Health Commission Contracts Report

FOOTNOTES:	E	
SFHN/ CBHS	Regents of the University of California (Citywide Employment Program)	Regents of the University The requested action is the approval of a contract modification to (1) extend the full contract term by 3.25 years, from 1/1/16-12/31/17 to 1/1/16-10/31/20, and (2) of California provide a corresponding funding increase of \$2,392,675, bringing the total contract amount from \$1,023,800 to \$3,826,452 (including a 12% contingency of \$409,977). Reason for Increase: This contract was awarded under RFQ 11-2015, and became effective January 1, 2016 - June 30, 2016, or six months in FY15-16. The increase in annual funding of \$448,400, from \$287,500 in FY15-16 to \$736,300 in FY16-17, reflects an annualization of funding partners under subcontract to UCSF, including the San Francisco Study Center, which assists with staffing and operating expense administration (\$56,800). Of the annual compensation of \$736,300, a total of \$375,000 is City General Fund support and the balance of \$361,000 is State Mental Health Services Act (MHSA) funding.
SFHN/ ZSFGH, LHH	Supplemental Health Care	The requested action is the approval of a 5-year contract in the amount of \$5,544,000 to provide as-needed registry services for Physical, Occupational Therapists, Physical Therapy Assistants and Speech Language Pathologists for ZSFG and Laguna Honda Hospital patients for the period of 1/1/17 through 12/31/21. The vendor was recently selected under RFP 21-2016, and has provided services to the Department under an immediately previous contract. As this is a newly executed contract, the annual funding amounts are included for comparison purposes. Utilization varies due to the need to provide services during peak workloads and unanticipated staff absences. Reason for Increase: The proposed contract has increased by \$207,082 annually to reflect actual historical usage levels. The funding increase was supported primarily through a reallocation of funding from the vendor, Preferred Health Care, which under-utilized its full allocation. The remaining balance of funding to support the increase is through the reallocation of existing professional service funding. Both vendors provide the same services.
SFHN/ ZSFGH, LHH	Preferred Health Care	The requested action is the approval of 5-year contract in the amount of \$5,040,000 to provide as-needed registry services for Physical, Occupational Therapists, Physical Therapy Assistants and Speech Language Pathologists for ZSFG and Laguna Honda Hospital patients for the period of 1/1/17 through 12/31/21. The vendor was recently selected under RFP 21-2016, and has provided services to the Department under an immediately previous contract. As this is a newly executed contract, the annual funding amounts are included for comparison purposes. Utilization varies due to the need to provide services during peak workloads and unanticipated staff absences. **Reason for Increase*** The proposed contract was decreased by \$140,000 annually to reflect actual historical usage. The decreased funds were reallocated to Supplemental Health Care, to support its historical usage patterns.
SFHN/AC /MCH/ Nutrition	San Francisco Unified School District (SFUSD)	The requested action is the approval of contract in the amount of \$913,920 for the period 10/1/16 through 9/30/19 to provide nutrition education and physical activity opportunities for children in the San Francisco Unified School District (SFUSD). The vendor was recently selected under RFP 19-2016, and has provided services to the Department under an immediately previous contract. Reason for Decrease: The annual decrease of \$676,000 reflects a reduction in available State grant funding for the Supplemental Nutrition Assistance Program (SNAP) program. To maintain some of the services, however, the SFUSD will utilize teachers who have been previously trained in providing nutrition education to disseminate nutrition education materials to students who are not reached directly by project staff.

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Health Commission Contracts Report

			Selection	Туре	RFP 11-2015	RFQ 21-2016	RFQ 21-2016	RFP 19-2016	
		Annual	Difference	%	156.1%	23.2%	-13.5%	-71.3%	
		Annual	Difference	\$	\$ 448,800	\$ 207,082	\$ (140,000)	\$ (676,000)	į
Prop.	Annuai	Amt.	without	Contingenc	\$ 736,300	\$1,100,000	000'006 \$	\$ 272,000	
Prior	Annual	Amt.	without	Contingenc	\$ 287,500	\$ 892,918	\$1,040,000	\$ 948,000	
			Funding	Source	General Fund and MHSA	General Fund	General Fund	Supplement al Nutrition Assistance Program (SNAP) Grant	
			Annual	or Mod	Annual	Annual	Annual	Annual	
Total	Contract	Amount	With	Contingenc	## ## ## ## ## ##	\$5,544,000	\$5,040,000	\$913,920	ed)
				Ct. Term	01/01/16-	01/01/17-	01/01/17-	10/01/16- 09/30/19	(continued)
		/DQN	NOC	(annual)	A/N	4,664	3,904	3,500	
			nos	(annual)	N/A	16,640	14,040	32,000	
			Target Population;	Description of Services	Regents of the University Vocational training program (pre- of California (Citywide Employment Program) Program) BHS, with a focus on consumers interested in future employment in the food and landscaping industries. Classroom training and paid work experience are provided at BHS and BHS-funded locations.	Registry for as-needed physical, occupational therapists, physical therapy assistants and speech language pathologists	Registry for as-needed physical, occupational therapists, physical therapy assistants and speech language pathologists	Nutrition education and physical activity opportunities for children from SFUSD and eligible households	
				Contractor	Regents of the University of California (Citywide Employment Program)	Supplemental Health Care	Preferred Health Care	San Francisco Unified School District (SFUSD)	
				Div.	CBHS	SFHN/ ZSFGH, LHH	SFHN/ ZSFGH, LHH	SFHN/AC /MCH/ Nutrition	

KEY for Monthly Contracts Report:

Column Heading	Explanation This represents the coop of the DCM with the coop of the COM with the coop of the coop of the COM with the coop of the coop
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 onl 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 Annual/Mod.	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.
Annualiwou.	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.
	CE: Eunding which arisington from the Other at O. 11. O. 15.
	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.]
	"Default reference to the construction of the
	"Prior" refers to the contract amount for the immediately prior 12 month contract funding period. (For instance, for contracts which follow the City Fiscal Yea
	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.
Deserved	("Annual" approval is also sometimes used in reference to "renewals.")
Proposed	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).
	,
D://	The Contingency amount is not included.
Difference	The variance between the Prior and the Proposed amounts.
Selection Type	RFP: Request for Proposals
	RFQ: Request for Qualifications
(asterisk)	Sole Source: Sole source of the services needed; no competitive solicitation (RFP or RFQ) has been done.
(asterisk)	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	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 not include a contingency, the footnote should include an explanation.
Health Commission App	in the contract does not mediate a contingency, the roombie should include an explanation. royal 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.
low approval requested	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.
	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.
Vho must attend	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.
	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 commissioned a questions of the
	Finance Committee meeting. A presentation is not necessary, but the program manager should be prepared to answer commissioner's questions on the contract.
Vhere meetings held	Finance Committee meeting. A presentation is not necessary, but the program manager should be prepared to answer commissioner's questions on the contract. 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
Vhere meetings held	Finance Committee meeting. A presentation is not necessary, but the program manager should be prepared to answer commissioner's questions on the contract. 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.
Vhere meetings held	Finance Committee meeting. A presentation is not necessary, but the program manager should be prepared to answer commissioner's questions on the contract.

Department of Public Health
Department of Public Health/Finance
Department of Public Health/Information Technology
Department of Public Health/Human Resources
Department of Public Health/Compliance
Department of Public Health/Policy and Planning
San Francisco Health Network
San Francisco Health Network/San Francisco General Hospital
San Francisco Health Network/Laguna Honda Hospital
San Francisco Health Network/Managed Care
San Francisco Health Network/Transitions
Transitions/Housing and Urban Health
San Francisco Health Network/Ambulatory Care/Primary Care
San Francisco Health Network/Ambulatory Care/Behavioral Health Services
San Francisco Health Network/Ambulatory Care/Maternal and Child Health
San Francisco Health Network/Ambulatory Care/Jail Health Services
San Francisco Health Network/Ambulatory Care/HIV Health Services
Population Health Division
Population Health Division/Community Health Equity and Promotion
Population Health Division/Public Health Preparedness and Response
Population Health Division/Center for Learning and Innovation
Population Health Division/Center for Public Health Research
Population Health Division/Office of Equity and Quality Improvement
Population Health Division/Environmental Health Protection, Equity and Sustainability
Population Health Division/Disease Prevention and Control
Population Health Divison/Emergency Medical Services
Population Health Divison/Applied Research, Community Health Epidemiology and Surveillance
Population Health Divison/Bridge HIV