

Health Commission Contracts Report

November 2015

| Sect. | Contractor | Target Population; Description of Services | UOS (annual) | UDC/ NOC (annual) | C. Term | Total Contract Amount With Contingency | Annual or Mod | Funding Source | Prior Annual Amt. without Contingency | Prop. Annual Amt. without Contingency | Annual Difference \$ | Annual Difference % | Selection Type |
|---|---|--|--------------|-------------------|-------------------|--|---------------|--|---------------------------------------|---------------------------------------|----------------------|---------------------|------------------|
| SFHN/ AC/ BHS and SFHN Trans-itions (HUH) | HealthRIGHT360* | Checkwriting services for: • BHS Residential Care Facilities, • the BHS Private Provider Network (PPN), • the BHS Children, Youth and Families System of Care client wraparound and related services and • the housing Emergency Stabilization Program | 3,700 | N/A | 12/31/13-06/30/19 | \$ 92,340,976 | Mod | General Fund, Work Order, Grant | \$ 17,385,551 | \$ 17,385,551 | \$ - | 0.00% | RFP Type 31-2008 |
| PHD/ CHEP | San Francisco AIDS Foundation* | HIV Prevention: HIV Testing, Health Education and Risk Reduction, HIV Special Projects to African Americans population, Special Projects for Men who have Sex with Men | 17,870 | 29,217 | 09/01/11-06/30/18 | \$ 19,963,505 | Annual | Federal Centers for Disease Control and Prevention (CDC) grant, General Fund | \$ 2,565,017 | \$ 2,632,529 | \$ 67,512 | 2.63% | RFP 21-2010 |
| SFHN/ HHS | Regents of the University of California (Alliance Health Project) | HIV Health Services: Outpatient Mental Health services targeting HIV clients. | 11,512 | 886 | 03/01/14-06/30/18 | \$ 9,839,877 | Annual | Ryan White Part A grant and General Fund | \$ 2,131,366 | \$ 2,131,366 | \$ - | 0.00% | RFQ 22-2013 |
| PHD/ CHEP | Public Health Foundation Enterprises, Inc. | Fiscal Intermediary services supporting the Continuum of HIV Prevention, Care and Treatment and Technical Assistance Services | 31 | N/A | 01/01/14-12/31/17 | \$ 6,214,491 | Annual | Centers for Disease Control and Prevention (CDC) grant | \$ 1,279,348 | \$ 1,628,458 | \$ 349,110 | 27.29% | RFQ 22-2013 |

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|----------------|--|--|-----------------|-------------------------|------------------------|---|------------------|--|---|---|----------------------------|---------------------------|-------------------|
| SFH/N/ HHS | Regents of the University of California (Positive Health Program) | Positive Health Program: Women's Center of Excellence to provide HIV ambulatory outpatient medical care | 2,735 | 60 UDC | 03/01/11 - 06/30/18 | \$ 4,483,442 | Annual | Federal Ryan White Part A grant and General Fund | \$ 538,168 | \$ 557,004 | \$ 18,836 | 3.50% | RFP 20-2010 |
| PHD/ CHEP | San Francisco AIDS Foundation | HIV Prevention: Prevention with Positives (PWP) Centers of Excellence - Stonewall, PWP Stop AIDS Project, PWP Street Intercept Data Collection | 3,111 | 2056 | 11/01/11- 6/30/18 | \$ 3,886,454 | Annual | General Fund | \$ 615,323 | \$ 628,217 | \$ 12,894 | 2.10% | RFP 21-2010 |
| SFH/N/ SFGH | RL Sparks Inc. dba RLS | SFGH Rebuild converged medical grade network program governance, project management, technical consulting, and quality control assurance | N/A | N/A | 01/01/15- 12/31/16 | \$ 3,837,568 | Mod | SFGH Rebuild | \$ 1,197,050 | \$ 1,713,200 | \$ 516,150 | 43.12% | Sole Source |
| SFH/N/S FGH | KPMG,LLP | The KPMG Clinical Nurse Informaticists will coordinate with nursing and IT to determine equipment and technology placement. The CNI will assist nursing with optimal workflows to enhance productivity and patient care. These workflows include existing and new technologies to meet Joint Commission patient safety initiatives, incentive program requirements and best practice. | N/A | N/A | 1/1/15 - 12/31/16 | \$ 2,527,029 | Mod | SFGH Rebuild & General Funds | \$ 883,176 | \$ 1,128,138 | \$ 244,962 | 28% | RFQ 11-2013 |

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|--|---|--|--------------|-------------------|----------|--|---------------|----------------|---------------------------------------|---------------------------------------|----------------------|---------------------|----------------|
| * Requires Board of Supervisors approval | | | | | | | | | | | | | |
| FOOTNOTES: | | | | | | | | | | | | | |
| SFHN/H HHS | San Francisco AIDS Foundation | | | | | | | | | | | | |
| Reason for Increase: The proposed contract increase for these continuing services is due to the Cost of Doing Business increase budgeted in FY15-16. | | | | | | | | | | | | | |
| PHD/ CHEP | Public Health Foundation Enterprises, Inc. | | | | | | | | | | | | |
| Reason for Increase: The proposed increase is due to (1) the consolidation of the formerly stand-alone PHFE contract for STD services into the subject PHFE HIV Prevention contract, resulting in an increase of \$197,630, and (2) a carryforward of \$151,480 in unspent CDC funds (due to salary savings) from the prior year FY14/15 HIV Prevention contract, for a total increase of \$349,110. | | | | | | | | | | | | | |
| SFHN/ HHS | Regents of the University of California (Positive Health Program) | | | | | | | | | | | | |
| Reason for Increase: The proposed increase is due to a small Ryan White Part A (RWPA) service category reallocation issued by the HIV Planning Council. The contract is being extended for the period of 07/01/15 through 6/30/18. | | | | | | | | | | | | | |
| SFHN/H HHS | San Francisco AIDS Foundation | | | | | | | | | | | | |
| Reason for Increase: The contract amount for these continuing services is due to the Cost of Doing Business allocation budgeted in FY15-16. | | | | | | | | | | | | | |
| SFHN/ SFGH RLS | RL Sparks Inc. dba RLS | | | | | | | | | | | | |
| Reason for Increase: The contract amount is increasing due to the revised date for the opening of the new San Francisco General Hospital and the need for additional as-needed project management hours to assist DPH in rolling out the major new technology in the new hospital. | | | | | | | | | | | | | |
| Reason for Sole Source: As an LBE technology and construction project coordination firm, RLS is uniquely qualified to continue providing program governance, project management, technical consulting, and quality control/assurance in support of DPH and its technology vendors in the process of developing and integrating the solution architecture for the SFGH converged medical grade network and other essential hospital systems and technologies. | | | | | | | | | | | | | |
| Drawing upon five years of experience with the SFGH rebuild project, first as a subcontractor with the Department of Public Works (DPW) and later as a direct contractor with DPH, RLS will provide detailed project planning and schedule tracking for network design, equipment staging and installation preparation activities. RLS will coordinate interaction between all technology vendors, system, and application integrators. RLS also will be central in keeping the project on schedule, and will maintaining detailed implementation schedules for overall network integration and incorporating the schedule with the larger construction schedule. RLS will proactively manage to the schedule by monitoring projects for adherence to set timelines and budget and will facilitate communication between involved parties for this time-sensitive, complex endeavor. | | | | | | | | | | | | | |

KEY for Monthly Contracts Report:

| Column Heading | Explanation |
|-------------------------|--|
| 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 NEMIS and the contract boilerplate. |
| Target Population: | 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). |
| Description of Services | UDCs: 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. |
| UDCs/NOCs | 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 | <p>— 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.]</p> <p>"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 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.</p> <p>— The Contingency amount is not included.</p> |
| Proposed | <p>— ("Annual" approval is also sometimes used in reference to "renewals.") 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 | 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. |
| * (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 | 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 | 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 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
 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.

Who must attend

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.
 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 commissioner's questions on the contract.

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/comunpg/aboutdph/hrc/nextMeeting.asp>

| DPH | Division |
|-----------------|---|
| DPH/Finance | Department of Public Health |
| DPH/IT | Department of Public Health/Finance |
| DPH/HR | Department of Public Health/Information Technology |
| DPH/COMP | Department of Public Health/Human Resources |
| DPH/PP | Department of Public Health/Compliance |
| SFHN | Department of Public Health/Policy and Planning |
| SFHNS/EGH | San Francisco Health Network |
| SFHNL/HH | San Francisco Health Network/San Francisco General Hospital |
| SFHNM/gdc | San Francisco Health Network/kl aguna Honda Hospital |
| SFHNT/Trans | San Francisco Health Network/Managed Care |
| SFHNT/Trans/UAH | San Francisco Health Network/Transitions |
| SFHNA/CPC | Transitions/Housing and Urban Health |
| SFHNCBHS | San Francisco Health Network/Ambulatory Care/Primary Care |
| SFHNA/CMCH | San Francisco Health Network/Ambulatory Care/Behavioral Health Services |
| SFHNA/CAIHS | San Francisco Health Network/Ambulatory Care/Maternal and Child Health |
| SFHNA/CHHS | San Francisco Health Network/Ambulatory Care/Jail Health Services |
| PHD | San Francisco Health Network/Ambulatory Care/HIV Health Services |
| PHD/CHPEP | Population Health Division |
| PHD/PHPR | Population Health Division/Community Health Equity and Promotion |
| PHD/LI | Population Health Division/Public Health Preparedness and Response |
| PHD/PHR | Population Health Division/Center for Learning and Innovation |
| PHD/ECI | Population Health Division/Center for Public Health Research |
| PHD/EPES | Population Health Division/Office of Equity and Quality Improvement |
| PHD/DPC | Population Health Division/Environmental Health Protection, Equity and Sustainability |
| PHD/EMS | Population Health Division/Disease Prevention and Control |
| PHD/RES | Population Health Division/Emergency Medical Services |
| PHD/BRID | Population Health Division/Applied Research, Community Health Epidemiology and Surveillance |
| | Population Health Division/Bridge HIV |