

1. A 5 year comparative analysis for the DPH and WPIC vacancy rates in the Health Worker series (2585, 2586, 2587, 2588).

See attached file:  [DPH_WPIC_HWS_Dec2020_Dec2024.xlsx](#)

2. A history of night time work (between 5pm and 8am) done by DPH Health Workers, reaching back at least 20 years, with any explanation for where and why it has stopped. Include locations, programs, budgets, and numbers of FTEs associated with this work as well as any contracting out. Before the San Francisco Community Health Center was awarded the Sole Service contract 2 years ago, how did DPH accomplish night time navigation services and related case management ?

DPH did not have nighttime navigation services prior to the sole source contract with SFCHC.

3. All documentation regarding the award of the Sole Service contract(s) to the San Francisco Community Health Center for this work. (On March 17, 2025, DPH provided SEIU 1021 the RFPs for the current proposed contract. We have received nothing by way of documentation for the Sole Service contract through which the SFCHC was paid for these services in recent years.)

See attached latest executed version of the contract: API SFCHC 28562 Night Navigators FY24-25 Amend 1 G-150

4. All reporting documentation by the San Francisco Community Health Center (or, as it was previously known, the API Wellness Center) in keeping with contractor requirements, and the DPH analysis of any of this contractor's reporting going back 5 years.

Since SFCHC is a new contractor for Behavioral Health Services and the FY24-25 monitoring report has not yet been completed, the department unfortunately does not have a report available to share at this time. We will be happy to provide the report once it becomes available.

5. The vacancy and turnover rates of the San Francisco Community Health Center/API Wellness Center.

The department does not have vacancy or turnover rates data for SFCHC, as that information is not reported to DPH.

6. Surveys or reports detailing client satisfaction/performance with the San Francisco Community Health Center/API Wellness Center.

The department does not have a monitoring report available, as this vendor is new to Behavioral Health Services (BHS) and their FY24-25 monitoring report has not yet been completed. However, client feedback has been positive about SFCHC/Code TL services, clients have reported feeling comfortable talking with the staff, and supported by them while taking steps towards stabilization and treatment.

7. A detailed understanding as to why contracting out these services is needed on a long-term basis, given the Department is clear in its PSC Summary that the City neither lacks the necessary facilities, equipment, or expertise to accomplish this work.

Night navigation services require specialized, around-the-clock staffing and infrastructure that WPIC is not currently equipped to provide or sustain at the scale and responsiveness needed. Further, SFCHC already has the infrastructure, cultural credibility, and night outreach operations in priority neighborhoods, making it the only provider capable of a rapid, full-scale launch. Contracting with community-based providers allows the City to meet people where they are, during hours when traditional services are unavailable, and to do so with staff who are specifically trained for these conditions.

8. What security arrangements will the contractor utilize to ensure the safety of its employees?

SFCHC, and their subcontractor Code Tenderloin, train all staff in effective strategies for de-escalation. Staff are always deployed at night in teams to ensure safety, and work closely with SFPD and other street ambassador programs to ensure staff safety at night.

9. At the CSC meeting on May 5, a lack of supervisory personnel was highlighted to explain the need to contract out. Which classifications are DPH referring to? What are the DPH vacancy rates and WPIC vacancy rates for these classifications?

Health Worker IV (2588) and Health Program Coordinator I (2589)

Health Worker I to IVs and Health Program Coordinator Is will not be affected as the proposed contract is not replacing any civil service positions. We are not requesting this PSC because we can't hire our civil service position classifications. However, please find requested vacancy rates below.

DPH vacancy rates: As of May 28, 2025, and do not account for budgeted attrition

Job Code and Title	Vacancy Rate %
2585 - Health Worker 1	33.97% 14 out of 49 positions are vacant

2586 - Health Worker 2	25.66% 50 out of 195 positions are vacant
2587 - Health Worker 3	21.74% 50 out of 218 positions are vacant
2588 - Health Worker 4	24.75% 12 out of 49 positions are vacant
2589- Health Program Coordinator I	23.10% 9 out of 39 positions are vacant

WPIC vacancy rates:

Job Code and Title	Vacancy Rate %
2585 - Health Worker 1	14%
2586 - Health Worker 2	35%
2587 - Health Worker 3	30%
2588 - Health Worker 4	25%
2589 – Health Program Coordinator I	0%

10. The BEAM (Bringing Expanded Access to MOUD) team is performing telemedicine until 2am. Who are the workers on the street with whom they communicate before and after 7pm?

The BEAM telehealth line is staffed by DPH providers.

SEIU 1021 also requests detailed responses to the following:

1. A summary and any meeting notes from WPIC staff meetings with the San Francisco Community Health Center regarding issues of regular contract review, objective review, and program development.

The contractor is new to Behavioral Health Services (BHS) and the department does not have meeting notes or a formal summary to provide at this time.

2. A list of DPH decision makers who determined the need to contract out this service.

Hillary Kunins
Krista Gaeta
Dara Papo
Emily Raganold

3. During the May 19 CSC meeting, WPIC staffer Emily Raganold noted that 37,000 people in San Francisco are currently at risk of drug overdose. On what studies or data does DPH rely for this metric?

<https://www.sfchronicle.com/sf/article/drug-overdose-san-francisco-20327127.php>

“Dr. Paul Wesson, an epidemiologist at UCSF who performed the modeling on behalf of the city, analyzed electronic health records, overdose deaths and nonfatal overdose responses by first responders. The method he used — known as capture-recapture — is commonly used in health care and wildlife research to estimate a population size when it’s impossible to count every person or animal.”

4. Training documentation for all SFCHC personnel involved in providing services to DPH under its Sole Service contract for night navigation and daytime casework.

See attached files: Night Navigation Program Policy & Procedures, Critical Incident Reporting, Safety Protocols and Client Testimony

5. A list of all previously frozen DPH positions that have been “thawed” in recent weeks. (At the CSC meeting on May 5, 2025, DPH Human Resources Director Luenna Kim promised to provide to SEIU 1021 a list of roughly 500 such positions – a list that is yet to materialize.)

See attached file: SEIU Positions

6. Is WPIC under the Mayor’s hiring freeze currently?

Yes, all DPH sections are subject to the freeze.

7. A comprehensive explanation of the steps taken by DPH to resolve the enormous vacancy rates in the Health Worker series.

See attached file: HW Recruiting Efforts



Health Worker Hiring Efforts

June 2, 2025

Sourcing Efforts



Health Worker Recruiting Events:

- April 2025: City College Certified Health Worker Employer Round Table
- May 2025: "Becoming a Health Worker at the San Francisco Department of Public Health" Recruiting Event San Francisco Main Library

General Recruiting Events that specifically targeted Health Workers

- July 2024: City College of San Francisco Health & Safety Career Fair
- October 2024:
 - Employer Spotlight, Jewish Vocational Services
 - CCSF Health and Safety Career Fair, John Adams Campus
 - Ohlone College Career Fair
- November 2024: Department of Human Resources Winter Career Fair
- February 2025: San Francisco Parks & Rec Department
- April 2025: Community Strong Career Fair, SFPUC Southeast Community Center
- May 2025: Mission Hiring Hall Employment Development Department Job Fair, Success Centers, May Day! Hiring and Resource Affair, Success Centers
- Regular participation in virtual and in-person recruiting events where the health worker series is included as part of our overall recruiting efforts

Ongoing internal Infosessions on how to apply for reassignment

Ongoing Partnership with City College of San Francisco Community Health Worker Program

- Table at commencement ceremonies to share career opportunities with DPH
- Present in class on how to apply at DPH
- Hold regular infosessions with students discussing opportunities with DPH

Regularly Posting to Job Boards such as ZipRecruiter, Handshake and Indeed

Selection Efforts

- Reassignment Posting
- Working toward a consistent hiring practice similar to RN hiring
- Batch Hire
 - Group similar positions together to consolidate interviews for qualified candidates
 - Create and implement succinct NOIs
 - Utilize consistent interview questions
 - Distribute parsed lists to Hiring Managers
 - ~1 week to conduct interviews
 - Hiring Managers make selection/s
 - Submit paperwork to Hiring Team within 48 hours
 - Send Conditional Offer Letter
 - ~1 week to vet qualifications
 - Request to Hire (RTH) Packet sent to Onboarding Team

SFDPH

HUMAN RESOURCES

Onboarding Efforts

- Pre-employment Processor contacts candidate to schedule pre-employment activities
 - Schedule Medical Appointment (when needed)
 - Schedule Fingerprinting Appointment (done in house)
 - Required documents collected from selected candidate
 - Final Offer of Employment sent
- Pre-employment Events hosted for volume hiring events to expedite process
 - Selected candidates submit to all phases of pre-employment in one day
- New Hire Starts on bi-weekly cadence

Health Worker Survey Results:

7 health workers

- 6 indicated "I am a current outreach health worker and not interested in this shift/role in either state"
- 1 indicated "I am a current outreach health worker and interested in this shift/role in the future state"

2 health worker supervisors

- 2 indicated "I am a current health worker supervisor and not interested in this shift/role in either state"

In total, 89% (8/9) of respondents said they are not interested in the role of being a night navigator, and 11% (1/9) said they would only be interested if the infrastructure for the program was built out (i.e. supervision, transportation, office space, etc.)

**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH**

FIRST AMENDMENT TO GRANT AGREEMENT

BETWEEN

CITY AND COUNTY OF
SAN FRANCISCO

AND

**ASIAN & PACIFIC ISLANDER WELLNESS CENTER
1000028562**

FIRST AMENDMENT

This FIRST AMENDMENT of the, August 1, 2023 Grant Agreement (the "Agreement") is dated as of **September 1, 2024** and is made in the City and County of San Francisco, State of California, by and between **ASIAN & PACIFIC ISLANDER WELLNESS CENTER** ("Grantee") and the **City and County of San Francisco**, a municipal corporation ("City") acting by and through **Department of Public Health** ("Department").

RECITALS

WHEREAS, the Agreement was selected pursuant to San Francisco Administrative Code Section 21G.8; and

WHEREAS, Grantee has submitted to the Agency the Application Documents (as hereinafter defined) seeking a grant for the purpose of funding the matters set forth in the Grant Plan (as defined in the Agreement); and

WHEREAS, the term "Agreement" shall mean the Agreement dated **August 1, 2023** between the Grantee and City.

WHEREAS, City and Grantee desire to modify the Agreement on the terms and conditions set forth herein to **increase the compensation and update the Appendices B, B-1, B-1a, D and E to the** Grant Agreement; and

WHEREAS, City and Grantee desire to execute this amendment to update the prior Agreement;

NOW, THEREFORE, City and Grantee agree to amend said Grant Agreement as follows:

1. Definitions. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Grant Agreement.

2. San Francisco Labor and Employment Code. As of January 4, 2024, San Francisco Administrative Code Chapters 21C (Miscellaneous Prevailing Wage Requirements), 12B (Nondiscrimination in Contracts), 12C (Nondiscrimination in Property Contracts), 12K (Salary History), 12P (Minimum Compensation), 12Q (Health Care Accountability), 12T (City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions), and 12U (Sweatfree Contracting) are redesignated as Articles 102 (Miscellaneous Prevailing Wage Requirements), 131 (Nondiscrimination in Contracts), 132 (Nondiscrimination in Property Contracts), 141 (Salary History), 111 (Minimum Compensation), 121 (Health Care Accountability), 142 (City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions), and 151 (Sweatfree Contracting) of the San Francisco Labor and Employment Code, respectively. Wherever this Agreement refers to San Francisco Administrative Code Chapters 21C, 12B, 12C, 12K, 12P, 12Q, 12T, and 12U, it shall be construed to mean San Francisco Labor and Employment Code Articles 102, 131, 132, 141, 111, 121, 142, and 151, respectively.

3. Modifications to the Agreement. The Grant Agreement is hereby modified as follows:

(a) Section 5.1 Maximum Amount of Grant Funds.

Section 5.1 Maximum Amount of Grant Funds of the Grant Agreement currently reads as follows:

5.1 Maximum Amount of Grant Funds. In no event shall the amount of Grant Funds disbursed hereunder exceed ONE MILLION ONE HUNDRED TWENTY THOUSAND DOLLARS (\$1,120,000).

Such section is hereby amended to read as follows:

5.1 Maximum Amount of Grant Funds. In no event shall the amount of Grant Funds disbursed hereunder exceed ONE MILLION SIX HUNDRED EIGHT FIVE THOUSAND ONE HUNDRED EIGHTY THREE Dollars (\$1,685,183).

(b) Section 16.21 Compliance with Other Laws.

Section 16.21 Compliance with Other Laws is hereby replaced in its entirety to read as follows:

16.21 Compliance with Other Laws.

(a) Without limiting the scope of any of the preceding sections of this Article 16, Grantee shall keep itself fully informed of City's Charter, codes, ordinances and regulations and all state, and federal laws, rules and regulations affecting the performance of this Agreement and shall at all times comply with such Charter codes, ordinances, and regulations rules and laws.

(b) Grantee represents that it is in good standing with the California Attorney General's Registry of Charitable Trusts and will remain in good standing during the term of this Agreement. Grantee shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City request, Grantee shall provide documentation demonstrating its compliance with applicable legal requirements. If Grantee will use any subcontractors/subgrantees/subrecipients to perform the Agreement, Grantee is responsible for

ensuring they are also in compliance with the California Attorney General's Registry of Charitable Trusts at the time of grant execution and for the duration of the agreement. Any failure by Grantee or any subcontractors/subgrantees/subrecipients to remain in good standing with applicable requirements shall be a material breach of this Agreement.

(c) Article 18 Department Data and Security.

Article 18 Department Data and Security is hereby replaced in its entirety to read as follows:

18.1 Nondisclosure of Private, Proprietary or Confidential Information.

18.1.1 Protection of Private Information. If this Agreement requires City to disclose "Private Information" to Grantee within the meaning of San Francisco Administrative Code Chapter 12M, Grantee and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Grantee is subject to the enforcement and penalty provisions in Chapter 12M.

18.1.2 City Data; Confidential Information. In the performance of Services, Grantee may have access to, or collect on City's behalf, City Data, which may include proprietary or Confidential Information that if disclosed to third parties may damage City. If City discloses proprietary or Confidential Information to Grantee, or Grantee collects such information on City's behalf, such information must be held by Grantee in confidence and used only in performing the Agreement. Grantee shall exercise the same standard of care to protect such information as a reasonably prudent grantee would use to protect its own proprietary or Confidential Information.

18.2 Reserved. (Payment Card Industry ("PCI") Requirements)

18.3 Business Associate Agreement. The parties acknowledge that City is a Covered Entity as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act").

The parties acknowledge that GRANTEE will:

1. ☒ Do **at least one** or more of the following:
 - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Grantee does not view the PHI or only does so on a random or infrequent basis); or
 - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
 - C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, GRANTEE IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. GRANTEE MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

- a. **Appendix E** SFDPH Business Associate Agreement (BAA) (1-10-2024)
 1. SFDPH Attachment 1 Privacy Attestation (06-07-2017)
 2. SFDPH Attachment 2 Data Security Attestation (06-07-2017)
 3. SFDPH Attachment 3 Protected Information Destruction Order Purge Certification (01-10-2024)
2. ☐ **NOT** do any of the activities listed above in subsection 1.
 Grantee is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

18.4 Management of City Data.

18.4.1 Use of City Data. Grantee agrees to hold City Data received from, or created or collected on behalf of, City, in strictest confidence. Grantee shall not use or disclose City Data except as permitted or required by the Agreement or as otherwise authorized in writing by City. Any work by Grantee or its authorized subcontractors using, or sharing or storage of, City Data outside the continental United States is prohibited, absent prior written authorization by City. Access to City Data must be strictly controlled and limited to Grantee's staff assigned to this project on a need-to-know basis only. City Data shall not be distributed, repurposed or shared across other applications, environments, or business units of Grantee. Grantee is provided a limited non-exclusive license to use City Data solely for performing its obligations under the Agreement and not for Grantee's own purposes or later use. Nothing herein shall be construed to confer any license or right to City Data, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data by Grantee, subcontractors or other third parties is prohibited. For purpose of this requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

18.4.2 Disposition of City Data. Upon request of City or termination or expiration of this Agreement, Grantee shall promptly, but in no event later than thirty (30) calendar days, return all City Data given to, or collected or created by Grantee on City's behalf, which includes all original media. Once Grantee has received written confirmation from City that City Data has been successfully transferred to City, Grantee shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Grantee has used in performance of this Agreement, including its subcontractor's environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Grantee in whatever medium. Grantee shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

18.5. Ownership of City Data. The Parties agree that as between them, all rights, including all intellectual property rights, in and to City Data and any derivative works of City Data is the exclusive property of City.

18.6 Loss or Unauthorized Access to City's Data; Security Breach Notification. Grantee shall comply with all applicable laws that require the notification to individuals in the event of unauthorized release of PII, PHI, or other event requiring notification. Grantee shall notify City of any actual or potential exposure or misappropriation of City Data (any "Leak") within twenty-four (24) hours of the discovery of such, but within twelve (12) hours if the Data Leak involved PII or PHI. Grantee, at its own expense, will reasonably cooperate with City and law enforcement authorities to investigate any such Leak and to notify injured or potentially injured parties. Grantee shall pay for the provision to the affected individuals of twenty-four (24) months of free credit monitoring services, if the Leak involved information of a nature reasonably necessitating such credit monitoring. The remedies and obligations set forth in this subsection are in addition to any other City may have. City shall conduct all media communications related to such Leak.

18.7 Protected Health Information. Grantee, all subcontractors, all agents and employees of Grantee and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Grantee by City in the performance of this Agreement. Grantee agrees that any failure of Grantee to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Grantee or its subcontractors or agents by City, Grantee shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

(d) Section 19.7 Prevention of Fraud, Waste and Abuse.

Section 19.7 Prevention of Fraud, Waste and Abuse is hereby added in its entirety to read as follows in Article 19:

19.7 Prevention of Fraud, Waste and Abuse. Grantee shall comply with all laws designed to prevent fraud, waste, and abuse, including, but not limited to, provisions of state and Federal law applicable to healthcare providers and transactions, such as the False Claims Act (31 U.S.C. § 3729 et seq.), the Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)), the Physician Self-Referral Law (Stark Law, 42 U.S.C. § 1395nn), and California Business & Professions Code § 650. Grantee shall immediately notify City of any suspected fraud, waste, and abuse under state or federal law.

The Appendices listed below are Amended as follows:

(e) Delete ATTACHMENT 2 of Appendix B, and replace in its entirety with ATTACHMENT 2 of Appendix B to Agreement as amended. Dated: Amendment 09/01/2024.

(f) Delete ATTACHMENT 2.1 of Appendix B-1, and replace in its entirety with ATTACHMENT 2.1 of Appendix B-1 to Agreement as amended. Dated: Fiscal Year 2023-2024 07/17/2024.

(g) Appendix D is hereby replaced in its entirety by Appendix D, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix D in any place, the true meaning shall be Appendix D, which is a correct and updated version.

(h) Appendix E. Appendix E is hereby replaced in its entirety by Appendix E Dated: OCPA & CAT v1/10/2024, and Attestation forms 06-07-2017, and Protected Information Destruction Order Purge Certification 01-10-2024, attached to this Amendment and incorporated within the Agreement.

3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.

4. Legal Effect. Except as expressly modified by this Amendment, all of the terms and conditions of the Grant Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to the Grant Agreement to be duly executed as of the date first specified herein.

CITY

DEPARTMENT OF PUBLIC HEALTH

Hillary Kunins

DocuSigned by:

By: Hillary Kunins 1/16/2025 | 12:12 PM PST
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Grant Colfax
Director of Health

GRANTEE:

Asian Pacific Islander Wellness Center DBA San Francisco Community Health Center

Signed by:

By: Lance Toma 1/15/2025 | 4:13 PM PST
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Print Name: Lance Toma

Title: Executive Officer

City Vendor Number: 0000025031

Approved as to Form:

David Chiu
City Attorney

DocuSigned by:

By: Arnulfo Medina 1/15/2025 | 5:35 PM PST
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Arnulfo Medina

Contractor: Asian Pacific Island Wellness Center dba,
 San Francisco Community Health Center
 Program: Tenderloin Night Navigator

A-1/A-1a
 Funding Term: 23-24
 Funding Source: BHS MH-CPC, Opioid Settlement

1. PROGRAM NAME:	APIWC dba SFCHC – Tenderloin Night Navigator Program
ADDRESS:	730 Polk St. 4 th Floor, San Francisco, CA 94109
PROGRAM PRIMARY CONTACT(s):	Kate Franza/ Managing Director; kate@sfcommunityhealth.org ; 312-330-6516
	Miguel Ibarra/ Director of Community Engagement; miguel@sfcommunityhealth.org ; 415-416-8978
	Chris Brodie/ Grants Administrator; chris@sfcommunityhealth.org ; (415) 292-3400
	Amber Curley/ Chief Financial Officer amber@sfcommunityhealth.org ; 415-292-3420 Ext. 308)
2. NATURE OF DOCUMENT:	<input type="checkbox"/> New Contract/Original <input checked="" type="checkbox"/> Contract Amendment <input type="checkbox"/> Revision to Program Budgets (RPB)

3. Goal Statement:

The goal of the Tenderloin Night Navigator program is to provide trauma-informed mental care, hygiene, and referral services during the nights and weekends, filling an engagement and service gap in the neighborhood. Through providing resources, referrals, de-escalation support, and other on-the-spot and medium-term case management services, the Program adds capacity to community public health care.

4. Priority Population:

The agency and its subcontractor's welcomes all San Franciscans in need. The program will focus on persons experiencing homelessness living with OUD and other SUD's in the Tenderloin.

5. Modality(s)

See Appendix B: UOS & UDC Allocations.

Program Administration and Program Management. Services under this modality will include subcontractor management. Center for New Music/Code Tenderloin, the designated subcontractor will lead the service delivery. SFCHC will provide a 1.0 FTE Community Case Manager.

6. Methodology:

In collaboration with the San Francisco Department of Public Health, San Francisco Community Health Center will provide Program Management and Administration to the named program. San Francisco Community Health Center will be responsible for the service delivery, the contract and subcontract management and the personnel delivering services.

Contractor: Asian Pacific Island Wellness Center dba,
 San Francisco Community Health Center
 Program: Tenderloin Night Navigator

A-1/A-1a
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SFCHC will not directly provide human resources or general administrative supervision to the employees of Center for New Music/Code Tenderloin during this contract term. Center for New Music/Code Tenderloin is solely responsible for the supervision of its employees and for managing its subcontractors. Center for New Music/Code Tenderloin retains all authority over, and is responsible for the conduct of, the employees and the subcontractors it provides pursuant of this contract.

To the extent that SFCHC provides guidance and supervision regarding the work to be provided under this contract (such as objectives, direction, and other input) Center for New Music/Code Tenderloin shall determine how such guidance is needed. Center for New Music/Code Tenderloin is solely responsible for how the results of its work on behalf of SFCHC is gathered and reported. The Planning Department may collaborate with Center for New Music/Code Tenderloin on reporting requirements for the Community Action Grant cohort. At least one representative Center for New Music/Code Tenderloin who manages the Tenderloin Night Navigator Program, will also be required to attend meetings of the Community Action Grant cohort.

SFCHC will enforce and oversee compliance with all contractual duties, responsibilities and tasks:

- *Outreach, recruitment, promotion, and advertisement*
 - Outreach to target populations will be done using the “Code Tenderloin Crisis Hotline”
 - Recruitment of Night Navigator staff will be done through Center for New Music/Code Tenderloin. Both organizations have extensive networks to community members with lived experience of the conditions Night Navigators will address
- *Admission, enrollment and/or intake criteria and process where applicable*
 - Night Navigators will have intake documents and gather information from clients on-the-spot. Intake documents will be turned into the Manager at the end of each shift and picked up by case management staff the following work day. Clients will be contacted by case managers for on-going support.
- *Service delivery model*
 - Case Management: A Night Navigator provides individualized support and advocacy to clients. Night Navigators help clients navigate various nighttime and weekend services and resources available to them and assists in developing a plan to achieve their goals.
 - Crisis Intervention: This model involves providing immediate assistance to clients in crisis situations, such as those experiencing domestic violence or suicidal ideation. Case managers provide counseling, safety planning, and referrals to additional resources.
 - Community Organization: This model involves working with community members and organizations to identify and address social issues, such as poverty or homelessness. Night Navigators may collaborate with other organizations,

Contractor: Asian Pacific Island Wellness Center dba,
 San Francisco Community Health Center
 Program: Tenderloin Night Navigator

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 Funding Term: 23-24
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government agencies, and community members to develop solutions and advocate for change.

- By using this hybrid service model, the Night Navigator team can provide support at different levels, from individual crisis intervention to community-wide advocacy and change.
- *Discharge Planning and exit criteria and process*
 - The Night Navigators program assesses clients on an ongoing basis, adjust treatment plans as needed. Once a client reaches the outlined goals, and if they no longer need case management, they can be discharged them from services. The Night Navigator program will not discharge until a client has either met their goals or been connected to alternative long-term services. A case manager reviews their cases regularly with the Case Management Supervisor in one-on-one meetings and during team meetings as part of client assessment. The case manager would be responsible for assessing their caseload on an ongoing basis and recommend individuals for discharge if they determine their client is ready.
- *Program staffing*
 - 8 Night Navigators (1.0 each),
 - Night Navigators work 8 hrs/ day, 5 days a week
 - Night navigators will engage folks on the street, provide on-the-spot services, fill intake forms, and report to the Night Navigator manager
 - 1 Night Navigator Manager (1FTE)
 - Night Navigator Manager provides on-the-ground support to Night Navigators, coordinates emergency placements, transportation, equipment, etc. and reports to the Senior Director of Night Navigators
 - Senior Director of Night Navigators (paid for by Center for New Music/Code Tenderloin)
 - Senior Director of Night Navigators oversees the whole program, coordinating with the Night Navigator Manager and Case Manager Supervisor
 - Case Manager Supervisor (paid for by Center for New Music/Code Tenderloin)
 - The Case Manager Supervisor coordinates and oversees the case management team for the Night Navigators
 - Case Managers
 - Two from Code Tenderloin (paid for by Center for New Music/Code Tenderloin – .5FTE total) and one from SF Community Health Center (1FTE)
 - Case managers will work directly with clients to identify goals, connect to mid-term and long-term resources to achieve goals, and provide other case

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management support as needed to clients. Case managers report to the Case Manager Supervisor

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the document entitled Behavioral Health Services- Adult/Older Adult Performance Objectives for the applicable fiscal year.

8. Continuous Quality Improvement:

SFCHC will ensure the maintenance of accurate records of the agency's financial activities. Please refer to the agency's administrative binder for a detailed collections of the agency's fiscal policies and procedures. SFCHC will set and enforce all operating standards and behavioral expectations. SFCHC is responsible for training all of the financial staff and for ensuring compliance with all federal, state, local and DPH reporting requirements.

SFCHC runs a monthly CQI meeting that reviews achievement of program goals, performance objectives and productivity. In addition, SFCHC leadership meets monthly with the finance team to go over all of the programs in each department. SFCHC leadership will be in regular communication with the subcontractors to ensure they feel satisfied and supported.

9. Required Language:

a. Data Collection and Reporting:

- i. SFCHC will provide regular data to the Office of Overdose Prevention.
- ii. Specific metrics and reporting frequency will be determined by SFCHC and the Office of Overdose Prevention.
- iii. Data shared will be de-identified aggregate use data, examples include:
 1. Total number of clients served by the program
 - ii. Demographics of clients served (living situation, race/ethnicity, gender, etc.)
 - iii. Linkages to care

b. Compliance with the DPH Overdose Prevention Policy and Procedures

- i. SFCHC will comply with the DPH Overdose Prevention Policy and Procedures located at https://www.sfdph.org/dph/files/PoliciesProcedures/DPH_Policy-Overdose_Prevention_Policy_final_12.13.21.pdf, including:
 - i. Linkage to drug treatment and harm reduction programs and services.

Contractor: Asian Pacific Island Wellness Center dba,
San Francisco Community Health Center
Program: Tenderloin Night Navigator

A-1/A-1a
Funding Term: 23-24
Funding Source: BHS MH-CPC, Opioid Settlement

- ii. Provide syringe access and disposal schedule, and naloxone distribution schedule.
- iii. Staff must complete annual DPH Overdose Response and Recognition online training module and Anti-Stigma training both facilitated by the Office of Overdose Prevention.
- iv. Maintain a site-specific overdose reversal and response policy.

c. Collaborate with the Office of Overdose Prevention

- i. SFCHC will collect client satisfaction survey results from participants and share results with the Office of Overdose Prevention.
- ii. SFCHC will collaborate with other DPH-funded substance use service programs.
- iii. SFCHC will meet with the Office of Overdose Prevention, and other partners, at least once a month to discuss program implementation.

d. Compliance with the Substance Use Disorder (SUD) Treatment and Good Neighbor Policy:

- i. SFCHC will develop and implement a SUD Referral Policy to include, at minimum:

1. Treatment Information: The DPH-provided SUD treatment palm card in threshold languages is available at all service sites and with mobile service teams.
2. Referrals to Treatment: Staff will provide SUD treatment information verbally and in written form to clients.
3. Training expectations: Staff will be trained on the agency's SUD treatment referral policy annually and upon hire.
4. All applicable DPH contractors will maintain positive relationships with the neighborhood by implementing Good Neighbor protocols at health facilities and mobile pop-ups, including the following:
 - a. Collaborate with neighbors and relevant city agencies to ensure that neighborhood concerns about the facility are heard, addressed, and escalated to the contract manager. A public phone line (and/or email) is available for the community to report concerns.
 - b. Have management staff available to respond to neighbors as soon as possible and always within two business days.
 - c. Have a representative attend all appropriate neighborhood meetings.
 - d. Minimize the impact on the neighborhood of program guests entering, exiting, or waiting for services.

Contractor: Asian Pacific Island Wellness Center dba,
San Francisco Community Health Center
Program: Tenderloin Night Navigator

A-1/A-1a
Funding Term: 23-24
Funding Source: BHS MH-CPC, Opioid Settlement

- e. Actively discourage loitering, excessive noise, and public drug use in the area immediately surrounding the program and coordinate with other service providers and City agencies, as necessary, to address this issue.
- f. Train appropriate staff on protocols regarding contacting law enforcement, San Francisco Homeless Outreach Team (SHOT), Healthy Streets Operation Center (HSOC), 311, and/or crisis response teams as needed.

10. Subcontractors & Consultants: Center for New Music/Code Tenderloin

- a. APIWC dba SFCHC is responsible for the performance of its subcontractors and consultants in this Agreement.
- b. APIWC dba SFCHC acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All APIWC dba SFCHC staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- c. APIWC dba SFCHC assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. APIWC dba SFCHC must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.
- d. APIWC dba SFCHC acknowledges that it will provide to the City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
- e. APIWC dba SFCHC will develop and execute subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
- f. Any such subcontract agreements will be kept on file with APIWC dba SFCHC, with a copy sent to the Department of Public Health's Program Director associated with this engagement.
- g. This list of requirements is provided to highlight for APIWC dba SFCHC, and APIWC dba SFCHC acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

ATTACHMENT 2 of Appendix B Grant Budget Summary

1. Estimated Funding Allocations by Funding Source

Grant Plan	Grant Plan Term	Funding Source	Estimated Funding Allocation	
Attachment 2.1 Appendix B-1	8/1/2023-7/31/2024	MH Adult - GF	\$625,850	Original
Attachment 2.1 Appendix B-1	8/1/2024-6/30/2025	MH Adult - GF	\$870,833	Original
Attachment 2.1 Appendix B-1	7/1/2025-7/31/2025	MH Adult - GF	\$75,000	Original
Subtotal Award			\$1,571,683	
Contingency			\$113,500	
Total NTE			\$1,685,183	

2. Method of Payment

A. For the purposes of this Section, “General Fund” shall mean all those funds, which are not Work Order or Grant funds. “General Fund Appendices” shall mean all those appendices, which include General Fund monies. Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner

(1) For Eligible Expenses reimbursable by Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Grant Budget)

Grantee shall submit a monthly Funding Request in the format attached, Appendix C, and in a form acceptable to the Grant Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs of the Eligible Expenses of the preceding month. Eligible Expenses are reimbursable only after incurred by the Grantee and in no case in advance.

(2) For Eligible Expenses reimbursable by Fee for Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

Grantee shall submit monthly Funding Request in the format attached, Appendix C, and in a form acceptable to the Grant Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Attachment of Appendix B times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. Eligible Expenses are reimbursable only after incurred by the Grantee and in no case in advance.

3. Contingency Amount

A. Grantee understands that, of the maximum dollar obligation listed in Section 5.1 of this Agreement, **\$113,500** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Grant Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with

applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

4. Initial Payment

A. Upon the effective date of this Agreement, and contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Grantee, and of each year's revised Grant Plan and each year's revised Grant Budget Detail and within each fiscal year, the CITY agrees to make an initial payment to Grantee not to exceed twenty-five per cent (25%) of the General Fund and Mental Health Service Act (Prop 63) portions of the Grantee's allocation for the applicable fiscal year.

B. Grantee agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to Grantee during the period of October 1 through March 31 of the applicable fiscal year, unless and until Grantee chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

5. Revisions to the Grant Budget

A. Grantee agrees to comply with its Grant Budgets of Appendix B. Changes to the Grant Budget that do not increase or reduce the Maximum Amount of Grant Funds listed in Section 5.1 of the Agreement are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Grantee agrees to comply fully with that policy/procedure.

B. Grantee understands that the CITY may need to adjust funding sources and funding allocations and agrees that these needed adjustments will be executed in accordance with Section 19.1 of this Agreement. In event that such funding source or funding allocation is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will Grantee be entitled to compensation in excess of these amounts for these periods without there first being a modification as provided for in Section 17.2 of the Agreement or a revision to Grant Budget, as provided for in Section 19.1 section of this Agreement.

C. The amount for each fiscal year, to be used in Grant Budget and available to Grantee for that fiscal year shall conform with the Grant Plan, Grant Budget and Cost Reporting Data Collection form, as approved by the City's Department of Public Health based on the City's allocation of funding for services for that fiscal year.

D. For each fiscal year of the term of this Agreement, Grantee shall submit for approval of the City's Department of Public Health a revised Grant Plan, and a revised Grant Budget, and Cost Reporting Data Collection form, based on the City's allocation of funding for services for the appropriate fiscal year. Grantee shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the Grant Plan term for which they were created. The revised Grant Plan, and revised Grant Budget Detail, shall be incorporated into the Agreement as provided for in Section 19.1 of this Agreement.

6. State or Federal Medi-Cal Revenues

A. Grantee understands and agrees that should the City's maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, Grantee shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with City, State, and Federal Medi-Cal regulations. Should Grantee fail to expend budgeted Medi-Cal revenues

herein, the City's maximum dollar obligation to Grantee shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

B. Grantee further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement.

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

Appendix B, Page 1

DHCS Legal Entity Number 2113

Legal Entity Name/Contractor Name APIWC dba San Francisco Community Health Center

Fiscal Year 2024-2025

Contract ID Number 1000028562

Funding Notification Date 7/17/2024

Appendix Number	B-1	B-#	B-#	B-#	B-#	
Provider Number	38K8					
Program Name	Tenderloin Night Navigator					
Program Code	38K8HC					
Funding Term	8/1/24-6/30/25					
FUNDING USES						TOTAL
Salaries	\$ 94,275					\$ 94,275
Employee Benefits	\$ 25,492					\$ 25,492
Subtotal Salaries & Employee Benefits	\$ 119,766	\$ -	\$ -	\$ -	\$ -	\$ 119,766
Operating Expenses	\$ 642,004					\$ 642,004
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 761,770	\$ -	\$ -	\$ -	\$ -	\$ 761,770
Indirect Expenses	\$ 109,063					\$ 109,063
Indirect %	14%	0%	0%	0%	0%	14%
TOTAL FUNDING USES	\$ 870,833	\$ -	\$ -	\$ -	\$ -	\$ 870,833
				Employee Benefits Rate		27.04%
BHS MENTAL HEALTH FUNDING SOURCES						
Opiod Settlement	\$870,833					\$ 870,833
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 870,833	\$ -	\$ -	\$ -	\$ -	\$ 870,833
BHS SUD FUNDING SOURCES						
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES						
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 870,833	\$ -	\$ -	\$ -	\$ -	\$ 870,833
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 870,833	\$ -	\$ -	\$ -	\$ -	\$ 870,833
Prepared By	Chris Brodie, Grants Administrator		Phone Number	415-292-3400 // chris@sfcommunityhealth.org		

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 2113						Appendix Number B-1	
Provider Name APIWC dba San Francisco Community Health Center						Page Number 2	
Provider Number 38K8						Fiscal Year 24-25	
Contract ID Number 1000028562						Funding Notification Date 07/17/24	
Program Name		Temderloun Night Navigator					
Program Code		38K8HC					
Mode/SFC (MH) or Modality (SUD)		15					
Service Description		Outpatient Services					
Funding Term (mm/dd/yy-mm/dd/yy):		08/01/2024-06/30/2025					
FUNDING USES						TOTAL	
Salaries & Employee Benefits		\$ 119,766				\$ 119,766	
Operating Expenses		\$ 642,004				\$ 642,004	
Capital Expenses		\$ -				\$ -	
Subtotal Direct Expenses		\$ 761,770	\$ -	\$ -	\$ -	\$ 761,770	
Indirect Expenses		\$ 109,063				\$ 109,063	
Indirect %		14.3%	0.0%	0.0%	0.0%	14.3%	
TOTAL FUNDING USES		\$ 870,833	\$ -	\$ -	\$ -	\$ 870,833	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
						\$ -	
						\$ -	
						\$ -	
						\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity						
Opioid Settlement	11650-210822-22553-10039527-0009	\$ 870,833				\$ 870,833	
						\$ -	
						\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL BHS SUD FUNDING SOURCES		\$ 870,833	\$ -	\$ -	\$ -	\$ 870,833	
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity						
						\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL DPH FUNDING SOURCES		\$ 870,833	\$ -	\$ -	\$ -	\$ 870,833	
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		870,833	-	-	-	870,833	
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Cost Reimbursement (CR)					
DPH Units of Service/Hours to Bill (LOE)		5,469					
Unit Type		Staff Hour	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 159.23	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 159.23	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)		2250				Total UDC 2250	

Appendix Number	B-1
Page Number	3
Fiscal Year	24-25
Funding Notification Date	07/17/24

Form Revised 6/22/2023

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000028562
 Program Name Tenderloin Night Navigator
 Program Code 38K8HC

Appendix Number B-1
 Page Number 4
 Fiscal Year 24-25
 Funding Notification Date 07/17/24

Expense Categories & Line Items	TOTAL	11650-210822-22553 10039527-0009	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	08/01/2024-06/30/2025	08/01/2024-06/30/2025	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -						
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
Center for New Music/Code Tenderloin: The Center for New Music/Code Tenderloin is a highly experienced homeless service agency that previously provided key services at the County's linkage center. The subcontract with Center for New Music/Code Tenderloin supports the cost of Night Navigation services that include six full time Night Navigators, and a Program Manager. Rate: 5x 1.0FTE Night Navigator: 60,000/yr @ 48 weeks = 276,923 2 x 1.0 FTE Navigator Team Lead: 68,000/yr @ 48 weeks = 125,539; 1 x 1.0 FTE Project Manager: 95,000/yr @ 48 weeks = 87,692 Transportation Costs: 5,000 30% Fringe Benefits = 146,850	\$ 642,004.00	\$ 642,003.94					
Consultant/Subcontractor Total:	\$ 642,004.00	\$ 642,004.00	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
	\$ -						
	\$ -						
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 642,004.00	\$ 642,004.00	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 5: Capital Expenses Detail

Contract ID Number APIWC dba San Francisco Community Health Center
Program Name Tenderloin Night Navigator
Program Code 38K8HC

Appendix Number B-1
Page Number 5
Fiscal Year 24-25
Funding Notification Date: 07/17/24

1. Equipment

Item Description	Quantity	Serial #/VIN #	Dept-Auth-Proj-Activity	Unit Cost	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

Total Equipment Cost \$ -

2. Remodeling

Description	Total Cost

Total Remodeling Cost \$ -

Total Capital Expenditure \$ -
(Equipment plus Remodeling Cost)

Appendix D
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
THIRD PARTY COMPUTER SYSTEM ACCESS AGREEMENT
(SAA)

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TERMS AND CONDITIONS

The following terms and conditions govern Third Party access to San Francisco Department of Public Health (“Department” and/or “City”) Computer Systems. Third Party access to Department Computer Systems and Department Confidential Information is predicated on compliance with the terms and conditions set forth herein.

SECTION 1 - “THIRD PARTY” CATEGORIES

1. **Third Party In General:** means an entity seeking to access a Department Computer System. Third Party includes, but is not limited to, Contractors (including but not limited to Contractor’s employees, agents, subcontractors), Researchers, and Grantees, as further defined below. Category-specific terms for Treatment Providers, Education Institutions, and Health Insurers are set forth Sections 4 through 6, herein.
2. **Treatment Provider:** means an entity seeking access to Department Computer Systems in order to obtain patient information necessary to provide patient treatment, billing, and healthcare operations, including access for Physician Practices, Hospitals, Long Term Care Facilities, and Nursing Homes.
3. **Education Institution:** means an entity seeking access to Department Computer Systems to support the training of its students while performing education activities at Department facilities.
4. **Health Insurer:** means an entity seeking access to provide health insurance or managed care services for Department patients.

SECTION 2 - DEFINITIONS

1. **“Agreement”** means an Agreement between the Third Party and Department that necessitates Third Party’s access to Department Computer System. Agreement includes, but is not limited to, clinical trial agreements, accreditation agreements, affiliation agreements, professional services agreements, no-cost memoranda of understanding, and insurance network agreements.
2. **“Department Computer System”** means an information technology system used to gather and store information, including Department Confidential Information, for the delivery of services to the Department.
3. **“Department Confidential Information”** means information contained in a Department Computer System, including identifiable protected health information (“PHI”) or personally identifiable information (“PII”) of Department patients.
4. **“Third Party”** and/or **“Contractor”** means a Third Party Treatment Provider, Education Institution, and/or Health Insurer, under contract with the City.
5. **“User”** means an individual who is being provided access to a Department Computer Systems on behalf of Third Party. Third Party Users include, but are not limited to, Third Party’s employees, students/trainees, agents, and subcontractors.

SECTION 3 – GENERAL REQUIREMENTS

1. **Third Party Staff Responsibility.** Third Party is responsible for its work force and each Third Party User’s compliance with these Third Party System Access Terms and Conditions.
2. **Limitations on Access.** User’s access shall be based on the specific roles assigned by Department to ensure that access to Department Computer Systems and Department Confidential Information is limited to the minimum necessary to perform under the Agreement.

3. **Qualified Personnel.** Third Party and Department (i.e., training and onboarding) shall ensure that Third Party Users are qualified to access a Department Computer System.

4. **Remote Access/Multifactor Authentication.** Department may permit Third Party Users to access a Department Computer System remotely. Third Party User shall use Department's multifactor authentication solution when accessing Department systems remotely or whenever prompted.

5. **Issuance of Unique Accounts.** Department will issue a unique user account for each User of a Department Computer System. Third Party User is permitted neither to share such credentials nor use another user's account.

6. **Appropriate Use.** Third Party is responsible for the appropriate use and safeguarding of credentials for Department Computer System access issued to Third Party Users. Third Party shall take the appropriate steps to ensure that their employees, agents, and subcontractors will not intentionally seek out, download, transfer, read, use, or disclose Department Confidential Information other than for the use category described in Section 1 – "Third Party" Categories.

7. **Notification of Change in Account Requirements.** Third Party shall promptly notify Department via Third Party's Report for DPH Service Desk (dph.helpdesk@sfdph.org) in the event that Third Party or a Third Party User no longer has a need to use Department Computer Systems(s), or if the Third Party User access requirements change. Such notification shall be made no later than one (1) business day after determination that use is no longer needed or that access requirements have changed.

8. **Assistance to Administer Accounts.** The Parties shall provide all reasonable assistance and information necessary for the other Party to administer the Third Party User accounts.

9. **Security Controls.** Third Party shall appropriately secure Third Party's computing infrastructure, including but not limited to computer equipment, mobile devices, software applications, and networks, using industry standard tools to reduce the threat that an unauthorized individual could use Third Party's computing infrastructure to gain unauthorized access to a Department Computer System. Third Party shall also take commercially reasonable measures to protect its computing infrastructure against intrusions, viruses, worms, ransomware, or other disabling codes. General security controls include, but are not limited to:

a **Password Policy.** Third Party must maintain a password policy based on information security best practices for password length, complexity, and reuse. Third Party credentials used to access Third Party networks and systems must be configured for a password change no greater than every 90 calendar days.

b **Workstation/Laptop Encryption.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must be configured with full disk encryption using a FIPS 140-2 certified algorithm.

c **Endpoint Protection Tools.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must maintain a current installation of comprehensive anti-virus, anti-malware, anti-ransomware, desktop firewall, and intrusion prevention software with automatic updates scheduled at least daily.

d **Patch Management.** To correct known security vulnerabilities, Third Party shall install security patches and updates in a timely manner on all Third Party-owned workstations, laptops, tablets, smart phones, and similar devices that access Department Computer Systems based on Third Party's risk assessment of such patches and updates, the technical requirements of Third Party's computer systems, and the vendor's written recommendations. If patches and

updates cannot be applied in a timely manner due to hardware or software constraints, mitigating controls must be implemented based upon the results of a risk assessment.

e **Mobile Device Management.** Third Party shall ensure both corporate-owned and personally owned mobile devices have Mobile Device Management (MDM) installed. Given the prevalence of restricted data in Third Party's environment, all mobile devices used for Third Party's business must be encrypted. This applies to both corporate-owned and privately-owned mobile devices. At a minimum, the MDM should: Enforce an entity's security policies and perform real-time compliance checking and reporting; Enforce strong passwords/passcodes for access to mobile devices; Perform on-demand remote wipe if a mobile device is lost or stolen; Mandate device encryption.

10. **Auditing Accounts Issued.** Department reserves the right to audit the issuance and use of Third Party User accounts. To the extent that Department provides Third Party with access to tools or reports to audit what Department Confidential Information a Third Party User has accessed on a Department Computer System, Third Party must perform audits on a regular basis to determine if a Third Party User has inappropriately accessed Department Confidential Information.

11. **Assistance with Investigations.** Third Party must provide all assistance and information reasonably necessary for Department to investigate any suspected inappropriate use of a Department Computer Systems or access to Department Confidential Information. The Department may terminate a Third Party' User's access to a Department Computer System following a determination of inappropriate use of a Department Computer System.

12. **Inappropriate Access, Failure to Comply.** If Third Party suspects that a Third Party User has inappropriately accessed a Department Computer System or Department Confidential Information, Third Party must immediately, and within no more than one (1) business day, notify Department.

13. **Policies and Training.** Third Party must develop and implement appropriate policies and procedures to comply with applicable privacy, security and compliance rules and regulations. Third Party shall provide appropriate training to Third Party Users on such policies. Access will only be provided to Third Party Users once all required training is completed.

14. **Third Party Data User Confidentiality Agreement.** Before Department Computer System access is granted, as part of Department's compliance, privacy, and security training, each Third Party User must complete Department's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

15. **Corrective Action.** Third Party shall take corrective action upon determining that a Third Party User may have violated these Third Party System Access Terms and Conditions.

16. **No Technical or Administrative Support.** Except as provided herein or otherwise agreed, the Department will provide no technical or administrative support to Third Party or Third Party User(s) for Department Computer System access; provided, however, that the foregoing does not apply to technical or administrative support necessary to fulfill Third Party's contractual and/or legal obligations, or as required to comply with the terms of this Agreement.

SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS

1. **Permitted Access, Use and Disclosure.** Treatment Providers and Treatment Provider Users shall access Department Confidential Information of a patient/client in accordance with applicable privacy rules and data protection laws. Requests to obtain data for research purposes require approval from an Institutional Review Board (IRB).

2. **Redisclosure Prohibition.** Treatment Providers may not redisclose Department Confidential Information, except as otherwise permitted by law.

3. **HIPAA Security Rule.** Under the HIPAA Security Rule, Treatment Providers must implement safeguards to ensure appropriate protection of protected/electronic health information (PHI/EHI), including but not limited to the following:

- a) Ensure the confidentiality, integrity, and security of all PHI/EHI they create, receive, maintain or transmit when using Department Computer Systems;
- b) Identify and protect against reasonably anticipated threats to the security or integrity of the information;
- c) Protect against reasonably anticipated, impermissible uses or disclosures; and
- d) Ensure compliance by their workforce.

SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS

1. **Education Institution is Responsible for its Users.** Education Institutions shall inform Education Institution Users (including students, staff, and faculty) of their duty to comply with the terms and conditions herein. Department shall ensure that all Education Institution Users granted access to a Department Computer System shall first successfully complete Department's standard staff training for privacy and compliance, information security and awareness, and software-application specific training before being provided User accounts and access to Department Computer Systems.

2. **Tracking of Training and Agreements.** Department shall maintain evidence of all Education Institution Users (including students, staff, and faculty) having successfully completed Department's standard staff training for privacy and compliance and information security and awareness. Such evidence shall be maintained for a period of five (5) years from the date of graduation or termination of the Third Party User's access.

SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS

1. **Permitted Access, Use and Disclosure.** Health Insurers and Health Insurer Users may access Department Confidential Information only as necessary for payment processing and audits, including but not limited to quality assurance activities, wellness activities, care planning activities, and scheduling.

2. **Member / Patient Authorization.** Before accessing, using, or further disclosing Department Confidential Information, Health Insurers must secure all necessary written authorizations from the patient / member or such individuals who have medical decision-making authority for the patient / member.

SECTION 7 - DEPARTMENT'S RIGHTS

1. **Periodic Reviews.** Department reserves the right to perform regular audits to determine if a Third Party's access to Department Computer Systems complies with these terms and conditions.

2. **Revocation of Accounts for Lack of Use.** Department may revoke any account if it is not used for a period of ninety (90) days.

3. **Revocation of Access for Cause.** Department and Third Party reserves the right to suspend or terminate a Third Party User's access to Department Computer Systems at any time for cause, i.e., the Parties determined that a Third-Party User has violated the terms of this Agreement and/or Applicable law.

4. **Third Party Responsibility for Cost.** Each Third Party is responsible for its own costs incurred in connection with this Agreement or accessing Department Computer Systems.

SECTION 8 - DATA BREACH; LOSS OF CITY DATA.

1. **Data Breach Discovery.** Following Third Party's discovery of a breach of City Data disclosed to Third Party pursuant to this Agreement, Third Party shall notify City in accordance with applicable laws. Third Party shall:

- i. mitigate, to the extent practicable, any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. comply with any requirements of federal and state laws as applicable to Third Party pertaining to the breach of City Data.

2. **Investigation of Breach and Security Incidents.** To the extent a breach or security system is identified within Third Party's System that involves City Data provided under this Agreement, Third Party shall investigate such breach or security incident. For the avoidance of doubt, City shall investigate any breach or security incident identified within the City's Data System. To the extent of Third Party discovery of information that relates to the breach or security incident of City Data, Third Party User shall inform the City of:

- i. the City Data believed to have been the subject of breach;
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used, accessed or acquired the City Data;
- iii. to the extent known, a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. to the extent known, a description of the probable and proximate causes of the breach or security incident;

3. **Written Report. To the extent a breach is identified within Third Party's System,** Third Party shall provide a written report of the investigation to the City as soon as practicable; provided, however, that the report shall not include any information protected under the attorney-client privileged, attorney-work product, peer review laws, and/or other applicable privileges. The report shall include, but not be limited to, the information specified above, as well as information on measures to mitigate the breach or security incident.

4. **Notification to Individuals.** If notification to individuals whose information was breached is required under state or federal law, Third Party shall cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach

5. **Sample Notification to Individuals.** If notification to individuals is required, Third Party shall cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

6. **Media Communications.** The Parties shall together determine any communications related to a Data Breach.

7. **Protected Health Information.** Third Party and its subcontractors, agents, and employees shall comply with all federal and state laws regarding the transmission, storage and protection of all PHI disclosed to Third Party by City. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI given to Third Party by City, Third Party shall indemnify City for the amount of such fine or penalties or damages, including costs of notification, but only in proportion to and to the extent that such fine, penalty or damages are caused by or result from the impermissible acts or omissions of Third Party. This section does not apply to the extent fines or penalties or damages were caused by the City or its officers, agents, subcontractors or employees.

Attachment 1 to SAA
System Specific Requirements

I. For Access to Department Epic through Care Link the following terms shall apply:

A. Department Care Link Requirements:

1. Connectivity.
 - a) Third Party must obtain and maintain an Internet connection and equipment in accordance with specifications provided by Epic and/or Department. Technical equipment and software specifications for accessing Department Care Link may change over time. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.
2. Compliance with Epic Terms and Conditions.
 - a) Third Party will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the Department Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing Department Care Link:
3. Epic-Provided Terms and Conditions
 - a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
 - b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to Department Epic through Epic Hyperspace the following terms shall apply:

A. Department Epic Hyperspace:

1. Connectivity.
 - a) Third Party must obtain and maintain an Internet connection and required equipment in accordance with specifications provided by Epic and Department. Technical equipment and software specifications for accessing Department Epic Hyperspace will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System in accordance with the terms of this agreement.
2. Application For Access and Compliance with Epic Terms and Conditions.
 - a) Prior to entering into agreement with Department to access Department Epic Hyperspace, Third Party must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at:
<https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation notifies Department, in writing, of Third Party's permissions to access Department Epic Hyperspace

prior to completing this agreement. Third Party will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to Department myAvatar the following terms shall apply:

A. Department myAvatar

1. Connectivity.

- a. Third Party must obtain an Internet connection and required equipment in accordance with specifications provided by Department. Technical equipment and software specifications for accessing Department myAvatar will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.

2. Information Technology (IT) Support.

- a. Third Party must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at:
<https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Applicants must complete the myAvatar Account Request Form found at
https://www.sfdph.org/dph/files/CBHSDocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- c. All licensed, waived, registered and/or certified providers must complete the Department credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.

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Business Associate Agreement

This Business Associate Agreement (“BAA”) supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity (“CE”), and Contractor, the Business Associate (“BA”) (the “Agreement”). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. Definitions.

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

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b. Breach Notification Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

c. Business Associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

d. Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

e. Data Aggregation means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

f. Designated Record Set means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

j. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or

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with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.

n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

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c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this

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BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

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j. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

l. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

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o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents.

Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

a. Material Breach. A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

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e. Disclaimer. CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Attachment 3 – Protected Information Destruction Order Purge Certification 01-10-2024

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040

Contractor Name:		Contractor City Vendor ID	
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PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...							Yes	No*
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?						<input type="checkbox"/>	<input type="checkbox"/>
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?						<input type="checkbox"/>	<input type="checkbox"/>
	If yes:	Name & Title:		Phone #		Email:		
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]						<input type="checkbox"/>	<input type="checkbox"/>
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						<input type="checkbox"/>	<input type="checkbox"/>
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?						<input type="checkbox"/>	<input type="checkbox"/>
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFDPH Information Security staff?						<input type="checkbox"/>	<input type="checkbox"/>

II. Contractors who serve patients/clients and have access to SFDPH PHI, must also complete this section.

If Applicable: DOES YOUR ORGANIZATION...		Yes	No*
G	Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?	<input type="checkbox"/>	<input type="checkbox"/>
H	Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.)	<input type="checkbox"/>	<input type="checkbox"/>
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?	<input type="checkbox"/>	<input type="checkbox"/>
J	Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?	<input type="checkbox"/>	<input type="checkbox"/>
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?	<input type="checkbox"/>	<input type="checkbox"/>

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date	
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IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Contractor Name:		Contractor City Vendor ID	
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DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...						Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]						
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?						
	Date of last Data Security Risk Assessment/Audit:						
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:						
C	Have a formal Data Security Awareness Program?						
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?						
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?						
	If yes:	Name & Title:		Phone #			
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH data security training materials are available for use; contact OCPA at 1-855-729-6040.]						
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?						
I	Have (or will have if/when applicable) a diagram of how SFPDH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?						

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date	
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III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Attachment 3 to Appendix E

Protected Information Destruction Order
Purge Certification - Contract ID # _____

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated _____ (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

Electronic Data: Per the Secretary’s guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization (“NIST”).

Hard-Copy Data: Per the Secretary’s guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

So Certified

Signature

Title:

Date:



San Francisco Department of Public Health

Grant Colfax, MD

Director of Health

City and County of San Francisco
London N. Breed
Mayor

7/26/2024

Lance Toma
Executive Director

Asian and Pacific Island Wellness Center
730 Polk Street, 4th Floor, San Francisco, CA 94109

Subject: Final Status Letter for Asian and Pacific Island Wellness Center for FY23-24

List of City Contracts:

Department / Program	Contract Name / Description
Department of Public Health	SA-Adult: HERR - Health Education Risk Reduction (#1000002679)
Department of Public Health	Primary Care: Groups and counseling w/ API focus (#1000014566)
Department of Public Health	HHS: Integrated Medical Case Management: EIS (#1000002677)
Department of Public Health	HHS: Integrated Medical Case Management (#1000002676)
Department of Public Health	SA-Adult: Relief for PEH (#1000027893)
Department of Public Health	MH-Adult: Tenderlion (TL) Emergency Response (#1000002610)
Department of Public Health	CHEP: Intensive Case Management (#1000002668)
Department of Public Health	MH-Adult: Tenderloun Night Navigators (#1000028562)
Department of Public Health	HHS: Medical Case Mgmt (#1000002676)
Department of Public Health	HHS: Tenderloun Area CoE (#1000002676)
Department of Public Health	CHEP: Health Access Point: Trans Women of Color (#1000024731)
Department of Public Health	MH-Adult: TLC Code Tenderloun Navigators (#1000002610)
Mayor's Office of Housing and Community Development	House of Thrive (HOT)
Mayor's Office of Housing and Community Development	Visitation Valley Service Connection
Department of Children Youth and Their Families	APACC Afterschool Program

Dear Lance Toma:

Thank you for your timely response to The City and County of San Francisco monitoring report letter. In your agency letter, you described actions your organization has adopted and implemented to address the concerns raised in the monitoring report letter. Below is a summary of the findings listed in the monitoring report letter, corrective action taken/planned, and the status of each finding as of the close of this monitoring season.

Category	Standard	Action Taken / Planned	Status
15.a Nonprofit Registry Status	Nonprofit is in good standing with the California State Attorney General Registry of Charitable Trusts (i.e., cannot be Not Registered, Suspended, Revoked, or Delinquent).	As of July 15, 2024, Asian and Pacific Island Wellness Center resolved all issues related to being in delinquent status and received notice from the Office of the Attorney General that the organization is “current”.	In conformance. Department of Public Health received document confirming the good standing with the state attorney office.
5.a Audited Financial Statements	Completed and complete: all sections and statements included opinion and other audit letters are signed.	On July 10, 2024, Asian and Pacific Island Wellness Center Board of Directors approved the recommendation of the Audit Committee, to accept the independently audited financial statements for the agency fiscal year ending 3/31/2023. The agency then uploaded the audit to the federal clearinghouse. Asian and Pacific Island Wellness Center received notice that the audit was accepted on July 12, 2024.	In conformance Department of Public Health received the missing fiscal audit.
5.e Audited Financial Statements	Audit completed within nine months of the close of the contractor's fiscal year.	Asian and Pacific Island Wellness Center reason behind not completing the audit in a timely fashion is due to the migration to OCHIN Epic.	Not Yet in Conformance. Monitors will check this item in next year’s monitoring to ensure compliance.

Standards will be reviewed in next year’s monitoring cycle. Per the City’s corrective action policy, certain findings repeated in two consecutive years may result in your organization being placed on Elevated Concern status. General nonresponsiveness, including failure to implement or to show reasonable progress toward implementation of an approved plan by the established deadline, may also result in being placed on Elevated Concern status.

For more information on Elevated Concern status, as well as the standard monitoring and corrective action process, please review the attached Corrective Action Policy.

Please contact me via email at wasim.samara@sfdph.org should you have any questions.

Sincerely,

Wasim Samara

Wasim Samara, CMA – Department of Public Health

CC:

Dolly Sithounnolat, Mayor's Office of Housing and Community Development.

Greg Rojas, Department of Children Youth and Their Families.

Mohamed Ezzaoui Rahali, Department of Public Health.

Critical Incident Reporting Process

The critical incident reporting process is crucial to ensuring the safety of night navigators and the individuals they serve.

1. Immediate Response

In the event of a critical incident, night navigators are trained to prioritize the safety and well-being of everyone involved.

If there is an immediate threat, the first step is to ensure the safety of all individuals present and to contact emergency services if necessary.

2. Documentation

Night navigators are required to document the critical incident thoroughly. This documentation includes a detailed account of what transpired, the individuals involved, any injuries sustained, and the actions taken by the night navigators.

3. Notification

Once the immediate situation is under control, the next step is to notify the appropriate authorities and stakeholders. This may include contacting a supervisor, program manager, or relevant organizational leadership.

4. Internal Reporting

Night navigators submit an internal report detailing the critical incident. This report includes the documentation gathered and outlines the events leading up to, during, and after the incident.

5. Debrief Session

After reporting the critical incident, the night navigators participate in a debrief session. This session allows the team to discuss the incident, share perspectives, and identify areas for improvement.

6. Ongoing Team Huddles and Support

Critical Incident Reporting Process

As part of the night navigation program's commitment to staff wellness and operational effectiveness, two recurring meetings are held:

- **Weekly Decompression Huddle:** This is a dedicated space for night navigators to process their experiences, including any critical incidents. It offers peer support, emotional release, and opportunities to share insights or concerns.
- **Weekly Leads Update/Debriefing Huddle:** This meeting brings together team leads to discuss recent developments, including critical incidents. The purpose is to track emerging patterns, share updates on follow-up actions, and refine approaches based on shared experiences.

These weekly huddles are closely tied to the critical incident process by reinforcing team communication, encouraging continuous learning, and providing regular opportunities for review and improvement.

7. Review and Analysis

Program managers or designated personnel review the incident report and thoroughly analyze the critical incident. This includes examining the effectiveness of the response, identifying any gaps in training or protocol, and determining if systemic issues need addressing.

8. Corrective Actions

Based on the analysis, corrective actions are implemented to address any identified issues. This may involve additional training, protocol adjustments, or changes to the program structure to prevent similar incidents in the future.

9. Communication with Stakeholders

If the critical incident involves external parties or stakeholders, there is clear and transparent communication about the incident, the actions taken, and any changes implemented to prevent future occurrences.

Critical Incident Reporting Process

10. Continuous Improvement

The critical incident reporting process is reactive and serves as a tool for continuous improvement. Lessons learned from each incident contribute to refining policies, enhancing training programs, and strengthening overall program effectiveness.

11. Follow-Up

Night navigators involved in the critical incident receive follow-up support, including counseling or additional training. This ensures their well-being and helps them cope with the emotional impact of the incident.

By following this comprehensive critical incident reporting process, the night navigation program aims to learn from each situation, enhance the safety of its operations, and continually improve its ability to provide effective support to individuals in crisis.

Night Navigator Safety Protocols

1. **Team-Based Outreach:**
Navigators always work in pairs or teams, never alone during street outreach.
Check-in/check-out protocols are used via group messaging systems before and after shifts.
2. **Radio & Cell Communication:**
All Navigators have radios and/or phones with direct lines to a supervisor or emergency services.
3. **Designated Safety Zones:**
Pre-assigned "safe zones" are established for team regrouping, rest, or shelter in emergencies.
4. **De-Escalation & Trauma-Informed Care Training:**
All staff receive training in de-escalation, harm reduction, and trauma-informed communication.
5. **Weekly Safety Debriefs:**
Staff participate in weekly debriefs to review field experiences, update safety protocols, and identify emerging challenges.

Examples of Safety Protocols in Action

1. Mental Health Crisis in UN Plaza

Situation: The Navigator team encountered an individual experiencing a psychotic break, threatening passersby.

Response: Maintained a safe distance and called in the Street Crisis Response Team (SCRT).

Used trauma-informed language to maintain calm until SCRT arrived.

Logged the incident and followed up with a care referral.

2. Overdose Encounter in Tenderloin Alley

Situation: A navigator came upon a client unconscious due to an overdose.

Response:

Administered Narcan per protocol.

Contacted EMS and ensured the area was safe for arrival.

Waited with the individual post-revival and provided wraparound services the next day.

3. Aggressive Bystander During Outreach

Situation: A bystander verbally threatened a team while engaging a client.

Response: Immediately relocated to the designated safe zone.

Log and report the incident; flag the location for future safety adjustments.

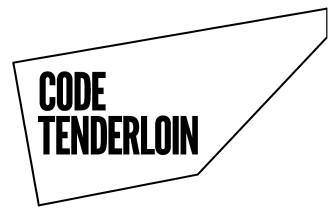
During the weekly debrief, the supervisor reviewed the event and updated the team on site-specific caution.

Client Satisfaction & Impact

Many clients have expressed gratitude for the Night Navigation team's presence and reliability. A few highlights:

"I didn't think anyone would check on me in the middle of the night. You all came back every time, just like you said. That meant everything." – Formerly unhoused client, now placed in transitional housing.

"They helped me get into detox when I couldn't even help myself. I'm 30 days clean today." – Client referred to substance use treatment.



Night Navigation Program Policy & Procedures

I. Overview

The Night Navigation Program is designed to provide compassionate, timely, and coordinated support to individuals experiencing homelessness and crises during nighttime hours. Night Navigators are on the front lines, offering direct outreach, crisis intervention, and connections to critical services through collaboration with community partners Code Tenderloin and SFCHC.

II. Navigator Qualifications

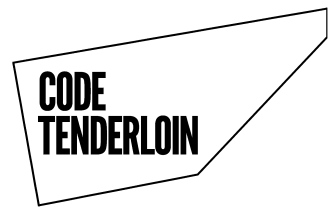
Night Navigators must possess:

- Strong empathy and communication skills
- An understanding of the challenges faced by vulnerable populations
- Preferred background: community health work, case management, housing navigation, or a related field
- Essential experience: crisis intervention and knowledge of local resources

III. Training Process

New Night Navigators complete a comprehensive onboarding program, which includes:

- Crisis intervention techniques
- Communication and de-escalation strategies
- Cultural sensitivity training
- Familiarization with the **SF Service Guide**



- Shadowing experienced staff
- Role-playing scenarios
- Ongoing professional development sessions

IV. Daily Operational Procedures

Each evening shift begins with a team huddle to:

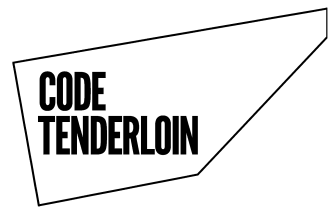
- Review "hot zones"
- Coordinate with local law enforcement (as appropriate)
- Ensure van readiness
- Establish clear communication protocols.
- Share updates on individuals or ongoing cases

Shift Closure

At the end of the shift, the team:

- Conducts a debrief session
- Restocks supplies
- Reviews unresolved cases
- Completes all documentation
- Plans for follow-up in the next shift

V. Engagement & Referral Policies



Treatment Referral

- Engagements begin with an intake and assessment
- Individuals needing treatment are referred based on urgency, need, and available resources.
- Code Tenderloin's licensed drug counselor follows up with individuals interested in treatment the next day if the connection was not made.

Transportation Policy

- A designated van is used to transport individuals to shelters or service locations.
- Safety and dignity are prioritized:
 - Personal belongings are bagged and stored in the back compartment.
 - Backpacks are not allowed inside the van, only in the back compartment.
 - The van does **not** provide ADA transportation.
 - The van is cleaned and sterilized after each use.

VI. Safety Protocol

Safety is a core priority, guided by:

- Use of communication devices (e.g., walkies)
- Emergency contact protocols
- Regular check-ins throughout the shift

- A client-centered approach that also prioritizes navigator safety
-

VII. Critical Incident Reporting Process

In the event of a critical incident:

1. Immediate Response

- Ensure the safety of all involved.
- Contact emergency services if needed.

2. Documentation

- Detailed account of the incident, individuals involved, and actions taken

3. Notification

- Inform the supervisor, program manager, and relevant authorities.

4. Internal Reporting

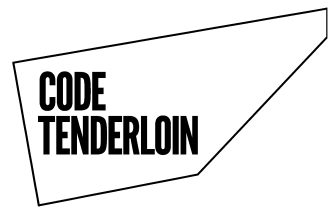
- Submit a formal report with comprehensive documentation.

5. Debrief Session

- Team discusses the incident, identifies lessons learned.

6. Weekly Huddles

- **De-compression Huddle:** Staff support space to process critical incidents
- **Leads Update/Debriefing Huddle:** Strategic discussion of follow-ups, patterns, and response improvements



7. Review & Analysis

- Program manager/Lead(s) assess response, identify training or protocol gaps

8. Corrective Action

- Implement changes such as updated protocols or new training modules.

9. Communication with Stakeholders

- Transparent sharing of incident details and follow-up measures with involved parties

10. Continuous Improvement

- Use data from incidents to enhance program policies and service delivery.

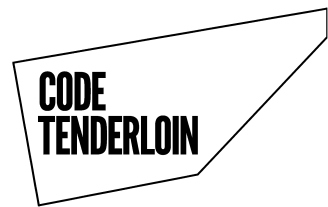
11. Follow-Up

- Navigators receive emotional support and any necessary re-training

VIII. Resource Connections

- Navigators maintain and use an up-to-date list of services.
- Strong partnerships with community organizations ensure seamless support transitions.
- Referrals are documented and tracked for accountability.

IX. Hotline Policy & Response Assessment



- A 24/7 hotline provides immediate access to support.
 - Response urgency is assessed based on the caller's needs.
 - Navigators are dispatched using a systematic approach and defined communication protocol.
-

X. Program Handover & Case Management

Next Day Program

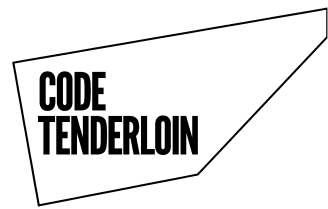
- Navigators hand off detailed notes and assessments to case managers
- Outreach efforts continue the next day, including locating individuals and planning ongoing support.

Referral to Case Management

- Once referred, case managers (Code TL or SFCHC) locate individuals using:
 - Known locations
 - Community networks
 - Coordination with other providers

Case Manager Assignment

- Based on:
 - The nature and complexity of the case



- Resource availability
 - Expertise required
-

XI. Documentation Standards

Needs Assessment & Care Plan Templates

- Case managers complete standardized templates that include:
 - Client background
 - Identified needs
 - Specific goals and interventions
 - Follow-up timelines
-

XII. Collaboration with SFCHC

- Coordination between Night Navigation and SFCHC case managers is guided by:
 - Case specifics
 - Caseload capacity
 - Specialized expertise
- Regular communication ensures smooth transitions and optimal outcomes.

DPH	2585				2586			
	Filled	Vacant	Total	Vacancy Rate	Filled	Vacant	Total	Vacancy Rate
12/2/2020	26.26	25.37	51.63	49%	114.04	54.42	168.46	32%
12/1/2021	28.75	24.56	53.31	46%	120.38	59.63	180.01	33%
12/1/2022	30.77	23.04	53.81	43%	115.5	91.52	207.02	44%
12/1/2023	28.75	23.06	51.81	45%	124.48	82.51	206.99	40%
12/1/2024	29.75	10.79	40.54	27%	141.98	49	190.98	26%

WPIC	2585				2586			
	Filled	Vacant	Total	Vacancy Rate	Filled	Vacant	Total	Vacancy Rate
12/1/2020								
12/1/2021						4	4	100%
12/1/2022					3	1	4	25%
12/1/2023					4		4	0%
12/1/2024	6	1	7	14%	9	3	12	25%

2587				2588			
Filled	Vacant	Total	Vacancy Rate	Filled	Vacant	Total	Vacancy Rate
128.12	31.05	159.17	20%	25.98	10.49	36.47	29%
111.62	87.48	199.1	44%	24	14.48	38.48	38%
136.34	90.82	227.16	40%	28	15.48	43.48	36%
130.43	96.25	226.68	42%	28.98	20.5	49.48	41%
164.95	48.39	213.34	23%	38.48	10	48.48	21%

2587				2588			
Filled	Vacant	Total	Vacancy Rate	Filled	Vacant	Total	Vacancy Rate
	1	1	100%				
1	7	8	88%				
2	11	13	85%		1	1	100%
3	6	9	67%	3	1	4	25%

Sum of BUDGET FTE	Column Labels							
	2585		2585 Total	2586		2586 Total	2587	
Row Labels	Filled	Vacant		Filled	Vacant		Filled	Vacant
12/2/2020	26.26	25.37	51.63	114.04	54.42	168.46	128.12	31.05
12/1/2021	28.75	24.56	53.31	120.38	59.63	180.01	111.62	87.48
12/1/2022	30.77	23.04	53.81	116.5	91.52	208.02	136.34	90.82
12/1/2023	28.75	23.06	51.81	124.48	82.51	206.99	130.43	96.25
12/1/2024	29.75	10.79	40.54	142.98	49	191.98	164.95	48.39
Grand Total	144.28	106.82	251.1	618.38	337.08	955.46	671.46	353.99

	DPH				WPIC			
Backfill	2585	2586	2587	2588	2585	2586	2587	2588
12/2/2020								
12/1/2021								
12/1/2022		1						
12/1/2023								
12/1/2024		1		1				1

2587 Total	2588		2588 Total	Grand Total
	Filled	Vacant		
159.17	25.98	10.49	36.47	415.73
199.1	24	14.48	38.48	470.9
227.16	28	15.48	43.48	532.47
226.68	28.98	20.5	49.48	534.96
213.34	39.48	10	49.48	495.34
1025.45	146.44	70.95	217.39	2449.4

Row Labels	Sum of BUDGET FTE
1132564	1
1123640	1
1116841	1
201550	1
1126610	1
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1142664	1
1114816	1
1144967	1
1115018	1
1147182	1
1115848	1
1116842	1
1118518	0.99
1122070	0.98
1106703	0.98
1117876	0.98
1081073	0.9
1135938	0.52
1082230	0.5
1095047	0.5
1129488	0.5
1058520	0.5
1126168	0.5
1125643	0.5
1116840	0.5
1133649	0.5
1145020	0.5

1055848	0.5
1094047	0.5
1082229	0.5
1132900	0.5
1122032	0.42
1108599	0.18
1120733	0.01
Grand Total	171.46

Distinct Count of EMPLID

[illegible]

[illegible]

[illegible]

[illegible]

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120

POS JOB			PeopleSoft		BUDGET FTE
Position #	CODE	POS JOB Description	Position Status	Job Union Name	
01043606	1822	Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
01050408	1822	Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
01065763	1822	Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
01117015	1822	Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
01122119	1822	Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
01132752	1822	Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
01149322	1822	Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
01150513	1822		Approved	SEIU, Local 1021, Misc	1
01151637	1822	Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
01076692	3450	Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
01017285	2930	Agricultural Inspector	Approved	SEIU, Local 1021, Misc	0.98
01029558	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01040109	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01040999	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01048197	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01054888	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01067544	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01068688	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01087407	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01105325	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01105335	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01124828	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01134540	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01134542	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01140250	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	0.5
01148613	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01149159	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	0.1
01149891	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	0.1
01151053	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01151856	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01151869	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01151873	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01153537	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01153538	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01154705	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01154819	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01157849	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01157859	2930	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01106874	2303	Behavioral Health Clinician	Approved	SEIU, Local 1021, Misc	1
01106897	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01106946	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1

01107034	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01107153	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01109380	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01110375	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01110376	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01110665	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01112294	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	0.9
01113274	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01113284	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01113287	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01113290	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01115556	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01116292	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01119851	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01122557	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01123884	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01125778	2303	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	0.9
01098405	2656	Certified Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01122568	2573	Chef	Approved	SEIU, Local 1021, Misc	1
01020685	2323	Clinical Neuropsychologist	Approved	SEIU, Local 1021, RN	1
01036920	2323	Clinical Nurse Specialist	Approved	SEIU, Local 1021, RN	1
01105656	2323	Clinical Nurse Specialist	Approved	SEIU, Local 1021, RN	1
01030018	2574	Clinical Nurse Specialist	Approved	SEIU, Local 1021, Misc	1
01137246	2574	Clinical Psychologist	Approved	SEIU, Local 1021, Misc	1
01138124	2574	Clinical Psychologist	Approved	SEIU, Local 1021, Misc	1
01155954	2574	Clinical Psychologist	Approved	SEIU, Local 1021, Misc	0.07
01156213	2574	Clinical Psychologist	Approved	SEIU, Local 1021, Misc	0.1
01156214	2574	Clinical Psychologist	Approved	SEIU, Local 1021, Misc	0.1
01065865	2654	Clinical Psychologist	Approved	SEIU, Local 1021, Misc	1
01117527	2654	Cook	Approved	SEIU, Local 1021, Misc	0.99
01143332	2654	Cook	Approved	SEIU, Local 1021, Misc	0.01
00217620	2202	Cook	Approved	SEIU, Local 1021, Misc	1
01016191	2204	Dental Aide	Approved	SEIU, Local 1021, Misc	1
01021941	2204	Dental Hygienist	Approved	SEIU, Local 1021, Misc	1
01148015	2204	Dental Hygienist	Approved	SEIU, Local 1021, Misc	1
01148017	2204	Dental Hygienist	Approved	SEIU, Local 1021, Misc	1
01104497	2473	Dental Hygienist	Approved	SEIU, Local 1021, Misc	1
00903575	2604	Diag Med Sonographer I,II,III	Approved	SEIU, Local 1021, Misc	1
01037328	2604	Food Service Worker	Approved	SEIU, Local 1021, Misc	1
01113253	2604	Food Service Worker	Approved	SEIU, Local 1021, Misc	0.5
01130078	2604	Food Service Worker	Approved	SEIU, Local 1021, Misc	0.1
01140887	2604	Food Service Worker	Approved	SEIU, Local 1021, Misc	0.1
01114605	1635	Food Service Worker	Approved	SEIU, Local 1021, Misc	1
01116089	1635	Health Care Billing Clerk 1	Approved	SEIU, Local 1021, Misc	1

01118367	1635	Health Care Billing Clerk 1	Approved	SEIU, Local 1021, Misc	1
01103442	1636	Health Care Billing Clerk 1	Approved	SEIU, Local 1021, Misc	1
01016339	2585	Health Care Billing Clerk 2	Approved	SEIU, Local 1021, Misc	1
01016354	2585	Health Worker 1	Approved	SEIU, Local 1021, Misc	1
01053661	2585	Health Worker 1	Approved	SEIU, Local 1021, Misc	0.98
01124661	2585	Health Worker 1	Approved	SEIU, Local 1021, Misc	0.99
01151469	2585	Health Worker 1	Approved	SEIU, Local 1021, Misc	1
00103039	2586	Health Worker 1	Approved	SEIU, Local 1021, Misc	1
00904195	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01017316	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01017512	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01072409	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01084556	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01107859	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01110331	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01110538	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01117876	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01119162	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01127842	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01135181	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01135938	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01136140	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01136549	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01142664	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01153459	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01016673	2587	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01032430	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01037005	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01037276	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01037302	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01037310	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01037639	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01045414	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01049762	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01082030	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01097602	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01110332	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01125819	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01125994	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01129451	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01134479	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01135334	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01146334	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01147243	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1

01147703	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01148686	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01148746	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01151635	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01151959	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01154821	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01155256	2587	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01056585	2588	Health Worker 3	Approved	SEIU, Local 1021, Misc	1
01154713	2588	Health Worker 4	Approved	SEIU, Local 1021, Misc	1
01154841	2588	Health Worker 4	Approved	SEIU, Local 1021, Misc	1
01021271	2583	Health Worker 4	Approved	SEIU, Local 1021, Misc	1
01016442	2909	Home Health Aide	Approved	SEIU, Local 1021, Misc	1
01109923	2903	Hospital Elig Wrk Supervisor	Approved	SEIU, Local 1021, Misc	1
01114726	2903	Hospital Eligibility Worker	Approved	SEIU, Local 1021, Misc	1
01116800	2903	Hospital Eligibility Worker	Approved	SEIU, Local 1021, Misc	1
01125990	2903	Hospital Eligibility Worker	Approved	SEIU, Local 1021, Misc	1
01126169	2903	Hospital Eligibility Worker	Approved	SEIU, Local 1021, Misc	1
01127841	2903	Hospital Eligibility Worker	Approved	SEIU, Local 1021, Misc	1
01131914	2903	Hospital Eligibility Worker	Approved	SEIU, Local 1021, Misc	1
01145529	2903	Hospital Eligibility Worker	Approved	SEIU, Local 1021, Misc	1
01145530	2903	Hospital Eligibility Worker	Approved	SEIU, Local 1021, Misc	1
01154853	2903	Hospital Eligibility Worker	Approved	SEIU, Local 1021, Misc	1
01076697	6220	Hospital Eligibility Worker	Approved	SEIU, Local 1021, Misc	1
01061301	7524	Inspector, Weights & Measures	Approved	SEIU, Local 1021, Misc	1
01123773	7524	Institution Utility Worker	Approved	SEIU, Local 1021, Misc	1
01117217	1820	Institution Utility Worker	Approved	SEIU, Local 1021, Misc	1
01157377	1820	Junior Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
01157378	1820	Junior Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
01157379	1820	Junior Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
01157380	1820	Junior Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
00004223	2312	Junior Administrative Analyst	Approved	SEIU, Local 1021, Misc	1
00703170	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
00902949	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
00905318	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01025422	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01035607	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01037224	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01054051	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01060349	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01065050	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01072767	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01084660	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01087602	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01092150	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1

01106665	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01106671	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01106690	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01106700	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01110381	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01114103	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01116454	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01116458	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01117844	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01122366	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01124851	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01129106	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01138781	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01138785	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01138789	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01140672	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01143039	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01143040	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01143041	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01143047	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01143052	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01143053	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01143054	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01143057	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01143911	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01143913	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.01
01144245	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.65
01146011	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	0.47
01147550	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01147557	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01154850	2312	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01087557	2931	Licensed Vocational Nurse	Approved	SEIU, Local 1021, Misc	1
01024939	2430	Marriage, Family & Child Cnslr	Approved	SEIU, Local 1021, Misc	1
01055854	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	0.98
01065088	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01077952	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01081074	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01090481	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	0.5
01094881	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01095029	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01106970	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01108454	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01108507	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01108732	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1

01112225	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01114410	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01114745	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01126109	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01126185	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01128194	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01129934	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	0.9
01131367	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	0.9
01146697	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	0.1
01072897	2112	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01094689	2112	Medical Record Technician	Approved	SEIU, Local 1021, Misc	1
01107935	2112	Medical Record Technician	Approved	SEIU, Local 1021, Misc	1
01129314	2112	Medical Record Technician	Approved	SEIU, Local 1021, Misc	1
01136899	2112	Medical Record Technician	Approved	SEIU, Local 1021, Misc	1
01147653	2112	Medical Record Technician	Approved	SEIU, Local 1021, Misc	1
01039362	2110	Medical Record Technician	Approved	SEIU, Local 1021, Misc	0.5
01020882	2114	Medical Records Clerk	Approved	SEIU, Local 1021, Misc	1
01134577	2114	Medical Records Tech Sprv	Approved	SEIU, Local 1021, Misc	1
01082151	2920	Medical Records Tech Sprv	Approved	SEIU, Local 1021, Misc	1
01087531	2920	Medical Social Worker	Approved	SEIU, Local 1021, Misc	1
01156629	2920	Medical Social Worker	Approved	SEIU, Local 1021, Misc	1
01156630	2920	Medical Social Worker	Approved	SEIU, Local 1021, Misc	1
01001716	1440	Medical Social Worker	Approved	SEIU, Local 1021, Misc	1
01140698	2325	Medical Transcriber Typist	Approved	SEIU, Local 1021, RN	0.1
01140705	2325	Nurse Midwife	Approved	SEIU, Local 1021, RN	0.1
01145153	2325	Nurse Midwife	Approved	SEIU, Local 1021, RN	0.1
01014974	2328	Nurse Midwife	Approved	SEIU, Local 1021, RN	1
01015081	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.5
01023775	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.7
01055227	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	1
01068697	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	1
01070238	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.98
01074827	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01074828	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01075016	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01076705	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.6
01081885	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	1
01089133	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.9
01095019	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	1
01095020	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.5
01110277	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	1
01115249	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.5
01120039	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.8
01123206	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.9

01124647	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.7
01133371	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	1
01134394	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01134710	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	1
01137999	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01138320	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01140711	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01140712	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01140720	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01140728	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01140730	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01140732	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.01
01140733	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01140744	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01140750	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01140769	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01140770	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01140775	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01144087	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	1
01145417	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01145423	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01146050	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01150622	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	1
01150703	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01153067	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	1
01153089	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.01
01153996	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01153998	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01155714	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.01
01156216	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01156467	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01157065	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01157486	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.5
01157819	2328	Nurse Practitioner	Approved	SEIU, Local 1021, RN	0.1
01084922	1429	Nurse Practitioner	Approved	SEIU, Local 1021, Misc	0.5
00805326	2302	Nurses Staffing Assistant	Approved	SEIU, Local 1021, Misc	1
01134629	1662	Nursing Assistant	Approved	SEIU, Local 1021, Misc	1
01096868	1663	Patient Accounts Asst Sprv	Approved	SEIU, Local 1021, Misc	1
01097582	1663	Patient Accounts Supervisor	Approved	SEIU, Local 1021, Misc	1
01126099	1663	Patient Accounts Supervisor	Approved	SEIU, Local 1021, Misc	1
01108693	2450	Patient Accounts Supervisor	Approved	SEIU, Local 1021, Misc	1
01122968	2450	Pharmacist	Approved	SEIU, Local 1021, Misc	0.9
01156631	2450	Pharmacist	Approved	SEIU, Local 1021, Misc	1
01156632	2450	Pharmacist	Approved	SEIU, Local 1021, Misc	1

01104344	2409	Pharmacist	Approved	SEIU, Local 1021, Misc	1
01128776	2409	Pharmacy Technician	Approved	SEIU, Local 1021, Misc	1
01148549	2409	Pharmacy Technician	Approved	SEIU, Local 1021, Misc	1
01148557	2409	Pharmacy Technician	Approved	SEIU, Local 1021, Misc	1
01156634	2409	Pharmacy Technician	Approved	SEIU, Local 1021, Misc	1
01156635	2409	Pharmacy Technician	Approved	SEIU, Local 1021, Misc	1
01156636	2409	Pharmacy Technician	Approved	SEIU, Local 1021, Misc	1
01088064	2736	Pharmacy Technician	Approved	SEIU, Local 1021, Misc	1
01118423	2736	Porter	Approved	SEIU, Local 1021, Misc	0.5
01125375	2736	Porter	Approved	SEIU, Local 1021, Misc	1
00214232	2738	Porter	Approved	SEIU, Local 1021, Misc	1
01150772	1408	Porter Assistant Supervisor	Approved	SEIU, Local 1021, Misc	0.1
00311121	2305	Principal Clerk	Approved	SEIU, Local 1021, Misc	1
00904716	2305	Psychiatric Technician	Approved	SEIU, Local 1021, Misc	1
01015641	2305	Psychiatric Technician	Approved	SEIU, Local 1021, Misc	1
01040564	2305	Psychiatric Technician	Approved	SEIU, Local 1021, Misc	1
01041015	2305	Psychiatric Technician	Approved	SEIU, Local 1021, Misc	1
01091011	2305	Psychiatric Technician	Approved	SEIU, Local 1021, Misc	1
01117280	2305	Psychiatric Technician	Approved	SEIU, Local 1021, Misc	1
01147932	2305	Psychiatric Technician	Approved	SEIU, Local 1021, Misc	1
01031975	2830	Psychiatric Technician	Approved	SEIU, Local 1021, RN	1
01082723	2830	Public Health Nurse	Approved	SEIU, Local 1021, RN	1
01109335	2830	Public Health Nurse	Approved	SEIU, Local 1021, RN	0.52
01117572	2830	Public Health Nurse	Approved	SEIU, Local 1021, RN	0.01
01139731	2830	Public Health Nurse	Approved	SEIU, Local 1021, RN	0.1
01151010	2830	Public Health Nurse	Approved	SEIU, Local 1021, RN	1
01136055	9910	Public Health Nurse	Approved	SEIU, Local 1021, Misc	1
01155690	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01155691	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01155692	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01155693	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01155694	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01155695	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01155696	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01155697	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01155698	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01155699	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01156045	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01156046	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01156047	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01156479	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01156483	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01156484	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01157513	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1

01157940	9910	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01118445	2471	Public Service Trainee	Approved	SEIU, Local 1021, Misc	1
01137208	2471	Radiologic Tech I, II, III	Approved	SEIU, Local 1021, Misc	1
00003153	2320	Radiologic Tech I, II, III	Approved	SEIU, Local 1021, RN	1
00003759	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
00200930	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
00200931	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
00212341	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
00312337	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
00502681	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
00603440	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
00703112	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
00800626	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
00805515	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.5
01023552	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01025077	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01030834	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01031141	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01035154	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.5
01039476	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01043614	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01043628	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01047537	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.88
01061646	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01064612	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01068258	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01068260	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01072568	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01074689	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.6
01077629	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01078715	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01081658	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01082174	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01082442	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01082445	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01085247	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01085498	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01088701	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01089635	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01095582	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01095705	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01096668	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01098761	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01100489	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1

01104757	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01105277	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01112997	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.7
01114728	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01115406	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01118384	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.6
01119629	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.6
01121072	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01122084	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.5
01128779	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01128933	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01128946	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01128950	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01129886	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01129915	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.6
01133300	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.39
01134919	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01135086	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01135088	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01137792	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01137892	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.5
01138805	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01142739	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.1
01144361	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01146230	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146231	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146232	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146233	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146234	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146235	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146236	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146237	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146238	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146239	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146240	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146241	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146242	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146243	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146244	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146245	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146246	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146247	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146248	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02
01146249	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.02

01146650	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01148571	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01148578	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01151468	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01151479	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01151568	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.9
01151970	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	1
01151982	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.5
01157032	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.52
01157053	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.94
01157087	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.94
01157959	2320	Registered Nurse	Approved	SEIU, Local 1021, RN	0.5
01119560	2575	Registered Nurse	Approved	SEIU, Local 1021, Misc	1
01083664	2536	Research Psychologist	Approved	SEIU, Local 1021, Misc	1
01137209	2536	Respiratory Care Practitioner	Approved	SEIU, Local 1021, Misc	1
00106346	2908	Respiratory Care Practitioner	Approved	SEIU, Local 1021, Misc	1
01069206	2908	Sen Hospital Eligibility Wrkr	Approved	SEIU, Local 1021, Misc	1
01120287	2908	Sen Hospital Eligibility Wrkr	Approved	SEIU, Local 1021, Misc	1
01157043	2908	Sen Hospital Eligibility Wrkr	Approved	SEIU, Local 1021, Misc	1
01129049	1632	Sen Hospital Eligibility Wrkr	Approved	SEIU, Local 1021, Misc	1
01107366	1406	Senior Account Clerk	Approved	SEIU, Local 1021, Misc	1
01107448	1406	Senior Clerk	Approved	SEIU, Local 1021, Misc	1
01107456	1406	Senior Clerk	Approved	SEIU, Local 1021, Misc	1
01113380	1406	Senior Clerk	Approved	SEIU, Local 1021, Misc	1
01135580	1406	Senior Clerk	Approved	SEIU, Local 1021, Misc	1
01136171	1406	Senior Clerk	Approved	SEIU, Local 1021, Misc	1
01137360	1406	Senior Clerk	Approved	SEIU, Local 1021, Misc	1
01138141	1406	Senior Clerk	Approved	SEIU, Local 1021, Misc	1
01151902	1406	Senior Clerk	Approved	SEIU, Local 1021, Misc	1
01012735	2606	Senior Clerk	Approved	SEIU, Local 1021, Misc	0.5
01113254	2606	Senior Food Service Worker	Approved	SEIU, Local 1021, Misc	0.5
01154733	2820	Senior Food Service Worker	Approved	SEIU, Local 1021, Misc	1
01105755	2408	Senior Health Program Planner	Approved	SEIU, Local 1021, Misc	1
01094333	1936	Senior Pharmacy Helper	Approved	SEIU, Local 1021, Misc	1
01133293	1708	Senior Storekeeper	Approved	SEIU, Local 1021, Misc	0.5
01146330	2910	Senior Telephone Operator	Approved	SEIU, Local 1021, Misc	1
01075017	P103	Social Worker	Approved	SEIU, Local 1021, RN	0.01
01123703	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01125718	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01128360	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01129654	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.1
01136596	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01136600	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01138589	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01

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[illegible]

[illegible]

[illegible]

01144052	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01144084	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01144107	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.43
01144257	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01144301	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01144305	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01144323	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01144621	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01144622	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01145091	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01145310	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01145594	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01145596	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01145937	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.1
01146046	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01146054	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01146068	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.04
01146071	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.02
01146072	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01146073	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01146083	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.02
01146097	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.02
01146107	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01146108	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01146151	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.02
01146155	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01146726	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01146760	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01147215	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.1
01147429	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01147681	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.08
01147692	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01147885	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01148331	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01148332	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01148333	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01148335	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01148336	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.07
01148408	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01148416	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01148429	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01148465	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01148467	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01148471	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01

[illegible]

[illegible]

01157930	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01157934	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01157935	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01157936	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01157937	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01158008	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01158009	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01158010	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01158011	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01158012	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01158013	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
01158069	P103	Special Nurse	Approved	SEIU, Local 1021, RN	0.01
00103156	2932	Special Nurse	Approved	SEIU, Local 1021, Misc	1
01017212	2932	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
01017326	2932	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
01031104	2932	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
01061121	2932	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
01094253	2932	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
01108843	2932	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
01123208	2932	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
01126851	2932	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
01132391	2932	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
01132575	2932	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
01147877	2932	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
01151642	2932	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
01151925	2932	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
00001221	2392	Sr Behavioral Health Clinich	Approved	SEIU, Local 1021, Misc	1
01120857	1934	Sr Cent Proc & Dist Tech	Approved	SEIU, Local 1021, Misc	1
00403351	2310	Storekeeper	Approved	SEIU, Local 1021, Misc	1
01101749	2310	Surgical Procedures Technician	Approved	SEIU, Local 1021, Misc	1
01154916	2310	Surgical Procedures Technician	Approved	SEIU, Local 1021, Misc	1
01107510	1428	Surgical Procedures Technician	Approved	SEIU, Local 1021, Misc	1
01077563	1635	Unit Clerk	Approved	SEIU, Local 1021, Misc	1
01122781	1822	Health Care Billing Clerk 1	Approved	SEIU, Local 1021, Misc	1
01106705	2585	Administrative Analyst	Approved	SEIU, Local 1021, Misc	0.98
01137777	2585	Health Worker 1	Approved	SEIU, Local 1021, Misc	1
01148390	2586	Health Worker 1	Approved	SEIU, Local 1021, Misc	1
01148388	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01148395	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01148394	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01148399	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01148400	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01148398	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01148392	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1

01148393	2586	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01155559	2588	Health Worker 2	Approved	SEIU, Local 1021, Misc	1
01156637	2588	Health Worker 4	Approved	SEIU, Local 1021, Misc	1
01135937	2930	Health Worker 4	Approved	SEIU, Local 1021, Misc	1
01141183	P103	Behavioral Health Clinician	Approved	SEIU, Local 1021, RN	0.1
01143658	2736	Special Nurse	Approved	SEIU, Local 1021, Misc	0.1
01126197	1406	Porter	Approved	SEIU, Local 1021, Misc	1
01104020	1406	Senior Clerk	Approved	SEIU, Local 1021, Misc	1
01154972	1408	Senior Clerk	Approved	SEIU, Local 1021, Misc	1
01116090	2310	Principal Clerk	Approved	SEIU, Local 1021, Misc	1
01129873	2310	Surgical Procedures Technician	Approved	SEIU, Local 1021, Misc	1
01101666	2430	Surgical Procedures Technician	Approved	SEIU, Local 1021, Misc	1
01104066	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01111702	2430	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01086416	2472	Medical Assistant	Approved	SEIU, Local 1021, Misc	1
01055848	2586	Radiologic Technologist Lead	Approved	SEIU, Local 1021, Misc	0.5
01037640	2587	Health Worker 2	Approved	SEIU, Local 1021, Misc	1