DPH Contractors’ Meeting
San Francisco Public Health Department - Business Office
Thursday, May 23, 2019, 9 – 12 PM
DPH Contractors’ Meeting Agenda

- Coffee and Continental Breakfast: 8:30-9:00
- Welcome & Introductions: 9:00
- Power Point Presentation: 9:15 – 12 PM
WHAT’S NEW IN CONTACTING - FY 19-20

PRESENTERS: [in order of appearance]

Welcome & Introductions
Michelle Long, Director of Contract Development and Technical Assistance (CDTA)

San Francisco Controller’s Office
Jeff Pomrenke, City Performance Unit

Office of Compliance and Privacy Affairs
Kim Oka

Business Office – Budget
Shirley Giang, Director

African American Health Disparities
Dr. Toni Rucker

Remarks from the Director SF Dept. of Public Health
Dr. Grant Colfax

Business Office – Contract Management & Compliance
Mario Moreno, Director

Contract Development & Technical Assistance (CDTA)
Michelle Long, Director

Administration
Michelle Ruggels, Director of SFDPH Business Office
What’s New in Contracting – Fiscal Year 19-20

- SFDPH Business Office Contractors’ Meeting hosted by Contract Development and Technical Assistance
Welcome & Introductions

Michelle Long, Director of Contract Development and Technical Assistance (CDTA)
Citywide Nonprofit Monitoring & Capacity Building Program
AGENDA

- Program Background
- Common Annual Findings
- How to Prepare for the Annual Monitoring
- Training Opportunities
- Controller’s Office Developments
Program Background

Citywide Nonprofit Monitoring & Capacity Building Program
2005 – Present

Nonprofit contractors in program if funded by two or more City departments:

- APD
- ARTS
- DCYF
- DPH
- DOSW
- First 5
- DHSH
- HRC
- HSA
- MOHCD
- OEWD
- Sherriff’s Office
Program Background

Monitoring Program Purpose

The City formed the Monitoring Program to ensure:

• Public funds are spent in alignment with the City’s financial and administrative standards

• Nonprofit contractors have strong, sustainable fiscal operations
Program Background

Standardized Monitoring

Consistent Standards

1 Standard Monitoring Form
Set of fiscal and compliance criteria and instructions for determining contractor’s compliance with standards. Noncompliance with criteria results in a “finding.”

Consistent Process

1 Monitoring Site Visit
Each nonprofit receives 1 joint monitoring visit from all funding departments to reduce duplication for both City monitors and nonprofit staff. In FY18, 11 departments jointly monitored 153 nonprofits.
Common Annual Findings

Standard Monitoring Form

- Agency-wide budget and cost allocation plan
- Financial reports (profit and loss, balance sheet)
- Audited financial statements
- Payroll and timesheets
- Invoice documentation
- Tax forms
- Board oversight
- Personnel records
- Administrative Code public access requirements
- Etc.
Program Background

Annual Monitoring Process

August  

Risk Assessment

Establish pool
Site visit, self-assessment, or waiver?

Contractor Outreach Cycle Begins

Conduct Site Visit or Self-Assessment

Monitoring

Findings = Process continues
Conformance = Process ends here

Monitoring Report Letter

Address findings or submit corrective action plan

Contractor Response

Findings addressed or plan accepted

Final Status Letter Close Cycle

November  

June 30
Common Annual Findings

Majority of nonprofits have zero findings

51% Had zero findings at initial monitoring

80% Had zero findings at close of monitoring cycle
Common Annual Findings

Most common findings

**Audited Financial Statements**
- Audit completed within six months of the close of the contractor’s fiscal year
- Complete: All sections and statements included; opinion and other audit letters are signed

**Board Oversight**
- Minutes show that the Board reviewed the most recent audit within the fiscal year
- Board conducts an Executive Director performance review annually

**Financial Reports**
- Balance Sheet: Working capital ratio is greater than 1
- Profit and Loss Statement: Year-to-date net income is either a positive number or the contractor provides a sound explanation of how it will be positive by the end of the fiscal year
Preparing for a Monitoring

Online resources

Templates and information

- Financial management tools
- Budget and cost allocation templates
- Board governance information
- Guidance on Allowable Costs in Nonprofit Contracts and Grants

More resources at
www.SFController.org/Nonprofits
Resources Offered

Spring Nonprofit Training Series

The City offers FREE training for nonprofits each year including:

- **Budgeting 101**
  - Learn about structuring your budget and budgetary process to directly align with your nonprofit’s mission and goals

- **Board Governance**
  - Learn about the fiduciary responsibilities, compliance requirements, and financial concepts needed to steer a nonprofit toward the successful achievement of its mission.

- **Telling Your Financial Story**
  - Learn about strategic financial management and how to communicate your nonprofit’s financial situation using key indicators of financial health.
Nonprofits can receive financial management, board development and governance, and strategic planning coaching from qualified coaches.

Resources Offered

Technical Assistance

- The Monitoring Team refers nonprofit contractors for coaching
- Coach creates action plan tailored to nonprofit’s needs
- Action plan approved by department and CON

- Coaching projects are generally short-term with around 30-50 hours of support
- Activities may include strengthening internal controls, refining a cost allocation plan, or developing financial reports
- Often related to cost allocation and budgeting
Controller’s Office Projects

Other projects we are working on

- Coordinating nonprofit capacity building activities across departments and evaluating the effectiveness of capacity building services
- Analyzing impacts of the City’s Minimum Compensation Ordinance
- Convening departments to consider Citywide policies related to nonprofit contracting (e.g., indirect rates, and other policies)
- Supporting various departments on improving contracting processes and tools (e.g., supported DPH to develop requirements for an internal contract management solution)
- Publishing Citywide Guidance for Allowable Costs in Nonprofit Contracts and Grants
Thank you.

You can reach us at Nonprofit.Monitoring@sfgov.org
Office of Compliance & Privacy Affairs
OCPA Staff

- Maggie Rykowski
  Director, Office of Compliance & Privacy Affairs and Chief Integrity Officer

- Chona Peralta
  Director, Behavioral Health Compliance
OCPA Staff

- Garrett Chatfield
  Deputy Director, Office of Compliance & Privacy Affairs

- Kim Oka
  Privacy Officer

- Steve Vigilante
  Investigation Officer
Annual Privacy & Compliance Training

GENTLE REMINDER:

- Annual Privacy & Compliance Training is due June 30, 2019

- Why wait? Take it now to mitigate potential breaches!!
Annual Privacy & Compliance Training

- Online Privacy & Compliance Training can be accessed at www.sfdph.org

- Difficulty logging in or other questions:
  Call Privacy & Compliance Hotline (855) 729-6040
Annual Privacy & Compliance Training

- Possibility of migrating to city training platform

- Access to interactive training

- Requires submission of roster and periodic staff updates
Common CBO Privacy/Breach Incidents

- PHI taken off-site - Lost/stolen

- Lost/misfiled chart or paperwork

- Misdirected fax or email
Taking PHI Off-Site

1. OBTAIN APPROVAL from your supervisor
2. ONLY SAVE PHI to an encrypted device (laptop, thumb drive/USB, handheld, etc.)
3. KEEP the paper document and/or device on your person and in your possession at all times
Handling Paperwork

- Always use a cover sheet with PHI warning language when **faxing** or **mailing** PHI.
Reporting Privacy/Breach Incidents

- Report as soon as possible
- Email/call Office of Compliance & Privacy Affairs or file BHS Quality of Care Report
- DPH has regulatory requirements for prompt reporting to DHCS
Reporting Privacy/Breach Incidents

- DPH or DHCS will determine if there is a breach

- DPH will send the client notification letters

- DPH will work with you on a Corrective Action Plan (CAP)
Contractual Requirements

- Designate Officer(s) for Privacy, Data Security and Compliance
- Ensure all staff take Privacy & Compliance Training
- Have subcontractor BAAs in place if they handle PHI
What’s New for FY 19-20

- Revising/Updating Privacy Policies
- Training for CBO Compliance & Privacy Officers
Privacy & Compliance Hotline Poster

Please post the DPH Privacy & Compliance Confidential Hotline Poster

Poster can be downloaded at:

DPH Office of Compliance and Privacy Affairs

We’re here to help!

- Call us at (855) 729-6040 or email at compliance.privacy@sfdph.org

- Report potential breaches, consultation on privacy issues and training information & assistance

FY19-20 Funding Update: Cost of Doing Business (CODB) for Non-Profit Agencies

Consistent with last year, the Department will provide an additional 2.5% CODB increase in FY19-20.

Please Note:

- For Fee-for-Service reimbursed contracts, the resulting increase should be reflected as a rate increase; **there is no requirement to increase units of service to earn the additional funding.**
Funding Update: Cost of Doing Business (CODB)

- The calculation of individual agency CODB allocations is guided by the same criteria as last year. The baseline amount upon which the actual CODB allocation is determined, includes the following:

  General Fund monies, (which for this calculation includes Medi-Cal and Realignment), as well as continuing work-orders (money given to DPH by other City Departments) which are funded by General Fund monies.

**Funding Not Eligible for CODB Increases (i.e. not included in the baseline for determining Department allocations):**

- Grant funding
- **Mental Health Services Act (MHSA) funding** – prior to FY16-17, MHSA self-funded a CODB, but there has been insufficient growth to continue.
FY19-20 Funding Notifications

In April this year, a survey was sent to Behavioral Health Service (BHS) providers seeking interested and eligible providers to participate in a BHS pilot that would enable DPH to issue Funding Notifications immediately if there were no anticipated FY19-20 contract changes, and all FY18-19 changes were captured.

This is a system improvement on both the Department and the contractor’s behalf because it would ensure that effective July, new invoice templates, representing FY19-20 budget levels would be available, and would reduce the number of templates required for each contract, which can be up to three different versions.
FY19-20 Funding Notifications

- BHS Agencies who didn’t participate, are invited to reach out to their Contract Development & Technical Assistance (CDTA) representative to schedule a negotiation meeting if desired, or complete a Contract Change Request form - found on the CDTA website [www.sfdph.org/cdta](http://www.sfdph.org/cdta) under “Procedures and Guidelines” - to summarize FY19-20 contract change requests.

- For HIV Health Services, HIV Prevention Section and Health Education (under CHEP): a single Funding Notification (FN) letter will be issued covering each year of the full contract term. Subsequent FN letters are only issued if there is an annual change in funding.
Help Us Reduce the Number of Contract Modifications!

There are many reasons why a contract modification is necessary, many of which you can’t control, but we need your help where you can. In addition to limited staff, we have the increased pressure of the deadline’s imposed by the City to enable a timely close.

- In FY17-18, there were 132 BHS requests to modify contracts.
- In FY18-19, there were 183 BHS requests, approximately 30 of which were due to new solicitations started in FY18-19.

In FY19-20, we will be moving up our deadline, requiring all contract change requests to be received and approved by the DPH managers before the last quarter of the fiscal year (March 31).

We would love your help and suggestions on how to decrease modifications. All suggestions welcome!
The Controller’s Office recently issued guidelines on the treatment and allowability of direct and indirect costs in City contracts and grants with nonprofit service providers.

Included in this report is a budget matrix identifying common costs, allowable cost categories, and factors determining direct or indirect cost treatment. The Controller’s Office would like these guidelines to be adopted by all City departments administering contracts/grants with nonprofit service providers.

Mortgage interest fees may be allowable under the guidelines; however, the calculation for the allowable amount is cumbersome. When necessary, the Budget Unit will seek guidance from the Controller’s Office.

To view the guidelines, please visit the CDTA’s web site at: https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/procedures.asp
Invoice Variance Request Form

- Reminder of the Invoice Variance Request process.

- When to use the Invoice Variance Request Form:
  - Applies to Cost reimbursement invoices only.
  - Applies to the last month of the fiscal year or funding term (e.g. June invoice).
  - Overspending in an existing expense category(ies) must be offset by underspending in a different expense category(ies), so that the individual invoice budget is not exceeded.
  - This rule does not apply to all expense categories and is only implemented if the funding source allows.

- Full instructions are detailed in the CDTA website at: https://www.sfdph.org/dph/comupg/aboutdph/insideDept/CDTA/procedures.asp
# Invoice Variance Request Form

<table>
<thead>
<tr>
<th>Invoice Expense Category</th>
<th>Invoice Variance Form used when one of the criteria below is met</th>
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<tr>
<td>Occupancy</td>
<td>1) The increase exceeds $10,000 of the expense category or</td>
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<tr>
<td>Materials &amp; Supplies</td>
<td>2) The increase exceeds 10% of the expense category and the increase amount is over $1,000</td>
</tr>
<tr>
<td>General Operating</td>
<td></td>
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<tr>
<td>Staff Travel</td>
<td></td>
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<tr>
<td>Travel</td>
<td></td>
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<tr>
<td>Other, and</td>
<td></td>
</tr>
<tr>
<td>Salaries (raise, or FTE increase of existing positions)</td>
<td>new positions are not applicable</td>
</tr>
<tr>
<td>Salaries (raise, or FTE increase of existing positions)</td>
<td>new positions are not applicable</td>
</tr>
</tbody>
</table>
Invoice Variance Request Form

Invoice Variance Request Form is not applicable for the increase of the following expense categories.

- Fringe benefit rate
- Indirect cost rate
- Consultant/Subcontractor
- Capital Expense
- New positions in the Salary Expense Category
- New line item in an expense category
## DPH Business Office- Budget Staff

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Black/African American Health Initiative
Health Data and Health Action

TONI RUCKER, PhD, INTERDIVISIONAL INITIATIVES
Data drawn from SFHIP CHNA, Our Children Our Families Council, SFUSD
Overview

Lead with race
Bring Together work from across the department
Focus on System Change
Focus on Quality
Focus on Workforce and Workplace improvements
The Black/African American Health Initiative (BAAHI)

2014 BAAHI Charter: DPH Leadership directs all areas of the Department of Health to work together on:

• health inequity areas
• staff improvement areas
Why don’t Black/African Americans have equal health?

Institutional and Structural Racism
Less access to resources (food, safety...)

Everyday Racism
Discriminatory and disrespectful treatment

CHRONIC STRESS

Adaptive Behaviors
Substance use, family changes, diet changes

Allostatic Load
Prolonged output of stress hormones “wears” at the body

Epigenetic Changes
Genes behave differently and this is passed on children
Social Determinants of Health

UPSTREAM Root Causes

Belief Systems
- Cultural/Societal Values
- Discrimination/Segma

Institutional Policies & Practices
- Public Policies
- Organizational Practices

Living Conditions
- PHYSICAL ENVIRONMENT
  - Land Use
  - Transportation
  - Housing
  - Natural Environment
- SOCIAL ENVIRONMENT
  - Social Cohesion
  - Safety
- ECONOMIC ENVIRONMENT
  - Educational Attainment
  - Employment
  - Income
  - Occupational Safety
- SERVICE ENVIRONMENT
  - Health Care
  - Social Services
  - Education

Health Behaviors
- Nutrition
- Physical Activity
- Tobacco Use
- Alcohol and Other Drugs
- Oral Health
- Sexual Health
- Preventive Care
- Sleep

Health & Well-Being
- QUALITY OF LIFE FUNCTIONING
- CLINICAL HEALTH
  - Communicable Disease
  - Chronic Disease
  - Injury
  - Mental Health

Psychosocial Factors
- Stress
- Lack of Control
- Reactive Responding
- Resilience

Death
Access to healthy, diverse food sources

55% vs. 45%
Fast food eaten in the past week: B/AA residents vs all SF

82% vs. 69%
B/AA high-school students had a higher rate of soda consumption vs all students
Access to recreation/activity spaces

Map 2: Open space and natural areas

- Natural area
- Open space

Data source: Presidio Trust, 2015.
Recreation & Parks Department, 2014.

Map 3: Population within half a mile of a public recreation facility

- City-operated recreation facilities
- Recreation center/community pool
- Meeting spaces/activity center
- Performance spaces
- Athletic fields
- Within a half mile walk

Data source: San Francisco Planning and Recreation & Parks Department, January 2015.
“Between 2010 and 2013, median household income increased for all race/ethnic groups except for Black/African Americans...in 2013, Whites earned more than three times the amount earned by Black/African Americans.”
Access to Healthcare

98% vs 86%
B/AA: citywide

More access post-Obamacare MediCal expansion

Yet rates of ER use and hospitalization still high
What does that all lead to? Health Status
**B/AA Mortality**

9 of 10

B/AA have the highest rate for 9 or the 10 leading causes on death in San Francisco
B/AA deaths from heart attacks

Down by >50% (?)

The adjusted rate of death for ischemic heart disease for blacks between 2005-2007 and 2014-2016 decreased by more than a half.

Nationally, overall B/AA death rate down by 25%, mostly due to better heart health and HIV survival.
Infant Mortality

5x higher

B/AA: white

African Americans have rates twice the rate of preterm birth and low birth weight as White infants, leading to increased mortality.

10 maternal deaths in 10 years, 5 of them were B/AA women
Fitness in Children

13% vs. 30%
5th grade B/AA vs. citywide who are physically fit

Percentage of physically fit children within the SFUSD who score 6 of 6 on the California Fitness-gram test (CDE and SFUSD)
Asthma

5:1
B/AA vs. citywide adult asthma hospitalizations

3.25:1
B/AA vs. citywide child asthma hospitalizations
The Big Picture
Hypertension and Heart Disease

5:1
B/AA vs. citywide hypertension hospitalization

3.9:1
B/AA vs. citywide heart disease hospitalization
Violence and Injury

6:1
B/AA vs. citywide
Annual violent injury incidence (per ZSFG)

Emergency room visits due to assault
Emergency room visits due to assault increased between 2006–08 and 2012–14.

Emergency department visits due to assault

<table>
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<tr>
<th>Years</th>
<th>2006–08</th>
<th>2009–11</th>
<th>2012–14</th>
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<tr>
<td>Number of visits</td>
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<tr>
<td>0</td>
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<td>150</td>
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<td>250</td>
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Color codes:
- White
- Black/African American
- Latino
- API
Sexual Health

2.5:1
B/AA vs. citywide gonorrhea rates

6:1
B/AA vs. citywide youth chlamydia rates

Black/African Americans have higher rates of chlamydia, gonorrhea, early syphilis and HIV than other San Francisco residents.
Cancer in men

70% higher lung CA rate  
B/AA vs. citywide

160% higher prostate CA rate  
B/AA vs. citywide

Cancer incidence rates higher for many cancers.  
Cancer death rates higher for all of the leading cancers.

Figure E: Age-adjusted mortality rate for males by cancer site, 2009–12

Data source: CDPH Death Statistical Master Files.
Cancer in women

90% higher mortality
B/AA vs. citywide mortality for most leading cancers

Death rates are elevated among Black/African American women even for cancers for which they do not have elevated incidence rates.

Figure F: Age-adjusted mortality rate for females by cancer site, 2009–12

Francisco, White, API, Latina, B/AA. Data source: CDPH Death Statistical Master Files.
What can we do to decrease inequities?

EVERYBODY

- **Share the data:** Upstream and downstream = its **unjust** not just **unfortunate**
- **Focus on the cause not just the outcome:** Are there INEQUITIES that YOU can do something about?

COMMUNITY-BASED ORGANIZATIONS:

- Create programming to consider the health burdens of B/AA families
- Create programs that directly address healthy living and support healthy lifestyles
- Document the health impacts you see build the case for further changes
What can we do to decrease inequities?

ALL PEOPLE AND FAMILIES

➢ Continue to support your own health and the health of your family
➢ Seek out services to help you cope with the stress of experiencing racism
➢ Advocate for health programming from community and government service providers
➢ Advocate for changes to living conditions that contribute to poor community health (eg. the lack of healthy food access points or healthy activities)
Remarks from Dr. Grant Colfax
Director of San Francisco Department of Public Health
Mario Moreno
Director, DPH Office of Contract Management & Compliance
415-554-2609  Rm 405, 101 Grove St.
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What’s New FY2019–20
May 23, 2019
## DPH Office of Contract Management & Compliance (“Office”)

*Community Health Equity & Promotions (CHEP); Population Health Division (PHD): Laguna Honda Hospital (LHH); Business as Usual (BAU), HIV Health Services (HHS)*

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<tr>
<td>Sarah Ghoneim</td>
<td>Public Service Assistant</td>
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</tbody>
</table>
DPH Office of Contract Management & Compliance (OCMC) Responsibilities

• **Contractor Selection**: Manages competitive selection processes (RFPs/RFQs) and obtains approval for sole source

• **Contracting Out**: Secures Civil Service Commission approval; works with program staff, prepares/tracks requests, meets with unions

• **Contract Negotiation**: Negotiates/assists in negotiating changes to City boilerplate, works with City Attorney
DPH Office of Contract Management & Compliance (OCMC) Responsibilities

• **Compliance with City requirements**: Ensures vendor compliance, including business tax registration, entry into City vendor database; Equal Benefits, Locally-owned Business Enterprise (LBE), Minimum Compensation, and others

• **Contract Certification**: Manages/implements/tracks City contract approvals processes; prepares purchase and change orders, obtains signatures from City approvers (e.g., OCA, CMD, Risk Management, OLSE)

• **Secures approvals for** from DPH Health Commission (if annual contract >$500K) ; and Board of Supervisors (if NTE>$10M or term >10 yrs)
Office of Contract Administration (OCA) Policy Change

OCA updates to P-600; contract templates for Chapter 21 Professional Services, *Highlights include:*

New Terms: Modified Terms:
Term 4.5- "Assignment" has been replaced to expand upon instances where a contractor desires to transfer its interests in the agreement. No transfer between contracting entities may occur without the City's express written permission.

Enforcement to give a broader overview of the Minimum Compensation Ordinance and Health Care Accountability Ordinance
Office of Contract Administration (OCA)
Policy Change

A definition of "Confidential Information" was added to Article:13.1.2: Data and Security to safeguard potentially sensitive information provided to contractors.

10.4 -"Considerations of Salary History" was added to incorporate requirements of Admin. Code Chapter 12K (see 12.K.4) also known as the Pay Parity Act which places requirements on contractor with regard to hiring practices in performance of the services under the contract to not inquire or consider an applicant’s Salary History as a factor in determining whether to offer Employment or what Salary to offer an Applicant.
Office of Contract Administration (OCA) Policy Change

Term 13.4 "Management of Confidential Information" has been added to increase a contractor's obligations in the event they are handling sensitive information. The term requires that the City have access to its information; that information will only be used in appropriate ways; and that after termination or expiration of the contract, the contractor will not retain any confidential information.
Policy Updates

- Public Entities (UCSF, SFUSD, CCSF) are exempt from First Source Hiring Forms – a new 2018-19 OCA requirement
- New P600 (Original) & P650 (Amendment) Boilerplates for University of California contracts issued April 2019 improving indemnification, insurance, confidentiality, cyber security between UCSF and SFDPH.
Additional Policy Updates & Contract Office Improvements

Contract Office Improvements
2018-19 Contract status tracking and workflow for all three Contract Units was improved to monitor and improve certification of original, amendment and RPB’ per contract

Health Commission and Board of Supervisor contract tracking, workflow and submission process for approvals improved to reduce certification delays

DPH Contract Office is working with Contract Monitoring Division (CMD) to exempt some NGO’s from CMD Subcontracting Goals (14B). Contracts with Federal or State funds are exempt from 14B goals. 14B provides opportunities for local small disadvantaged businesses to participate in city projects
FY18-19 DPH System Improvements

COOL was discontinued and archives migrated to SharePoint in Feb, 2019. Archives are accessible to DPH staff for reference

A SharePoint based Contract Document Development system was launched Feb, 2019 to replace COOL and expedite routing of Appendix A-B’s across DPH Business Units for review/approval and to begin and expedite contract certification.  
https://sfgov1.sharepoint.com/sites/DPH/business/CCD/SitePages/Home.aspx

Docusign was launched May, 2019 and will reduce the signature process by 2-3 weeks for Request for Program Budgets (RPB’s) (no more paper or drop-off at DPH). Instructions will be sent via email to each contractor/signatory in advance of request for RPB signature via docusign.


New Controller’s Office (PeopleSoft based) Bidder portal coming soon!  
DPh System Improvement
Contract Life Cycle Management System

**Project:** Implement a centralized contract management system across DPH Business Office to create and maintain contract profiles, workflows, enable centralized data management, monitoring/tracking and reporting.

**Objective:** Improve and expedite contract workflow and certification across DPH Business Office Units

**Solicitation → Negotiations → Funding Notification → Contractor → Certification → PO Request/Payment**

**Fields System** - standardize fields to manage contracting process including consistency in program names.
DPH System Improvement
Contract Life Cycle Management System

**Tracking System** - use standard milestones to track contracting process (and related processes), record dates and other data according to those milestones (e.g., date funding notification letter sent).

**Reporting System** - report on contract status in the same way and include components agreed upon in Fields and milestones agreed upon in Tracking.

**Workflows System** – use same basic workflows for approvals and processing, with minimal, necessary variations to workflows to accommodate the requirements of all units and.

**Staff Transparency** - access status information, and increase active participants in contract and related document routing and approval processes.
Reminders for Contract Certification

RENEW YOUR INSURANCE:

- It is very important that agencies submit proof of all required insurance, with valid terms (i.e., not almost about to expire).
- If your insurance expires while your contract is under review at OCA during the certification process, OCA will reject it and that will add at least a week to the process and delay your payment.

Your contract will not be processed outside of DPH without meeting these two requirements.

- Ensure that your Business Tax is paid. Contractors with expired business tax will have contract payments delayed until Business Tax is brought up to date.
- FIDELITY BOND or EMPLOYEE DISHONESTY Coverage: If your agency receives an annual 25% Initial Payment advance, you will not receive the full 25% value unless you have fidelity bond coverage equal to or greater than the 25% value.
Questions?
Utilizing sound business practices, CDTA facilitates the development of city health delivery system contracts, thus ensuring the availability of community services that protect and promote the health of all San Franciscans.
New and improved... cdtap website

www.sfdph.org/cdtap
Mission Statement
Utilizing sound business practices, CDTA facilitates the development of City contracts with health service providers, thus ensuring the availability of community services which protect and promote the health of all San Franciscans.

Functions and Activities
CDTA Program Managers are the principal point of contact to health service providers. They field and answer questions about the contract development process at SFDHP; and if unable to provide an answer, CDTA program managers will make an appropriate referral.

The most significant functions of a CDTA Program Manager are to navigate the contract development process, and provide Non-Clinical technical assistance to support agencies.

Beyond working with the service providers, the CDTA Program Manager collaborates and works closely with staff of the following DPH Units: Systems of Care (SOC), Budget, Fiscal/Cost Report, Business Office of Contract Compliance (BOCC), and Office of Contract Management and Compliance (OCMC).
Contract Development and Technical Assistance (CDTA)

Contract Development Instructions and Templates

Download the latest Contract Development Documents below:

- Contract Checklist
- Appendix A - Narrative Instructions (All Sections)
- Appendix A - Narrative Template (All Sections)
- Appendix B - BHS Budget Instructions
- Appendix B - BHS Budget Template
- Appendix B - Non-BHS Budget Instructions
- Appendix B - Non-BHS Budget Template
Policies, Procedures & Guidelines

Please thoroughly read and review the policies and procedures below prior to completing and submitting the forms to your assigned CDTA Program Manager.

Contract Terms, Definitions and Procedures for DPH Business Office
Helpful Contracting Tips for New Providers
Guidelines for Cost Categorization in Nonprofit Contracts & Grants
Subcontracting Requirements Policy & Procedures

Forms

DPH Contractual Services Invoice Procedures Manual
Contract Change Request Form and Instructions
Signature Authority Form
Letter of Support Guidelines and Request Form
Fringe Benefit Rate Increase Request Policy & Procedure
Fringe Benefit Rate Increase Request Form
Indirect Cost Rate Increase Request Policy & Procedure
Indirect Cost Rate Increase Request Form
Invoice Variance Request Form
  - Invoice Variance Instructions
  - Invoice Variance Flowchart
  - Invoice Variance Rules
Meeting Presentations and Training Materials

BHS Contractors Meeting FY 2018-2019
What’s New for Contracting FY 2017-18
Invoice Procedures Manual Training FY 2016-17
Nut & Bolts of Contracting FY 2016-17
What’s New for Contracting FY 2016-17
What’s New for Contracting FY 2015-16
Contract Development and Technical Assistance (CDTA)

Systems of Care Resources & Other Important Links

Ambulatory Care—Behavioral Health Services (BHS)
Ambulatory Care—Behavioral Health Services (BHS)—MHSA
Ambulatory Care—Maternal, Child, and Adolescent Health (MCAH)
Ambulatory Care—Primary Care (PC)
Ambulatory Care—Primary Care (PC)—HIV Health Services
Community Health Equity & Promotion (CHE&P)
Community Health Equity & Promotion (CHE&P)—HIV Prevention
Department of Homelessness and Supportive Housing
Office of the Controller - Citywide Nonprofit Monitoring and Capacity Building Program

Training Opportunities

Avatar Training and Billing Documentation
SFDPH Human Resources - Learning and Development Trainings
Performance Objectives

Behavioral Health Services – Transitional Age Youth Performance Objectives – FY 18-19 (PDF)
Behavioral Health Services – Transitional Age Youth Performance Objectives – FY 18-19 (Excel)
Behavioral Health Services – Adult and Older Adult Performance Objectives – FY 18-19 (PDF)
Behavioral Health Services – Adult and Older Adult Performance Objectives – FY 18-19 (Excel)
Behavioral Health Services – Children, Youth and Families Performance Objectives – FY 18-19 (PDF)
Behavioral Health Services – Children, Youth and Families Performance Objectives – FY 18-19 (Excel)
Behavioral Health Services – MHSA – Performance Objectives – FY 18-19 (PDF)
Behavioral Health Services – MHSA – Performance Objectives – FY 18-19 (Excel)
Fiscal Intermediary Performance Objectives – FY 18-19 (PDF)
Fiscal Intermediary Performance Objectives – FY 18-19 (Excel)
HIV Health Services Performance Objectives – FY 18-19 (PDF)
HIV Health Services Performance Objectives – FY 18-19 (Excel)

Prior Year Performance Objectives - All Sections

Scoring Criteria

CHE&P Scoring Criteria
HHS Scoring Criteria
BHS Scoring Criteria - MH MHSA ECHMI SAPP & SUD
Prior Year Performance Objectives - All Sections

FY 17-18:

Behavioral Health Services – Adult and Older Adult Performance Objectives – FY 17-18 (PDF)
Behavioral Health Services – Adult and Older Adult Performance Objectives – FY 17-18 (Excel)
Behavioral Health Services – Children, Youth and Families Performance Objectives – FY 17-18 (PDF)
Behavioral Health Services – Children, Youth and Families Performance Objectives – FY 17-18 (Excel)
Behavioral Health Services – MHSA – Population Focused Performance Objective – FY 17-18 (PDF)
Behavioral Health Services – MHSA – Population Focused Performance Objective – FY 17-18 (Excel)
HIV Health Services Performance Objectives – FY 17-18 (PDF)
HIV Health Services Performance Objectives – FY 17-18 (Excel)

FY 16-17:

Behavioral Health Services – Adult and Older Adult Performance Objectives – FY 16-17 (PDF)
Behavioral Health Services – Adult and Older Adult Performance Objectives – FY 16-17 (Excel)
Adult and Older Adult Performance Objectives Master List – FY 16-17
Behavioral Health Services – Children, Youth and Families Performance Objectives – FY 16-17 (PDF)
Behavioral Health Services – Children, Youth and Families Performance Objectives – FY 16-17 (Excel)
Children, Youth and Families Performance Objectives Master List – FY 16-17
HIV Health Services - Performance Objectives - FY 16-17 (PDF)
HIV Health Services - Performance Objectives – FY 16-17 (Excel)
Correspondence

- Deadline for FY 18-19 Contract Changes
- Exclusionary Language Instructions
Contract Development and Technical Assistance (CDTA)

Articles & Other Resources

HELPFUL LINKS
- Contract Development Instructions and Templates
- Policies, Procedures, Forms & Guidelines
- Meeting Presentations and Training Materials
- Performance Objectives & Scoring Criteria
- Systems of Care Resources & Other Important Links
- Correspondence
- Articles & Other Resources
- Contact Us

Contract Development and Technical Assistance (CDTA)
San Francisco
Department of Public Health
# Contact Development and Technical Assistance (CDTA)

## Contact Us

**Director**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Long</td>
<td>415-255-3409</td>
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</table>

**Program Managers and Administration Staff**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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<tbody>
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<td>April Crawford</td>
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<td>Elizabeth Davis</td>
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<td>Mario Hernandez</td>
<td>415-255-3503</td>
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<td>Valerie Wiggins</td>
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<tr>
<td>Andrew Williams III</td>
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</tr>
</tbody>
</table>

**HELPFUL LINKS**

- Contract Development Instructions and Templates
- Policies, Procedures, Forms & Guidelines
- Meeting Presentations and Training Materials
- Performance Objectives & Scoring Criteria
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- Correspondence
- Articles & Other Resources
  - Contact Us
What changes are expected

- **FY 18-19 Performance objectives** to be replaced with FY 19-20 objectives on website by July 2019
- **Contract Change Request Form** – Allows providers to request a Negotiation meeting with funding SOC; memorialize conversations of need and want
- **Contract Submission Process** – using new email address (cdtaunit.org)
New! Submission of Contract Documents by Providers

New language in the Funding Notifications beginning June 3:

“Please submit the Description of Services (Appendix A) and Budget (Appendix B) no later than Date. The Appendix A and B templates and instructions are available at the Contract Development & Technical Assistance (CDTA) website at www.sfdph.org/cdta. Both Appendix A and B documents must be submitted together via email to cdtaunit@sfdph.org with your Agency’s name in the subject title.”
New! Submission of Contract Documents by Providers (cont.)

**Purpose**

To provide a single point of collection for Contract Documents: Appendix A and Appendix B;

To provide an accurate and timely record of the date of receipt of each contract document (Appendix A/Appendix B)

**Protocol**

The CDTA Admin will check the cdtasunit mailbox twice per day (morning and afternoon) and will forward all new documents to the assigned CDTA PM
CONTRACTING 101
Monday, June 10, 2019
1:00pm - 3:00pm
San Francisco Public Library | Latino Room

Topics to include will be the OVERVIEW of the following:

- Understanding your Contract
- Appendix A Instructions & Templates
- Appendix B Instructions & Templates
- Funding Notification
- Contracting Change Request Form
Contract Development & Technical Assistance - CDTA Staff

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Michelle Ruggels
Director of SFDPH Business Office - Section
Overview of Minimum Compensation Ordinance (MCO) Changes

The Mayor and Board of Supervisors approved changes to the City’s MCO in September 2018.

Hourly gross compensation for workers on City contracts will be adjusted to $16.50 as of July 1, 2019, provided that adequate funds are appropriated.

In future years, the hourly gross compensation will increase according to the Consumer Price Index, though only if the City appropriates funds for the increases.
Thank You!

Michelle Long, Director of Contract Development and Technical Assistance
Coming Soon!!!

Please Remember to fill-out the online survey coming to your inbox soon!