약 당	up funding te delivery	the initial start i	The previous year budget includes the initial start up funding to support the transition ed on an annual basis to determine the appropriate delivery of service structure.	previous year n an annual b	years. The _l evaluated o	ontract for three monitored and e	extend the co	enewal to n. The pro	an annual re	Reason for Increase: This is an annual renewal to extend the contract for three years. The previous year budget includes the initial start up funding to support the transof services and has an eight month term. The program is being monitored and evaluated on an annual basis to determine the appropriate delivery of service structure.	SFHN/ Public Health Foundation Trans Enterprises, Inc. (PHFE)*	SFHN/ Trans
acts as so dministra	io A	roval of these co	request for approval includes approval of these contracts as sole sources, based on the Sources" under Chapter 21.42 of the San Francisco Administrative Code.	uest for appro	rs, this requ ^o H Sole Sou	acts for two year sidered to be "DF	ue these contr	nd continu nprofit cor	ity of care ar he list of nor	In order to provide continuity of care and continue these contracts for two years, this Commission's approval of the list of nonprofit contractors considered to be "DPH Sole		
er to ada ped San F ormed by	ord veloj serfo	ded services. In of the newly dev ng the services p	Ps in order to continue these needed services. In order to adapt these plans to the ese RFPs work to meet the needs of the newly developed San Francisco Health within the next two years, allowing the services performed by the listed contractors to	n order to co RFPs work to hin the next t	tiple RFPs in that these I npleted witl	and prepare mult and to insure ipated to be com	ocess to plan a ordable Care A ed. It is antice P awards.	lst of a pro by the Affo en extende n under RFI	is in the mident created bent created becass has been ed extension	Behavioral Health Services is in the midst of a process to plan and prepare multiple RFPs in order to continue these needed services. In order to adapt these plans to the new health care environment created by the Affordable Care Act and to insure that these RFPs work to meet the needs of the newly developed San Francisco Health Network, that planning process has been extended. It is anticipated to be completed within the next two years, allowing the services performed by the listed contractor continue after this requested extension under RFP awards.		
ntract ten other cas	l cor	hich anticipated	." RFP 23-2009) w allow for continu	lly the "mega contracts to	Ps (primari nth "tail" to .)	warded under RF :y to add a 6 mor :ember 31, 2015.	re originally av rtment's polic vill expire Dec	itracts wer r the Depar ns which w	he listed con e that under ist have tern	Reason for Sole Source: The listed contracts were originally awarded under RFPs (primarily the "mega" RFP 23-2009) which anticipated contract terms that will expire by June 30, 2015. (Please note that under the Department's policy to add a 6 month "tail" to contracts to allow for continuation of grants and other cash flow, some of the contracts on the attached list have terms which will expire December 31, 2015.)		
ted 2015 n Plan. Th	Ction Ojec	ears based on pr s a Corrective Aces a Corrective Aces	intracts by two ye tors currently ha: s provided by the	the listed co listed contrac or the service	will extend one of the l	ntract approvals contingency. No	ted annual co ncludes a 12% rent planning	of request own also in ete the cur	attached list amount sho	Reason for Increase: The attached list of requested annual contract approvals will extend the listed contracts by two years based on projected 2015/16 funding allocations to date. The total contract amount shown also includes a 12% contingency. None of the listed contractors currently has a Corrective Action Plan. This two-year extension will provide the time needed to complete the current planning process for multiple RFPs for the services provided by these contractors.	Please see attached list.	FOOTNOTES: SFGH/ Plea AC/ BH
										proval	* Requires Board of Supervisors approval	* Requi
491,385	₩.	\$ 5,984,277	\$ 5,492,892	General Fund	Annual	\$ 25,600,063	11/01/14- 06/30/18	855	99,645	Homesless Outreach Team (SFHOT) fiscal intermediary services	Public Health Foundation Enterprises, Inc. (PHFE)*	SFHN/ Trans
Please see attached list.	Ple. att	Please see attached list.	Please see attached list.	various	Annual	Please see attached list.	10/01/09- 12/31/17	various	various	Mental health and substance abuse treatment services for adults and children.	Please see attached list.*	AC/ BH
Annual Difference \$	Dif A	Prop. Annual Amt. without Contingency	Prior Annual Amt. without Contingency	Funding Source	Annual or Mod	Total Contract Amount With Contingency	Ct. Term	UDC/	UOS (annual)	Target Population; Description of Services		Sect.
			_			_	_	-				_

Total Contract Amt. Current Annual Amt. with without Contingency \$ 1,893,160 \$ 16,879,339 \$ 2,699,169 \$ 93,872,380 \$ 10,904,758 \$ 46,465,749 \$ 7,126,459 \$ 21,586,885 \$ 2,528,343 \$ 45,223,274 \$ 4,340,508
Mental health outpatient services 7/1/10-6/30/17 \$ 13,290,978 \$ 1,893,160 Outpatient behavioral health services 7/1/10-12/31/17 \$ 16,879,339 \$ 2,699,169 Supportive housing 7/1/10-12/31/17 \$ 93,872,380 \$ 10,904,758 Mental health and substance abuse services 7/1/10-12/31/17 \$ 46,465,749 \$ 7,126,459 Melness promotion for adults and older adults 7/1/10-12/31/17 \$ 21,586,835 \$ 2,528,343 ent Services, Inc. Residential, overnight/partial day, HIV residential crisis 7/1/10-12/31/17 \$ 45,223,274 \$ 4,340,508
Outpatient behavioral health services 7/1/10-12/31/17 \$ 16,879,339 \$ 2,699,169 Supportive housing 7/1/10-12/31/17 \$ 16,879,339 \$ 2,699,169 Mental health and substance abuse services 7/1/10-12/31/17 \$ 93,872,380 \$ 10,904,788 Mental health and substance abuse services 7/1/10-12/31/17 \$ 46,465,749 \$ 7,126,459 Wellness promotion for adults and older adults 7/1/10-12/31/17 \$ 21,586,835 \$ 2,528,343 ent Services, Inc. Residential, overnight/partial day, HIV residential crisis 7/1/10-12/31/17 \$ 45,223,274 \$ 4,340,508
Supportive housing
Supportive nousing 7/1/10-12/31/17 \$ 93,872,380 \$ 10,904,758 Mental health and substance abuse services 7/1/10-12/31/17 \$ 46,465,749 \$ 7,126,459 Wellness promotion for adults and older adults 7/1/10-12/31/17 \$ 21,586,835 \$ 2,528,343 ent Services, Inc. Residential, overnight/partial day, HIV residential crisis 7/1/10-12/31/17 \$ 45,223,274 \$ 4,340,508
Mental health and substance abuse services 7/1/10-12/31/17 \$ 46,465,749 \$ 7,126,459 Wellness promotion for adults and older adults 7/1/10-12/31/17 \$ 21,586,835 \$ 2,528,343 ent Services, Inc. Residential, overnight/partial day, HIV residential crisis 7/1/10-12/31/17 \$ 45,223,274 \$ 4,340,508 intervention 7/1/10-12/31/17 7/1/10-12/31/17 \$ 4,223,274 \$ 4,340,508
Wellness promotion for adults and older adults 7/1/10-12/31/17 \$ 21,586,835 \$ 2,528,343 Residential, overnight/partial day, HIV residential crisis 7/1/10-12/31/17 \$ 45,223,274 \$ 4,340,508 Intervention 7/1/10-12/31/17 \$ 6,223,274 \$ 4,340,508
Residential, overnight/partial day, HIV residential crisis 7/1/10-12/31/17 \$ 45,223,274 \$ 4,340,508 intervention
House
7/1/01/01/01 1
Edgewood Center for Children and Families 7/1/10-12/31/17 \$ 57,407,452 \$ 9,016,522 \$
Behavioral health envires for adults: transitional 71/110-12/31/17 > 66,/39,832 S
residential, social detox, transgement reshabilitation, counseling case management (11/10-12/31/17 > 92,618,119 > 12,524,873
HealthRight 360 (Jail Health Services) 7/1/10-12/31/17 \$ 26,390,029 \$ 3,538,859 \$
Mental health and substance abuse services in the Jails
Substance abuse treatment and prevention services substance abuse treatment and prevention services
Hyde Street Community Services Behavioral Health MHSA Integrated Full Service 7/1/10-12/31/17 \$ 24,052,873 \$ 3,076,189 \$
or Adults. Children and Families 7/1/10-13/31/17 ¢ 21 010 16/1 ¢
upport
Services /
Center Prevention and early Intervention programs 7/1/10 - 12/31/17 \$ 11,084,656 \$ 754,757
\$ 11,630,425 \$ 1
Progress Foundation 7/1/10-12/31/17 \$ 127,157,188 \$ 15,686,989 \$
outpatient, day treatment, case management
Negerills of OCSF (Litywide Case Mgt.) Institutional aftercare and community reintegration, 7/1/10-12/31/17 \$ 46,043,581 \$ 3,993,170 \$ behavioral health services
ram) Behavioral health outpatient services for youth 7/1/10-12/31/17
Intensive Case Management 7/1/10-12/31/17 \$ 39,182,493 \$ 8,404,402
Mental health services for adults 7/1/10-12/31/17 \$ 28,963,402 \$ 4,867,624
7/1/10-12/31/17 \$ 25,211,147 \$
Study Center* wellness based recovery 7/1/10-12/31/17 \$ 26.406.780 \$ 3.536.636
Support Services/Flexible 7/1/10-12/31/17 \$ 83,300,795 \$
Westside Community Center Behavioral Health services for adults and children, 7/1/10-12/31/17 \$ 59,927,678 \$ 7,252,017 \$ ncluding focus on juvenile justice system and Latino

KEY for Monthly Contracts Report:

Column Heading Section	Explanation Explanation This represents the area of the DPH with whom the contractor/wendor is contracting. Specifically, it identifies both the contractor with the contractor of the DPH with whom the contractor wendor is contracting.
Contractor	where the contract (see key to acronyms below). The name of the agency contraction for the services as shows in NEANIC and the services are shown in the services as shows in NEANIC and the services are shown in the services are shown
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 contract.
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.
Proposed	The Contingency amount is not included. ("Annual" approval is also sometimes used in reference to "renewals.") For most contracts with CBOs, "proposed" refers to the annual amount requested.
	For non-CBO contracts, "proposed" may refer to an annualized average amount (the total contract amount divided by the total term). The Contingency amount is not included.
Difference Selection Type	The variance between the Prior and the Proposed amounts. RFP: Request for Proposals RFQ: Request for Qualifications Sole Source: Sole source of the services needed; no competitive solicitation (RFP or RFQ) has been done.
Footnotes	An asertisk (""") 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 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."
	Footnotes also include "Reason for Sole Source," briefly explaining why the needed services are not available from any other source.
If the contract does Health Commission Approval Requirements When approval needed Health Cm. approv compared to that m	If the contract does not include a contingency, the footnote should include an explanation. oval Requirements 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.

KEY for Monthly Contracts Report:

Contractor	The same (all and the property of the property
Target Population; Description of Services	Brief description of services and target population, as shown in NFAMIS and the contract boilerplate. 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	jected to be served in one year; served in one year (may include duplicated clients, i.e., the same client ley are included in the contract.
Contract Term	The term of the entire contract
Total Contract	including the contingency, for the full contract term, also referred to as the "Not T
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	
v	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.
Proposed	("Annual" approval is also sometimes used in reference to "renewals.") For most contracts with CBOs, "proposed" refers to the annual amount requested. For non-CBO contracts, "proposed" may refer to an annualized average amount (the total contract amount divided by the total term).
Difference Selection Type	ncluded. Ind the Proposed amounts.
*(asterisk)	RFQ: Request for Qualifications Sole Source: Sole source of the services needed; no competitive solicitation (RFP or RFQ) has been done. An asertisk (***) 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. Footpotes include a description of the recognition of Supervisors.
	contract is requested as a Modification, the "Reason for Modification." Footnotes also include "Reason for Sole Source," briefly explaining why the needed services are not available from any other source.
If the contract does Health Commission Approval Requirements When approval needed Health Cm. approva compared to that m	not include a contingency, the footnote should include an explanation. It is needed when either the total contract amount is over \$50,000, or there is a change to the