

DPH Contracts Report - March, 2021

Div.	Contractor	Current Total Contract Not to Exceed (NTE) Amount with Contingency	Proposed Total Contract NTE 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	Annual Difference (%)	Requested Action
SFHN/CBHS	YMCA SF Hope	7,213,604	9,661,146	\$ 2,447,542	10/1/16 - 6/30/21	10/1/16 - 12/31/23	\$ 1,595,740	\$ 1,595,740	\$ -	0.00%	Amendment 2
<p>Purpose: The requested action is for the approval of Amendment two to the contract with YMCA Urban Services-SF HOPE to increase the corresponding overall contract to \$9,661,146 and extend the term by 1.5 years. This contract provides health access and equity services designed to meet the unique needs of Hope SF residents and neighbors through the Peer Health Leaders (PHLs) Program for Health and Wellness. The Peer Health Leaders will engage and promote wellness, strengthen social support networks, reduce isolation, and address and prevent trauma to Hope SF residents. The Health Commission previously approved the contract amendment on June 4, 2019 for the period of 10/1/16-6/30/21. YMCA Urban Services-SF HOPE was selected under RFQ 34-2015.</p> <p>Reason for Funding Change: The \$2,447,542 change in total contract amount with contingency is due to the extension of the contract for 1.5 years; fiscal year 2021-22 (July 1, 2021 - June 30, 2022) and half of fiscal year 2022-2023 (July 1, 2022 - December 31, 2022).</p>											
Target Population:	<p>Neighborhood: Hope SF site residents: Sunnydale, Potrero Hill Terrace and Annex, Alice Griffith, and Huntersview Housing Developments, with services open to all. Hope SF communities are neighborhoods that have been historically neglected with few opportunities for residents to lift themselves out of poverty. Residents have struggled with poor schools, limited employment opportunities, and with a sense of isolation. Services are provided in English with literature established for Spanish, Cantonese, Chinese, and Arabic for communal understanding.</p>										
Service Description:	<p>The Peer Health Leadership Program (PHL) is designed to (1) develop professional, academic, work and leadership skills for Peer Leaders, who will receive academic training through CCSF's Community Health Worker Program, the American Heart Association Certificate Program, and the Coaction Institute Trauma Training, as well as with UCSF's Nutrition Program graduates, with the learning applied to a role as a (2) Public Health Leader conducting outreach to the Hope SF sites residents, with engagement to the HOPE SF Community Wellness Program (CWP) locations, helping residents to develop their own individualized health and wellness plans, links to services and community clinics and resources. Peer Leaders receive adjunct support services such as case management, trauma-informed counseling, and help to create their own service plans for health, wellness, and employment. The Peer Health Leader program employees community members who are from the Hope SF sites to provide expertise and insight toward program development and implementation that is culturally relevant.</p>										
UOS (annual):	<p>Two full-time Peer Health Leaders (PHL) will be positioned at each HOPE SF site for outreach and program development (8 total); Four full-time Outreach & Engagement Specialists will be positioned at four of the HOPE SF site Wellness Centers; and four full-time Site Coordinators will be positioned at each HOPE SF site for support, management, and leadership.</p> <p>Other Staff members who support the program include The Program Director /Associate Director, responsible for negotiating with DPH and implementing all program service deliverables, as well responsible for staff supervision; The Administrative Assistant provides staff support across the Hope SF sites; The Site Manager is responsible for community engagement campaigns, coordinating and building relationships with the overall community; The Site-Coordinator manages the daily operational support and supervision of the Community Health Ambassadors; Outreach & Engagement Coordinator plans and coordinates collaborative events with CBO's within the community; Community Health Ambassadors advocates in training, developing programs and health and wellness initiatives to support the DPH/Urban Services collaboration. These employees combined represent direct salaries expense of \$1,188,314 per year (includes benefits).</p>										
NOC/UDC (annual)	<p>The annual goal is to connect 400 Hope SF residents to the Community Wellness Program sites. In total, there will be 16 staff members at each HOPE SF Sites, \$99,733.75 per field staff member, 400 clients represent \$249.33 per client.</p>										
Funding Source(s):	County General Fund.										
Selection Type	RFQ 34-2015 Black/African American Wellness and Peer Leaders										
Monitoring	Monitored by the DPH Business Office, Business Office of Contract and Compliance (BOCC) annually.										
PHD/CHEP	Instituto Familiar de la Raza	\$ 951,578	\$ 2,420,954	\$ 1,469,376	02/01/2017-06/30/2021	02/01/2017-06/30/2021	\$ 200,863	\$ 1,491,285	\$ 1,290,422	642.44%	Amendment #2 (to add FEMA COVID19 Funding)
<p>Purpose: The requested action is the approval of a contract modification with the Instituto Familiar de la Raza to provide COVID 19 community outreach services in the Latino community neighborhoods which will increase the Total Contract Amount with Contingency by an amount of \$2,420,954. The term of this contract will remain the same, 02/01/2017 through 06/30/2021. The COVID 19 funding will be use to address the urgent needs of individuals and families affected by the Covid-19 pandemic, particularly members of the Latinx community in San Francisco, who represent a significant percentage (around 50%) of Covid-19 identified cases. The proposed agreement is authorized under RFP 25-2016: Getting to Zero - Community Based Pre-Exposure Prophylaxis (PrEP) Services.</p> <p>Reason for Funding Change: The Department is requesting the approval of an annual increased amount of \$1,290,422 of FEMA COVID19 Funding for the following reason: (1)) \$1,250,000, for Latino COVID Response Collaborative project;(3) \$35,000, for Latino COVID-19 Community Resource and Recovery Action Plan; (4) \$5,422, for CICT Salary Rate Increase to bring hourly rates for staff performing CICT work up to City staff position.</p> <p>The Total Contract Amount with Contingency of \$2,420,954 includes (1) \$860,015, for FY 17-21 allocation to support existing Getting To Zero: Prep Continuum program; (2) \$1,290,422, for Latino COVID Response Collaborative project, Latino COVID-19 Community Resource & Recovery Action Plan, and for CICT Salary Rate Increase to bring hourly rates for staff performing CICT work up to City staff position; and (3) \$270,517, for 12% contingency value amount applied to period FY 17/18 through FY 20/21.</p>											

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Target Population:	The existing target population are U.S.-born and immigrant Latino men who have sex with men, with an emphasis on those who live or socialize in the Mission, Tenderloin, South of Market and Castro areas. The additional COVID19 Funding will target individuals and families, particularly members of the Latinx community in San Francisco affected by the COVID-19 pandemic. The COVID 19 funding will provide COVID19 outreach, health promotion, case investigation and contact tracing, linkages to COVID-19 testing, and wrap around services for members of the Latinx community.										
Service Description:	<p>Getting to Zero: Community - Based PrEP Services: Services include community engagement, individual and group-based activities and are designed in a bilingual and bicultural manner to meet the unique needs of Latino men who have sex with men, who live or socialize in San Francisco. The goals of the program are: (1) to increase community knowledge and awareness of and interest in PrEP; (2) reduce barriers and support for accessing PrEP for individuals who might be considering PrEP; 3) increase PrEP access by providing or linking to all necessary services; and 4) increase PrEP maintenance by providing ongoing support for maintain PrEP.</p> <p>Latino COVID19 Response Collaborative: The COVID-19 Latinx Community Response Collaboration addresses the complex needs of individuals and families in San Francisco affected by the COVID-19 pandemic through health promotion, case investigation and contact tracing, linkages to COVID-19 testing, and wrap around services, particularly members of the Latinx community.</p>										
UOS (annual):	Individual Counseling: \$104,665/300 = \$348.88 Groups: \$7,110/10 = \$711.04 Community Engagement - Events: \$12,269/4 = \$3,067.34 Community Engagement - Recruitment \$33,461/120 = \$278.84 Community Engagement - Social Marketing: \$43,357/12 = \$3,613.11 CICT for Latino COVID-19 Response Collaborative: \$1,250,000 Community Resource and Recovery Action Plan: \$35,000 COVID-19 (CICT) Salary Adjustment Funding: \$5,422										
NOC (annual):	<u>Number of Contacts (NOC)</u> Individual Counseling: 300 Groups: 80 Community Engagement - Events: 100 Community Engagement - Recruitment: 120 Community Engagement - Social Marketing: N/A CICT for Latino COVID-19 Response Collaborative: N/A Community Resource and Recovery Action Plan: N/A COVID-19 (CICT) Salary Adjustment Funding: N/A										
Funding Source(s):	General Fund and Federal Grant CDC Funds, FEMA Reimbursement COVID19 funding										
Selection Type:	RFP 25-2016 Getting to Zero: Community Based Pre-Exposure Prophylaxis (PrEP) Services										
Monitoring	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)										
SFHN/HHS	San Francisco AIDS Foundation	\$ -	\$ 9,407,633	\$9,407,633		07/01/2021 - 06/30/2023	\$ -	\$ 4,199,836	\$ 4,199,836	0	New, Continuing Services
Purpose:	The requested action is the approval of a new contract for continued services with the San Francisco AIDS Foundation. These services were solicited by HIV Health Services when the last RFP expired and the San Francisco AIDS Foundation was the selected provider. The San Francisco AIDS Foundation was the previous provider for these services. The Total Contract Amount with Contingency requested is \$9,407,633 with a term to reflect from 07/01/2021 - 06/30/2023, for a total of 2 years. This contract provides monthly financial assistance in the form of a rental subsidies to clients with disabling HIV or AIDS including those who are imminently homeless and HIV positive clients to help secure and maintain stable, safe, and affordable housing. The proposed new agreement is authorized under RFP 39-2020. Funding will continue to support the HIV Rental Subsidies modality.										
Please Note:	The Department is requesting the approval of a Total Contract Amount with Contingency of \$9,407,633, which includes (1) an annual amount of \$4,199,836 for FY21/22 thru FY22/23, or \$8,399,672; and (2) an amount of \$1,007,961 which is the 12% Contingency value amount applied for FY21/22 thru FY22/23.										
Target Population:	The Target Population includes San Francisco residents who are defined as low income by HUD and who may have a history or are active drug users and/or have co-existing chronic psychiatric conditions. There are (3) three tiers for the HIV Rental Subsidies Program, which include the Standard Rental Subsidy Program (STD-RSP) that targets clients with disabling HIV or AIDS who are homeless, at risk of homelessness or marginally housed; the Shallow Rental Subsidy Program (S-RSP) that targets clients who are HIV positive and are chronically, currently or imminently homeless due to the rent burden exceeding 50% of their income; and the Partial Rental Subsidy (P-RSP) that targets clients with disabling HIV or AIDS who are imminently homeless due to rent burden exceeding 50% of their income and are referred from the City and County of San Francisco's Plus Housing Program managed by the Mayor's Office.										

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Service Description:	Services are provided in three separate tiers. They are as follows: STANDARD RENTAL SUBSIDY PROGRAM (STD-RSP): The program's goal is to provide monthly financial assistance in the form of a rental subsidy to clients with disabling HIV or AIDS to help clients secure and maintain stable, safe, and affordable housing. SHALLOW RENTAL SUBSIDY (S-RSP): The program's goal is to provide monthly financial assistance in the form of a rental subsidy to extremely low-income HIV+ clients engaged in care at San Francisco's Centers of Excellence and other community providers of HIV care, as well as individuals exiting transitional housing to help them secure and maintain stable, safe and affordable housing. PARTIAL RENTAL SUBSIDY (P-RSP): The program's goal is to provide financial assistance in the form of rental subsidy to people with disabling HIV or AIDS who are in stable housing but who are imminently homeless because a high percentage (50% or more) of their income is paid in rent.										
UOS (annual)	Standard Rental Subsidy Program (STD-RSP): \$3,587,136/89,060=\$40.28 Shallow Rental Subsidy (S-RSP): \$544,648/32,850=\$16.58 Partial Rental Subsidy (P-RSP): \$68,052/5,475=\$12.43										
UDC (annual)	349										
Funding Source(s):	General Fund										
Selection Type	RFP 39-2020 HIV Health Rental Subsidies Services										
Monitoring	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)										

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PHD/CHPE	San Francisco AIDS Foundation	\$ 2,145,922	\$ 3,707,409	\$1,561,487	2/1/16 - 6/30/21 (5.42 Years)	2/1/16 - 6/30/25 (9.42 Years)	\$ 331,314	\$ 606,314	\$ 275,000	83.00%	
<p>Purpose: The requested action is the approval of a contract amendment with the San Francisco AIDS Foundation (SFAF) to increase to the Total Contract Amount with Contingency to reflect an amount of \$3,707,409 as well as extend the contract term from 02/01/16 - 06/30/21 (5.42 years) to 02/01/16 - 06/30/25 (9.42 years). The Health Commission previously approved this contract on November 5th, 2019. This contract provides support for HIV Informed Hepatitis C Outreach and Linkage to Care Services funded through General Fund and Project OPT-IN (Outreach, Prevention and Treatment Integration) funded through CDC. The proposed amendment is authorized under RFP 30-2015. Additional funding will continue to support the HCV Linkage to Care and Outreach and Linkage to Care modalities.</p> <p>Reason for Funding Change: The Department is requesting approval of a Total Contract Amount of \$3,707,409, or an increase of \$1,561,487 due to the following changes: 1) the addition of FY20/21 continued CDC grant funding in the amount of \$245,000; 2) a One-Time FY20/21 additional General Fund funding in the amount of \$30,000; 3) an additional 4 years (FY21/22 thru FY24/25) of General Fund funding in the amount of \$1,148,924, or \$287,232 annually; and 4) an increase of \$137,563 to the 12% Contingency value to have the Contingency value only applied to current and future years.</p> <p>Please Note: Funding in FY20/21 has increased by \$275,000 due to CDC additional grant funding in the amount of \$245,000 and One-Time additional General Fund funding in the amount of \$30,000.</p>											
Target Population:	<p>The target population for HCV Screening and Linkage to care program are San Franciscans, with a focus on HCV-positive individuals who are recruited from SFAF's existing syringe access services, other SFAF programs, and via relationships with other CBOs and organizations serving populations at high risk for Hepatitis-C. This is a community-based HCV (Hepatitis-C Virus) linkage-to-care model that supports co-located HIV/HCV risk reduction screening efforts and diminishes patient, provider, and health care system barriers by targeting behavioral risk populations with a focus on people who inject drugs.</p> <p>The primary population for HCV Linkage to Care are HCV-positive individuals.</p> <p>The primary population for Outreach and Linkage to Care (OPT-IN) are African Americans, Latinos, women, people who inject substances, and people experiencing homelessness. This same population will receive mobile low-threshold HCV clinical services, i.e. treatment in non-clinic based settings including a mobile van.</p>										
Service Description:	<p>HIV Informed HCV Screening and Linkage to Care: Treatment Readiness Assessment Checklist (TRAC) is used to help identify a client's need and readiness for engagement in care and treatment. Potential clients who are not stable with regard to their substance abuse and/or mental health issues and/or medical issues, but who are otherwise determined to be eligible for linkage services will be provided case management services by the SAS case manager to address these issues will be Level I clients. Those potential clients who are deemed eligible for the HCV Linkage Program by the TRAC and are stable will be offered enrollment into the linkage to care program as Level II clients. Services include HCV Education Groups, Recruitment and/or Linkage Outreach Efforts, and Linkage to Care. In FY20/21, there was also a one-time funding included for Telehealth Services for 3 months, which ended on 12/31/2020 so that telehealth and zoom could be used to enhance engagement with healthcare providers during the shelter-in-place due to COVID 19.</p> <p>HIV HCV OPT-IN Outreach and Linkage to Care: Primary recruitment will be from an expansion of SFAF's van-based and encampment outreach, existing syringe access services, and other SFAF programs. Clients will be referred to 6th St Harm Reduction Center to access sexual health screening and screening as well as services with SFAF's Nurse Practitioner, including wound care, treatment, and PrEP. Clients will also be able to access suboxone through our partnership with the DPH Street Medicine Team, group-based support, and individual substance use counseling through Stonewall Project and Harm Reduction Therapy Center. Services HCV Street-based Outreach services, HIV/HCV/STD Tests, and HIV/HCV Prevention Case Management.</p> <p>Mobile Low-Threshold HCV Services: SFAF's Nurse Practitioner will provide additional hours in community-settings, primarily on in a mobile van, to clients identified as ready for care and treatment, but who face challenges accessing services in traditional brick and mortar settings.</p>										
UOS (annual)	<p>HCV Education Groups Hours: \$27,578/90=\$306.42 HCV Recruitment and Linkage Outreach Efforts Hours: \$84,416/360=\$234.49 HCV Linkage to Care Hours: \$54,310/814=\$66.72 HCV Linkage to Care - Telehealth Service Months: \$40,000/3=\$13,333.34 OPT-IN Street-based Outreach Services Hours: \$98,122/360=\$272.56 OPT-IN HIV/HCV/STI Tests: \$36,234/600=\$60.39 OPT-IN HIV/HCV Prevention Case Management Hours: \$110,654/810= \$136.61 Mobile Low-Threshold HCV Service Months: \$155,000/12=\$12,916.67</p>										
NOC (annual)	3,874										
Funding Source(s):	General Fund and CDC OPT-IN Grant Funding										
Selection Type	RFP 30-2015 HIV Informed Hepatitis C Screening and Linkage to Care										

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Monitoring	Annual DPH Business Office monitoring through Business Office of Contract Compliance (BOCC)										
SFHN/BHS	Edgewood Center for Children and Families	\$ 35,295,913	\$ 67,308,585	\$ 32,012,672	07/01/2017-12/31/2022	07/01/2017-06/30/2027	\$ 8,272,775	\$ 8,281,988	\$ 9,213	0.11%	Amendment #1
<p>Purpose: The requested action is for the approval of Amendment 1 to the contract with the Edgewood Center for Children and Families to increase the Total Contract Amount with Contingency by \$32,012,672 to a total amount of \$67,308,585 as well as extend the current contract term from 07/01/2017 - 06/30/2021 (4 years) to 07/01/2017 - 06/30/2027 (10 years). This contract was previously approved by the Health Commission on March 1, 2018 and by the Board of Supervisors on September 28, 2019. The Department is requesting Health Commission approval for the extended term and funding , prior to seeking approval by the Board of Supervisors to provide continuity of existing services. The proposed amendment exercises the options authorized under the selection types listed below.</p> <p>Reason for Funding Change: The Prior Annual Amount Without Contingency increased by \$9,213 due to: 1) Addition of \$9,212 for FY20-21 Minimum Compensation Ordinance effective 12/08/2020; and 2) Net increase of \$1 in DCYF Work Order funding.</p> <p>The Proposed Total Contract NTE Amount with Contingency of \$67,308,585 reflects an overall increase of \$32,012,672, which covers sufficient expenditure authority during the current fiscal year and the remaining duration of the Proposed Contract Term. The contract contains different end dates for different services, resulting in a net decrease of \$20,195,789. Changes to the Total Contract Amount between fiscal years is the result of the following: 1) The Kinship Behavioral Health Services program ended on June 30, 2019, resulting to funding reduction of \$55,000 annually; and 2) The Early Childhood Mental Health Consultation Initiative is only reflected in the subject contract through June 30, 2022. The Residentially Based Treatment, Wraparound, School-Based Behavioral Health Services, Hospital Diversion and the Crisis Stabilization Unit are only reflected through June 30, 2023. The services for these programs will be put out to bid with a start date of July 1, 2022 and July 1, 2023 respectively. If re-awarded, the services will go into a separate contract, allowing us to take the main contract to the BOS. The 12% contingency only applied to current and future years.</p>											
Target Population:	Mental Health: Children, Adolescents and their Families										
Service Description:	<p><u>Counseling Enriched Education Program</u>: Providing intervention and treatment to improve functioning of youth 5-21 years of age so they may transition to a less restrictive school placement and be able to tolerate the demands of more mainstream educational and community settings.</p> <p><u>Residentially-Based Treatment (RBT)</u>: Providing intervention and treatment to improve functioning of Seriously Emotionally Disturbed (SED) children and adolescents so they may transition to a lower level of care and build permanency.</p> <p><u>Behavioral Health Outpatient</u>: Providing mental health services to San Francisco residents, and to seek to make outpatient mental health, case management and medication support services more accessible to them.</p> <p><u>Therapeutic Behavioral Services (TBS)</u>: These services supplement other specialty mental health services by addressing target behaviors or symptoms that endanger the child or youth’s current living situation or planned transition to a lower level of placement. Coaches use functional behavior analysis to work with children, youth, and their families to develop plans and work with caregivers to enable teaching youth how to eliminate target behaviors and use more adaptive behaviors.</p> <p><u>Wraparound (WRAP)</u>: Providing the skills and support necessary for youth to function in their communities in family and family-like environments. WRAP principles and practices, including youth and family voice and choice, comprehensive assessment, and intervention techniques are used for youth at-risk or stepping down from higher levels of treatment. Intervention and treatment are comprehensive and focused on permanency planning.</p> <p><u>Early Childhood Mental Health Consultation Initiative (ECMHCI)</u>: Improving children’s readiness to enter kindergarten, to strengthen and support families, and to support continuous quality improvement of high quality early care and education programs through outreach, consultation, training, parent support groups, linkages, interventions, and mental health services for staff who care for and educate children aged 0-5 years at 24 sites throughout the City.</p> <p><u>School-Based Behavioral Health Services</u>: Building the capacity of teachers to handle behavioral issues as they arise, the capacity of families to provide the support their children need to succeed, and the capacity of children to deal with issues that may be impeding their academic and social progress at Dr. Charles R. Drew Academy (Charles Drew) and Hillcrest Elementary School (Hillcrest).</p> <p><u>Crisis, Triage and Assessment Center (CTAC)</u>: Edgewood’s Crisis, Triage and Assessment Center include a continuum of care including Crisis Stabilization, Hospital Diversion and Partial Hospitalization. The program offers an intensive services for behavioral health crisis stabilization, assessment and acute intervention. The purpose of this intensive level of care is to avoid psychiatric hospitalization as well as to provide a step-down from inpatient hospitalization to further stabilize symptoms and continue skills development and family/caregiver support.</p>										
UOS (annual):	<p>staff minutes / staff 60-minute hours:</p> <p>1,345,219 / 22,420 - Outpatient and Residential Outpatient (Counseling Enriched Education Program (CEEP), Residentially Based Treatment, Behavioral Health Outpatient, Wraparound Services)</p> <p>7187 / 120 - Early Childhood Mental Health Consultation Initiative (ECMHCI)</p> <p>371,526 / 6,192 - Therapeutic Behavioral Services (TBS)</p> <p>4,965 / 83 - School-based Behavioral Health Services</p> <p>134,912 - Client Days Hospital Diversion</p>										

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NOC (annual):	155 - Outpatient and Residential Outpatient (Counseling Enriched Education Program (CEEP), Residentially Based Treatment, Behavioral Health Outpatient, Wraparound Services) 100 - Early Childhood Mental Health Consultation Initiative (ECMHCI) 45 - Therapeutic Behavioral Services (TBS) 255 - School-based Behavioral Health Services 180 - 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 1-2017 - Counseling Enriched Education Program (CEEP), Behavioral Health Outpatient, Therapeutic Behavioral Services (TBS) RFP 33-2016 - Residentially Based Treatment, Wraparound (WRAP) RFQ 17-2016 - School-Based Behavioral Health Services RFP 11-2018 - Hospital Diversion and Crisis Stabilization (CTAC) Sole Source (San Francisco Administrative Code Chapter 21.42) - Early Childhood Mental Health Consultation Initiative (ECMHCI)										
Monitoring	Monitored by the DPH Business Office, Business Office of Contract and Compliance (BOCC) annually.										