help alcohol and drug addiction recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. Cultural Competency Unit will compile the informing material on self-help recovery groups and make it available to all contractors and civil service clinics by September 2010.

G.1.b.

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

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

H.1.a.

Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review and Quality Improvement Unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor clinic will establish performance improvement objective for the following year, based on feedback from the survey.

H.1.b.

Contractor: A Better Way

Program: Therapeutic Visitation Services 38GT01

City Fiscal Year (CBHS only): 2011

Appendix A-1a

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

Funding Source (AIDS Office & CHPP only):

Contractors and Civil Service Clinics will promote engagement and remove barriers to retention of African American individuals and families.

Program Evaluation Unit will evaluate retention of African American clients and will provide feedback to contractor/clinic. The contractor clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.

APPENDIX A – FORMAT FOR NARRATIVE

Contractor: A Better Way

Appendix A-1b

Program: Outpatient Behavioral Health Services
38GTOP

Contract Term (MM/DD/YY)
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

Please keep the narrative concise. This narrative relates only to the funded services or programs for this Appendix.

1. **Program Name:** A Better Way Outpatient Behavioral Health Services
Program Address: 150 Executive Park Blvd. Suite 4000
City, State, Zip Code: San Francisco • CA • 94134
Telephone: (415)-715-1050
Facsimile: (415)-715-1051

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

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

This program offers strength-based, outcome-oriented, evidence-based behavioral health services to children and youth, age's birth to 18, who have behavioral health needs. The goal of this program is to help ameliorate behavioral health symptoms within a system of care treatment context that helps assure client permanency, safety and well-being.

4. **Target Population**

The target population is San Francisco County children aged birth to eighteen (and their families) who has full scope Medi-Cal insurance coverage.

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

Billable services will be delivered and billed in minutes. Services will include the following modalities: Individual Therapy, Family Therapy, Group Therapy, Collateral, Case Management, Crisis Intervention, Assessment, Plan Development, and Evaluation.

<i>Program A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Mental Health Services</i>	68,592	8	
<i>Total UOS Delivered</i>	68,592		
<i>Total UDC Served</i>			8

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Outreach, recruitment, promotion, and advertisement.

San Francisco Human Service Agency will refer clients to San Francisco Foster Care Mental Health who in turn will refer eligible clients for Outpatient services. As such, outreach, promotion and advertisement for this program will consist mainly of A Better Way's ongoing efforts to collaborate with FCMH and HSA to streamline referral, engagement, intake and treatment. A Better Way will also conduct outreach efforts through informal and formal collaborations with other agencies to help communities become aware of our services and ensure continuity of care.

B. Admission, enrollment and/or intake criteria and process.

For a client to be eligible for referral to our Outpatient services, they will

- i. Be referred by FCMH
- ii. Meet basic medical necessity and display behavioral health symptoms indicating that Mental Health Services and
- iii. Have EPSDT/Medi-Cal coverage in place

All referrals to A Better Way will be assessed within the first 30 days for EPSDT eligibility and medical necessity. For services to continue past initial assessment, clients must have a qualifying axis I diagnosis, as identified on the Child Adolescence Needs and Strengths (CANS) tool

C. Service delivery model

a. Phases of treatment:

- i. Engagement Phase: Upon referral, clients and families will engage in a 30 day EPSDT and medical necessity assessment through clinical interview and observation, the CANS, and any indicated standardized assessment tools. During this 30 day period, clinicians will work with the client and family to obtain information, build rapport, and establish medical necessity. If medical necessity and EPSDT eligibility are established, then the clinician will work with the client and family to create agreed upon treatment plan goals and objectives. Medical necessity and progress are assessed in a continuous and ongoing manner. Treatment goals and interventions are updated based on need. During this phase, clinicians will also work with Protective Social Workers to gather information on safety concerns and permanency planning issues that may be relevant to the needs of the client.

- ii. Service Delivery Phase: Based on the CANS assessment and clinical formulation, clinicians will provide services including, but not limited to individual therapy, family therapy, collateral, case management, and plan development. The clinician will maintain ongoing collaboration with members of the treatment team (foster parents, Human Service Agency workers, attorneys, etc.) to:
 - 1. Manage risk and assure safety
 - 2. Develop progressive, permanency-informed client and family treatment goals
 - b. Hours of Operation: Our program will be open 9:00 a.m. to 8 p.m. Monday - Friday, and on Saturdays as scheduled.
 - c. Length of stay: Average length of treatment will be six to eight months depending on the needs of the client and family.
 - d. Locations: Service Locations can range from A Better Way's San Francisco offices to surrounding bay area communities (client's home, foster home, parks, community spaces such as parks, FRCs and churches). A Better Way will provide services in locations that are clinically indicated, and that will prepare client for successful "step down" and discharge.
 - e. Frequency and Duration of Services: In accordance with EPSDT standards, the maximum frequency and duration of services will be determined by the level of medical necessity. Within these maximum limits, the actual frequency and duration of services will be determined through collaborative treatment planning with the client and family and with respect to input from the PSW.
 - f. Strategies for Service Delivery: Mental Health services will involve Evidence Based and Outcomes Informed practice as indicated by client need. A Better Way utilizes Parent Child Interaction Therapy, Incredible Years, Trauma Focused Cognitive Behavioral Therapy, Cognitive Behavioral Therapy and Evidence-Based elements from these and other EBPs.
- D. Exit criteria and process: Clients will be discharged through the following avenues:
- a. Termination of Services due to lack of medical necessity – When behavioral health symptoms no longer warrant mental health treatment, clients will be discharged from A Better Way. In collaboration with the PSW, A Better Way will assure that these clients are connected with ongoing services and supports that are not dependent on Medical Necessity.
 - b. Step Down due to successful completion of program treatment goals – When clients and families succeed in their treatment goals and are ready to terminate Behavioral Health services. In collaboration with the PSW, A Better Way will assure that all clients are connected with all indicated aftercare services and supports.

Contractor: A Better Way

Appendix A-1b

Program: Outpatient Behavioral Health Services
38GTOP

Contract Term (MM/DD/YY)
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

- E. Describe your program's staffing: All mental Health Services will be provided by MFTi, MFT, MSW, LCSW, PhD, PsyD or other trained and board registered mental health clinicians who are qualified to deliver EPSDT services to the target population. A Better Way staff includes: Clinical Supervisors with appropriate licensure and supervisory training/experience, a licensed Program Director, an Intake Coordinator, and office management, and Quality Assurance staff.

7. Objectives and Measurements

Note: Some sections have other specific requirements for objectives. Please see CBHS updated Performance Objectives for FY 2010-2011.

A.1 Reduced Psychiatric Symptoms:

A.1.a.

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009– June 2010.

Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Data Source:

CBHS Billing Information System - CBHS will compute.

A.1.e.

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

Data Source:

BIS Reason for Discharge Field, Avatar.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

A.1.f.

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

Data Source:

Contractor: A Better Way
Program: Outpatient Behavioral Health Services
38GTOP
City Fiscal Year (CBHS only): 2011

Appendix A-1b
Contract Term (MM/DD/YY)
07/01/10 through 06/30/11
Funding Source (AIDS Office & CHPP only):

CANS Certificates of completion with a passing score.

Program Review Measurement:

Objective will be evaluated based on program submission of CANS training completion certificates for all new employees from July 1, 2009 to June 30, 2010

A.1.g.

Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening.

For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

Data Source:

CANS submitted to CANS database website, summarized by CYF System of Care

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

A.1.h

CYF agency representatives attend regularly scheduled SuperUser calls.

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

Date Source:

SuperUser calls attendance log, summarized by CYF System of Care.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

A.1.i.

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

Day Treatment clients have a Reassessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care.

Program Review and Measurement:

Contractor: A Better Way

Appendix A-1b _____

Program: Outpatient Behavioral Health Services
38GTOP

Contract Term (MM/DD/YY)
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

A.1.

Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening

Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter.

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care

Program Review and Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective A.3: Increase Stable Living Environment

A.3.a

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

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective B.2: Treatment Access and Retention

B.2.a

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

Data Source:

BIS.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective F.1: Health Disparity in African Americans

Contractor: A Better Wa,

Program: Outpatient Behavioral Health Services
38GTOP

City Fiscal Year (CBHS only): 2011

Appendix A-1b

Contract Term (MM/DD/YY)
07/01/10 through 06/30/11

Funding Source (AIDS Office & CHPP only):

F.1.a.

Metabolic and Health Screening: Metabolic screening (height, weight, and blood pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

Data Source:

Avatar Health Monitoring Section

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

F.1.b.

Primary Care Provider and health care information: All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

Data Source:

Avatar Health Monitoring Section

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

F.1.c.

Active engagement with primary care provider: 75% of clients who are in treatment for over 90 days will have upon discharge, an identified Primary care provider.

Data Source:

Avatar Health Monitoring Section

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective G.1: Alcohol Use/Dependency:

G.1.a.

For all contractors and civil service clinics, information on self-help alcohol and drug addiction recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. Cultural Competency Unit will compile the informing material on self-help recovery groups and make it available to all contractors and civil service clinics by September 2010.

Contractor: A Better Way

Appendix A-1b

Program: Outpatient Behavioral Health Services
38GTOP

Contract Term (MM/DD/YY)
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

G.1.b.

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

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

H.1.a.

Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review and Quality Improvement Unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor clinic will establish performance improvement objective for the following year, based on feedback from the survey.

H.1.b.

Contractors and Civil Service Clinics will promote engagement and remove barriers to retention of African American individuals and families. Program Evaluation Unit will evaluate retention of African American clients and will provide feedback to contractor/clinic. The contractor clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.

APPENDIX A – FORMAT FOR NARRATIVE

Contractor: A Better Way

Program: Therapeutic Visitation Services 38GI3

City Fiscal Year (CBHS only): 2011

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

Funding Source (AIDS Office & CHPP only):

Appendix A-2a

Please keep the narrative concise. This narrative relates only to the funded services or programs for this Appendix.

1. **Program Name:** A Better Way Outpatient Behavioral Health Services

Program Address: 150 Executive Park Blvd. Suite 4000

City, State, Zip Code: San Francisco • CA • 94134

Telephone: (415)-715-1050

Facsimile: (415)-715-1051

2. Nature of Document (check one)

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

This program offers strength-based, outcome-oriented evidence-based behavioral health services to children and families who are attempting to reunify following a removal by Child Protective Services. The goals of the program are to

- A. Assure the safety of children and youth during contact with parents
- B. Treat the child/youth's existing Behavioral Health needs
- C. Offer family therapy and parent training to increase the protective capacities within the family and
- D. Provide Protective Social Workers with relevant, objective information that can help them make informed recommendations to the court.

4. Target Population

The target population is San Francisco County children aged birth to eighteen (and their families) who have full scope Medi-Cal insurance coverage and who are (1) involved with, or are at risk for becoming involved with, the foster care system and/or (2) who are in need of behavioral health care services.

5. Modality(ies)/Interventions

Billable services will be delivered and billed in minutes. Services will include the following modalities: Individual Therapy, Family Therapy, Group Therapy, Collateral, Case Management, Crisis Intervention, Assessment, Plan Development, and Evaluation.

Program A	B	C	D
Units of Service (UOS) Description	Units of Service	Number of Clients	Unduplicated Clients (UDC)
Case Management	16,670	17	

Contractor: A Better Way

Program: Therapeutic Visitation Services 38GI3

City Fiscal Year (CBHS only): 2011

Appendix A-2a

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

Funding Source (AIDS Office & CHPP only):

Mental Health Services	237,394	17	
Crisis Intervention	5,207	4	
Total UOS Delivered	259,271		
Total UDC Served			17

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations, describe linkages/coordination with other agencies, where applicable.

A. Outreach, recruitment, promotion, and advertisement.

San Francisco Human Service Agency will refer clients to San Francisco Foster Care Mental Health who in turn will refer eligible clients for TVS services. As such, outreach, promotion and advertisement for this program will consist mainly of A Better Way's ongoing efforts to collaborate with FCMH and HSA to streamline referral, engagement, intake and treatment. A Better Way will also conduct outreach efforts through informal and formal collaborations with other agencies to help communities become aware of our services and ensure continuity of care.

B. Admission, enrollment and/or intake criteria and process.

For a client to be eligible for referral to TVS, they will

- Have a reunification plan
- Meet basic medical necessity and display behavioral health symptoms indicating that Mental Health Services and
- Have EPSDT/Medi-Cal coverage in place.

All referrals to A Better Way will be assessed within the first 30 days for EPSDT eligibility and medical necessity. For services to continue past initial assessment, clients must have a qualifying axis I diagnosis, as identified on the Child Adolescence Needs and Strengths (CANS) tool

C. Service delivery model

a. Phases of treatment:

- Engagement Phase: Upon referral, clients and families will engage in a 30 day EPSDT and medical necessity assessment through clinical interview and observation, the CANS, and any indicated standardized assessment tools. During this 30 day period, clinicians will work with the

client and family to obtain information, build rapport, and establish medical necessity. If medical necessity and EPSDT eligibility are established, then the clinician will work with the client and family to create agreed upon treatment plan goals and objectives. Medical necessity and progress are assessed in a continuous and ongoing manner. Treatment goals and interventions are updated based on need. During this phase, clinicians will also work with Protective Social Workers to gather information on safety concerns and reunification criteria relevant to the family's service plan. These concerns will inform the structure of services to:

1. Manage risk and assure safety
 2. Develop family treatment goals that allow for the development and assessment of protective capacities within the family system
- ii. Service Delivery Phase: Based on the CANS assessment and clinical formulation, clinicians will provide services including, but not limited to individual therapy, family therapy, collateral, case management, and plan development. The clinician will maintain ongoing collaboration with members of the treatment team (foster parents, Human Service Agency workers, attorneys, etc.) to:
1. Manage risk and assure safety
 2. Develop progressive family treatment goals that allow for the ongoing development and assessment of protective capacities within the family system.
 3. Provide strengths-based, objective information to PSW's regarding client's needs, and the family's protective capacities
- b. Hours of Operation: Our program will be open 9:00 a.m. to 8 p.m. Monday - Friday, and on Saturdays as scheduled.
- c. Length of stay: Average length of treatment will be six to eight months depending on the needs of the client and family.
- d. Locations: Service locations are determined in collaboration with the PSW based on the client & family need. In general, locations will be chosen which provide the most "home like" setting in which the child's safety can be assured and in which the parent will face an "optimum challenge" in the development and demonstration of parenting capacities. Locations can range from A Better Way's San Francisco offices to surrounding bay area communities (client's home, foster home, parks, community spaces such as parks, FRCs and churches). A Better Way will provide services in locations that are clinically indicated, and that will prepare families for successful "step down" (i.e. supervised visitation, kin supervised visit, visits in the home, etc) from therapeutic visitation.
- e. Frequency and Duration of Services: In accordance with EPSDT standards, the maximum frequency and duration of services will be determined by the level of

Contractor: A Better Way

Program: Therapeutic Visitation Services 38GI3

City Fiscal Year (CBHS only): 2011

Appendix A-2a

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

Funding Source (AIDS Office & CHPP only):

medical necessity. Within these maximum limits, the actual frequency and duration of services will be determined collaboratively by HSA, A Better Way, clients, and families to achieve the optimal level of treatment that will enhance greater client well-being and greater protective capacities within the family.

- f. Strategies for Service Delivery: Mental Health services will involve Evidence Based and Outcomes Informed practice as indicated by client need. A Better Way utilizes Parent Child Interaction Therapy, Incredible Years, Trauma Focused Cognitive Behavioral Therapy, Cognitive Behavioral Therapy and Evidence-Based elements from these and other EBPs.

D. Exit criteria and process: Clients will be discharged through the following avenues:

- a. Termination of Services due to lack of medical necessity – When behavioral health symptoms no longer warrant mental health treatment, clients will be discharged from A Better Way. In collaboration with the PSW, A Better Way will assure that these clients are connected with ongoing visitation services and other support services that are not dependent on Medical Necessity.
- b. Step-Down due to successful completion of program treatment goals – When clients and families succeed in their treatment goals and are ready to step down to unsupervised, or less supervised, settings. In collaboration with the PSW, A Better Way will assure that all clients are connected with all indicated aftercare services and visitation support services.

- E. Describe your program's staffing: All mental Health Services will be provided by MFTI, MFT, MSW, LCSW, PhD, PsyD or other trained and board registered mental health clinicians who are qualified to deliver EPSDT services to the target population. A Better Way staff includes: Clinical Supervisors with appropriate licensure and supervisory training/experience, a licensed Program Director, an Intake Coordinator, and office management, and Quality Assurance staff.

7. Objectives and Measurements

Note: Some sections have other specific requirements for objectives. Please see CBHS updated Performance Objectives for FY 2010-2011.

A.1 Reduced Psychiatric Symptoms:

A.1.a.

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009– June 2010.

Contractor: A Better Wa

Program: Therapeutic Visitation Services 38GI3

City Fiscal Year (CBHS only): 2011

Appendix A-2a

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

Funding Source (AIDS Office & CHPP only):

Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Data Source:

CBHS Billing Information System - CBHS will compute.

A.1.e.

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

Data Source:

BIS Reason for Discharge Field, Avatar.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

A.1.f.

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

Data Source:

CANS Certificates of completion with a passing score.

Program Review Measurement:

Objective will be evaluated based on program submission of CANS training completion certificates for all new employees from July 1, 2009 to June 30, 2010

A.1.g.

Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening.

For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

Data Source:

CANS submitted to CANS database website, summarized by CYF System of Care

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

A.1.h

CYF agency representatives attend regularly scheduled SuperUser calls.

Contractor: A Better Way

Program: Therapeutic Visitation Services 38GI3

City Fiscal Year (CBHS only): 2011

Appendix A-2a

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

Funding Source (AIDS Office & CHPP only):

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

Date Source:

SuperUser calls attendance log, summarized by CYF System of Care.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

A.1.1.

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

Day Treatment clients have a Reassessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care.

Program Review and Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

A.1.1

Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening

Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter.

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care

Program Review and Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective A.3: Increase Stable Living Environment

A.3.a

Contractor: A Better Wa
Program: Therapeutic Visitation Services 38GI3

Appendix A-2a

Contract Term (MM/DD/YY)
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

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

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective B.2: Treatment Access and Retention

B.2.a.

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

Data Source:

BIS.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective F.1: Health Disparity in African Americans

F.1.a.

Metabolic and Health Screening: Metabolic screening (height, weight, and blood pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

Data Source:

Avatar Health Monitoring Section

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

F.1.b.

Primary Care Provider and health care information: All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

Data Source:

Avatar Health Monitoring Section

Program Review Measurement:

Contractor: A Better Way

Appendix A-2a

Program: Therapeutic Visitation Services 38GI3

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

F.1.c.

Active engagement with primary care provider: 75% of clients who are in treatment for over 90 days will have upon discharge, an identified Primary care provider.

Data Source:

Avatar Health Monitoring Section

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective G.1: Alcohol Use/Dependency:

G.1.a.

For all contractors and civil service clinics, information on self-help alcohol and drug addiction recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. Cultural Competency Unit will compile the informing material on self-help recovery groups and make it available to all contractors and civil service clinics by September 2010.

G.1.b.

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

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

H.1.a.

Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review and Quality Improvement Unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor clinic will establish performance improvement objective for the following year, based on feedback from the survey.

H.1.b.

Contractor: A Better Way
Program: Therapeutic Visitation Services 38GI3

Appendix A-2a

Contract Term (MM/DD/YY)
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

Contractors and Civil Service Clinics will promote engagement and remove barriers to retention of African American individuals and families.

Program Evaluation Unit will evaluate retention of African American clients and will provide feedback to contractor/clinic. The contractor clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.

APPENDIX A – FORMAT FOR NARRATIVE

Contractor: A Better Way

Appendix A-2b

Program: Outpatient Behavioral Health Services 38GI2

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

Please keep the narrative concise. This narrative relates only to the funded services or programs for this Appendix.

1. Program Name: A Better Way Outpatient Behavioral Health Services

Program Address: 150 Executive Park Blvd. Suite 4000

City, State, Zip Code: San Francisco • CA • 94134

Telephone: (415)-715-1050

Facsimile: (415)-715-1051

2. Nature of Document (check one)

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

This program offers strength-based, outcome-oriented, evidence-based behavioral health services to children and youth, age's birth to 18, who have behavioral health needs. The goal of this program is to help ameliorate behavioral health symptoms within a system of care treatment context that helps assure client permanency, safety and well-being.

4. Target Population

The target population is San Francisco County children aged birth to eighteen (and their families) who has full scope Medi-Cal insurance coverage.

5. Modality(ies)/Interventions

Billable services will be delivered and billed in minutes. Services will include the following modalities: Individual Therapy, Family Therapy, Group Therapy, Collateral, Case Management, Crisis Intervention, Assessment, Plan Development, and Evaluation.

<i>Program A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Mental Health Services</i>	68,592	8	
<i>Total UOS Delivered</i>	68,592		
<i>Total UDC Served</i>			8

6. Methodology

For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Outreach, recruitment, promotion, and advertisement.

San Francisco Human Service Agency will refer clients to San Francisco Foster Care Mental Health who in turn will refer eligible clients for Outpatient services. As such, outreach, promotion and advertisement for this program will consist mainly of A Better Way's ongoing efforts to collaborate with FCMH and HSA to streamline referral, engagement, intake and treatment. A Better Way will also conduct outreach efforts through informal and formal collaborations with other agencies to help communities become aware of our services and ensure continuity of care.

B. Admission, enrollment and/or intake criteria and process.

For a client to be eligible for referral to our Outpatient services, they will

- i. Be referred by FCMH
- ii. Meet basic medical necessity and display behavioral health symptoms indicating that Mental Health Services and
- iii. Have EPSDT/Medi-Cal coverage in place

All referrals to A Better Way will be assessed within the first 30 days for EPSDT eligibility and medical necessity. For services to continue past initial assessment, clients must have a qualifying axis I diagnosis, as identified on the Child Adolescence Needs and Strengths (CANS) tool

C. Service delivery model

a. Phases of treatment:

- i. Engagement Phase: Upon referral, clients and families will engage in a 30 day EPSDT and medical necessity assessment through clinical interview and observation, the CANS, and any indicated standardized assessment tools. During this 30 day period, clinicians will work with the client and family to obtain information, build rapport, and establish medical necessity. If medical necessity and EPSDT eligibility are established, then the clinician will work with the client and family to create agreed upon treatment plan goals and objectives. Medical necessity and progress are assessed in a continuous and ongoing manner. Treatment goals and interventions are updated based on need. During this phase, clinicians will also work with Protective Social Workers to gather information on safety concerns and permanency planning issues that may be relevant to the needs of the client.

Contractor: A Better Way

Appendix A-2b

Program: Outpatient Behavioral Health Services 38GI2

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

- ii. Service Delivery Phase: Based on the CANS assessment and clinical formulation, clinicians will provide services including, but not limited to individual therapy, family therapy, collateral, case management, and plan development. The clinician will maintain ongoing collaboration with members of the treatment team (foster parents, Human Service Agency workers, attorneys, etc.) to:

1. Manage risk and assure safety
2. Develop progressive, permanency-informed client and family treatment goals

- b. Hours of Operation: Our program will be open 9:00 a.m. to 8 p.m. Monday - Friday, and on Saturdays as scheduled.

- c. Length of stay: Average length of treatment will be six to eight months depending on the needs of the client and family.

- d. Locations: Service Locations can range from A Better Way's San Francisco offices to surrounding bay area communities (client's home, foster home, parks, community spaces such as parks, FRCs and churches). A Better Way will provide services in locations that are clinically indicated, and that will prepare client for successful "step down" and discharge.

- e. Frequency and Duration of Services: In accordance with EPSDT standards, the maximum frequency and duration of services will be determined by the level of medical necessity. Within these maximum limits, the actual frequency and duration of services will be determined through collaborative treatment planning with the client and family and with respect to input from the PSW.

- f. Strategies for Service Delivery: Mental Health services will involve Evidence Based and Outcomes Informed practice as indicated by client need. A Better Way utilizes Parent Child Interaction Therapy, Incredible Years, Trauma Focused Cognitive Behavioral Therapy, Cognitive Behavioral Therapy and Evidence-Based elements from these and other EBPs.

D. Exit criteria and process: Clients will be discharged through the following avenues:

- a. Termination of Services due to lack of medical necessity – When behavioral health symptoms no longer warrant mental health treatment, clients will be discharged from A Better Way. In collaboration with the PSW, A Better Way will assure that these clients are connected with ongoing services and supports that are not dependent on Medical Necessity.
- b. Step Down due to successful completion of program treatment goals – When clients and families succeed in their treatment goals and are ready to terminate Behavioral Health services. In collaboration with the PSW, A Better Way will assure that all clients are connected with all indicated aftercare services and supports.

Contractor: A Better Way

Appendix A-2b

Program: Outpatient Behavioral Health Services 38GI2

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

- E. Describe your program's staffing: All mental Health Services will be provided by MFTi, MFT, MSW, LCSW, PhD, PsyD or other trained and board registered mental health clinicians who are qualified to deliver EPSDT services to the target population. A Better Way staff includes: Clinical Supervisors with appropriate licensure and supervisory training/experience, a licensed Program Director, an Intake Coordinator, and office management, and Quality Assurance staff.

7. Objectives and Measurements

Note: Some sections have other specific requirements for objectives. Please see CBHS updated Performance Objectives for FY 2010-2011.

A.1 Reduced Psychiatric Symptoms:

A.1.a.

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009– June 2010.

Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Data Source:

CBHS Billing Information System - CBHS will compute.

A.1.e.

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

Data Source:

BIS Reason for Discharge Field, Avatar.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

A.1.f.

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

Data Source:

Contractor: A Better Way

Appendix A-2b

Program: Outpatient Behavioral Health Services 38GI2

Contract Term (MM/DD/YY)
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

CANS Certificates of completion with a passing score.

Program Review Measurement:

Objective will be evaluated based on program submission of CANS training completion certificates for all new employees from July 1, 2009 to June 30, 2010

A.1.g.

Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening.

For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.

Data Source:

CANS submitted to CANS database website, summarized by CYF System of Care

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

A.1.h

CYF agency representatives attend regularly scheduled SuperUser calls.

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

Data Source:

SuperUser calls attendance log, summarized by CYF System of Care.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

A.1.i

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

Day Treatment clients have a Reassessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care.

Program Review and Measurement:

Contractor: A Better Way

Appendix A-2b

Program: Outpatient Behavioral Health Services 38GI2

Contract Term (MM/DD/YY)

07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

A.1.j

Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening

Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter.

For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.

Data Source:

CANS data submitted to CANS website and summarized by CYF System of Care

Program Review and Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective A.3: Increase Stable Living Environment

A.3.a

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

Data Source:

BIS Living Situation Codes.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective B.2: Treatment Access and Retention

B.2.a

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

Data Source:

BIS.

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective F.1: Health Disparity in African Americans

Contractor: A Better Way

Appendix A-2b

Program: Outpatient Behavioral Health Services 38G12

Contract Term (MM/DD/YY)
07/01/10 through 06/30/11

City Fiscal Year (CBHS only): 2011

Funding Source (AIDS Office & CHPP only):

F.1.a.

Metabolic and Health Screening: Metabolic screening (height, weight, and blood pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

Data Source:

Avatar Health Monitoring Section

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

F.1.b.

Primary Care Provider and health care information: All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

Data Source:

Avatar Health Monitoring Section

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

F.1.c.

Active engagement with primary care provider: 75% of clients who are in treatment for over 90 days will have upon discharge, an identified Primary care provider.

Data Source:

Avatar Health Monitoring Section

Program Review Measurement:

This objective will be evaluated based on data from July 1, 2010 to June 30, 2011.

Objective G.1: Alcohol Use/Dependency:

G.1.a.

For all contractors and civil service clinics, information on self-help alcohol and drug addiction recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. Cultural Competency Unit will compile the informing material on self-help recovery groups and make it available to all contractors and civil service clinics by September 2010.

Contractor: A Better Way

Program: Outpatient Behavioral Health Services 38GI2

City Fiscal Year (CBHS only): 2011

Appendix A-2b

**Contract Term (MM/DD/YY)
07/01/10 through 06/30/11**

Funding Source (AIDS Office & CHPP only):

G.1.b.

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

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

H.1.a.

Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review and Quality Improvement Unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor clinic will establish performance improvement objective for the following year, based on feedback from the survey.

H.1.b.

Contractors and Civil Service Clinics will promote engagement and remove barriers to retention of African American individuals and families. Program Evaluation Unit will evaluate retention of African American clients and will provide feedback to contractor/clinic. The contractor clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.

Appendix B Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice:

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1a Therapeutic Visitation Services 38GT

Appendix B-1b Outpatient Behavioral Health Services 38GTOP

Appendix B-2a Therapeutic Visitation Services 38GI3

Appendix B-2b Outpatient Behavioral Health Services 38GI2

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Nine Million Fifty Thousand Three Hundred Dollars (\$9,050,300) for the period of July 1, 2010 through June 30, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$525,300 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through June 30, 2011

\$1,705,000

July 1, 2011 through June 30, 2012	\$1,705,000
July 1, 2012 through June 30, 2013	\$1,705,000
July 1, 2013 through June 30, 2014	\$1,705,000
July 1, 2014 through June 30, 2015	\$1,705,000
Total July 1, 2010 through June 30, 2015	\$8,525,000

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

(4) CONTRACTOR further understands that, \$852,500 of the period from July 1, 2010 through December 31, 2010 in the Contract Numbers BPHM08000070 and DPHM11000123 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM08000070 for the Fiscal Year 2010-11.

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

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

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

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

(

7

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322

323

324

325

326

327

328

329

330

331

332

333

334

335

336

337

338

339

340

341

342

343

344

345

346

347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

365

366

367

368

369

370

371

372

373

374

375

376

377

378

379

380

381

382

383

384

385

386

387

388

389

390

391

392

393

394

395

396

397

398

399

400

401

402

403

404

405

406

407

408

409

410

411

412

413

414

415

416

417

418

419

420

421

422

423

424

425

426

427

428

429

430

431

432

433

434

435

436

437

438

439

440

441

442

443

444

445

446

447

448

449

450

451

452

453

454

455

456

457

458

459

460

461

462

463

464

465

466

467

468

469

470

471

472

473

474

475

476

477

478

479

480

481

482

483

484

485

486

487

488

489

490

491

492

493

494

495

496

497

498

499

500

501

502

503

504

505

506

507

508

509

510

511

512

513

514

515

516

517

518

519

520

521

522

523

524

525

526

527

528

529

530

531

532

533

534

535

536

537

538

539

540

541

542

543

544

545

546

547

548

549

550

551

552

553

554

555

556

557

558

559

560

561

562

563

564

565

566

567

568

569

570

571

572

573

574

575

576

577

578

579

580

581

582

583

584

585

586

587

588

589

590

591

592

593

594

595

596

597

598

599

600

601

602

603

604

605

606

607

608

609

610

611

612

613

614

615

616

617

618

619

620

621

622

623

624

625

626

627

628

629

630

631

632

633

634

635

636

637

638

639

640

641

642

643

644

645

646

647

648

649

650

651

652

653

654

655

656

657

658

659

660

661

662

663

664

665

666

667

668

669

670

671

672

673

674

675

676

677

678

679

680

681

682

683

684

685

686

687

688

689

690

691

692

693

694

695

696

697

698

699

700

701

702

703

704

705

706

707

708

709

710

711

712

713

714

715

716

717

718

719

720

721

722

723

724

725

726

727

728

729

730

731

732

733

734

735

736

737

738

739

740

741

742

743

744

745

746

747

748

749

750

751

752

753

754

755

756

757

758

759

760

761

762

763

764

765

766

767

768

769

770

771

772

773

774

775

776

777

778

779

780

781

782

783

784

785

786

787

788

789

790

791

792

793

794

795

796

797

798

799

800

801

802

803

804

805

806

807

808

809

810

811

812

813

814

815

816

817

818

819

820

821

822

823

824

825

826

827

828

829

830

831

832

833

834

835

836

837

838

839

840

841

842

843

844

845

846

847

848

849

850

851

852

853

854

855

856

857

858

859

860

861

862

863

864

865

866

867

868

869

870

871

872

873

874

875

876

877

878

879

880

881

882

883

884

885

886

887

888

889

890

891

892

893

894

895

896

897

898

899

900

901

902

903

904

905

906

907

908

909

910

911

912

913

914

915

916

917

918

919

920

921

922

923

924

925

926

927

928

929

930

931

932

933

934

935

936

937

938

939

940

941

942

943

944

945

946

947

948

949

950

951

952

953

954

955

956

957

958

959

960

961

962

963

964

965

966

967

968

969

970

971

972

973

974

975

976

977

978

979

980

981

982

983

984

985

986

987

988

989

990

991

992

993

994

995

996

997

998

999

1000

DPH Department of Public Health Contract Budgetary

CONTRACT TYPE - This contract is: <input type="radio"/> New <input checked="" type="radio"/> <u>Renewal</u> <input type="radio"/> Modification						
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):		
LEGAL ENTITY NUMBER: 00765						
LEGAL ENTITY/CONTRACTOR NAME: A Better Way						
APPENDIX NUMBER	B-1	B-2	B-#	B-#	B-#	TOTAL
PROVIDER NUMBER	38GT	38GI				
PROVIDER NAME:	A Better Way	A Better Way				
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11				
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	1,166,013	31,438				1,197,451
OPERATING EXPENSE	316,130	8,740				324,871
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	1,482,143	40,179	0	0	0	1,522,322
INDIRECT COST AMOUNT	177,857	4,821				182,679
INDIRECT %	12%	12%	0%	0%	0%	
TOTAL FUNDING USES:	1,660,000	45,000	0	0	0	1,705,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	782,500	22,500				805,000
ARRA SDMC FFP (11.59)	181,384	5,215				186,599
STATE REVENUES - click below						
EPSDT State Match	522,867	15,034				537,901
GRANTS - click below						
Please enter other funding source here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency) as local match	78,250	2,250				80,500
HSA (Human Svcs Agency)	95,000					95,000
Please enter other funding source here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other funding source here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,660,000	45,000				1,705,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
Please enter other funding source here if not in pull down						
WORK ORDERS - click below						
Please enter other funding source here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other funding source here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	1,660,000	45,000	0	0	0	1,705,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	1,660,000	45,000				1,705,000

DPH 2: Derivation of Public Health Cost Reporting/Information (CRDC)

FISCAL YEAR: 2010-2011		APPENDIX #: B-1 Page 1				
LEGAL ENTITY NAME: A Better Way		PROVIDER #: 38GT				
PROVIDER NAME: A Better Way						
REPORTING UNIT NAME:	Therapeutic Visitation	Therapeutic Visitation	Therapeutic Visitation	OutPatient	0-5	
REPORTING UNIT:	38GT01	38GT01	38GT01	38GT01	38GT05	
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/10-59	15/01-09	
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	MH Svcs	Case Mgt Brokerage	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	41,213	758,318	24,728	236,391	5,268	1,065,918
OPERATING EXPENSE	11,174	205,596	6,704	64,091	1,428	288,993
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	52,387	963,914	31,432	300,482	6,696	1,354,911
INDIRECT COST AMOUNT	6,286	115,670	3,772	36,058	804	162,589
TOTAL FUNDING USES:	58,673	1,079,583	35,204	336,540	7,500	1,517,500
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	27,658	508,900	16,595	158,640	3,535	715,327
ARRA SDMC FFP (11.59)	6,411	117,963	3,847	36,773	820	165,813
STATE REVENUES - click below						
EPSDT State Match	18,481	340,047	11,088	106,003	2,362	477,982
GRANTS - click below						
CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency) as local match	2,766	50,890	1,660	15,864	354	71,534
HSA (Human Svcs Agency)	3,358	61,783	2,014	19,260	429	86,844
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	58,673	1,079,583	35,204	336,540	7,500	1,517,500
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	58,673	1,079,583	35,204	336,540	7,500	1,517,500
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	58,673	1,079,583	35,204	336,540	7,500	1,517,500
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	29,046	413,633	9,073	128,943	3,713	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02	2.61	3.88	2.61	2.02	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02	2.61	3.88	2.61	2.02	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.02	2.61	3.88	2.61	2.02	
UNDULICATED CLIENTS	29	29	2	15	4	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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

FISCAL YEAR: 2010-2011		PAGE: B-1 Page 2				
LEGAL ENTITY NAME: A Better Way		PROVIDER #: 38GT				
PROVIDER NAME: A Better Way						
REPORTING UNIT NAME:	0-5	0-5				
REPORTING UNIT:	38GT05	38GT05				
MODE OF SVCS / SERVICE FUNCTION CODE:	15/10-59	15/70-79				
SERVICE DESCRIPTION:	MH Svcs	Crisis Intervention-OP	#N/A	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11				
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	96,934	3,161				100,094
OPERATING EXPENSE	26,281	857				27,138
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	123,214	4,018	0	0	0	127,232
INDIRECT COST AMOUNT	14,786	482				15,268
TOTAL FUNDING USES:	138,000	4,500	0	0	0	142,500
CBHS MENTAL HEALTH FUNDING SOURCES:						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	65,051	2,120				67,171
ARRA SDMC FFP (11.59)	15,079	492				15,571
STATE REVENUES - click below						
EPSDT State Match	43,467	1,417				44,885
GRANTS - click below						
CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency) as local match	6,505	212				6,717
HSA (Human Svcs Agency)	7898	258				8,156
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	138,000	4,499				142,500
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	138,000	4,499				142,500
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	138,000	4,499				142,500
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE¹						
UNITS OF TIME²						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	3.88	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	3.88	0.00	0.00	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.61	3.88				
UNDUPLICATED CLIENTS	4	1				

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 38GT
 Provider Name (same as line 8 on DPH 1): A Better Way

APPENDIX #: B-1, Page 3
 Document Date: 09/30/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: DHS (dept. name)		WORK ORDER #2: DHS (dept. name)	
	Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Director	0.37	\$ 39,187.68	0.33	35,154					0.02	1,850	0.02	2,183
Program Director	0.97	\$ 76,671.55	0.87	68,780					0.05	3,620	0.05	4,272
Clinical Supervisor	1.51	\$ 98,524.02	1.35	88,383					0.07	4,652	0.08	5,490
Clinician	11.68	\$ 568,450.21	10.48	509,938					0.55	26,839	0.65	31,673
QA Director	0.37	\$ 23,389.94	0.33	20,982					0.02	1,104	0.02	1,303
Assistant QA Director	0.37	\$ 13,644.13	0.33	12,240					0.02	644	0.02	760
Intake Social Worker	0.97	\$ 34,799.64	0.87	31,218					0.05	1,643	0.05	1,939
MH Administration Assistant	0.97	\$ 30,618.97	0.87	27,467					0.05	1,446	0.05	1,706
Occupational Therapist	0.08	\$ 4,800.00	0.07	4,306					0.00	227	0.00	267
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	17.31	\$890,086	15.53	\$798,467	0.00	\$0	0.00	\$0	0.82	\$42,025	0.96	\$49,594

EMPLOYEE FRINGE BENEFITS

31%	\$ 275,926.70	31%	\$247,525	#DIV/0!		#DIV/0!		31%	\$13,028	31%	\$15,374
-----	---------------	-----	-----------	---------	--	---------	--	-----	----------	-----	----------

TOTAL SALARIES & BENEFITS

\$1,166,013	\$1,045,992	\$0	\$0	\$55,052	\$64,968
-------------	-------------	-----	-----	----------	----------

DPH 4: Operating Expenses Detail

APPENDIX #: B-1, Page 4

Document Date: 9/30/10

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

Provider Name (same as line 8 on DPH 1): A Better Way

[illegible]

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

FISCAL YEAR: 2010-2011		APPENDIX #: B-2 Page 1				
LEGAL ENTITY NAME: A Better Way		PROVIDER #: 38GI				
PROVIDER NAME: A Better Way						
REPORTING UNIT NAME:	Therapeutic Visitation	Therapeutic Visitation	Therapeutic Visitation	OutPatient		
REPORTING UNIT:	38GI3	38GI3	38GI3	38GI2		
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/10-59		
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	MH Svcs	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	1,048	19,282	629	10,479		31,438
OPERATING EXPENSE	291	5,361	175	2,913		8,740
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	1,339	24,643	804	13,393	0	40,179
INDIRECT COST AMOUNT	161	2,957	96	1,607		4,821
TOTAL FUNDING USES:	1,500	27,600	900	15,000	0	45,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	750	13,800	450	7,500		22,500
ARRA SDMC FFP (11.59)	174	3,199	104	1,738		5,215
STATE REVENUES - click below						
EPSDT State Match	501	9,221	301	5,011		15,034
GRANTS - click below						
CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency) as local match	75	1,380	45	750		2,250
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,500	27,600	900	15,000		45,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	1,500	27,600	900	15,000		45,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	1,500	27,600	900	15,000		45,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	743	10,575	232	5,747		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02	2.61	3.88	2.61	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02	2.61	3.88	2.61	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.02	2.61	3.88	2.61		
UNDUPLICATED CLIENTS	1	1	1	1		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-2, Page 2
Document Date: 09/30/10

Provider Number (same as line 7 on DPH 1): 38GI
Provider Name (same as line 8 on DPH 1): A Better Way

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: DHS (dept. name)		WORK ORDER #2: DHS (dept. name)	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	Term: FTE	SALARIES	Term: 7/1/10-6/30/11 FTE	SALARIES	Term: FTE	SALARIES	Term: FTE	SALARIES	Term: 7/1/10-6/30/11 FTE	SALARIES	Term: 7/1/10-6/30/11 FTE	SALARIES
Clinical Director	0.01	\$ 1,062.32	0.01	953					0.00	50	0.00	59
Program Director	0.03	\$ 2,078.45	0.02	1,865					0.00	98	0.00	116
Clinical Supervisor	0.04	\$ 2,670.83	0.04	2,396					0.00	126	0.00	149
Clinician	0.32	\$ 15,409.79	0.28	13,824					0.01	728	0.02	859
QA Director	0.01	\$ 634.06	0.01	569					0.00	30	0.00	35
Assistant QA Director	0.01	\$ 369.87	0.01	332					0.00	17	0.00	21
Intake Social Worker	0.03	\$ 943.36	0.02	846					0.00	45	0.00	53
MH Administration Assistant	0.03	\$ 830.03	0.02	745					0.00	39	0.00	46
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	0.47	\$23,999	0.42	\$21,528	0.00	\$0	0.00	\$0	0.02	\$1,133	0.03	\$1,337

EMPLOYEE FRINGE BENEFITS

31%	\$ 7,439.60	31%	\$6,674	#DIV/0!		#DIV/0!		31%	\$351	31%	\$415
-----	-------------	-----	---------	---------	--	---------	--	-----	-------	-----	-------

TOTAL SALARIES & BENEFITS

\$31,438	\$28,202	\$0	\$0	\$1,484	\$1,752
----------	----------	-----	-----	---------	---------

DPH 4: Operating Expenses Detail

APPENDIX #: B-2, Page 3
Document Date: 9/30/10

Provider Number (same as line 7 on DPH 1): 38GI
 Provider Name (same as line 8 on DPH 1): A Better Way

[illegible]

1

LEGAL ENTITY #: 00765

1. SALARIES & BENEFITS

[illegible]

2. OPERATING COSTS

Expenditure Category	Amount
Rent/Lease, R&M, Utilities, Depr.	2990.52
Taxes, Licenses, Fees & Permits, Insurance	4877.68
Office Expense	2428.44
Training, Travel, Dues & Subscriptions	2573.56
TOTAL OPERATING COSTS	\$ 12,870

TOTAL INDIRECT COSTS

\$ 182,679

(Salaries & Benefits + Operating Costs)

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 38GT & 38GI

Provider Name (same as line 8 on DPH 1): A Better Way

Date: 9/30/10

Fiscal Year: 2011

Salaries and Benefits

	Salaries	FTE
Clinical Director \$105,000 X FTE	40,250	0.38
Program Director \$78,750 X FTE	78,750	1.00
Clinical Supervisor \$65,287 X FTE	101,195	1.55
Clinician \$48,655 X FTE	583,860	12.00
QA Director \$63,000 X FTE	24,024	0.38
Assistant QA Director \$36,750 X FTE	14,014	0.38
Intake Social Worker \$35,743 X FTE	35,743	1.00
MH Administration Assistant \$31,449 X FTE	31,449	1.00
Occupational Therapist \$60,000 X FTE	\$4,800	0.08
TOTAL SALARIES	\$914,085	17.77

Fringe consists of Payroll Taxes, Medical, Dental, Vision, PTO, Workers Comp,	\$283,366	
Employee Recognition, Holiday, and other employee benefits.		
TOTAL BENEFITS	\$283,366	

TOTAL SALARIES & BENEFITS \$1,197,451 17.77

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a
Occupancy:

Rent:

We rent an office that is 100% dedicated to the fulfillment of this contract. \$145,000

Utilities:

The only utilities paid are for telecommunication expenses and we receive \$45,000
a separate bill just related to the SF Office.

Building Maintenance:

Only Maintenance incurred for the SF Office is charged. \$2,000

Total Occupancy: \$192,000

Materials and Supplies:

Office Supplies:

Based on last years experience \$38,000

Other:

Dues & Subscriptions, Taxes, Licenses, Permits, & Depreciation. \$14,700

Based on last years experience

Program/Medical Supplies:

Based on last years experience \$12,000

Total Materials and Supplies: \$64,700

General Operating:

Insurance:

Based on last years experience 8000

Staff Training:

Based on last years experience \$6,000

Rental of Equipment:

Lease of Copier and Shred-it boxes. Based on last years experience \$4,171

Total General Operating: \$18,171

Staff Travel (Local & Out of Town):

100,000 miles-based on last years experience X .50 mile \$50,000

\$50,000

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$324,871

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$1,522,322

INDIRECT COST: \$182,678

CONTRACT TOTAL: \$1,705,000

DPH 1 Department of Public Health Contract Summary

CONTRACT TYPE - This contract is: Renewal Modification						
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY)		
LEGAL ENTITY NUMBER: 00765						
LEGAL ENTITY/CONTRACTOR NAME: A Better Way						
APPENDIX NUMBER	B-1	B-2	B-#	B-#	B-#	TOTAL
PROVIDER NUMBER	38GT	38GI				
PROVIDER NAME:	A Better Way	A Better Way				
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11				
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	1,166,013	31,438				1,197,451
OPERATING EXPENSE	316,130	-8,740				324,871
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	1,482,143	40,179	0	0	0	1,522,322
INDIRECT COST AMOUNT	177,857	4,821				182,679
INDIRECT %	12%	12%	0%	0%	0%	
TOTAL FUNDING USES:	1,660,000	45,000	0	0	0	1,705,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	782,500	22,500				805,000
ARRA SDMC FFP (11.59)	181,384	5,215				186,599
STATE REVENUES - click below						
EPSDT State Match	522,867	15,034				537,901
GRANTS - click below						
Please enter other funding source here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency) as local match	78,250	2,250				80,500
HSA (Human Svcs Agency)	95,000					95,000
Please enter other funding source here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other funding source here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,660,000	45,000				1,705,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
Please enter other funding source here if not in pull down						
WORK ORDERS - click below						
Please enter other funding source here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other funding source here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	1,660,000	45,000	0	0	0	1,705,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	1,660,000	45,000				1,705,000

DPH 2: Departm

Public Health Cost Reporting/Data

(CRDC)

FISCAL YEAR: 2010-2011		APPENDIX #: B-1 Page 1				
LEGAL ENTITY NAME: A Better Way		PROVIDER #: 38GT				
PROVIDER NAME: A Better Way						
REPORTING UNIT NAME:	Therapeutic Visitation	Therapeutic Visitation	Therapeutic Visitation	OutPatient	0-5	
REPORTING UNIT:	38GT01	38GT01	38GT01	38GT01	38GT05	
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/10-59	15/01-09	
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	MH Svcs	Case Mgt Brokerage	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	41,213	758,318	24,728	236,391	5,268	1,065,918
OPERATING EXPENSE	11,174	205,596	6,704	64,091	1,428	288,993
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	52,387	963,914	31,432	300,482	6,696	1,354,911
INDIRECT COST AMOUNT	6,286	115,670	3,772	36,058	804	162,589
TOTAL FUNDING USES:	58,673	1,079,583	35,204	336,540	7,500	1,517,500
CBHS MENTAL HEALTH FUNDING SOURCES:						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	27,658	508,900	16,595	158,640	3,535	715,327
ARRA SDMC FFP (11.59)	6,411	117,963	3,847	36,773	820	165,813
STATE REVENUES - click below						
EPSDT State Match	18,481	340,047	11,088	106,003	2,362	477,982
GRANTS - click below						
CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency) as local match	2,766	50,890	1,660	15,864	354	71,534
HSA (Human Svcs Agency)	3,358	61,783	2,014	19,260	429	86,844
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	58,673	1,079,583	35,204	336,540	7,500	1,517,500
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	58,673	1,079,583	35,204	336,540	7,500	1,517,500
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	58,673	1,079,583	35,204	336,540	7,500	1,517,500
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	29,046	413,633	9,073	128,943	3,713	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02	2.61	3.88	2.61	2.02	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02	2.61	3.88	2.61	2.02	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.02	2.61	3.88	2.61	2.02	
UNDULICATED CLIENTS	29	29	2	15	4	

¹Units of Service: Days, Client Day, Full Day/Half-Day²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Public Health Cost Reporting/Dr C Section (CRDC)

FISCAL YEAR: 2010-2011		APPENDIX #: B-1 Page 2					
LEGAL ENTITY NAME: A Better Way		PROVIDER #: 38GT					
PROVIDER NAME: A Better Way							
REPORTING UNIT NAME: 0-5							
REPORTING UNIT: 38GT05		38GT05					
MODE OF SVCS / SERVICE FUNCTION CODE: 15/10-59		15/70-79					
SERVICE DESCRIPTION: MH Svcs		Crisis Intervention-OP		#N/A	#N/A	#N/A	TOTAL
CBHS FUNDING TERM: 7/1/10-6/30/11		7/1/10-6/30/11					
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS		96,934	3,161				100,094
OPERATING EXPENSE		26,281	857				27,138
CAPITAL OUTLAY (COST \$5,000 AND OVER)							0
SUBTOTAL DIRECT COSTS		123,214	4,018	0	0	0	127,232
INDIRECT COST AMOUNT		14,786	482				15,268
TOTAL FUNDING USES		138,000	4,500	0	0	0	142,500
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)		65,051	2,120				67,171
ARRA SDMC FFP (11.59)		15,079	492				15,571
STATE REVENUES - click below							
EPSDT State Match		43,467	1,417				44,885
GRANTS - click below		CFDA #:					
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
HSA (Human Svcs Agency)		as local match	6,505	212			6,717
HSA (Human Svcs Agency)			7898	258			8,156
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		138,000	4,499				142,500
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below		CFDA #:					
Please enter other here if not in pull down							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES		138,000	4,499				142,500
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES		0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)		138,000	4,499				142,500
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE ¹							
UNITS OF TIME ²		52,874	1,160				
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		2.61	3.88	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		2.61	3.88	0.00	0.00	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)		2.61	3.88				
UNDULICATED CLIENTS		4	1				

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 38GT
 Provider Name (same as line 8 on DPH 1): A Better Way

APPENDIX #: B-1, Page 3
 Document Date: 09/30/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: DHS (dept: name)		WORK ORDER #2: DHS (dept: name)	
	Proposed Transaction Term:		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Director	0.37	\$ 39,187.68	0.33	35,154					0.02	1,850	0.02	2,183
Program Director	0.97	\$ 76,671.55	0.87	68,780					0.05	3,620	0.05	4,272
Clinical Supervisor	1.51	\$ 98,524.02	1.35	88,383					0.07	4,652	0.08	5,490
Clinician	11.68	\$ 568,450.21	10.48	509,938					0.55	26,839	0.65	31,673
QA Director	0.37	\$ 23,389.94	0.33	20,982					0.02	1,104	0.02	1,303
Assistant QA Director	0.37	\$ 13,644.13	0.33	12,240					0.02	644	0.02	760
Intake Social Worker	0.97	\$ 34,799.64	0.87	31,218					0.05	1,643	0.05	1,939
MH Administration Assistant	0.97	\$ 30,618.97	0.87	27,467					0.05	1,446	0.05	1,706
Occupational Therapist	0.08	\$ 4,800.00	0.07	4,306					0.00	227	0.00	267
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	17.31	\$890,086	15.53	\$798,467	0.00	\$0	0.00	\$0	0.82	\$42,025	0.96	\$49,594

EMPLOYEE FRINGE BENEFITS

31%	\$ 275,926.70	31%	\$247,525	#DIV/0!		#DIV/0!		31%	\$13,028	31%	\$15,374
-----	---------------	-----	-----------	---------	--	---------	--	-----	----------	-----	----------

TOTAL SALARIES & BENEFITS

\$1,166,013	\$1,045,992	\$0	\$0	\$55,052	\$64,968
-------------	-------------	-----	-----	----------	----------

DPH 4: Operating Expenses Detail

APPENDIX #: B-1, Page 4
Document Date: 9/30/10

Provider Number (same as line 7 on DPH 1):	38GT
Provider Name (same as line 8 on DPH 1):	A Better Way

[illegible]

DPH 2: Department of Public Health Cost Reporting/Date of Report (CRDC)

FISCAL YEAR: 2010-2011		APPENDIX #: B-2 Page 1				
LEGAL ENTITY NAME: A Better Way		PROVIDER #: 38GI				
PROVIDER NAME: A Better Way						
REPORTING UNIT NAME:	Therapeutic Visitation	Therapeutic Visitation	Therapeutic Visitation	OutPatient		
REPORTING UNIT:	38GI3	38GI3	38GI3	38GI2		
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/10-59		
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	MH Svcs	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	1,048	19,282	629	10,479		31,438
OPERATING EXPENSE	291	5,361	175	2,913		8,740
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	1,339	24,643	804	13,393	0	40,179
INDIRECT COST AMOUNT	161	2,957	96	1,607		4,821
TOTAL FUNDING USES:	1,500	27,600	900	15,000	0	45,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	750	13,800	450	7,500		22,500
ARRA SDMC FFP (11.59)	174	3,199	104	1,738		5,215
STATE REVENUES - click below						
EPSDT State Match	501	9,221	301	5,011		15,034
GRANTS - click below						
CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency)	as local match	75	1,380	45	750	2,250
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,500	27,600	900	15,000	0	45,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	1,500	27,600	900	15,000	0	45,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	1,500	27,600	900	15,000	0	45,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	743	10,575	232	5,747		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02	2.61	3.88	2.61	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02	2.61	3.88	2.61	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.02	2.61	3.88	2.61		
UNDUPLICATED CLIENTS	1	1	1	1		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 38GI
 Provider Name (same as line 8 on DPH 1): A Better Way

APPENDIX #: B-2, Page 2
 Document Date: 09/30/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: DHS (dept. name)		WORK ORDER #2: DHS (dept. name)	
	Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Director	0.01	\$ 1,062.32	0.01	953					0.00	50	0.00	59
Program Director	0.03	\$ 2,078.45	0.02	1,865					0.00	98	0.00	116
Clinical Supervisor	0.04	\$ 2,670.83	0.04	2,396					0.00	126	0.00	149
Clinician	0.32	\$ 15,409.79	0.28	13,824					0.01	728	0.02	859
QA Director	0.01	\$ 634.06	0.01	569					0.00	30	0.00	35
Assistant QA Director	0.01	\$ 369.87	0.01	332					0.00	17	0.00	21
Intake Social Worker	0.03	\$ 943.36	0.02	846					0.00	45	0.00	53
MH Administration Assistant	0.03	\$ 830.03	0.02	745					0.00	39	0.00	46
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	0.47	\$23,999	0.42	\$21,528	0.00	\$0	0.00	\$0	0.02	\$1,133	0.03	\$1,337

EMPLOYEE FRINGE BENEFITS

31%	\$ 7,439.60	31%	\$6,674	#DIV/0!		#DIV/0!		31%	\$351	31%	\$415
-----	-------------	-----	---------	---------	--	---------	--	-----	-------	-----	-------

TOTAL SALARIES & BENEFITS

\$31,438	\$28,202	\$0	\$0	\$1,484	\$1,752
----------	----------	-----	-----	---------	---------

DPH 4: Operating Expenses Detail

APPENDIX #: B-2, Page 3
Document Date: 9/30/10

Provider Number (same as line 7 on DPH 1): 38GI
Provider Name (same as line 8 on DPH 1): A Better Way

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: <u> DHS </u> (dept. name)	WORK ORDER #2: <u> DHS </u> (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: _____	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11
Rental of Property	\$ 3,826.98	3,433			181	213
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 1,187.68	1,065			56	66
Office Supplies, Postage	\$ 1,002.93	900			47	56
Building Maintenance Supplies and Repair	\$ 52.79	47			2	3
Printing and Reproduction	\$ -	0			0	0
Insurance	\$ 211.14	189			10	12
Staff Training	\$ 158.36	142			7	9
Staff Travel-(Local & Out of Town)	\$ 1,319.65	1,184			62	74
Rental of Equipment	\$ 276.02	248			13	15
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0			0	0
Program Expenses	\$ 316.72	284			15	18
Dues and Subscriptions	\$ 52.79	47			2	3
Taxes, Licenses, & Permits	\$ 18.48	17			1	1
Depreciation	\$ 316.72	284			15	18
	\$ -					
OTHER	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$8,740	\$7,841	\$0	\$0	\$413	\$487

LEGAL ENTITY #: 00765

\$ 182,679

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 38GT & 38GI

Provider Name (same as line 8 on DPH 1): A Better Way

Date: 9/30/10

Fiscal Year: 2011

Salaries and Benefits	Salaries	FTE
Clinical Director \$105,000 X FTE	40,250	0.38
Program Director \$78,750 X FTE	78,750	1.00
Clinical Supervisor \$65,287 X FTE	101,195	1.55
Clinician \$48,655 X FTE	583,860	12.00
QA Director \$63,000 X FTE	24,024	0.38
Assistant QA Director \$36,750 X FTE	14,014	0.38
Intake Social Worker \$35,743 X FTE	35,743	1.00
MH Administration Assistant \$31,449 X FTE	31,449	1.00
Occupational Therapist \$60,000 X FTE	\$4,800	0.08
TOTAL SALARIES	\$914,085	17.77

Fringe consists of Payroll Taxes, Medical, Dental, Vision, PTO, Workers Comp,	\$283,366	
Employee Recognition, Holiday, and other employee benefits		
TOTAL BENEFITS	\$283,366	

TOTAL SALARIES & BENEFITS \$1,197,451 17.77

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a

Occupancy:

Rent:

We rent an office that is 100% dedicated to the fulfillment of this contract. \$145,000

Utilities:

The only utilities paid are for telecommunication expenses and we receive a separate bill just related to the SF Office. \$45,000

Building Maintenance:

Only Maintenance incurred for the SF Office is charged. \$2,000

Total Occupancy: \$192,000

Materials and Supplies:

Office Supplies:

Based on last years experience \$38,000

Other:

Dues & Subscriptions, Taxes, Licenses, Permits, & Depreciation: \$14,700

Based on last years experience

Program/Medical Supplies:

Based on last years experience \$12,000

Total Materials and Supplies: \$64,700

General Operating:

Insurance:

Based on last years experience 8000

Staff Training:

Based on last years experience \$6,000

Rental of Equipment:

Lease of Copier and Shred-it boxes. Based on last years experience \$4,171

Total General Operating: \$18,171

Staff Travel (Local & Out of Town):

100,000 miles based on last years experience X .50 mile \$50,000

\$50,000

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$324,871

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$1,522,322

INDIRECT COST: \$182,678

CONTRACT TOTAL: \$1,705,000

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is: Renewal Modification:						
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):		
LEGAL ENTITY NUMBER: 00765						
LEGAL ENTITY/CONTRACTOR NAME: A Better Way						
APPENDIX NUMBER	B-1	B-2	B-#	B-#	B-#	TOTAL
PROVIDER NUMBER	38GT	38GI				
PROVIDER NAME:	A Better Way	A Better Way				
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11				
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	1,166,013	31,438				1,197,451
OPERATING EXPENSE	316,130	8,740				324,871
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	1,482,143	40,179	0	0	0	1,522,322
INDIRECT COST AMOUNT	177,857	4,821				182,679
INDIRECT %	12%	12%	0%	0%	0%	
TOTAL FUNDING USES:	1,660,000	45,000	0	0	0	1,705,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	782,500	22,500				805,000
ARRA SDMC FFP (11.59)	181,384	5,215				186,599
STATE REVENUES - click below						
EPSDT State Match	522,867	15,034				537,901
GRANTS - click below						
Please enter other funding source here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency) as local match	78,250	2,250				80,500
HSA (Human Svcs Agency)	95,000					95,000
Please enter other funding source here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other funding source here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,660,000	45,000				1,705,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
Please enter other funding source here if not in pull down						
WORK ORDERS - click below						
Please enter other funding source here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other funding source here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	1,660,000	45,000	0	0	0	1,705,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	1,660,000	45,000				1,705,000

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

FISCAL YEAR: 2010-2011		APPENDIX #: B-1 Page 1				
LEGAL ENTITY NAME: A Better Way		PROVIDER #: 38GT				
PROVIDER NAME: A Better Way						
REPORTING UNIT NAME:	Therapeutic Visitation	Therapeutic Visitation	Therapeutic Visitation	OutPatient	0-5	
REPORTING UNIT:	38GT01	38GT01	38GT01	38GT01	38GT01	
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/10-59	15/01-09	
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	MH Svcs	Case Mgt Brokerage	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	41,213	758,318	24,728	236,391	5,268	1,065,918
OPERATING EXPENSE	11,174	205,596	6,704	64,081	1,428	288,993
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	52,387	963,914	31,432	300,482	6,696	1,354,911
INDIRECT COST AMOUNT	6,286	115,670	3,772	36,058	804	162,589
TOTAL FUNDING USES:	58,673	1,079,583	35,204	336,540	7,500	1,517,500
CBHS MENTAL HEALTH FUNDING SOURCES:						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	27,658	508,900	16,595	158,640	3,535	715,327
ARRA SDMC FFP (11.59)	6,411	117,963	3,847	36,773	820	165,813
STATE REVENUES - click below						
EPSDT State Match	18,481	340,047	11,088	106,003	2,362	477,982
GRANTS - click below						
CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency) as local match	2,766	50,890	1,660	15,864	354	71,534
HSA (Human Svcs Agency)	3,358	61,783	2,014	19,260	429	86,844
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	58,673	1,079,583	35,204	336,540	7,500	1,517,500
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	58,673	1,079,583	35,204	336,540	7,500	1,517,500
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	58,673	1,079,583	35,204	336,540	7,500	1,517,500
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	29,046	413,633	9,073	128,943	3,713	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02	2.61	3.88	2.61	2.02	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02	2.61	3.88	2.61	2.02	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.02	2.61	3.88	2.61	2.02	
UNDUPLICATED CLIENTS	29	29	2	15	4	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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

2010-2011							NL	B-1 Page 2
LEGAL ENTITY NAME: A Better Way			PROVIDER #: 38GT					
PROVIDER NAME: A Better Way								
REPORTING UNIT NAME: 0-5			0-5					
REPORTING UNIT: 38GT05			38GT05					
MODE OF SVCS / SERVICE FUNCTION CODE: 15/10-59			15/70-79					
SERVICE DESCRIPTION: MH Svcs			Crisis Intervention-OP	#N/A	#N/A	#N/A	TOTAL	
CBHS FUNDING TERM: 7/1/10-6/30/11			7/1/10-6/30/11					
FUNDING USES:								
SALARIES & EMPLOYEE BENEFITS			96,934	3,161			100,094	
OPERATING EXPENSE			26,281	857			27,138	
CAPITAL OUTLAY (COST \$5,000 AND OVER)							0	
SUBTOTAL DIRECT COSTS			123,214	4,018	0	0	127,232	
INDIRECT COST AMOUNT			14,786	482			15,268	
TOTAL FUNDING USES:			138,000	4,500	0	0	142,500	
CBHS MENTAL HEALTH FUNDING SOURCES								
FEDERAL REVENUES - click below								
SDMC Regular FFP (50%)			65,051	2,120			67,171	
ARRA SDMC FFP (11.59)			15,079	492			15,571	
STATE REVENUES - click below								
EPSDT State Match			43,467	1,417			44,885	
GRANTS - click below			CFDA #:					
PRIOR YEAR ROLL OVER - click below								
WORK ORDERS - click below								
HSA (Human Svcs Agency) as local match			6,505	212			6,717	
HSA (Human Svcs Agency)			7898	258			8,156	
3RD PARTY PAYOR REVENUES - click below								
Please enter other here if not in pull down								
REALIGNMENT FUNDS								
COUNTY GENERAL FUND								
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			138,000	4,499			142,500	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:								
FEDERAL REVENUES - click below								
STATE REVENUES - click below								
GRANTS/PROJECTS - click below			CFDA #:					
Please enter other here if not in pull down								
WORK ORDERS - click below								
Please enter other here if not in pull down								
3RD PARTY PAYOR REVENUES - click below								
Please enter other here if not in pull down								
COUNTY GENERAL FUND								
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES								
TOTAL DPH REVENUES			138,000	4,499			142,500	
NON-DPH REVENUES - click below								
TOTAL NON-DPH REVENUES			0	0	0	0	0	
TOTAL REVENUES (DPH AND NON-DPH)			138,000	4,499			142,500	
CBHS UNITS OF SVCS/TIME AND UNIT COST:								
UNITS OF SERVICE¹								
UNITS OF TIME²			52,874	1,160				
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)			2.61	3.88	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)			2.61	3.88	0.00	0.00	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			2.61	3.88				
UNDUPLICATED CLIENTS			4	1				

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 38GT
 Provider Name (same as line 8 on DPH 1): A Better Way

APPENDIX #: B-1, Page 3
 Document Date: 09/30/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: DHS (dept. name)		WORK ORDER #2: DHS (dept. name)	
	Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Director	0.37	\$ 39,187.68	0.33	35,154					0.02	1,850	0.02	2,183
Program Director	0.97	\$ 76,671.55	0.87	68,780					0.05	3,620	0.05	4,272
Clinical Supervisor	1.51	\$ 98,524.02	1.35	88,383					0.07	4,652	0.08	5,490
Clinician	11.68	\$ 568,450.21	10.48	509,938					0.55	26,839	0.65	31,673
QA Director	0.37	\$ 23,389.94	0.33	20,982					0.02	1,104	0.02	1,303
Assistant QA Director	0.37	\$ 13,644.13	0.33	12,240					0.02	644	0.02	760
Intake Social Worker	0.97	\$ 34,799.64	0.87	31,218					0.05	1,643	0.05	1,939
MH Administration Assistant	0.97	\$ 30,618.97	0.87	27,467					0.05	1,446	0.05	1,706
Occupational Therapist	0.08	\$ 4,800.00	0.07	4,306					0.00	227	0.00	267
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	17.31	\$890,086	15.53	\$798,467	0.00	\$0	0.00	\$0	0.82	\$42,025	0.96	\$49,594

EMPLOYEE FRINGE BENEFITS

31%	\$ 275,926.70	31%	\$247,525	#DIV/0!		#DIV/0!		31%	\$13,028	31%	\$15,374
-----	---------------	-----	-----------	---------	--	---------	--	-----	----------	-----	----------

TOTAL SALARIES & BENEFITS

\$1,166,013	\$1,045,992	\$0	\$0	\$55,052	\$64,968
-------------	-------------	-----	-----	----------	----------

DPH 4: Operating Expenses Detail

APPENDIX #: B-1, Page 4
Document Date: 9/30/10

Provider Number (same as line 7 on DPH 1): 38GT
 Provider Name (same as line 8 on DPH 1): A Better Way

[illegible]

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

FISCAL YEAR: 2010-2011		APPENDIX #: B-2 Page 1				
LEGAL ENTITY NAME: A Better Way		PROVIDER #: 38GI				
PROVIDER NAME: A Better Way						
REPORTING UNIT NAME:	Therapeutic Visitation	Therapeutic Visitation	Therapeutic Visitation	OutPatient		
REPORTING UNIT:	38GI3	38GI3	38GI3	38GI2		
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/10-59		
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	MH Svcs	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	1,048	19,282	629	10,479		31,438
OPERATING EXPENSE	291	5,361	175	2,913		8,740
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	1,339	24,643	804	13,393	0	40,179
INDIRECT COST AMOUNT	161	2,957	96	1,607		4,821
TOTAL FUNDING USES:	1,500	27,600	900	15,000	0	45,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	750	13,800	450	7,500		22,500
ARRA SDMC FFP (11.59)	174	3,199	104	1,738		5,215
STATE REVENUES - click below						
EPSDT State Match	501	9,221	301	5,011		15,034
GRANTS - click below						
CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency)	as local match	75	1,380	45	750	2,250
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,500	27,600	900	15,000		45,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	1,500	27,600	900	15,000		45,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	1,500	27,600	900	15,000		45,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	743	10,575	232	5,747		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02	2.61	3.88	2.61	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02	2.61	3.88	2.61	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.02	2.61	3.88	2.61		
UNDUPLICATED CLIENTS	1	1	1	1		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 38GI
 Provider Name (same as line 8 on DPH 1): A Better Way

APPENDIX #: B-2, Page 2
 Document Date: 09/30/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: DHS (dept. name)		WORK ORDER #2: DHS (dept. name)	
	Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Director	0.01	\$ 1,062.32	0.01	953					0.00	50	0.00	59
Program Director	0.03	\$ 2,078.45	0.02	1,865					0.00	98	0.00	116
Clinical Supervisor	0.04	\$ 2,670.83	0.04	2,396					0.00	126	0.00	149
Clinician	0.32	\$ 15,409.79	0.28	13,824					0.01	728	0.02	859
QA Director	0.01	\$ 634.06	0.01	569					0.00	30	0.00	35
Assistant QA Director	0.01	\$ 369.87	0.01	332					0.00	17	0.00	21
Intake Social Worker	0.03	\$ 943.36	0.02	846					0.00	45	0.00	53
MH Administration Assistant	0.03	\$ 830.03	0.02	745					0.00	39	0.00	46
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	0.47	\$23,999	0.42	\$21,528	0.00	\$0	0.00	\$0	0.02	\$1,133	0.03	\$1,337

EMPLOYEE FRINGE BENEFITS

31%	\$ 7,439.60	31%	\$6,674	#DIV/0!		#DIV/0!		31%	\$351	31%	\$415
-----	-------------	-----	---------	---------	--	---------	--	-----	-------	-----	-------

TOTAL SALARIES & BENEFITS

\$31,438	\$28,202	\$0	\$0	\$1,484	\$1,752
----------	----------	-----	-----	---------	---------

DPH 4: Operating Expenses Detail

APPENDIX #: B-2, Page 3

Document Date: 9/30/10

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

Provider Name (same as line 8 on DPH 1): A Better Way

[illegible]

1

LEGAL ENTITY #: 00765

1. SALARIES & BENEFITS

[illegible]

2. OPERATING COSTS

Expenditure Category	Amount
Rent/Lease, R&M, Utilities, Depr.	2990.52
Taxes, Licenses, Fees & Permits, Insurance	4877.68
Office Expense	2428.44
Training, Travel, Dues & Subscriptions	2573.56
TOTAL OPERATING COSTS	\$ 12,870

TOTAL INDIRECT COSTS

Salaries & Benefits + Operating Costs)

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 38GT & 38GI

Provider Name (same as line 8 on DPH 1): A Better Way

Date: 9/30/10

Fiscal Year: 2011

Salaries and Benefits	Salaries	FTE
Clinical Director \$105,000 X FTE	40,250	0.38
Program Director \$78,750 X FTE	78,750	1.00
Clinical Supervisor \$65,287 X FTE	101,195	1.55
Clinician \$48,655 X FTE	583,860	12.00
QA Director \$63,000 X FTE	24,024	0.38
Assistant QA Director \$36,750 X FTE	14,014	0.38
Intake Social Worker \$35,743 X FTE	35,743	1.00
MH Administration Assistant \$31,449 X FTE	31,449	1.00
Occupational Therapist \$60,000 X FTE	\$4,800	0.08
TOTAL SALARIES	\$914,085	17.77

Fringe consists of Payroll Taxes, Medical, Dental, Vision, PTO, Workers Comp,	\$283,366	
Employee Recognition, Holiday, and other employee benefits.		
TOTAL BENEFITS	\$283,366	

TOTAL SALARIES & BENEFITS \$1,197,451 17.77

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a

Occupancy:

Rent:

We rent an office that is 100% dedicated to the fulfillment of this contract. \$145,000

Utilities:

The only utilities paid are for telecommunication expenses and we receive \$45,000
a separate bill just related to the SF Office.

Building Maintenance:

Only Maintenance incurred for the SF Office is charged. \$2,000

Total Occupancy: \$192,000

Materials and Supplies:

Office Supplies:

Based on last years experience \$38,000

Other:

Dues & Subscriptions, Taxes, Licenses, Permits, & Depreciation. \$14,700

Based on last years experience

Program/Medical Supplies:

Based on last years experience \$12,000

Total Materials and Supplies: \$64,700

General Operating:

Insurance:

Based on last years experience 8000

Staff Training:

Based on last years experience \$6,000

Rental of Equipment:

Lease of Copier and Shred-It boxes Based on last years experience \$4,171

Total General Operating: \$18,171

Staff Travel (Local & Out of Town):

100,000 miles based on last years experience X .50 mile \$50,000

\$50,000

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$324,871

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$1,522,322

INDIRECT COST: \$182,678

CONTRACT TOTAL: \$1,705,000

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		Renewal	Modification			
If modification, Effective Date of Mod.:		# of Mod:	VENDOR ID (DPH USE ONLY):			
LEGAL ENTITY NUMBER: 00765						
LEGAL ENTITY/CONTRACTOR NAME: A Better Way						
APPENDIX NUMBER	B-1	B-2	B-#	B-#	B-#	TOTAL
PROVIDER NUMBER	38GT	38GI				
PROVIDER NAME:	A Better Way	A Better Way				
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11				
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	1,166,013	31,438				1,197,451
OPERATING EXPENSE	316,130	8,740				324,871
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	1,482,143	40,179	0	0	0	1,522,322
INDIRECT COST AMOUNT	177,857	4,821				182,679
INDIRECT %	12%	12%	0%	0%	0%	
TOTAL FUNDING USES:	1,660,000	45,000	0	0	0	1,705,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	782,500	22,500				805,000
ARRA SDMC FFP (11.59)	181,384	5,215				186,599
STATE REVENUES - click below						
EPSDT State Match	522,867	15,034				537,901
GRANTS - click below						
Please enter other funding source here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency) as local match	78,250	2,250				80,500
HSA (Human Svcs Agency)	95,000					95,000
Please enter other funding source here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other funding source here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,660,000	45,000				1,705,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
Please enter other funding source here if not in pull down						
WORK ORDERS - click below						
Please enter other funding source here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other funding source here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	1,660,000	45,000	0	0	0	1,705,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	1,660,000	45,000				1,705,000

FISCAL YEAR: 2010-2011		APPENDIX #: B-1 Page 1				
LEGAL ENTITY NAME: A Better Way		PROVIDER #: 38GT				
PROVIDER NAME: A Better Way						
REPORTING UNIT NAME:	Therapeutic Visitation	Therapeutic Visitation	Therapeutic Visitation	OutPatient	0-5	
REPORTING UNIT:	38GT01	38GT01	38GT01	38GT0P	38GT05	
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/10-59	15/01-09	
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	MH Svcs	Case Mgt Brokerage	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	41,213	758,318	24,728	236,391	5,268	1,065,918
OPERATING EXPENSE	11,174	205,596	6,704	64,091	1,428	288,993
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	52,387	963,914	31,432	300,482	6,696	1,354,911
INDIRECT COST AMOUNT	6,286	115,670	3,772	36,058	804	162,589
TOTAL FUNDING USES:	58,673	1,079,583	35,204	336,540	7,500	1,517,500
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	27,658	508,900	16,595	158,640	3,535	715,327
ARRA SDMC FFP (11.59)	6,411	117,963	3,847	36,773	820	165,813
STATE REVENUES - click below						
EPSDT State Match	18,481	340,047	11,088	106,003	2,362	477,982
GRANTS - click below						
CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency)	as local match	2,766	50,890	1,660	15,864	71,534
HSA (Human Svcs Agency)		3,358	61,783	2,014	19,260	86,844
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	58,673	1,079,583	35,204	336,540	7,500	1,517,500
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	58,673	1,079,583	35,204	336,540	7,500	1,517,500
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	58,673	1,079,583	35,204	336,540	7,500	1,517,500
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE¹						
UNITS OF TIME²						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02	2.61	3.88	2.61	2.02	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02	2.61	3.88	2.61	2.02	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.02	2.61	3.88	2.61	2.02	
UNDUPLICATED CLIENTS	29	29	2	15	4	

¹Units of Service: Days, Client Day, Full Day/Half-Day²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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

YEAR: 2010-2011		NDIX #: B-1 Page 2				
LEGAL ENTITY NAME: A Better Way		PROVIDER #: 38GT				
PROVIDER NAME: A Better Way						
REPORTING UNIT NAME: 0-5						
REPORTING UNIT: 38GT05						
MODE OF SVCS / SERVICE FUNCTION CODE: 15/10-59						
SERVICE DESCRIPTION: MH Svcs						
Crisis Intervention-OP						
#N/A						
#N/A						
#N/A						
TOTAL						
CBHS FUNDING TERM: 7/1/10-6/30/11		7/1/10-6/30/11				
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS		96,934	3,161			100,094
OPERATING EXPENSE		26,281	857			27,138
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS		123,214	4,018	0	0	127,232
INDIRECT COST AMOUNT		14,788	482			15,268
TOTAL FUNDING USES:		138,000	4,500	0	0	142,500
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)		65,051	2,120			67,171
ARRA SDMC FFP (11.59)		15,079	492			15,571
STATE REVENUES - click below						
EPSDT State Match		43,467	1,417			44,885
GRANTS - click below CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency) as local match		6,505	212			6,717
HSA (Human Svcs Agency)		7898	258			8,156
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		138,000	4,499			142,500
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES		138,000	4,499			142,500
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES		0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)		138,000	4,499			142,500
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²		52,874	1,160			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		2.61	3.88	0.00	0.00	0.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		2.61	3.88	0.00	0.00	0.00
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)		2.61	3.88			
UNDUPLICATED CLIENTS		4	1			

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 38GT
 Provider Name (same as line 8 on DPH 1): A Better Way

APPENDIX #: B-1, Page 3
 Document Date: 09/30/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Director	0.37	\$ 39,187.68	0.33	35,154					0.02	1,850	0.02	2,183
Program Director	0.97	\$ 76,671.55	0.87	88,780					0.05	3,620	0.05	4,272
Clinical Supervisor	1.51	\$ 98,524.02	1.35	88,383					0.07	4,652	0.08	5,490
Clinician	11.68	\$ 568,450.21	10.48	509,938					0.55	26,839	0.65	31,673
QA Director	0.37	\$ 23,389.94	0.33	20,982					0.02	1,104	0.02	1,303
Assistant QA Director	0.37	\$ 13,644.13	0.33	12,240					0.02	644	0.02	760
Intake Social Worker	0.97	\$ 34,799.64	0.87	31,218					0.05	1,643	0.05	1,939
MH Administration Assistant	0.97	\$ 30,618.97	0.87	27,467					0.05	1,446	0.05	1,706
Occupational Therapist	0.08	\$ 4,800.00	0.07	4,306					0.00	227	0.00	267
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	17.31	\$890,086	15.53	\$798,467	0.00	\$0	0.00	\$0	0.82	\$42,025	0.96	\$49,594

EMPLOYEE FRINGE BENEFITS

31%	\$ 275,926.70	31%	\$247,525	#DIV/0!		#DIV/0!		31%	\$13,028	31%	\$15,374
-----	---------------	-----	-----------	---------	--	---------	--	-----	----------	-----	----------

TOTAL SALARIES & BENEFITS

\$1,166,013	\$1,045,992	\$0	\$0	\$55,052	\$64,968
-------------	-------------	-----	-----	----------	----------

DPH 4: Operating Expenses Detail

APPENDIX #: B-1, Page 4
Document Date: 9/30/10

Provider Number (same as line 7 on DPH 1):	38GT
Provider Name (same as line 8 on DPH 1):	A Better Way

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u> </u> (grant title)	GRANT #2: <u> </u> (grant title)	WORK ORDER #1: <u> DHS </u> (dept. name)	WORK ORDER #2: <u> DHS </u> (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: <u> </u>	Term: <u>7/1/10-6/30/</u>	Term: <u> </u>	Term: <u> </u>	Term: <u>7/1/10-6/30/</u>	Term: <u>7/1/10-6/30/11</u>
Rental of Property	\$ 141,173.02	126,642			6,665	7,866
*Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 43,812.32	39,303			2,069	2,441
Office Supplies, Postage	\$ 36,997.07	33,189			1,747	2,061
Building Maintenance Supplies and Repair	\$ 1,947.21	1,747			92	108
Printing and Reproduction	\$ -	0			0	0
Insurance	\$ 7,788.86	6,987			368	434
Staff Training	\$ 5,841.64	5,240			276	325
Staff Travel-(Local & Out of Town)	\$ 48,680.35	43,670			2,298	2,712
Rental of Equipment	\$ 3,894.48	3,494			184	217
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0			0	0
Program Expenses	\$ 11,683.28	10,481			552	651
Dues and Subscriptions	\$ 1,947.21	1,747			92	108
Taxes, Licenses, & Permits	\$ 681.52	611			32	38
Depreciation	\$ 11,683.28	10,481			552	651
	\$ -					
OTHER	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$316,130	\$283,590	\$0	\$0	\$14,926	\$17,614

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

FISCAL YEAR: 2010-2011		APPENDIX #: B-2 Page 1				
LEGAL ENTITY NAME: A Better Way		PROVIDER #: 38GI				
PROVIDER NAME: A Better Way						
REPORTING UNIT NAME:	Therapeutic Visitation	Therapeutic Visitation	Therapeutic Visitation	OutPatient		
REPORTING UNIT:	38GI3	38GI3	38GI3	38GI2		
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/10-59		
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	MH Svcs	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	1,048	19,282	629	10,479		31,438
OPERATING EXPENSE	291	5,361	175	2,913		8,740
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	1,339	24,643	804	13,393		40,179
INDIRECT COST AMOUNT	161	2,957	96	1,607		4,821
TOTAL FUNDING USES:	1,500	27,600	900	15,000	0	45,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	750	13,800	450	7,500		22,500
ARRA SDMC FFP (11.59)	174	3,199	104	1,738		5,215
STATE REVENUES - click below						
EPSDT State Match	501	9,221	301	5,011		15,034
GRANTS - click below						
CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency) as local match	75	1,380	45	750		2,250
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,500	27,600	900	15,000		45,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	1,500	27,600	900	15,000		45,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	1,500	27,600	900	15,000		45,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	743	10,575	232	5,747		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02	2.61	3.88	2.61	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02	2.61	3.88	2.61	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.02	2.61	3.88	2.61		
UNDULICATED CLIENTS	1	1	1	1		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 38GI
 Provider Name (same as line 8 on DPH 1): A Better Way

APPENDIX #: B-2, Page 2
 Document Date: 09/30/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Director	0.01	\$ 1,062.32	0.01	953					0.00	50	0.00	59
Program Director	0.03	\$ 2,078.45	0.02	1,865					0.00	98	0.00	116
Clinical Supervisor	0.04	\$ 2,670.83	0.04	2,396					0.00	126	0.00	149
Clinician	0.32	\$ 15,409.79	0.28	13,824					0.01	728	0.02	859
QA Director	0.01	\$ 634.06	0.01	569					0.00	30	0.00	35
Assistant QA Director	0.01	\$ 369.87	0.01	332					0.00	17	0.00	21
Intake Social Worker	0.03	\$ 943.36	0.02	846					0.00	45	0.00	53
MH Administration Assistant	0.03	\$ 830.03	0.02	745					0.00	39	0.00	46
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	0.47	\$23,999	0.42	\$21,528	0.00	\$0	0.00	\$0	0.02	\$1,133	0.03	\$1,337

EMPLOYEE FRINGE BENEFITS 31% \$ 7,439.60 31% \$6,674 #DIV/0! #DIV/0! 31% \$351 31% \$415

TOTAL SALARIES & BENEFITS \$31,438 \$28,202 \$0 \$0 \$1,484 \$1,752

DPH 4: Operating Expenses Detail

APPENDIX #: B-2, Page 3
Document Date: 9/30/10

Provider Number (same as line 7 on DPH 1): 38GI
Provider Name (same as line 8 on DPH 1): A Better Way

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u> </u> (grant title)	GRANT #2: <u> </u> (grant title)	WORK ORDER #1: __DHS__ (dept. name)	WORK ORDER #2: __DHS__ (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: _____	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11
Rental of Property	\$ 3,826.98	3,433			181	213
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 1,187.68	1,065			56	66
Office Supplies, Postage	\$ 1,002.93	900			47	56
Building Maintenance Supplies and Repair	\$ 52.79	47			2	3
Printing and Reproduction	\$	0			0	0
Insurance	\$ 211.14	189			10	12
Staff Training	\$ 158.36	142			7	9
Staff Travel-(Local & Out of Town)	\$ 1,319.65	1,184			62	74
Rental of Equipment	\$ 276.02	248			13	15
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$	0			0	0
Program Expenses	\$ 316.72	284			15	18
Dues and Subscriptions	\$ 52.79	47			2	3
Taxes, Licenses, & Permits	\$ 18.48	17			1	1
Depreciation	\$ 316.72	284			15	18
	\$					
OTHER	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
TOTAL OPERATING EXPENSE	\$8,740	\$7,841	\$0	\$0	\$413	\$487

DATE: 9/30/10

FISCAL YEAR: 2011

1. SALARIES & BENEFITS

2. OPERATING COSTS

TOTAL INDIRECT COSTS

Salaries & Benefits + Operating Costs)

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 38GT & 38GI

Provider Name (same as line 8 on DPH 1): A Better Way

Date: 9/30/10

Fiscal Year: 2011

Salaries and Benefits	Salaries	FTE
Clinical Director \$105,000 X FTE	40,250	0.38
Program Director \$78,750 X FTE	78,750	1.00
Clinical Supervisor \$65,287 X FTE	101,195	1.55
Clinician \$48,655 X FTE	583,860	12.00
QA Director \$63,000 X FTE	24,024	0.38
Assistant QA Director \$36,750 X FTE	14,014	0.38
Intake Social Worker \$35,743 X FTE	35,743	1.00
MH Administration Assistant \$31,449 X FTE	31,449	1.00
Occupational Therapist \$60,000 X FTE	\$4,800	0.08
TOTAL SALARIES	\$914,085	17.77

Fringe consists of Payroll Taxes, Medical, Dental, Vision, PTO, Workers Comp,	\$283,366	
Employee Recognition, Holiday, and other employee benefits,		
TOTAL BENEFITS	\$283,366	

TOTAL SALARIES & BENEFITS \$1,197,451 17.77

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a Occupancy:

Rent:

We rent an office that is 100% dedicated to the fulfillment of this contract. \$145,000

Utilities:

The only utilities paid are for telecommunication expenses and we receive a separate bill just related to the SF Office: \$45,000

Building Maintenance:

Only Maintenance incurred for the SF Office is charged. \$2,000

Total Occupancy: \$192,000

Materials and Supplies:

Office Supplies:

Based on last years experience \$38,000

Other:

Dues & Subscriptions, Taxes, Licenses, Permits, & Depreciation. \$14,700

Based on last years experience.

Program/Medical Supplies:

Based on last years experience. \$12,000

Total Materials and Supplies: \$64,700

General Operating:

Insurance:

Based on last years experience. 8000

Staff Training:

Based on last years experience. \$6,000

Rental of Equipment:

Lease of Copier and Shred-It boxes. Based on last years experience. \$4,171

Total General Operating: \$18,171

Staff Travel (Local & Out of Town):

100,000 miles based on last years experience X .50 mile \$50,000

\$50,000

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$324,871

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$1,522,322

INDIRECT COST: \$182,678

CONTRACT TOTAL: \$1,705,000

Appendix D Additional Terms

1. HIPAA

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

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

2. THIRD PARTY BENEFICIARIES

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

3. CERTIFICATION REGARDING LOBBYING

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. MATERIALS REVIEW

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays.

Appendix E

BUSINESS ASSOCIATE ADDENDUM

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

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.

- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
 - h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
 - i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
 - j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
 - k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
 - l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
 - m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
 - b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from

such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).
- h. **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected

Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

- i. **Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.
- j. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- k. **Minimum Necessary.** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- l. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.

- m. **Business Associate's Insurance.** BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.*
- n. **Notification of Breach.** During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.*
- o. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.*
- p. **Audits, Inspection and Enforcement.** Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.*

3. Termination

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

Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

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

4. **Limitation of Liability**

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

5. **Disclaimer**

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

6. **Certification**

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

7. **Amendment**

- a. **Amendment to Comply with Law.** The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Contract upon thirty (30) calendar days written notice in the event (i) BA

does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this Section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

8. Assistance in Litigation or Administrative Proceedings

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

9. No Third-Party Beneficiaries

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

10. Effect on Contract

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

11. Interpretation

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

12. Replaces and Supersedes Previous Business Associate Addendums or Agreements

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

Appendix F
Invoice

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

Appendix F
PAGE A

Control Number

Contractor: A Better Way, Inc.

Address: 3200 Adeline Street, Berkeley, CA 94703

Tel. No.: (510) 207-8825

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M02 JL 0

CL Blanket No.: BPHM TBD

CL PO No.: POHM TBD

Fund Source: HHMCHMTCHWO - DHS Work Order

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

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

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS	
B-2 Therapeutic Visitation RU# 38G13														
15/10 - 59 Mental Health Services		529				\$ 2.61	\$ -	0.000		0.00%		529.000		\$ 1,380.69
15/01 - 09 Case Mgt Brokerage		37				\$ 2.02	\$ -	0.000		0.00%		37.000		74.74
15/70 - Crisis Intervention-OP		12				\$ 3.88	\$ -	0.000		0.00%		12.000		46.56 \$ 1,501.99
B-1 Therapeutic Visitation RU# 38GT01														
15/10 - 59 Mental Health Services		19,498				\$ 2.61	\$ -	0.000		0.00%		19,498.000		\$ 50,889.78
15/01 - 09 Case Mgt Brokerage		1,369				\$ 2.02	\$ -	0.000		0.00%		1,369.000		2,765.38
15/70 - Crisis Intervention-OP		428				\$ 3.88	\$ -	0.000		0.00%		428.000		1,660.64 \$ 55,315.80
B-2 Therapeutic Visitation RU# 38G12														
15/10 - 59 Mental Health Services		287				\$ 2.61	\$ -	0.000		0.00%		287.000		749.07 \$ 749.07
B-1 Outpatient RU# 38GT0P														
15/10 - 59 Mental Health Services		6,078				\$ 2.61	\$ -	0.000		0.00%		6,078.000		15,863.58 \$ 15,863.58
B-1 0 - 5 Yr Old Outpatient RU# 38GT05														
15/10 - 59 Mental Health Services		2,492				\$ 2.61	\$ -	0.000		0.00%		2,492.000		6,504.12
15/01 - 09 Case Mgt Brokerage		175				\$ 2.02	\$ -	0.000		0.00%		175.000		353.50
15/70 - Crisis Intervention-OP		55				\$ 3.88	\$ -	0.000		0.00%		55.000		213.40 \$ 7,071.02
TOTAL		30,960		0.000				0.000		0.00%		30,960.000		\$ 80,501.46

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

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory: _____ Date: _____

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M03 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: Federal MediCal, EPSDT State Match

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Contractor: A Better Way, Inc.

Address: 3200 Adeline Street, Berkeley, CA 94703

Telephone No.: (510) 207-8825

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

PHP Division: Community Behavioral Health Services

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

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS	
B-2 Therapeutic Visitation RU# 38GI3													
15/ 10 - 59 Mental Health Services	10,046				\$ 2.61	\$ -	0.000		0.00%		10,046.000		\$ 26,220.06
15/ 01 - 09 Case Mgt Brokerage	705				\$ 2.02	\$ -	0.000		0.00%		705.000		1,424.10
15/ 70 - Crisis Intervention-OP	220				\$ 3.88	\$ -	0.000		0.00%		220.000		853.60 \$ 28,497.76
B-1 Therapeutic Visitation RU# 38GT01													
15/ 10 - 59 Mental Health Services	370,464				\$ 2.61	\$ -	0.000		0.00%		370,464.000		966,911.04
15/ 01 - 09 Case Mgt Brokerage	26,015				\$ 2.02	\$ -	0.000		0.00%		26,015.000		52,550.30
15/ 70 - Crisis Intervention-OP	8,126				\$ 3.88	\$ -	0.000		0.00%		8,126.000		31,528.88 \$ 1,050,990.22
B-2 Therapeutic Visitation RU# 38GI2													
15/ 10 - 59 Mental Health Services	5,459				\$ 2.61	\$ -	0.000		0.00%		5,459.000		14,247.99 \$ 14,247.99
B-1 Outpatient RU# 38GT0P													
15/ 10 - 59 Mental Health Services	115,485				\$ 2.61	\$ -	0.000		0.00%		115,485.000		301,415.85 \$ 301,415.85
B-1 0 - 5 Yr Old Outpatient RU# 38GT05													
15/ 01 - 09 Case Mgt Brokerage	3,325				\$ 2.02	\$ -	0.000		0.00%		3,325.000		6,716.50
15/ 10 - 59 Mental Health Services	47,355				\$ 2.61	\$ -	0.000		0.00%		47,355.000		123,596.55
15/ 70 - Crisis Intervention-OP	1,038				\$ 3.88	\$ -	0.000		0.00%		1,038.000		4,027.44 \$ 134,340.49
TOTAL	588,238		0.000				0.000		0.00%		588,238.000		\$ 1,529,492.31

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

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: A Better Way, Inc.

Address: 3200 Adeline Street, Berkeley, CA 94703

Tel. No.: (510) 207-8825

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M04 JL 0

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD User Cd

Fund Source: HMMCHCWSNWO- DHS Work Order

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

	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:					

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-1 Therapeutic Visitation RU# 38GT01												
15/ 10 - 59 Mental Health Services	23,672				\$ 2.61	\$ -	0.000		0.00%		23,672.000	
15/ 01 - 09 Case Mgt Brokerage	1,662				\$ 2.02	\$ -	0.000		0.00%		1,662.000	
15/ 70 - Crisis Intervention-OP	519				\$ 3.88	\$ -	0.000		0.00%		519.000	
B-1 Outpatient RU# 38GT05												
15/ 10 - 59 Mental Health Services	7,379				\$ 2.61	\$ -	0.000		0.00%		7,379.000	
B-1 0 - 5 Yr Old Outpatient RU# 38GT05												
15/ 10 - 59 Mental Health Services	3,026				\$ 2.61	\$ -	0.000		0.00%		3,026.000	
15/ 01 - 09 Case Mgt Brokerage	212				\$ 2.02	\$ -	0.000		0.00%		212.000	
15/ 70 - Crisis Intervention-OP	66				\$ 3.88	\$ -	0.000		0.00%		66.000	
TOTAL	36,536		0.000				0.000		0.00%		36,536.000	

\$ 61,783.82
3,357.24
2,013.72 \$ 67,154.88
19,259.19 \$ 19,259.19
7,897.86
428.24
256.08 \$ 8,582.18
\$ 94,996.25

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

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:	DPH Fiscal/Invoice Processing
	1380 Howard St. - 4th Floor
	San Francisco, CA 94103

DPH Authorization for Payment	
_____ Authorized Signatory	_____ Date

Appendix G

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

Introduction

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

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

Dispute Resolution Procedure

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

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

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

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

Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.

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

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

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

Appendix H

San Francisco Department of Public Health Privacy Policy Compliance Standards

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

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

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

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

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

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

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

As Measured by: Documentation showing individual was trained exists

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

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

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

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

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

As Measured by: Documentation exists.

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

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

Appendix I

Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.



CERTIFICATE OF LIABILITY INSURANCE

ABETTW1

OP ID: TN

DATE (MM/DD/YYYY)

12/10/10

PRODUCER Cook, Disharoon & Greathouse P.O. Box 12909 Oakland, CA 94604- David D. DeMeter	510-437-1900	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED A Better Way, Inc. 3200 Adeline Street Berkeley, CA 94703-2407		INSURERS AFFORDING COVERAGE
		INSURER A: NIAC
		INSURER B: State Compensation Ins. Fund
		INSURER C: Hartford Fire Insurance Co.
		INSURER D:
		INSURER E:

COVERAGES

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

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	201008771NPO	12/10/10	12/10/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	201008771NPO	12/10/10	12/10/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER	195674610	11/10/10	11/10/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A		Social Service E&O	201008771NPO	12/10/10	12/10/11	Limit 1,000,000
C		Dishonesty Bond	57BDDDB2984	12/10/10	12/10/11	Limit 327,600

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

10 day notice of cancellation will apply for non-payment of premium and non-reporting of payroll.

The City and County of San Francisco, its officers, agents and employees are Additional Insured per #CG2026 and #NIAC-A1 attached.

CERTIFICATE HOLDER

SFDPH01

City and County of San Francisco
Dept. of Public Health
101 Grove Street, #307
San Francisco, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

POLICY NUMBER: 201008771NPO ✓

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION** ✓

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s): The City and County of San Francisco, its officers, agents and employees

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

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

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

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

October 05, 2015

A Better Way

\$14,115,308

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

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

Contractor Information <i>(Please print clearly.)</i>
Name of contractor: A Better Way, Inc.
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i> (1) Board Members are Shahnaz Mazandarani, Emily Wu, Emil McCulloch, Jennifer Smith Dolin, James Orellana, Bryan Saalfeld, Jean Tokarek, Sharon Wright, David Vliet, Doug Parrish, and Gay Searcy. (2) CEO - Shahnaz Mazandarani, CFO- Roger A. Ailshie, COO - None (3) None (4) There is no subcontractor. (5) There is no political committee.
Contractor address: 3200 Adeline Street, Berkeley, CA 94703
Date that contract was approved:
Amount of contract: Not to exceed \$14,115,308
Describe the nature of the contract that was approved: Provide Behavioral Health services to children thru three programs: Outpatient, Therapeutic Visitation Services, and a program specifically focused on zero to five aged children.
Comments:

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

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

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

Print Name of Board

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

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

Date Signed

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

Date Signed