

Contracts Report - March 2018

Div.	Contractor	Current Total Contract Amount with Contingency	Proposed Total Contract Amount with Contingency	Change in Total Contract Amount	Current Contract Term	Proposed Contract Term	Prior Annual Amount without Contingency	Proposed Annual Amount without Contingency	Annual Difference (btwn. FY16-17 and FY17-18)	Annual Difference (%)	Requested Action
SFHN/HHS	Asian and Pacific Islander Wellness Center (APIWC)	\$ 3,931,705	\$ 4,863,345	\$ 931,640	05/01/17-02/28/21 (3.83 years)	05/01/17 - 02/28/21 (3.83 years)	\$ 915,770	\$ 1,393,044	\$ 477,274	52%	Contract Modification
<p>Purpose: The requested action is the approval of a contract modification with Asian and Pacific Islander Wellness Center in order to increase the annual allocation for the following programs: Integrated Case Management, Tenderloin Area Center of Excellence (TACE), and Tenderloin Early Intervention Services. Funding will provide one-time support for the TACE Rebranding Federally Qualified Health Center (FQHC) Project and to provide for continued services under the integrated medical case management service modality.</p> <p>Reason for Funding Change: The proposed annual increase of \$477,274 is due to: (1) a one-time add-back from the Board of Supervisors in General Fund support of \$300,000 for FY17-18; and (2) an addition of Ryan White Part A funding of \$177,274 for FY17-18. The one-time add-back from the General Fund will be used to provide support for the Rebranding FQHC Project; the additional Ryan White Part A funds will provide support to services at APIWC which had previously been funded through a 5-year Special Programs of National Significance (SPNS) demonstration site program, funding which ended August 31, 2017. HIV Health Services identified General Fund savings to enable continuation of these services at a reduced level.</p>											
Target Population:	HIV-positive Asian and Pacific Islanders living in San Francisco who are homeless and/or marginally-housed residents of the Tenderloin; HIV-positive homeless individuals who need intensive case and mobile-delivered care and services; and Transgender women who experience barriers to care and who are severely under-served										
Service Description:	<ul style="list-style-type: none"> • The Integrated Case Management-Ohana Program: linkages to and/or maintenance in primary HIV medical care; case management; treatment adherence and/or medication assistance; peer advocacy • The Tenderloin Area Center of Excellence (TACE): primary medical care, medical case management, treatment adherence, outpatient mental health, outpatient substance abuse services, and peer advocacy/outreach/navigation • The Tenderloin Early Intervention Services (TEIS) HIV Homeless Outreach and Mobile Engagement (HHOME)/TransAccess: medical evaluation and clinical care; medical case management; treatment adherence; outreach services; referral services • The TACE-Rebranding Federally Qualified Health Center (FQHC) Project is a one-time project targeting APIWC stakeholders, current clients, funders, and local and regional LGBTQ communities to ensure accurate and effective representation of populations served 										
UOS (annual):	Total UOS, 11,313 hours: <ul style="list-style-type: none"> • 1,438 Integrated Case Management-Ohana Program (939 Medical Case Management, 306 Peer Advocacy, 178 Treatment Adherence/Individuals, and 15 Treatment Adherence Groups) • 7,331 Tenderloin Area Center of Excellence (TACE) (4,196 Medical Case Management, 2,575 Peer Advocacy, 42 Mental Health Referral, 444 Peer Advocacy Groups, and 74 Outpatient Mental Health and Substance Abuse Groups) • 2,544 Tenderloin Early Intervention Services HHOME/TransAccess (624 Medical Case Management, 624 Peer Navigation, 624 TransAccess-Medical Case Management, 624 TransAccess Peer Navigation, and 48 TransAccess Support Groups) 										
UDC (annual)	Total UDC: 258 <ul style="list-style-type: none"> • 51 Integrated Case Management-Ohana Program • 167 Tenderloin Area Center of Excellence (TACE) • 40 Tenderloin Early Intervention Services-HHOME/TransAccess • n/a TACE-Rebranding Federally Qualified Health Center 										
Funding Source(s):	Ryan White Part A, General Fund										
Selection Type	RFP 16-2017										
Monitoring											

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SFHN/BHS	Edgewood Children's Center	\$ 56,234,585	\$ 35,295,913	\$ (20,938,672)	7/1/10-12/31/17 (6.5 years)	7/1/17-12/31/22 (5.5 years)	\$ 9,088,127	\$ 7,294,246	\$ (1,793,881)	-20%	New Contract (for ongoing services)
<p>Purpose: The requested action is the approval of a new contract with Edgewood Children's Center for the provision of ongoing mental health treatment services. This new contract is authorized under the selection types shown below, with the contract effective July 1, 2017. Edgewood has had an existing contract for these services which would continue under the contract for which we are requesting approval.</p> <p>Reason for Funding Change: The new contract is effective July 1, 2017. The year-to-year increase is for a Cost Of Doing Business increase of \$161,282. The contract contains different start times for different services, resulting in a net decrease of \$1,793,881. Changes to the Total Contract Amount between fiscal years is the result of the following: The Youth Crisis Stabilization Center and Hospital Diversion Programs are out to bid at this time, and are only funded in this contract through December 31, 2018. Additionally, State Mental Health Services Act triage personnel grant funding will end on June 30, 2018. As a result, this funding has been reduced, reflecting a reduction of \$1,579,348 annually (currently supporting the Youth Crisis Stabilization Center), and the elimination of the agency's Mobile Crisis Team, or a reduction of \$297,925. Finally, the agency's programming supported by the Department of Child, Youth and Family's Early Childhood Mental Health Initiative is also out to bid, and therefore is only reflected in the subject contract through June 30, 2018.</p>											
Target Population:		Mental Health: Children, Adolescents and their Families									
Service Description:		Mental Health: Outpatient, Short Term Residential Treatment Program, Therapeutic Behavioral Services (TBS), Wraparound Services, and School-based Centers. Services ending permanently on 6/30/18: Mobile Crisis Treatment and Counseling Enriched Educational Program (CEEP). Currently, Early Childhood Mental Health Initiative programming is slated to end 6/30/18; DCYF's solicitation is pending. Services continuing through 12/31/18 only: Hospital Diversion and Youth Crisis Stabilization Unit. If re-awarded, the services will go into a separate contract, allowing us to take the main contract to the BOS.									
UOS (annual):		Mental Health (staff minutes / staff 60-minute hours): 1,071,611 / 17,860 Outpatient and Residential Outpatient; 336,870 / 5,614 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Therapeutic Behavioral Services (TBS) and Wraparound Services; 5,225 / 87 School-based Centers services; 86,752 Client Days Hospital Diversion									
UDC/NOC (annual):		Mental Health: 255 Outpatient and Residential Outpatient; 45 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Therapeutic Behavioral Services (TBS) and Wraparound Services; 339 School-based Centers services; 452 Hospital Diversion									
Funding Source(s):		Mental Health: General Fund; Medi-Cal; State Early and Periodic Screening, Diagnosis and Treatment (EPSDT); State Capitated Medi-Cal; Work Orders from the Human Services Agency, Department of Children, Youth and Families, and the Children and Families Commission; Mental Health Services Act (MHSA)									
Selection Type:		Mental Health: RFP 17-2016, School-based Centers (services ongoing); RFP 33-2016, State Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Senate Bill 163 Wraparound services (effective 7/1/17); RFP 1-2017, Outpatient Mental Health, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Therapeutic Behavioral Services (TBS), Counseling Enriched Educational Program (CEEP), and Kinship programs (effective 1/1/18); Sole Source (San Francisco Administrative Code Chapter 21.42), Youth Crisis Stabilization Center and Mobile Crisis Team (ongoing)									
Monitoring:											

KEY for Monthly Contracts Report:

Section	This represents the area of the DPH with whom the contractor/vendor is contracting. Specifically, it identifies both the section, and the Division of the section where the contract (see key to acronyms below).
Contractor	The name of the agency contracting for the services, as shown in NFAMIS and the contract boilerplate.
Target Population; Description of Services	Brief description of services and target population, as shown in the contract (if there is no target population, e.g., if the services are provided directly and only to DPH, then only services will be shown).
UDCs/NOCs	UDC: Number of Unduplicated Clients projected to be served in one year; NOC: Number of Clients projected to be served in one year (may include duplicated clients, i.e., the same client receiving services more than once). Note: UDCs/NOCs will only be shown if they are included in the contract. The number of UDCs/NOCs shown are those projected to be provided if the requested contract or contract modification is approved.
Contract Term	The term of the entire contract.
Total Contract	The total value of the contract, including the contingency, for the full contract term, also referred to as the "Not To Exceed (NTE)" or total contract amount.
Annual/Mod.	Annual: A request made to implement annual allocations from the DPH budget; the legal instrument may be an original agreement or an amendment/modification. Mod.: Any modification/amendment to a contract other than an "annual" and which requires Health Commission approval.
Funding Source	The source of funds for the variance shown in the Difference column. GF: Funding which originates from the City and County's General Fund MediCal: Includes all types of MediCal (Federal, State, Drug, EPSDT, etc.) Realignment: State monies Grant: Federal, State, Local or private grants; should include name of grantor (e.g., "grant/CDC") Work Order: Funding received from other City departments; should include name of department (e.g., "Work Order-Human Services") MHSA: State Mental Health Services Act monies (also sometimes referred to as "Prop. 63" monies) RWPA: Federal Ryan White grants CDC: Federal Centers for Disease Control grants SAMHSA: Federal Substance Abuse and Mental Health Services Administration grants
Prior	-- For contracts which receive regular annual funding allocations or renewals: [This applies especially to most contracts with Community Based Organizations (CBOs) providing services to the public.] " Prior " refers to the contract amount for the immediately prior 12 month contract funding period. (For instance, for contracts which follow the City Fiscal Year, if the request to approve is for FY14-15, then "prior" refers to FY13-14.) The same methodology applies for Calendar Year contracts. If the request is for approval of a contract being establishing for the first time under an RFP, but the service is a continuation of the same services under the prior RFP, then "prior" refers to the amount allocated under the previous RFP, in order to facilitate comparison. If the request is for a modification, then "prior" refers to the currently approved annual contract amount, prior to approval of the proposed modification. -- The Contingency amount is not included. -- ("Annual" approval is also sometimes used in reference to "renewals.")

Proposed	<p>For most contracts with CBOs, "proposed" refers to the annual amount requested.</p> <p>For non-CBO contracts, "proposed" may refer to an annualized average amount (the total contract amount divided by the total term).</p> <p>The Contingency amount is not included.</p>
Difference	The variance between the Prior and the Proposed amounts.
Selection Type	<p>RFP: Request for Proposals</p> <p>RFQ: Request for Qualifications</p> <p>Sole Source: Sole source of the services needed; no competitive solicitation (RFP or RFQ) has been done.</p>
* (asterisk)	An asterisk ("*") is used to indicate when a contract or modification requires Board of Supervisors approval. The Health Commission must approve all contracts before approval is requested of the Board of Supervisors.
Footnotes	<p>Footnotes include a description of the reasons for any changes indicated in the "Difference" column, shown as "Reason for Increase/Decrease," and if the contract is requested as a Modification, the "Reason for Modification."</p> <p>Footnotes also include "Reason for Sole Source," briefly explaining why the needed services are not available from any other source.</p> <p>If the contract does not include a contingency, the footnote should include an explanation.</p>

Health Commission Approval Requirements

When approval needed	Health Cm. approval is needed when either the total contract amount is over \$50,000, or there is a change to the total contract amount of 10% or more as compared to that most recently approved by the Commission.
How approval requested	<p>If a contract or contract modification is for either a vendor or services which are new to the DPH, the contract or modification must be calendared for approval as a separate agenda item, and should not appear on the monthly contracts report.</p> <p>If a contract or contract modification is for either a vendor or services which are NOT new to the DPH, the contract or modification may be calendared for approval as part of the monthly contracts report.</p>
Who must attend	<p>If a contract is calendared for approval as a separate agenda item, both the program manager and contractor's representative should attend the Health Commission Finance Committee meeting. If the contract is approved at the Finance Committee meeting and there are no further questions, the program manager and contractor's representative are not required to attend the full Commission meeting at which final approval of the contract is calendared.</p> <p>If a contract is calendared for approval as part of the monthly contracts report, only the program manager is required to attend the Health Commission Finance Committee meeting. A presentation is not necessary, but the program manager should be prepared to answer commissioner's questions on the contract.</p>
Where meetings held	The Health Commission Finance Committee meeting is usually held at 101 Grove Street, in Room 302. However, this varies a few times each year. Date, time and location of the meeting should be confirmed prior to the meeting. Meeting agendas may be found online here: http://www.sfdph.org/dph/comupg/aboutdph/hc/nextMeeting.asp

DPH	Department of Public Health
DPH/Finance	Department of Public Health/Finance
DPH/IT	Department of Public Health/Information Technology
DPH/HR	Department of Public Health/Human Resources
DPH/COMP	Department of Public Health/Compliance
DPH/PP	Department of Public Health/Policy and Planning
SFHN	San Francisco Health Network
SFHN/SFGH	San Francisco Health Network/San Francisco General Hospital
SFHN/LHH	San Francisco Health Network/Laguna Honda Hospital
SFHN/MgdC	San Francisco Health Network/Managed Care
SFHN/Trans	San Francisco Health Network/Transitions
SFHN/Trans/HUH	Transitions/Housing and Urban Health
SFHN/AC/PC	San Francisco Health Network/Ambulatory Care/Primary Care
SFHN/CBHS	San Francisco Health Network/Ambulatory Care/Behavioral Health Services
SFHN/AC/MCH	San Francisco Health Network/Ambulatory Care/Maternal and Child Health
SFHN/AC/JHS	San Francisco Health Network/Ambulatory Care/Jail Health Services
SFHN/AC/HHS	San Francisco Health Network/Ambulatory Care/HIV Health Services
PHD	Population Health Division
PHD/CHEP	Population Health Division/Community Health Equity and Promotion
PHD/PHPR	Population Health Division/Public Health Preparedness and Response
PHD/LI	Population Health Division/Center for Learning and Innovation
PHD/PHR	Population Health Division/Center for Public Health Research
PHD/EQI	Population Health Division/Office of Equity and Quality Improvement
PHD/EHPES	Population Health Division/Environmental Health Protection, Equity and Sustainability
PHD/DPC	Population Health Division/Disease Prevention and Control
PHD/EMS	Population Health Division/Emergency Medical Services
PHD/RES	Population Health Division/Applied Research, Community Health Epidemiology and Surveillance
PHD/BRID	Population Health Division/Bridge HIV