

BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. (415) 554-5184  
Fax No. (415) 554-5163  
TDD/TTY No. (415) 554-5227

## MEMORANDUM

### BUDGET AND FINANCE COMMITTEE SAN FRANCISCO BOARD OF SUPERVISORS

TO: Supervisor Connie Chan, Chair  
Budget and Finance Committee

FROM: Brent Jalipa, Assistant Clerk

DATE: June 9, 2023

SUBJECT: **COMMITTEE REPORT, BOARD MEETING**  
Tuesday, June 13, 2023

The following files should be presented as a **COMMITTEE REPORT** at the Board Meeting on Tuesday, June 13, 2023, at 2:00 p.m. This item was acted upon at the special Budget and Finance Committee Meeting on June 8, 2023, at 9:30 a.m., by the votes indicated.

**Item No. 44            File No. 230598**  
**[Contract Amendment - Retroactive - The Regents of the University of California - Mental Health Services for Infant Parent Program - Not to Exceed \$14,647,481]**

Resolution retroactively approving Amendment No. 2 to the agreement between The Regents of the University of California, A Constitutional Corporation, on behalf of its San Francisco Campus University of California (UC) San Francisco General Hospital (SFGH) Clinical Practice Group SFGH/Comm Focus PGM and the Department of Public Health, for mental health services for the Infant Parent Program, to increase the agreement by \$5,208,598 for an amount not to exceed \$14,647,481; to extend the term by five years and six months, from December 31, 2022, for a total agreement term of July 1, 2018, through June 30, 2028; and to authorize the Department of Public Health to enter into amendments or modifications to the contract prior to its final execution by all parties that do not materially increase the obligations or liabilities to the City and are necessary to effectuate the purposes of the contract or this Resolution.

#### **RECOMMENDED AS COMMITTEE REPORT**

Vote: Supervisor Connie Chan - Aye  
Supervisor Rafael Mandelman - Aye  
Supervisor Ahsha Safai - Aye

c: Board of Supervisors  
Angela Calvillo, Clerk of the Board  
Anne Pearson, Deputy City Attorney  
Alisa Somera, Legislative Deputy Director

File No. 230598

Committee Item No. 5

Board Item No. 44

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date June 9, 2023

Board of Supervisors Meeting Date June 13, 2023

#### Cmte Board

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| <input type="checkbox"/>            | <input type="checkbox"/>            | Motion                                       |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Legislative Digest                           |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/>            | MOU                                          |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Subcontract Budget                           |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contract/Agreement                           |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Public Correspondence                        |

#### OTHER (Use back side if additional space is needed)

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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Original Agreement 7/1/2018</u>                   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Amendment No. 1 1/1/2022</u>                      |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Presidential Action Memo - Transfer 5/30/2023</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Committee Report Request Memo 6/5/2023</u>        |
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Completed by: Brent Jalipa Date June 1, 2023

Completed by: Brent Jalipa Date June 9, 2023

1 [Contract Amendment - Retroactive - The Regents of the University of California - Mental  
2 Health Services for Infant Parent Program - Not to Exceed \$14,647,481]

3 **Resolution retroactively approving Amendment No. 2 to the agreement between The**  
4 **Regents of the University of California, A Constitutional Corporation, on behalf of its**  
5 **San Francisco Campus University of California (UC) San Francisco General Hospital**  
6 **(SFGH) Clinical Practice Group SFGH/Comm Focus PGM and the Department of Public**  
7 **Health, for mental health services for the Infant Parent Program, to increase the**  
8 **agreement by \$5,208,598 for an amount not to exceed \$14,647,481; to extend the term**  
9 **by five years and six months, from December 31, 2022, for a total agreement term of**  
10 **July 1, 2018, through June 30, 2028; and to authorize the Department of Public Health**  
11 **to enter into amendments or modifications to the contract prior to its final execution by**  
12 **all parties that do not materially increase the obligations or liabilities to the City and are**  
13 **necessary to effectuate the purposes of the contract or this Resolution.**

14  
15 WHEREAS, The Department of Public Health (DPH), selected The Regents of the  
16 University of California, A Constitutional Corporation, on behalf of its San Francisco Campus  
17 UC SFGH Clinical Practice Group SFGH/Comm Focus PGM (The Regents of the University  
18 of California) through multiple Request for Proposals/Request for Qualifications (RFP/RFQ)  
19 processes, RFQ 16-2018, issued on May 4, 2018, and RFP 1-2017, amended and re-issued  
20 on January 1, 2018, and Chapter 21.42 of the San Francisco Administrative Code to continue  
21 the services awarded under RFQ 16-2018 uninterrupted through June 30, 2024, to provide  
22 linguistically and culturally responsive community and home-based mental health services to  
23 support high risk pregnant women and new parents, children up to five years of age and their  
24 caregivers including daycare consultation; and

1           WHEREAS, The Board of Supervisors approved the contract agreement between DPH  
2 and the Regents of the University of California for an initial contract term of three years and  
3 six months from July 1, 2018, through December 31, 2021, in an amount not to exceed  
4 \$6,374,716; and

5           WHEREAS, DPH subsequently amended the contract agreement by extending the  
6 term by one year, from January 1, 2022, through December 31, 2022, increasing the  
7 agreement by \$3,064,167, in an amount not to exceed \$9,438,883 to continue providing  
8 linguistically and culturally responsive community and home-based mental health services to  
9 support high risk pregnant women and new parents, children up to five years of age and their  
10 caregivers including daycare consultation; and

11           WHEREAS, DPH wishes to amend the agreement to continue providing linguistically  
12 and culturally responsive community and home-based mental health services to support high  
13 risk pregnant women and new parents, children up to five years of age and their caregivers  
14 including daycare consultation in alignment with the length of the term anticipated in RFP 1-  
15 2017, by extending the term by five years and six months, from January 1, 2023, through  
16 December 31, 2028, increasing the contract by \$5,208,598 for a total contract amount not to  
17 exceed \$14,647,481 and for a total agreement term of July 1, 2018, through June 31, 2028;  
18 and

19           WHEREAS, Section 9.118 of the Charter requires approval of the Board of Supervisors  
20 for contracts requiring anticipated expenditures exceeding \$10 million; now, therefore, be it

21           RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public  
22 Health and the Director of the Office of Contract Administration/Purchaser, on behalf of the  
23 City and County of San Francisco, to retroactively execute Amendment No. 2 to the  
24 agreement with The Regents of the University of California to provide linguistically and  
25 culturally responsive community and home-based mental health services to support high risk



<b>Item 5</b> <b>File 23-0598</b>	<b>Department:</b> Public Health
<b>EXECUTIVE SUMMARY</b>	
<p style="text-align: center;"><b>Legislative Objectives</b></p> <ul style="list-style-type: none"> <li>• The proposed resolution would retroactively approve the Second Amendment between the Regents of the University of California and the Department of Public Health (DPH) to increase the agreement by \$5,208,598 to a total not-to-exceed amount of \$14,647,481, and to extend the term of the grant agreement from December 31, 2022 to June 30, 2028 for a total term agreement of July 1, 2018 through June 30, 2028.</li> </ul> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• DPH entered into this contract following one Request for Proposals and one Request for Qualifications. The contract was originally entered into beginning July 1, 2018 for a term through December 31, 2021 and then was amended to extend the term of the contract another year to December 31, 2022. UCSF's Infant Parent Program (IPP) is the service provider under the contract.</li> <li>• The contract is being retroactively approved as the most recent agreement expired December 31, 2022. According to DPH staff, UCSF raised concerns with the contracting language that delayed processing UCSF contracts. This has been resolved and DPH received the signed agreement on April 27, 2023.</li> <li>• The contract funds mental health services for infants, young children, and their families as well as training and support for early childhood programs. There are three primary programs funded through the contract: (1) Day Care Consultants, which provides mental health consultation and direct mental health services to children ages 0 to 5 in childcare programs, homeless shelters, substance abuse residential treatment and family resource centers in San Francisco; (2) the Spring Project, which provides mental health services to pregnant people and infants (pre and postnatal) and infants; and Psychotherapy Services, which offers home-based mental health services to children ages 0 to 5 and their caregivers.</li> </ul> <p style="text-align: center;"><b>Fiscal Impact</b></p> <ul style="list-style-type: none"> <li>• Annual contract costs are approximately \$2.3 million through FY 2023-24 but then decrease to \$0.9 million because the Day Care Consultants program will be transferred to the Department of Early Childhood in July 2024 and the Spring Project services will be re-procured.</li> <li>• Of the total not to exceed amount, approximately 14 percent is federal sources, 21 percent is state sources, and 65 percent is funded through city sources</li> </ul> <p style="text-align: center;"><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>• Approve the proposed resolution.</li> </ul>	

**MANDATE STATEMENT**

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

**BACKGROUND**

This contract was entered into between the Regents of the University of California on behalf of the San Francisco Campus UC San Francisco General Hospital Clinical Practice Group and the Department of Public Health (DPH), to provide mental health related services for young children, parents, and families as well as training and support for programs. The contract was originally entered into beginning July 1, 2018 for a term through December 31, 2021 and then was amended to extend the term of the contract another year to December 31, 2022. The mental health services provided under this contract are supplied by the University of California San Francisco's (UCSF's) Infant Parent Program (IPP).

**Procurement**

DPH procured the mental health treatment services covered under this contract through a Request for Qualifications (RFQ) issued in 2018 and a Request for Proposals (RFP) issued in 2017.

RFP 1-2017 was issued in March 2017 to procure services for mental health outpatient treatment services, including both individual or group therapies and interventions to support children and youth; and provide Educationally Related Mental Health Services (ERMHS). The RFP also had options for proposers to also provide specialized mental health treatment services from three specific models/interventions.<sup>1</sup> There were 28 agencies that applied; seven of which also applied for the optional specialized services. UCSF IPP was one of eighteen proposals for mental health outpatient treatment services/ERMHS without optional, specialized services. These 18 proposals were reviewed by a panel of six reviewers<sup>2</sup> and awarded points out of a total of 230. UCSF IPP scored 213.17, which was ranked first out of these 18 proposals, and they were recommended for selection among a pool of 25 agencies.

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<sup>1</sup> The three specialized services included: (1) Success, Opportunity, Achievement, Resiliency (SOAR) Classroom Mental Health Services; (2) Classroom Educational Enrichment Program (CEEP); and (3) Therapeutic Behavioral Services (TBS).

<sup>2</sup> The reviewers included the Deputy Director of Children, Youth and Families and DPH; the Deputy Director at the San Francisco Department of Children, Youth and their Families, a Child and Adolescent Behavioral Health Program Manager from Contra Costa County Health Services; an SFUSD Supervisor of Psychological Services within the Special Education Services, an SFUSD Supervisor at the Office of Pupil Services, and a Consultant for the Human Services Agency.

Lastly, RFQ 16-2018 for Early Childhood Mental Health Consultation Initiative (ECMHCI) was issued by DPH in May 2018 to identify a list of pre-qualified consultants to (1) provide citywide high quality, evidence-informed consultation, early intervention, behavioral health treatment and training services to early care and education staff, young children, and their families City designated Preschool for All and Early Learning Scholarship Early Care and Education Center sites in San Francisco; (2) Participate in capacity building activities; and (3) provide early childhood mental health consultation services in five specialty service areas.<sup>3</sup> UCSF IPP was recommended for selection for both main consultation services as well as the specialized services based on application review by a panel of six reviewers as well as an interview conducted by five panelists.<sup>4</sup>

## DETAILS OF PROPOSED LEGISLATION

The proposed resolution retroactively approves the Second Amendment between the Regents of the University of California and DPH to increase the agreement by \$5,208,598 from \$9,438,883 to a total not-to-exceed amount of \$14,647,481, and to extend the term of the grant agreement from December 31, 2022 to June 30, 2028 for a total term agreement of July 1, 2018 through June 30, 2028. The contract is being retroactively approved as the most recent agreement expired December 31, 2022. According to DPH staff, UCSF raised concerns with the contracting language that delayed processing UCSF contracts.<sup>5</sup> This has been resolved and DPH received the signed agreement on April 27, 2023.

### Services

This contract funds mental health services for infants, young children, and their families. There are three primary programs funded through the contract: Day Care Consultants, Spring Project, and Psychotherapy Services.<sup>6</sup> These programs are described in greater detail below.

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<sup>3</sup> These specialty areas include: DPH Substance Use Disorder (SUD) Residential and Outpatient Treatment Programs; Domestic Violence and Family Shelter Sites; Family Child Care Quality Network (FCCQN) Licensed Family Child Care Homes; San Francisco Family Resource Center (FRC) Initiative sites; San Francisco Unified School District (SFUSD) Early Education Schools and Preschool Special Education Service sites.

<sup>4</sup> The application was reviewed by a staff person at the Office of Early Care and Education at HSA; the Lead Coordinator for Early Childhood Mental Health Consultation Initiative with DPH; The Executive Director of First Five San Francisco; the Chief of SFUSD's Early Education Department; a Senior Analyst with Our Children Our Families Council; and a Senior Data and Evaluation Analyst at DCYF. The Interview was conducted by a three of application reviewers in addition to a Deputy Director of DCYF and a Program Officer at First Five San Francisco.

<sup>5</sup> According to DPH, UCSF did not agree to the City's data sharing requirements on other contracts and therefore all UCSF contracts. Although the data sharing issue was not relevant for the proposed contract, it was nevertheless delayed.

<sup>6</sup> In year one of the contract (FY 2018-19) services included the Clinical Supervision Academy, which provided training and learning communities for DPH clinical supervisors on the impact of trauma and issues of power, privilege, and equity. In year two (FY 2019-20) services included Maternal, Child and Adolescent Health Clinical Supervision-Parent Training program. These two programs were only funded in those two years and will not be funded in future program years. Combined, these programs were \$36,998 of the contract's funding.

*Day Care Consultants*

The Day Care Consultants program provides mental health consultation and direct mental health services to children ages 0-5 in childcare programs, homeless shelters, substance abuse residential treatment and family resource centers in San Francisco. The Daycare Consultants program will support approximately 200 children and 430 staff across 32 childcare programs, eight family resource centers, six homeless shelters, and four residential substance abuse treatment centers. Program services include mental health consultation services for providers; early intervention and direct clinical services; and linkage, coordination, and case management for staff and families. These services and the associated funding will be transferred to the Department of Early Childhood beginning on July 1, 2024.<sup>7</sup> (2,464 clients per year)

*Spring Project*

The Spring Project serves high risk pregnant people and new parents from the transition from pregnancy to parenthood, providing direct mental health services and consultation. The program operates at the pre- and postnatal medical care clinics at Zuckerberg San Francisco General Hospital. The program targets participants of all ethnicities and populations with a focus on serving the Latinx community. The program serves approximately 35 pregnant people and 20 infants with early interventions, mental health, and consultation services. In addition, the program supports 15 health care professionals with consultation services. This project will be subject to a new DPH RFP for Early Childhood Mental Health Consultation Initiative that will begin on July 1, 2024. (60 clients per year)

*Psychotherapy Services*

The third component of services provided under the contract are home-based mental health services to children ages 0 to 5 and their caregivers with the goal of maintaining or restoring their child's development to a typical trajectory. These services target children age 3 or younger and their families or pregnant women who are low-income and have serious mental health needs affecting their child's development; children age 0-5 and their caregivers who reside or previously resided in a homeless shelter or transitional housing or a residential substance abuse treatment program with a diagnosable mental health problem; and children 0-5 who are enrolled in childcare or family resource centers receiving mental health consultation and are identified for direct treatment. (70 clients per year)

**Performance Monitoring**

The most recent performance monitoring for these services was conducted in November 2022 (Psychotherapy Services) and 2021 (Day Care Consultants and Spring Project), for FY 2020-21. All

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<sup>7</sup> Effective July 1, 2024, all of the funding for ECMHCI services delivered in childcare settings will be transferred to the Department of Early Childhood, representing all of the funding currently provided to DPH via workorder. The Department of Early Childhood will be conducting its own solicitation to continue programming. Of the total funding for ECMHCI services, approximately 15 percent of the funding is DPH funding. The DPH funding, or approximately \$255,000 will remain with DPH and will be part of a DPH solicitation to continue ECMHCI services in treatment sites, and shelters, which will remain the responsibility of DPH.

three were conducted as desk audits and not site visits. In addition, monitoring reports typically results in a composite score from 1 (unacceptable) – 4 (exceeds standards), but scoring was suspended for FY 2020-21 due to COVID. FY 2021-22 program monitoring is in progress, but DPH provided client counts based on billing for that year, as summarized below.

- The Day Care Consultants performance monitoring report indicates that in FY 2020-21 the program met its contracted objective and units of service targets. During this year, the program pivoted to telehealth services. In FY 2021-22, DPH reports that Day Care Consultants served 6,852 clients, and achieved their performance objectives.
- The Spring Project met 40 percent of its contracted performance objectives and 73.3 percent of its contracted units of services in FY 2020-21. In FY 2021-22, DPH reports that the Spring Project served 92 clients and 23 infants directly out of a contract target of 60 clients. The total number of clients who benefited due to consultation provided to their medical doctors was 934.
- Psychotherapy Services met 83.1 percent of its contracted performance objectives and 68.4 percent of its contracted units of service target in FY 2020-21. In FY 2021-22, DPH reports that this program served 59 clients out of a contracted 70 clients.

DPH does not monitor the financial condition of UCSF.

#### **FISCAL IMPACT**

The proposed Second Amendment would increase the contract's not-to-exceed amount by \$5,208,598 from a current amount of \$9,438,883 to a total not-to-exceed amount of \$14,647,481. Exhibit 1 provides a summary of sources and uses of funds.

**Exhibit 1: Estimated Sources and Uses of Funds**

<b>Sources</b>	<b>FY 2023-24</b>	<b>FY 2024-25</b>	<b>FY 2025-26</b>	<b>FY 2026-27</b>	<b>FY 2027-28</b>	<b>Total</b>
Federal	\$199,356	\$199,356	\$199,356	\$199,356	\$199,356	\$996,780
State	383,725	185,076	185,076	185,076	185,076	1,124,029
City	1,347,430	269,331	269,331	269,331	269,331	2,424,754
Cost of Doing Business	111,363	141,968	173,797	206,899	241,326	875,352
<i>Subtotal</i>	<i>\$2,041,874</i>	<i>\$795,731</i>	<i>\$827,560</i>	<i>\$860,662</i>	<i>\$895,089</i>	<i>\$5,420,915</i>
Contingency (12%)	245,025	95,488	99,307	103,279	107,411	650,510
<b>Total Sources</b>	<b>\$2,286,898</b>	<b>\$891,218</b>	<b>\$926,867</b>	<b>\$963,942</b>	<b>\$1,002,499</b>	<b>\$6,071,425</b>
<b>Uses</b>	<b>FY 2023-24</b>	<b>FY 2024-25</b>	<b>FY 2025-26</b>	<b>FY 2026-27</b>	<b>FY 2027-28</b>	<b>Total</b>
Day Care Consultants	\$1,222,378					\$1,222,378
Spring Project	82,373					82,373
Psychotherapy Services	625,760	653,763	653,763	653,763	653,763	3,240,812
Cost of Doing Business	111,363	141,968	173,797	206,899	241,326	875,352
<i>Subtotal</i>	<i>\$2,041,874</i>	<i>\$795,731</i>	<i>\$827,560</i>	<i>\$860,662</i>	<i>\$895,089</i>	<i>\$5,420,915</i>
Contingency (12%)	245,025	95,488	99,307	103,279	107,411	650,510
<b>Total Uses</b>	<b>\$2,286,898</b>	<b>\$891,218</b>	<b>\$926,867</b>	<b>\$963,942</b>	<b>\$1,002,499</b>	<b>\$6,071,425</b>
Actual & Projected Expenditures thru FY 2022-23						\$8,576,056
<b>Total Not-to-Exceed</b>						<b>\$14,647,481</b>

Source: DPH

Annual contract costs decrease after FY 2023-24 from \$2.3 million to \$0.9 million due to transfer of the Day Care Consultants program to DEC and re-procurement of the Spring Project service.

The contract is funded through a mix of federal, state, and local revenue. Of the total not to exceed amount, approximately 14 percent is federal sources, 21 percent is state sources, and 65 percent is funded through city sources, which includes General Fund, workorders and funding from the Human Services Agency, Department of Children Youth and their Families, and the Children First Commission with the Department of Early Childhood.

### RECOMMENDATION

Approve the proposed resolution.

**City and County of San Francisco  
Office of Contract Administration  
Purchasing Division**

**Agreement between the City and County of San Francisco and  
The Regents of the University of California, A Constitutional Corporation,  
on behalf of its San Francisco Campus  
UC SFGH Clinical Practice Group SFGH/Comm Focus PGM**

**Second Amendment**

THIS AMENDMENT (this “Amendment”) is made as of April 1, 2023, in San Francisco, California, by and between The Regents of the University of California, A Constitutional Corporation, on behalf of its San Francisco Campus UC SFGH Clinical Practice Group SFGH/Comm Focus PGM (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

**Recitals**

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, The San Francisco Department of Public Health (Department) entered into an Original Agreement dated July 1, 2018, with a term through December 31, 2021, with a contract price of \$6,374,716, for various mental health related services competitively solicited under various RFP/RFQs, described below, that allowed for different performance periods and scopes; and

WHEREAS, the scope of services described in Appendices A-1 (Day Care Consultants) and A-2 (SPRING Project) were competitively procured by the Department as required by San Francisco Administrative Code Chapter 21.1 through RFQ 16-2018, issued on May 4, 2018, which allowed for contracts to have a duration up to 5.5 years, and this modification is consistent therewith to extend the term through December 31, 2023; and

WHEREAS, in order to continue services of Appendices A-1 (Day Care Consultants) and A-2 (SPRING Project) uninterrupted the Department desires to exercise its authority under San Francisco Administrative Code Section 21.42, to extend the Agreement for a period of an additional 6 months from January 1, 2024 through June 30, 2024; and

WHEREAS, the scope of services described in Appendix A-3 (Psychotherapy Services) were competitively procured by the Department, as required by San Francisco Administrative Code Chapter 21.1, through RFP 1-2017, amended and re-issued on January 1, 2018, which allowed for contracts to have a duration of up to 10 years through June 30, 2028; and

WHEREAS, approval for the Agreement was obtained on November 15, 2018 from the Civil Service Commission or Department of Human Resources on behalf of the Civil Service Commission under PSC number 46987-16/17 in the amount of \$233,200,000 for the period commencing July 1, 2017 and ending June 30, 2027; and

WHEREAS, the City’s Board of Supervisors approved this Agreement by [insert resolution number] on [insert date of Commission or Board action].

NOW, THEREFORE, Contractor and the City agree as follows:

## 1. Definitions

The following definitions shall apply to this Amendment:

**1.1 Agreement.** The term “Agreement” shall mean the Agreement dated July 1, 2018 Contract ID# 1000009127, between and Contractor and City, as amended by the First Amendment dated January 1, 2022.

**1.2 Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

## 2. Modifications to the Agreement

The Agreement is hereby modified as follows:

**2.1 Article 2 Term** of the Original Amendment currently reads as follows:

**2.1 Term.** The term of this Agreement shall commence on July 1, 2018 and expire on December 31, 2022, unless earlier terminated as otherwise provided herein.

*Such section is hereby amended in its entirety to read as follows:*

**2.1 Term.** The term of this Agreement shall commence on **July 1, 2018** and expire on **June 30, 2028**, unless earlier terminated as otherwise provided herein.

**2.2 Payment.** Section 3.3.1 Payment of the Agreement currently reads as follows:

**3.3.1 Payment.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of Public Health, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Four Hundred Thirty Five Thousand Eight Hundred Eighty Three Dollars (\$9,438,883)**. The breakdown of costs associated with this Agreement appears in Appendix B, “Calculation of Charges,” attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

*Such section is hereby amended in its entirety to read as follows:*

**3.3.1 Payment.** Compensation shall be made in monthly payments on or before the **30th** day of each month for work, as set forth in Article 4 of this Agreement, that the **Director of Public Health**, concludes has been performed as of the **last** day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Fourteen Million Six Hundred Forty Seven Thousand Four Hundred Eighty One Dollars (\$14,647,481)**. The breakdown of costs associated with this Agreement appears in **Appendix B**, “Calculation of Charges,” attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

**The Appendices listed below are Amended as follows:**

**2.03** Delete Appendices A-1, A-2 and A-3 and replace in its entirety with Appendix A-1, A-2 and A-3 (for Funding Term 7/1/2022-6/30/23) attached to this Amendment and fully incorporated within the Agreement.

**2.04** Appendix B is hereby replaced in its entirety by Appendix B, dated 4/1/23, attached to this Amendment and fully incorporated within the Agreement.

**2.05** Appendices B-1, B-2, and B-3 (for FY 22-23)

**2.06** Appendix D is hereby replaced in its entirety by Appendix D, attached to this Amendment and fully incorporated within the Agreement.

**2.07** Appendix F is hereby replaced in its entirety by Appendix F, attached to this Amendment and fully incorporated within the Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

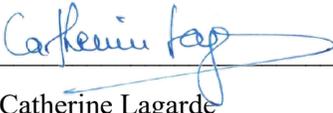
**CITY**

**Contractor**

Recommended by:

Regents of the University of California,  
A Constitutional Corporation,  
On behalf of its San Francisco Campus

\_\_\_\_\_  
Grant Colfax, M.D.                      Date  
Director of Health  
Department of Public Health

 \_\_\_\_\_ 4/27/2023  
Catherine Lagarde                      Date  
Contracts and Grants Officer

Approved as to Form:

Supplier ID: 0000012358

David Chiu  
City Attorney

By: \_\_\_\_\_  
Louise S. Simpson                      Date  
Deputy City Attorney

Approved:

\_\_\_\_\_  
Sailaja Kurella                      Date  
Director of the Office of Contract Administration, and  
Purchaser

**1. Identifiers:**

**UCSF Infant-Parent Program / Daycare Consultants**

San Francisco General Hospital  
1001 Potrero Avenue, Building 5, Unit 6B  
San Francisco, California 94110 - 3518

Program Director: Kristin Reinsberg, LMFT

Telephone: 415-206-5270

Email Address: kristin.reinsberg@ucsf.edu

Program Code(s): 38C86 / Daycare Consultants Program

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

To provide mental health consultation and related direct mental health services to all constituents of child care programs, homeless shelters, substance abuse residential treatment homes and family resource centers in San Francisco serving children birth through five (0 -5) years of age.

**4. Priority Population:**

Young children, ages prenatal through 5. In the coming year, DCC will support approximately 2000 children (birth through 5 years) and 430 staff participating in 32 childcare programs (including 4 family childcare programs), 8 family resource centers, 4 residential substance abuse treatment centers, and 6 homeless shelters throughout San Francisco. Approximately 40 of these children and their parents may be the focus of intensive consultation. Approximately 15 children will receive Early Intervention support and up to 13 children and their families may receive direct treatment (group, dyadic parent-child, or individual therapy). Additionally, IPP will continue to be available to support Family Childcare providers, as requested by our ECMHCI Program Manager. IPP makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

Site Name	# of Classrooms	# of Children	# of Staff	Tier	Hrs per Wk	Fund Source(s)	Site Type
1st Place 2 Start	2	20	3	3	8	DCYF	ECE
Buen Dia Family School	1	40	11	1	1	PFA	ECE
City College Main Campus	2	60	12	2	4.5	PFA	ECE
City College Mission Campus	1	20	3	2	4.5	PFA	ECE
Community Preschool, Grace Cathedral	1	35	7	2	4.5	HSA	ECE
Site Name	# of Classrooms	# of Children	# of Staff	Tier	Hrs per Wk	Fund Source(s)	Site Type

Compass Children's Center	4	90	20	3	9	HSA	ECE
Compass Clara House	1	16	3	2	4.5	CYF	
FACES- Infant Child Development Program - Broderick Site	2	28	16	2	4.5	MHSA	ECE
Frandelja- Gilman Site	4	54	16	3	9	PFA	ECE
Friends of St. Francis	2	35	5	2	4.5	DCYF	ECE
Good Samaritan Child Development Center	2	38	7	2	4.5	DCYF	ECE
Guidry's Early Care And Education Prog	2	10	2	2	4.5	PFA	ECE
Little School	1	24	3	OC	TBD	HSA	ECE
Ms. June's Daycare	1	2	6	N/A	2	PFA	ECE
My Little Sunshine (FCC)	1	14	3	N/A	2	PFA	FCC
Potrero Kids, Daniel Webster	2	38	5	1	1	MHSA	ECE
Potrero Kids, PK3	4	60	16	1	1	MHSA	ECE
SFSU Associated Students	9	140	20	2	4.5	PFA	ECE
SFSU Children's Campus	5	60	10	2	4.5	MHSA	ECE
SOMA Judith Baker Site	3	60	16	3	9	DCYF	ECE
SOMA Yerba Buena Site	4	75	16	1	1	PFA	ECE
St Elizabeth's Child Care	3	14	7	1	1	MHSA	ECE
Storybook School	2	48	12	2	4.5	HSA	ECE
WuYee Head Start Homebased Bayview	N/A	64	7	2	4.5	MHSA	ECE
WuYee Cadillac	2	40	9	3	9	PFA	ECE
WuYee Westside	2	30	6	2	4.5	MHSA	ECE
WuYee Golden Gate	2	28	9	2	4.5	HSA	ECE
WuYee New Generations	7	64	22	3	9	PFA	ECE
Family Childcare Consultation	N/A	Unknown	Unknown	N/A	4	PFA	FCC

Site Name	# of Classrooms	# of Children	# of Staff	Hrs per Wk	Fund Source(s)	Site Type
Compass Family Resource Center	N/A	80	11	2.5	FRC	FRC
Good Samaritan Family Resource Center	N/A	60	10	3.5	FRC	FRC
Homeless Pre-Natal	N/A	20	3	4	HSA	FRC
Young Family Resource Center	N/A	Varied	4	2.5	FRC	FRC
Excelsior Family Connections	N/A	20	4	3	FRC	FRC
Portola Family Connections	N/A	110	6	3.5	FRC	FRC
So of Market Child Care Inc. Family Resource Cntr	N/A	100	8	3	FRC	FRC
Support for Families with Children with Disabilities	N/A	100	5	3	MHSA	FRC
Ashbury House	1	5	4	3.5	MHSA	SA
Epiphany Residential Program	N/A	20	5	1.5	MHSA	SA
HR 360 (Female Offenders Tx and Education Prog)/ Women's Hope	N/A	20	5	6.5	MHSA	SA
Hamilton Family Transitional Housing	N/A	50	15	6.5	CYF	Shelter
Asian Women's Shelter	N/A	8	8	3.5	CYF	Shelter

Clara House Of Compass Community Svcs	N/A	15	7	5	CYF	Shelter
Compass Family Shelter	N/A	17	10	1	CYF	Shelter
Hamilton Family Residences & Emergency Shelter	N/A	155	30	6.5	CYF	Shelter
St. Joseph's Family Center	N/A	40	20	6.5	CYF	Shelter

**5. Modality(s)/Intervention(s):**

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
<b>Individual consultation</b> 1.56 FTE x 40 hrs/wk x 46 wks x 72% effort	2066	2430
<b>Group Consultation</b> 1.56 FTE x 40 hrs/wk x 46 wks x 72% effort	2061	2430
<b>Classroom Observation</b> .67 FTE x 40 hrs/wk x 46 wks x 72% effort	886	2430
<b>Staff Training</b> .18 FTE x 40 hrs/wk x 46 wks x 72% effort	234	20
<b>Parent Training/Support Group</b> .27 FTE x 40 hrs/wk x 46 wks x 72% effort	355	20
<b>Early Referral &amp; Linkage</b> .43 FTE x 40 hrs.wk x 46 wks x 72% effort	566	10
<b>Early Intervention Individual</b> .29 FTE x 40 hrs/wk x 46 wks x 72% effort	385	20
<b>Early Intervention Group</b> .06 FTE x 40 hrs/wk x 46 wks x 72% effort	76	8
<b>Mental Health Individual</b> .44 FTE x 40 hrs/wk x 46 wks x 72% effort	586	8
<b>Mental Health Group</b> .06 FTE x 40 hrs/wk x 46wks x 72% effort	82	3
<b>Consultant Training &amp; Supervision</b> 1.31 FTE x 40 hrs/wk x 46 wks x 72% effort	1732	N/A
<b>Systems Work</b> 0.62 FTE x 40 hrs/wk x 46 wks x 72% effort	815	NA
<b>Evaluation</b> 0.38 FTE x 40 hrs/wk x 46 wks x 72% effort	508	NA
<b>Total UOS Delivered</b>	<b>10,350</b>	
<b>Total UDC Served</b>		<b>2,464</b>

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation -Group:** Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation - Class/Child Observation:** Observing a child or group of children within a defined setting.

- **Consultation-Staff Training:** Providing structured, formal, in-service trainings to groups of three or more individuals from programs receiving consultation services to support staff capacity for responding to social-emotional and mental health needs of the children in these settings.
- **Training/Parent Support Group:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, parents, and/or family care providers on a specific topic. Can also include leading a parent support group or conducting a parent training class.
- **Early Referral/Linkage:** Activities related to assisting families secure additional longer-term help and/or adjunct services.
- **Early Intervention- Individual:** Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Activities include: developmental and/or social-emotional screening; individual child intervention, such as shadowing in the classroom; meeting with parent/caregiver to discuss specific concerns they have about their child's development.
- **Early Intervention- Group:** Conducting playgroups/socialization groups involving at least three children.
- **Mental Health Services- Individual, Family or Group:** Providing targeted therapeutic interventions that focus primarily on symptom reduction as a means to improve functional impairments that are due to a diagnosable mental health concern. Activities directed to a child, parent, or caregiver. Services may be delivered to an individual, family or group.
- **Consultant Training/Supervision:** Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also, it covers supervision of consultants both individually and in groups
- **Systems Work:** Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0 – 5, enhance the development of inclusive practices in early care and education sites, and continuous quality improvement. This includes being a participating member of the Trans-disciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.
- **Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the BHS-initiated evaluation efforts.

## 6. Methodology:

### *Outreach, Admission Enrollment and Intake Criteria and Process*

Daycare Consultants have provided and expanded the delivery of high quality mental health consultation and related direct clinical services to the San Francisco early childhood community since 1988.

Therefore, outreach, recruitment, promotion and advertisement are unnecessary. This contract allows for continuation of established involvement in these programs.

These 50 programs serving primarily low-income families whose children are birth through five years of age and eligible to receive consultation. Programs serving a significant proportion of CALWORKS families and PFA sites are prioritized to receive services, and have already been receiving service. Within each program, providers and parents identify children whose developmental, behavioral and/or social-emotional difficulties warrant particular attention. Assessment based on observation and parent/provider interview determines involvement in and level of mental health intervention, ranging from case consultation to group, individual child or child-parent treatment.

The aim of Daycare Consultants is to improve the quality of relationships within the early childhood education, group care, or residential program, thereby positively impacting the mental health of all the children. Particular attention is paid to children in the setting with evidence behavioral, developmental or emotional difficulties. When a specific child is the focus, the aim of the clinical service is to engage all of the adults in that child's life to understand and sensitively respond to the child's needs. Daycare Consultants will accomplish these goals through provision of the following services:

- Mental Health Consultation services to providers (ECE, Shelter, FRC staff) who serve young children and their families;
- Early Intervention and Direct Clinical Services including direct treatment and on-site therapeutic groups and shadowing;
- Linkage/Coordination/Case Management for staff and families involved in consultation in the provision of consultation in childcare settings; and training for childcare providers and parents.

### ***Service Delivery Model***

#### **I. Mental Health Consultation**

- Program Consultation: The consultant assists with all aspects of program planning, from improving inter-staff communication to enhancing the use of developmentally appropriate practices for children. They will meet regularly (usually weekly or on the schedule requested by the individual program). Meetings will include both non-didactic developmental guidance and supportive consultation. The consultant/clinician's ability to provide guidance is grounded in regular observations at the childcare site, knowledge of and experience with children in groups, and a growing understanding of the network of relationships involved in the program. Consultation occurs at the program during their hours of operation and continues for as long as the need for and the center's ability to sustain conditions of involvement persists.
- Case Consultation: When childcare staff is troubled about a particular child, consultants meet together with the provider and parents of the child. With the parents' permission, the consultant/clinician observes the child in the program (a minimum of 2 observations per child). S/he assesses the match between the child's needs and the particular childcare setting and assesses the child's functioning. The consultants then meet with the program staff to help them understand the child's behavior, offer ideas regarding intervention appropriate to a group setting, and support staff. The average length of this intervention is 6 months.
- Case consultation at this level entails intervention through the child's existing relationships with parents and providers. The consultant meets (usually 3 to 8 sessions) with parents to learn more about the child's developmental and relational history and current functioning outside the

childcare milieu. With parental permission, the consultant/clinician brings information back to the childcare providers so that interactions with the child are informed by a more extensive understanding of the child's current and past experiences. The consultation with the program staff is on-going.

## II. Early Intervention and Direct Clinical Services

- Early Intervention Services for Parents: The consultant offers to meet with parents whose children receive case consultation. The intervention is usually time-limited (8 to 10 sessions). Meetings with the parents focus on synthesizing or enhancing their understanding of their child's developmental needs and capacities.
- Therapeutic Shadowing: An early intervention strategy aimed at supporting children at risk of expulsion from their ECE classroom settings. One-on-one support is provided to the child in the classroom. The shadow accompanies the child through specific parts of the child's school day in order to support his or her ability to benefit from the learning environment. The shadow maintains regular contact with the child's parent/caregivers, teachers and other team members in order to ensure clear and open communication regarding the child's needs and progress.
- Therapeutic Groups: Therapeutic groups will provide an opportunity to serve children in their ECE setting when they are identified as showing difficulties in their development, particularly in the social-emotional domain. Co-leadership of the group by a consultant/clinician and a teacher from the ECE site provides intensive training for the teacher. Therapeutic groups will meet on average for two hours, two times per week on-site at the center during hours of operation. The group leaders facilitate interaction and activities aimed at helping the children to understand and modulate their feelings and to establish acceptable ways of expressing themselves, getting what they need, and interacting with others.
- Parent Support Group: Parent support groups are offered in collaboration with ECE and FRC staff in response to community needs and at shelter programs when there is the capacity and need for such services. Groups seek to support parents and provide a forum which can reduce feelings of isolation and enhance a sense of community support. Topics addressed in such groups include: parental depression, trauma, immigration trauma, parenting concerns and challenges in parent-child relationships. The consultant also helps staff understand the needs of these clients and families.
- Child/Parent Psychotherapy: Children who have experienced trauma, relational disruptions and/or abuse and neglect may require direct intensive intervention. In addition to consultation, psychotherapy will be offered in these instances. Given that young children's relationships both contribute to and ameliorate social-emotional difficulties, it is optimal to treat children in this relational context. Therefore, parent-child dyadic treatment will be provided when possible. Treatment will be offered on the childcare site or in the families' homes to enhance the likelihood of the families' sustained involvement. Clinicians utilize the CANS in developing treatment plans with families.

## III. Linkage/Coordination/Case Management

- Case Management/ Early Referral: When longer-term intervention or additional services are needed, the consultant/clinician takes an active case management role in referring the child and family for services and facilitating communication between service providers and the childcare staff.

Consultants secure service from, and collaborate with, community providers who interface with the child and family. These providers typically include: San Francisco Unified School District's Department of Special Education, the Department of Human Service's Children's Protective Services, Department of Public Health; Community Behavioral Health Services.

Health Services, Community Mental Health Outpatient Clinics as well as a full range of community-based agencies and medical providers. Consultants play a critical role in making sure that information from myriad service provider's returns to parents and childcare providers so that they can make use of it to benefit the child. They act as catalysts to create new avenues of communication when none previously existed.

- Parent Education/ Support Groups: In response to requests from program staff, training on various topics related to child development, mental health issues and services would be provided to staff and/or parents. An ongoing group may be offered for parents to address their needs for affiliation, support and discussion of topics of common interest and concern. All of the parent group forums are offered on site and typically take place in the early evening hours to accommodate the parent's work schedules, thereby enhancing the likelihood of their participation.
- Training for Mental Health Professionals: A training program combining clinical case conference and individual clinical supervision includes the participation of all mental health consultants. New consultants and individuals participating in our practice-based multicultural training program as an advanced trainee in ECMH consultation receive this training plus additional supervision, a case conference, and a twice-monthly didactic seminar.

### ***Discharge Planning and Exit Criteria and Process***

Consultation is typically on-going as the composition of both children and staff change regularly enough to warrant continuation. Within this context, direct clinical services are concluded based on various criteria. Most typically, case consultation and treatment terminate by mutual agreement between the parents, program staff and consultant when the referring concern is ameliorated. Since oftentimes the child remains in the program and because of the consultants' ongoing presence, monitoring is possible post termination.

Eleven Infant-Parent Program/Daycare Consultant clinicians will provide mental health consultation. On average, each has over five to ten years of experience as a consultant and many have long-term and well-established relationships with their program partners. Eight of the consultants are bilingual and bicultural. Therefore, services may be delivered in Spanish, Hindi, Cantonese, and Gujarati. While all the consultants' time on this project will be funded through this grant, programmatic and administrative oversight will be supplemented by other funding sources.

### **7. Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled *Children, Youth and Families Performance Objectives FY2022-23*.

### **8. Continuous Quality Improvement:**

Bi-weekly group and/or individual supervision meetings ensure that contract performance objectives are being achieved, including the cultural competency of staff and the services being delivered. Staff is made aware of changes in performance objectives and documentation in a timely manner at the bi-monthly All Staff Meeting and bi-monthly ECMH Consultation Meeting. Follow up and individualized instructional

support is offered in individual supervisory meetings. Every staff member will have a chart reviewed twice per year by a program supervisor. Internal chart reviews will include an assessment of billing accuracy and the quality of documentation and services.

The Infant-Parent Program / Daycare Consultants will comply with ECMHCI evaluation and CQI requirements. Evidence of CQI activities will be maintained in program's Administrative Binder.

## **9. Required Language:**

For BHS CYF SOC ECMHCI: Contractor will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the BHS ECMHCI System of Care Program Manager and RFP-10-2013.

Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix A priority population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI System of Care Program Manager of any changes.

## 1. Identifiers:

UCSF Infant-Parent Program – ICAP Division  
Zuckerberg San Francisco General Hospital  
1001 Potrero Avenue, Building 5, Unit 6B  
San Francisco, California 94110-3518  
<https://psych.ucsf.edu>

Kristin Reinsberg, Interim Program Director  
415- 206-5270 Fax: 415- 206-4722  
[Kristin.reinsberg@ucsf.edu](mailto:Kristin.reinsberg@ucsf.edu)

**Program Code:** 38C88 - Spring Project

## 2. Nature of Document:

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:** To support high risk pregnant women and new parents, served within the pre and postnatal medical care clinics at Zuckerberg San Francisco General Hospital (ZSFG), through transition from pregnancy to parenthood-helping to ensure healthy outcomes for their infants and toddlers. Additionally, to provide direct mental health services and consultation within pre and postnatal and pediatric medical care clinics at ZSFG.

**4. Priority Population:** The IPP SPRING Project is designed to meet the unique needs of all ethnicities and populations of high-risk pregnant women and newly parenting families receiving prenatal and postpartum care at ZSFG Hospital with a focused expertise on serving the Latinx community. Thirty-five women and their 20 infants will benefit from early intervention, mental health, and consultation services. Fifteen health care professionals, including doctors, nurses, and social work staff will also benefit from consultation services. Based on recent hospital demographic information, the families served in this program will likely be 70% Hispanic/Latinx, 10% African American and 10% Asian and 10% representing other ethnicities. The ages of the pregnant and newly parenting women range from late teens to early 40s. The parent-child dyads are followed through the first three months of life or longer, when needed.

**5. Modality(s)/Intervention(s):**

<b>UOS Description</b>	<b>UOS</b>	<b>NOC</b>	<b>UDC</b>
<b><i>Systems Work</i></b>			
.042 FTE x 40 hrs/wk x 46 wks x 71% effort	55	8	N/A
<b><i>Early Intervention- Individual</i></b>			
.02 FTE x 40 hrs/wk x 46 wks x 71% effort	26		10
<b><i>Early Referral Linkage</i></b>			
.03 FTE x 40 hrs/wk x 46 wks x 71% effort	44		10
<b><i>Mental Health Consultation - Individual</i></b>			
.13 FTE x 40 hrs/wk x 46 wks x 71% effort	174		70
<b><i>Mental Health Consultation – Group</i></b>			
.19 FTE x 40 hrs/wk x 46 wks x 71% effort	245		70
<b><i>Mental Health Services - Individual or Family</i></b>			
.025 FTE x 40 hrs/wk x 46 wks x 71% effort	33		5
<b><i>Training &amp; Supervision</i></b>			
.06 FTE x 40 hrs/wk x 46 wks x 71% effort	83		N/A
<b><i>Evaluation</i></b>			
.02 FTE x 40 hrs/wk x 46 wks x 71% effort	27		N/A
<b>Total UOS and UDC</b>	<b>686</b>		<b>95</b>

- **Mental Health Consultation - Individual:** Discussions with pregnant women, newly parenting family and /or members of the medical team, on an individual basis about the parent's stress, trauma and strengths impacting her pregnancy, maternal identify and /or the infant, including possible strategies for intervention. It can also include discussions with a medical team member on an individual basis about perinatal mental health and prenatal and perinatal infant development in general. Can also include collaborative work with parent, such as offering developmental guidance and exploring referrals for additional supports.
- **Mental Health Consultation -Group:** Talking/working with a group of three or more medical team members at the same time about their interactions with a particular family, parent or child, or group of families.
- **Early Referral/Linkage:** Activities related to assisting families to secure additional longer-term mental health service *and/or adjunct services.*
- **Early Intervention Services- Individual or Group:** Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental

health services. Activities may include: developmental and/or social-emotional screenings; individual child or family intervention; meeting with parent/caregiver to discuss specific concerns they have about their infant's development.

- **Mental Health Services- Individual, Family or Group:** Providing targeted therapeutic interventions that focus primarily on symptom reduction as a means to improve functional impairments that are due to a diagnosable mental health concern. Services may be delivered to an individual, family or group.
- **Training/Supervision:** Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also covers supervision of consultants both individually and in groups.
- **Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for this project. Can also include time spent complying with the BHS/MHSA-initiated evaluation efforts.
- **Systems Work:** Activities related to efforts focusing on expanding the capacity of providers who work with high-risk mothers and babies in medical care settings.

## 6. Methodology: Direct Client Services

### Outreach and Engagement:

The SPRING Project (Supportive Parenting, Resource Integration, and Newborn Guidance), provides perinatal mental health services within the ZSFG Hospital pre and postnatal clinics. The primary service sites are the Obstetrics Psychiatry Clinic, Labor and Delivery, and Postpartum clinics. The SPRING perinatal clinicians are embedded in the hospital clinics. Therefore, outreach, recruitment, promotion and advertisement are unnecessary.

### Admission, Enrollment and/or Intake Criteria and Process:

Enrolment in SPRING services occurs in conjunction with admission of pregnant women into the OB Psychiatry Clinic at Zuckerberg San Francisco General Hospital (ZSFGH). Medical providers in this and other pre and postnatal and pediatric clinics are eligible to receive mental health consultation services by virtue of their employment within the setting. Given that the direct mental health services follow the patients through the transition from pregnancy to parenthood, consultation with the providers in L&D, postpartum and at times the NICU and Pediatric clinics is integral to ensuring continuity of care.

**Screening and Assessment.** In the first clinic visit, a psychiatrist and/or the IPP perinatal mental health specialist see and assess the pregnant woman. Psychosocial factors that may put mothers and babies at risk are identified. The medical, psychiatric, trauma and family histories are garnered, and current stressors and social support networks are identified. Initially and at regular intervals, scales are used as screening tools including but not limited to Edinburgh Postnatal Depression Scale (Cox et al., 1987), Maternal Fetal Attachment Scale, (Cranley, 1981), and Posttraumatic Stress

Disorder Checklist-Specific PCL-S (Walker, et al., 2002). Treatment plans are developed based on the needs of the mother, the fetus, the infant, and the family. Pregnant women are offered individual in-clinic consultation, short-term psychotherapy and/or pharmacotherapy. Pregnant women make informed choices regarding the treatment.

The Infant-Parent Program's SPRING Project provides **individual mental health treatment and consultation** to high-risk pregnant women and new parents struggling with the stress of poverty, often in combination with mental health and/or substance abuse problems and issues associated with traumatic immigration, through the transition from pregnancy to parenthood-helping to ensure healthy outcomes for their infants and toddlers. The focus of the intervention is the parent- infant relationship.

### **Service Delivery Model:**

Addressing the link between maternal and child mental health and well-being during pregnancy and the perinatal period calls for an integration of services across health providers, integrating obstetric and pediatric care with family support and mental health treatment. Our service delivery model is based on a multidisciplinary approach, focusing on the integration of medical care and mental health services.

Integrated treatment planning takes place in post-clinic conferences, in which the multidisciplinary team meets. This meeting provides opportunities for the SPRING mental health clinicians to offer **mental health consultation** related to the IPP's perinatal mental health specialty. Through this collaborative process, the team develops treatment approaches for mentally ill women that focus on pregnancy, postpartum, and the sequelae of trauma and violence. Specifically, the SPRING clinicians' focus on interrupting the intergenerational transmission of trauma and mental illness by intervening on behalf of the unborn child and the infant-parent relationship.

Treatment and consultation services vary in duration and frequency, based upon the needs of the pregnant woman, infant and family.

Women are followed throughout their pregnancy. After clients have delivered their babies, the SPRING clinician visits the mother and the infant at Labor and Delivery to assess the bonding between mother and newborn, to identify challenges in feeding, monitor their mood, and to collect information about their experience of labor and delivery. When parent and child transition to the postpartum unit, the SPRING clinician is available to visit them to provide support and interventions to aid in bonding. They also offer consultation to medical staff regarding the care of women, especially those women with sexual abuse and other trauma histories that often require concrete and specific support during needed medical procedures. This coordination and consultation to the medical personnel helps to ensure that families will continue to be cared for in ways that address their mental health and physical needs.

Therapeutic support and consultation is also provided in the NICU when the baby is born with severe medical complications. The presence of the SPRING clinician within the NICU provides the opportunity for onsite, brief mental health treatment for parents in need, and educational and support sessions with the NICU staff.

***Note- Due to protocols related to COVID-19, services are being provided via telehealth until further notice.***

### **Discharge Planning and Exit Criteria**

As described above, women receiving care in the Obstetric Psychiatry Clinic are followed throughout their pregnancy and services continue to support families as they transition to the Labor & Delivery and postpartum units. The SPRING clinician sees the mother and baby - until the baby is three months of age if needed. During these postpartum visits, the focus of treatment is to identify the level of psychiatric symptoms, like depression, anxiety, or PTSD, as well as to address the ways in which mothers are able to respond to the emotional and physical needs of their infants.

Before the dyad is discharged an assessment is made to determine the need for further therapeutic support. The team is responsible to make sure that the woman is connected with a primary care physician and the baby is connected to a pediatrician. Community resources for parenting are also provided. When parental mental health is interfering with the relationship between mother and child, the dyad may be referred for longer-term treatment within the Infant-Parent Psychotherapy component of the Infant- Parent Program. These decisions are made with the parent(s) and with the support and involvement of the OB Psychiatry team.

### **Program Staffing**

The multidisciplinary clinic team is made up of social workers, psychiatrists, psychologists, a public health nurse, representatives from community provider organizations and the IPP SPRING perinatal mental health clinicians.

Two Infant-Parent Program SPRING clinicians, including a continuing post-doctoral fellow and a psychiatrist, will provide mental health treatment and consultation within the Clinic. One of these clinicians is bi- cultural and bi-lingual Spanish speaking. One of the IPP providers has extensive experience (+35 years) providing care in medical care settings and both have specialized training in perinatal mental health. The post-doctoral fellow will continue to receive in vivo clinical supervision and training. Services are delivered in both Spanish and English.

### **MHSA Consumer Participation and Engagement**

The IPP SPRING Project's efforts are aimed at three consumer groups: pregnant women with psychiatric difficulties and their partners , their newborn infants, and medical providers. The pregnant women involved in SPRING are engaged in shaping how services are implemented and evaluated. For instance, an on-call consultation service staffed by the SPRING clinicians and psychiatrist is being developed in response to patients indicating that clinic hours were not sufficient for support. Until this service is staffed, SPRING clinicians are providing mental health visits outside of and in addition to clinic hours.

Consultation is inherently collaborative. Therefore, the medical providers determine the agenda, configuration and parameters of the consultation conversations.

## Vision

The SPRING Project promotes several components of the MHSA vision. The services support service coordination which results in a seamless experience for clients by co-locating perinatal mental health services with prenatal and psychiatric care, so that pregnant women who participate in SPRING receive needed services in a single site and in the same visit. The mental health consultation meetings with medical staff offer a regular opportunity to confer about clients. Specifically, consultation helps staff identify impediments to patients engaging in prenatal care; trains medical providers to recognize signs of depression, trauma and other mental health issues that negatively impact parenting; assist providers in supporting the parent-child interaction beginning in utero and process practitioner's responses to clients that interfere with delivering optimal care.

The IPP SPRING clinicians have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures. A study conducted at SFGH demonstrated that the efficacy of particular intervention strategies seeking to treat depression among impoverished primary care patients from ethnic minority groups is dependent upon those interventions being delivered in the context of culturally specific clinical case management.

Accordingly, SPRING services are delivered by bi-cultural, bi-lingual clinicians and include culturally congruent interventions and coordinated efforts with primary care providers and other agencies.

## 7. OBJECTIVES AND MEASUREMENTS

*All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled MHSA Performance Objectives 2022-23.*

Note: Given changes to healthcare delivery during the COVID-19 pandemic, we are re-envisioning how we measure the impact of our program. Because all services are currently being provided by telehealth instead of in-person, our ability to complete surveys has been limited. We are committed to investigating the feasibility and acceptability of having clients complete the following surveys/indicators during remote visits and hope to return to quantitative measures as below:

### **Individualized Program Objectives:**

1. By stationing Infant-Parent Program (IPP) perinatal mental health specialists in the Obstetric Psychiatry clinic weekly **over 75% of parents** receiving direct mental health services that reported high levels of depression, anxiety, or PTSD early in pregnancy will have decreased severity of symptoms as measured by the Edinburgh Postnatal Depression Scale (EPDS) or the Posttraumatic Stress Disorder Checklist-Specific, (PCL-S), (Walker et al.,2002).
2. Over **75% of parents** who receive mental health services prenatally will evidence positive attachment with their newborn and an ability to accurately decipher the emotional and physical cues of their babies at 3 months of age as measured by elevated scores on the Fetal Attachment Scale (MFAS), (Muller, 1993 and Cranley).

3. Over **50% of at-risk pregnant women** receiving prenatal care at ZSFG will be connected to a ZSFGH pediatric clinic and/or parenting services in the community, as tracked by SPRING clinician.
4. Over **75% of the parents** who had four or more mental health treatment sessions focused on parenting will report that they benefitted from receiving perinatal mental health services and would recommend SPRING services to other pregnant women.
5. Over **75% of the women receiving mental health services** through SPRING will report that the intervention positively affected their maternal identity and parenting capacity.

## 8. CONTINUOUS QUALITY ASSURANCE

CQI activities for the SPRING Project included weekly rounds and or clinical supervision where issues of compliance with contract performance objectives and appropriate and timely documentation of clinical work are closely monitored. Documentation of services are entered in the client's medical chart at the end of each clinic visit to assure timely submission. For Post-doctoral psychology fellows working on the Project, documentation of each client contact is reviewed by Attending Psychiatrist for the clinic.

In addition to hiring staff and recruiting trainees who are able to serve all ethnicities and populations, our program also prioritizes our capacity to meet the cultural and linguistic needs of the women served within these clinics. Cultural, diversity and equity issues are continuously and broadly considered in case presentations and are elaborated upon in a monthly multi-cultural focused Grand Rounds within the UCSF Division of Infant, Child and Adolescent Psychiatry and the Department of Pediatrics.

Client satisfaction is assessed at regular intervals throughout treatment. Client satisfaction questionnaire and interview is conducted after the completion of services, typically between 3 -6 months post-partum.

Evidence of CQI activities will be maintained in the program's Administrative Bi

- 1. Identifiers:** UCSF Infant-Parent Program -ICAP Division  
Zuckerberg San Francisco General Hospital  
1001 Potrero Avenue, Building 5, Unit 6B  
San Francisco, California 94110-3518  
<https://psych.ucsf.edu>

Interim Program Director: Kristin Reinsberg, LMFT  
Telephone: (628) 206-5270  
Email Address: [Kristin.reinsberg@ucsf.edu](mailto:Kristin.reinsberg@ucsf.edu)

Program Code(s) :38C84/ Psychotherapy Services-Mental Health Services  
38C85/ Psychotherapy Services-Mental Health Promotion

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

- 3. Goal Statement:** The Infant-Parent Program (IPP) is devoted to providing community and home-based mental health services that are linguistically and culturally responsive and evidence-based to children birth to five years of age and their caregivers with the aim of maintaining or restoring the child’s development to a typical trajectory.
- 4. Priority Population:** The Infant-Parent Program’s specialized expertise is directed at the population of children and their caregivers described below:
- a) Children three years of age or younger at the time of referral and their families or pregnant women who are deemed to be medically indigent, and either partner in the parent-child dyad is identified as having serious mental health difficulties effecting the relationship(s) and the child’s development.
  - b) Children birth to five years of age and their caregiver(s) who are residing in/or previously resided in a homeless shelter or transitional housing arrangement or residential substance abuse treatment program receiving mental health consultation and are identified as having a diagnosable mental health problem .
  - c) Children birth to five years of age who are enrolled in childcare programs or family resource centers receiving mental health consultation when they are identified for direct treatment based on difficulties in the child’s social and emotional functioning.

**5. Modality(s)/Intervention(s):**

**Mental Health Services**

Mental Health Services means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy and collateral.

### **Assessment**

Assessment means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures. Assessment of the child-parent relationship is dyadic and bi-directional.

### **Collateral**

Collateral means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

### **Therapy**

Therapy means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present

## **6. Methodology:**

### **Direct Client Services:**

For prevention and intervention services to pregnant women and children 0 – 5 years old, treatment is provided primarily through weekly visits in the home in order to gain a better understanding of the family's/child's daily circumstances and to be available to those most in need. Infant/Child -Parent Psychotherapy recognizes that the child can become the recipient of feelings and expectations that stem in complex ways from parental experience and tend to obscure the young child's actual experiences, intents and expressiveness. Therapeutic interventions based on this recognition aim at freeing the child from these parental distortions thus restoring them to a typical developmental trajectory.

### **Outreach/ Referrals**

Many referrals come from pediatric providers at ZSFG Hospital, DPH health centers or public health nurses. Ongoing collaborative work with the primary care provider is central to the Infant-Parent Program's mental health intervention. ZSFG departments of Psychiatry, Pediatrics and OB/GYN are also major sources of referrals and collaborators in our work on behalf of young children and their parents. Staff and trainees are stationed in those departments' clinics to provide consultation and facilitate referrals. All these conjoint efforts begin with initial sharing of information and perspectives and move toward fashioning a common understanding and

approach to the child and parent and their difficulties; regular communication is essential to the work.

The other primary source of referrals for the Infant-Parent Program is the San Francisco Human Services Agency (HSA). Collaboration with HSA starts in the referral process with Foster Care Mental Health around clarifying the needs of the child and family, and often a close working relationship is forged with the HSA worker to identify and pursue the child's best interests in complicated dependency situations.

In addition, staff at the Infant-Parent Program provide linkage with ZSFGH units within the Departments of Pediatrics, Obstetrics and Psychiatry. An Infant-Parent Program staff member provides consultation and in clinic treatment to patients in the Obstetric Psychiatry clinic and the NICU in order to identify pregnant women, children and families who are in need of Infant/Child-Parent Psychotherapy.

An additional referral source, the Early Childhood Mental Health Consultation (Daycare Consultants) component of the Infant-Parent Program, provides mental health consultation and a range of related direct mental health services to over 50 child serving community agencies working with children birth through five years of age, including childcare centers, domestic violence and homeless shelters, Family Resource Centers and residential substance abuse treatment programs. Within the course of consultation children and their families are identified for direct treatment. The IPP mental health consultant, in conjunction with program staff and the child's parents, establish the need for treatment based on difficulties in the child's social and emotional functioning. Consultants typically facilitate the referral to treatment and remain involved as liaisons between the treating clinician and the settings in which the family is cared for or resides.

Given that young children's relationships both contribute to and ameliorate social emotional difficulties, it is optimal to treat children in a relational context. Therefore, Child-Parent Psychotherapy is provided when possible. Treatment is offered via telehealth, on-site, or in the family's home as well as at the IPP offices. Children and their families are seen weekly for as long as clinically indicated. Throughout the course of treatment, the therapist, with parental consent, collaborates with other providers within IPP, with staff from the referring agency and with other caregivers, providers and agency representatives involved in the care and wellbeing of the child.

### **Intake**

Ninety-five percent of referrals come from the third parties identified above. All of the children and their caregivers are screened by the Compliance Analyst for financial eligibility at the time of referral. The referral source is contacted by the Clinical Intake Clinician in order to develop an initial understanding of the presenting problem; the nature of the difficulties in the child's functioning and the ways in which the adult's functioning as a caregiver may be impacting these. Relevant involvement with other agencies and care providers, especially primary care, is noted and a plan for contacting the family and providing feedback to the referring party about the family's engagement in treatment is noted in each intake.

### **Assessment.**

At the initiation of treatment, a clinical assessment takes place with child and caregiver(s) together. When a CANS or ANSA Assessment indicates that there is a medical necessity for specialty mental health treatment, a Treatment Plan of Care is completed for the child/caregiver dyad on which a case is opened. Information obtained from the referring party and from initial assessment phase sessions with

the child and caregiver is integrated into the assessment, and items scored 2 or 3 are addressed in the Treatment Plan. The Parent-Child Relationship Competencies (PCRCs), a bidirectional, strengths-based, culturally attuned, relationship-focused tool designed by the Program's Dr. Maria St. John is used for treatment planning and outcome evaluation is also employed during the assessment period.

### **Treatment.**

Progress in treatment is mutually determined by the family and the clinician. Since much of the treatment is performed by trainees, supervisors are integral to tracking treatment progress through weekly supervision as well as through the examination of change in the CANS or ANSA and PCRC scores and through the use of the Clinical Review Form at designated reassessment intervals. The PURQC committee reviews treatment at designated intervals to assess progress toward goals, and monitors the appropriateness of infant/child-parent treatment and the intensity of services needed. The committee uses the Clinical Review Form for PURQC, presentation of case formulation at case reviews and the monthly PURQC Committee Meeting, CANS/ANSA, the PCRC scores, and the narrative portion of the CBHS assessment to make these determinations. These assessments of need and treatment progress, along with services that are necessary (ongoing psychiatric involvement) or desirable (support groups), begin when the case is opened, are incorporated into treatment planning when goals are established or updated, and continue through discharge planning.

*Note- Due to protocols related to COVID-19 and the prenatal and under 3yo population served, services continue to be offered via telehealth or, when possible, in home and community settings.*

## **Child Welfare related Mental Health Services**

### **Auxiliary Services**

Specific to children and families involved in San Francisco's Child Welfare System, IPP engages extensively in case planning and remediation efforts. In addition to clinical assessment and treatment, IPP provides consultation, reports on parental capacity and relational competency and participates in Family Team Meetings as requested. These ancillary but integral components are extended regularly to HSA Protective Service Workers, attorneys and judges in Dependency and Family Treatment Courts.

### **Indirect Services**

The Infant-Parent Program provides a significant amount of outreach to engage families with young children who are in need of treatment and consults with, educates and offers support to providers who have contact with these families. These efforts involve both regular and "on demand" meetings with rotating pediatric residents and medical students, ZSFGH staff, public health nurses, child welfare workers, BHS Access Line staff and other community partners.

## **7. OBJECTIVES AND MEASUREMENTS**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY22-23. The Infant-Parent Program will abide by these Performance Objectives.

## **8. CONTINUOUS QUALITY IMPROVEMENT**

CQI activities for assessment and treatment is an intensive and continuous effort at the Infant-Parent Program. Procedures were developed and are continually refined by the ICAP Compliance Analyst, the majority of whose time is devoted to these efforts. New client registration data is entered within 24 hours or two working days after data is collected. The clinician and supervisor are notified well in advance of required due dates for Assessments, TPOC's and other time sensitive documentation. Progress note submission is tracked as well. If session notes or any other required documentation is not submitted in a timely, complete and accurate manner the Director, in addition to the clinician and their direct supervisor are notified. Productivity as well as all other AVATAR generated reports are reviewed bi-monthly by Clinical Supervisors and the Program Director to assure adherence to evaluation and QI performance objectives. Client experience and treatment efficacy is monitored and enhanced through an intensive supervisory structure. Clinicians in training meet with an experienced supervisor for approximately 45 minutes of supervision for each scheduled hour of patient contact. Regardless of license status, clinicians receive weekly individual clinical reflective supervision. Issues of compliance with contract performance objectives and appropriate and timely documentation of clinical work are also closely monitored in supervision. All clinicians' charts (trainees and staff) are reviewed at least twice yearly by the supervising clinician and members of the PURQC Committee which is convened monthly to address this task. In addition to auditing charts for compliance issues, the PURQC Committee provides feedback regarding their documentation and clinical work described in the chart to which clinicians are asked to respond. Additionally, clinicians in training present cases for review/ monitoring in the context of a weekly case review. Regardless of the forum in which the review takes place, feedback is kept in a PURQC binder.

Contract performance objectives are monitored primarily through analysis of reports generated by the Avatar System. Additional information about the achievement of outcome objectives is afforded by reports provided to the Program by the BHS staff. The Compliance Analyst is charged with tracking activities related to the Performance Objectives. This person meets monthly with supervisory staff and twice a month with the Interim Program Director to ensure all administrative compliance requirements are attended to.

In addition to hiring staff and recruiting trainees who are able to provide services in the city's target languages, cultural, diversity and equity issues are broadly considered in every case presentation and are targeted and elaborated upon in a weekly seminar devoted to understanding the clinical work within the context of diversity, race and equity. Additionally, the program provides a monthly multicultural focused Grand Rounds co-taught by IPP staff as well as by visiting lecturers and other individuals within the UCSF Division of Infant, Child and Adolescent Psychiatry.

Client satisfaction is assessed as required by BHS, and, in addition, the Infant-Parent Program administers its own family satisfaction survey once yearly.

Evidence of CQI activities is maintained in the program's Administrative Binder.

**Appendix B  
Calculation of Charges**

**1. Method of Payment**

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately preceding month. All costs associated with the Services shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after Services have been rendered and in no case in advance of such Services.

**2. Program Budgets and Final Invoice**

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1 Day Care Consultants (Early Childhood Mental Health Consultation -ECMHC)

Appendix B-2 SPRING Project

Appendix B-3 Psychotherapy Services

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$886,111** 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 Program 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.

The maximum dollar for each term and funding source shall be as follows:

July 1, 2018 - June 30, 2019	\$1,299,575
July 1, 2019 - June 30, 2020	\$1,714,179
July 1, 2020 - June 30, 2021	\$1,685,137
20-21 CODB/ MCO	\$21,886
July 1, 2021 - June 30, 2022	\$1,656,338
July 1, 2022 - June 30, 2023	\$1,963,340
July 1, 2023 - June 30, 2024	\$2,041,874
July 1, 2024 - June 30, 2025	\$795,731
July 1, 2025 - June 30, 2026	\$827,560
July 1, 2026 - June 30, 2027	\$860,662
July 1, 2027 - June 30, 2028	\$895,088
total	<u>\$13,761,370</u>
contingency	<u>\$886,111</u>
<b>total</b>	<b>\$14,647,481</b>

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

3.No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney

#### **4. State or Federal Medi-Cal Revenues**

A. CONTRACTOR understands and agrees that should the CITY'S payment to CONTRACTOR under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR 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 CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR 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. CONTRACTOR 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 4: Operating Expenses Detail**

Contract ID Number 100009127  
 Program Name Daycare Consultants-Early Childhood Mental Health Consultation Initiative (ECMHCI)  
 Program Code 38C86

Appendix Number B-1  
 Page Number 4  
 Fiscal Year 2022-2023  
 Funding Notification Date 08/19/22

137226D							
Expense Categories & Line Items	TOTAL	MH WO HSA Childcare 251962- 10002-10001803- 0001	MH WO DCYF Child Care 251962-10002- 10001799-0007	MH WO CFC MH Pre-School for All 251962-10002- 10001803-0008	MH WO CFC School Readiness 251962-10002- 10001800-0003	MH MHSA (PEI) 251984-17156- 10031199-0075	MH CYF County General Fund/WO CODB 251962-10000- 10001670-0001
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 9,265	\$ 2,280	\$ 1,025	\$ 3,110	\$ 896	\$ 864	\$ 1,221
Photocopying	\$ 209		\$ 20	\$ 70	\$ 20	\$ 19	\$ 28
Program Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Computer Hardware/Software	\$ 1,182	\$ 291	\$ 114	\$ 397	\$ 114	\$ 110	\$ 156
<b>Materials &amp; Supplies Total:</b>	<b>\$ 10,656</b>	<b>\$ 2,571</b>	<b>\$ 1,159</b>	<b>\$ 3,578</b>	<b>\$ 1,030</b>	<b>\$ 993</b>	<b>\$ 1,404</b>
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 20,000	\$ 4,923	\$ 1,935	\$ 6,714	\$ 1,928	\$ 1,865	\$ 2,635
Out-of-Town Travel							
Field Expenses							
<b>Staff Travel Total:</b>	<b>\$ 20,000</b>	<b>\$ 4,923</b>	<b>\$ 1,935</b>	<b>\$ 6,714</b>	<b>\$ 1,928</b>	<b>\$ 1,865</b>	<b>\$ 2,635</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 11,587	\$ 1,527	\$ 2,852	\$ 1,121	\$ 3,890	\$ 1,117	\$ 1,080
GAEL: General Automobile and Employee Liability Charges	\$ 6,285	\$ 828	\$ 1,547	\$ 608	\$ 2,110	\$ 606	\$ 586
Data Network Recharge	\$ 5,255	\$ 692	\$ 1,293	\$ 508	\$ 1,764	\$ 506	\$ 490
CCDSS: Computing and Communication Device Support Services	\$ 6,740	\$ 888	\$ 1,659	\$ 652	\$ 2,263	\$ 650	\$ 628
<b>Other Total:</b>	<b>\$ 29,866</b>	<b>\$ 3,936</b>	<b>\$ 7,350</b>	<b>\$ 2,891</b>	<b>\$ 10,027</b>	<b>\$ 2,878</b>	<b>\$ 2,784</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 60,522</b>	<b>\$ 11,430</b>	<b>\$ 10,444</b>	<b>\$ 13,183</b>	<b>\$ 12,985</b>	<b>\$ 5,736</b>	<b>\$ 6,823</b>

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

DHCS Legal Entity Number		00117			Appendix B, Page 1
Legal Entity Name/Contractor Name		UCSF / SFGH Psychiatry Infant-Parent Program (IPP)			2022-2023
Contract ID Number		1000009127			10/28/2022
Appendix Number Provider Number		B-1	B-2	B-3	
		38C8	38C8	38C8	
	Program Name	Day Care Consultants (ECMHCI)	Spring Project	Psychotherapy Services (IPP)	
Program Code	38C86	38C88	38C84, 85, & 89		
Funding Term	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23		
<b>FUNDING USES</b>					
				<b>TOTAL</b>	
Salaries	\$ 757,285	\$ 50,332	\$ 381,164	\$ 1,188,782	
Employee Benefits	\$ 302,913	\$ 20,133	\$ 152,465	\$ 475,512	
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 1,060,198</b>	<b>\$ 70,466</b>	<b>\$ 533,629</b>	<b>\$ 1,664,293</b>	
Operating Expenses	\$ 60,522	\$ 3,081	\$ 25,085	\$ 88,688	
Capital Expenses					
<b>Subtotal Direct Expenses</b>	<b>\$ 1,120,720</b>	<b>\$ 73,547</b>	<b>\$ 558,714</b>	<b>\$ 1,752,982</b>	
Indirect Expenses	\$ 134,486	\$ 8,826	\$ 67,046	\$ 210,358	
Indirect %	12.0%	12.0%	12.0%	12.0%	
<b>TOTAL FUNDING USES</b>	<b>\$ 1,255,206</b>	<b>\$ 82,373</b>	<b>\$ 625,761</b>	<b>\$ 1,963,340</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
MH CYF Fed SDMC FFP (50%)			\$ 199,356	\$ 199,356	
MH CYF State 2011 PSR-EPSDT			\$ 185,076	\$ 185,076	
MH CYF County General Fund			\$ 14,280	\$ 14,280	
MH CYF County General Fund	\$ 139,681		\$ 161,672	\$ 301,353	
MH CYF County GF CODB	\$ 28,003			\$ 28,003	
MH CYF County GF WO CODB	\$ 4,826			\$ 4,826	
MH WO HSA Childcare	\$ 306,938			\$ 306,938	
MH WO DCYF Child Care	\$ 120,652			\$ 120,652	
MH WO CFC MH Pre-School for All	\$ 418,648			\$ 418,648	
MH WO CFC School Readiness	\$ 120,183			\$ 120,183	
MH WO HSA CWS Non-IVE Overmatch			\$ 65,376	\$ 65,376	
MH MHSA (PEI)	\$ 116,276	\$ 82,373		\$ 198,649	
HCHPMMCHADGR				\$ -	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 1,255,207</b>	<b>\$ 82,373</b>	<b>\$ 625,760</b>	<b>\$ 1,963,340</b>	
<b>BHS SUD FUNDING SOURCES</b>					
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>OTHER DPH FUNDING SOURCES</b>					
				\$ -	
				\$ -	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 1,255,207</b>	<b>\$ 82,373</b>	<b>\$ 625,760</b>	<b>\$ 1,963,340</b>	
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 1,255,207</b>	<b>\$ 82,373</b>	<b>\$ 625,760</b>	<b>\$ 1,963,340</b>	
Prepared By			Maneey Sharma	Phone Number	

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

DHCS Legal Entity Number 00117		Appendix Number B-1										Appendix Number B-1									
Provider Name DCSJ-JPP		Page Number 1										Page Number 2									
Provider Number 38CS		Fiscal Year 2021-2022										Fiscal Year 2022-2023									
Contract ID Number 100009127		Funding Notification Date 03/03/22										Funding Notification Date 10/28/22									
Program Name	Day Care	M15+M20				M27				M30				M17				M13			
Program Code	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86		
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19		
Service Description	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Referral Linkage	Outreach Svcs Train/Supv (12% Cap)	Outreach Svcs Evaluation (3% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv (15% Cap)	Outreach Svcs MH Services Indiv/Family	Outreach Svcs MH Svcs Grp (5% Cap)								
Funding Term (mm/dd-yy-mm/dd)	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23		
<b>FUNDING USES</b>																			<b>TOTAL</b>		
Salaries & Employee Benefits	\$ 210,733	\$ 210,254	\$ 90,387	\$ 23,825	\$ 36,206	\$ 57,695	\$ 176,706	\$ 51,828	\$ 83,149	\$ 39,230	\$ 5,837	\$ 69,737	\$ 10,611	\$ 1,060,198							
Operating Expenses	\$ 12,030	\$ 12,002	\$ 5,160	\$ 1,360	\$ 2,067	\$ 3,294	\$ 10,087	\$ 2,959	\$ 4,747	\$ 2,239	\$ 562	\$ 3,410	\$ 606	\$ 60,522							
Capital Expenses																					
<b>Subtotal Direct Expenses</b>	<b>\$ 222,763</b>	<b>\$ 222,257</b>	<b>\$ 95,546</b>	<b>\$ 25,185</b>	<b>\$ 38,273</b>	<b>\$ 60,988</b>	<b>\$ 186,793</b>	<b>\$ 54,787</b>	<b>\$ 87,896</b>	<b>\$ 41,469</b>	<b>\$ 10,398</b>	<b>\$ 63,147</b>	<b>\$ 11,217</b>	<b>\$ 1,120,720</b>							
Indirect Expenses	\$ 26,732	\$ 26,671	\$ 11,466	\$ 3,022	\$ 4,593	\$ 7,319	\$ 22,415	\$ 6,574	\$ 10,549	\$ 4,976	\$ 1,248	\$ 7,579	\$ 1,345	\$ 134,487							
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%							
<b>TOTAL FUNDING USES</b>	<b>\$ 249,494</b>	<b>\$ 248,928</b>	<b>\$ 107,012</b>	<b>\$ 28,207</b>	<b>\$ 42,865</b>	<b>\$ 68,307</b>	<b>\$ 209,208</b>	<b>\$ 61,361</b>	<b>\$ 98,444</b>	<b>\$ 46,446</b>	<b>\$ 11,646</b>	<b>\$ 70,725</b>	<b>\$ 12,562</b>	<b>\$ 1,255,207</b>							
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>																					
Dept-Auth-Proj-Activity																					
MH WO HSA Childcare	251962-10002-10001803-0001	\$ 66,000	\$ 66,000	\$ 30,224	\$ 6,000	\$ 6,000	\$ 12,000	\$ 52,200	\$ 15,360	\$ 24,600	\$ 12,000	\$ 1,518	\$ 12,000	\$ 3,036	\$ 306,938						
MH WO DCYF Child Care	251962-10002-10001799-0007	\$ 21,600	\$ 21,600	\$ 12,200	\$ 2,400	\$ 2,400	\$ 6,000	\$ 20,520	\$ 6,000	\$ 9,600	\$ 6,000	\$ 1,518	\$ 9,600	\$ 1,214	\$ 120,652						
MH WO HSA Pre-School for All	251962-10002-10001803-0008	\$ 84,000	\$ 84,000	\$ 37,576	\$ 6,000	\$ 14,400	\$ 30,000	\$ 71,160	\$ 20,880	\$ 33,480	\$ 13,080	\$ 3,036	\$ 18,000	\$ 3,036	\$ 419,548						
MH WO CFC School Readiness	251962-10002-10001800-0003	\$ 22,200	\$ 22,200	\$ 8,851	\$ 3,600	\$ 9,000	\$ 6,000	\$ 20,400	\$ 6,000	\$ 9,600	\$ 3,600	\$ 1,518	\$ 6,000	\$ 1,214	\$ 120,183						
MH MHSA (PEI)	251984-17156-10031199-0075	\$ 21,600	\$ 21,038	\$ 6,000	\$ 4,800	\$ 4,800	\$ 8,400	\$ 19,800	\$ 5,760	\$ 9,360	\$ 3,000	\$ 759	\$ 10,200	\$ 759	\$ 116,276						
MH CYF County GF CODB	251962-10000-10001670-0001	\$ 2,800	\$ 2,800	\$ 2,800	\$ 2,800	\$ 2,800	\$ 2,800	\$ -	\$ -	\$ -	\$ 2,800	\$ 2,800	\$ 2,800	\$ 2,800	\$ 28,003						
MH CYF County GF WO CODB	251962-10000-10001670-0001	\$ 483	\$ 483	\$ 483	\$ 483	\$ 483	\$ 483	\$ -	\$ -	\$ -	\$ 483	\$ 483	\$ 483	\$ 4,826							
MH CYF County General Fund	251962-10000-10001670-0001	\$ 30,000	\$ 30,000	\$ 9,000	\$ 2,760	\$ 3,523	\$ 3,000	\$ 23,760	\$ 6,960	\$ 11,160	\$ 6,000	\$ 759	\$ 12,000	\$ 759	\$ 139,681						
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<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 248,683</b>	<b>\$ 248,121</b>	<b>\$ 107,133</b>	<b>\$ 28,844</b>	<b>\$ 43,406</b>	<b>\$ 68,682</b>	<b>\$ 207,840</b>	<b>\$ 60,960</b>	<b>\$ 97,800</b>	<b>\$ 46,963</b>	<b>\$ 12,391</b>	<b>\$ 71,083</b>	<b>\$ 13,301</b>	<b>\$ 1,255,207</b>							
<b>BHS SUD FUNDING SOURCES</b>																					
Dept-Auth-Proj-Activity																					
This row left blank for funding sources not in drop-down list																					
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		
<b>OTHER DPH FUNDING SOURCES</b>																					
Dept-Auth-Proj-Activity																					
This row left blank for funding sources not in drop-down list																					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 248,683</b>	<b>\$ 248,121</b>	<b>\$ 107,133</b>	<b>\$ 28,844</b>	<b>\$ 43,406</b>	<b>\$ 68,682</b>	<b>\$ 207,840</b>	<b>\$ 60,960</b>	<b>\$ 97,800</b>	<b>\$ 46,963</b>	<b>\$ 12,391</b>	<b>\$ 71,083</b>	<b>\$ 13,301</b>	<b>\$ 1,255,207</b>							
<b>NON-DPH FUNDING SOURCES</b>																					
This row left blank for funding sources not in drop-down list																					
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 248,683</b>	<b>\$ 248,121</b>	<b>\$ 107,133</b>	<b>\$ 28,844</b>	<b>\$ 43,406</b>	<b>\$ 68,682</b>	<b>\$ 207,840</b>	<b>\$ 60,960</b>	<b>\$ 97,800</b>	<b>\$ 46,963</b>	<b>\$ 12,391</b>	<b>\$ 71,083</b>	<b>\$ 13,301</b>	<b>\$ 1,255,207</b>							
<b>BHS UNITS OF SERVICE AND UNIT COST</b>																					
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	2,072	2,068	893	240	362	572	1,732	508	815	391	82	592	88								
Unit Type	Staff Hour	3	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour								
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 151.80	\$ 120.00	\$ 151.80	\$ 120.00	\$ 151.80			
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 151.80	\$ 120.00	\$ 151.80	\$ 120.00	\$ 151.80			
Published Rate (Medi-Cal Providers Only)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 151.80	\$ 120.00	\$ 151.80	\$ 120.00	\$ 151.80			
Unduplicated Clients (UDC)	2406	2406	2406	10	10	5	N/A	N/A	N/A	5	15	10	3	2464							

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1E+09 100009127  
 Program Name Daycare Consultants-Early Childhood Mental Health Consultation Initiative (ECMHCI)  
 Program Code 38C86

Appendix Number B-1  
 Page Number 3  
 Fiscal Year 2022-2023  
 Funding Notification Date 10/28/22

137226D

Funding Term	TOTAL		MH WO HSA Childcare 251962-10002-10001803-0001		MH WO DCYF Child Care 251962-10002-10001799-0007		MH WO CFC MH Pre-School for All 251962-10002-10001803-0008		MH WO CFC School Readiness 251962-10002-10001800-0003		MH MHA (PEI) 251984-17156-10031199-0075		MH CYF COUNTY GF251962-10000-1001670-000	
	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
CLINICAL SOCIAL WORKER I/II/III	0.50	\$45,711	0.12	11,251	0.05	4,423	0.17	15,346	0.05	4,405	0.05	4,262	0.07	6,023
CLINICAL SOCIAL WORKER I/II/III	1.00	\$88,091	0.25	21,683	0.10	8,523	0.34	29,574	0.10	8,490	0.09	8,214	0.13	11,607
CLINICAL SOCIAL WORKER I/II/III	0.35	\$50,146	0.09	12,343	0.03	4,852	0.12	16,835	0.03	4,833	0.03	4,676	0.05	6,607
CLINICAL SOCIAL WORKER I/II/III	1.00	\$73,987	0.25	18,211	0.10	7,159	0.34	24,839	0.10	7,131	0.09	6,899	0.13	9,748
CLINICAL SOCIAL WORKER I/II/III	0.45	\$44,535	0.11	10,962	0.04	4,309	0.15	14,952	0.04	4,292	0.04	4,153	0.06	5,868
CLINICAL SOCIAL WORKER (NEW)	1.00	\$78,362	0.25	19,288	0.10	7,582	0.34	26,308	0.10	7,552	0.09	7,307	0.13	10,325
Psychologist	0.20	\$22,297	0.05	5,488	0.02	2,157	0.07	7,486	0.02	2,149	0.02	2,079	0.03	2,938
CLINICAL SOCIAL WORKER I/II/III	1.00	\$82,281	0.25	20,253	0.10	7,961	0.34	27,624	0.10	7,930	0.09	7,672	0.13	10,841
Admin Asst	0.50	\$6,256	0.12	1,540	0.05	605	0.17	2,100	0.05	603	0.05	583	0.07	824
AMBUL CARE ADMSTN	0.50	\$2,366	0.12	582	0.05	229	0.17	794	0.05	228	0.05	221	0.07	312
CLINICAL SOCIAL WORKER I/II/III	0.50	\$40,356	0.12	9,933	0.05	3,905	0.17	13,548	0.05	3,889	0.05	3,763	0.07	5,317
CLINICAL SOCIAL WORKER I/II/III	0.90	\$77,585	0.22	19,097	0.09	7,507	0.30	26,047	0.09	7,477	0.08	7,234	0.12	10,222
DIVISION ADMINISTRATOR	0.25	\$25,276	0.06	6,221	0.02	2,446	0.08	8,486	0.02	2,436	0.02	2,357	0.03	3,330
FINANCIAL ANALYST	0.15	\$13,403	0.04	3,299	0.01	1,297	0.05	4,500	0.01	1,292	0.01	1,250	0.02	1,766
Admin Asst	0.05	\$3,327	0.01	819	0.00	322	0.02	1,117	0.00	321	0.00	310	0.01	438
AMBUL CARE ADMSTN SUP	0.27	\$31,928	0.07	7,859	0.03	3,089	0.09	10,719	0.03	3,077	0.03	2,977	0.04	4,207
AMBUL CARE ADMSTN CRD II	0.10	\$6,809	0.02	1,676	0.01	659	0.03	2,286	0.01	656	0.01	635	0.01	897
CLINICAL SOCIAL WORKER I/II/III	0.30	\$24,214	0.07	5,960	0.03	2,343	0.10	8,129	0.03	2,334	0.03	2,258	0.04	3,190
CLINICAL SOCIAL WORKER I/II/III	0.50	\$40,356	0.12	9,933	0.05	3,905	0.17	13,548	0.05	3,889	0.05	3,763	0.07	5,317
<b>Totals:</b>	<b>9.52</b>	<b>\$757,285</b>	<b>2.34</b>	<b>186,399</b>	<b>0.92</b>	<b>73,270</b>	<b>3.20</b>	<b>254,238</b>	<b>0.92</b>	<b>72,985</b>	<b>0.89</b>	<b>70,613</b>	<b>1.25</b>	<b>99,779</b>
					0.92									
<b>Employee Benefits:</b>	40.00%	\$ 302,913	40.00%	\$ 74,559	40.00%	\$ 29,308	40.00%	\$ 101,695	40.00%	\$ 29,194	40.00%	\$ 28,245	40.00%	\$ 39,911
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 1,060,198</b>		<b>\$ 260,959</b>		<b>\$ 102,579</b>		<b>\$ 355,934</b>		<b>\$ 102,179</b>		<b>\$ 98,858</b>		<b>\$ 139,690</b>

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

DHCS Legal Entity Number 00117						Appendix Number B-2				
Provider Name UCSF IPP						Page Number 1				
Provider Number 38C8						Fiscal Year 2022-2023				
Contract ID Number 1000009127						Funding Notification Date 10/28/22				
137226E										
Program Name	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	
Program Code	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Referral Linkage	Outreach Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs MH Services Indv/Fam		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
<b>FUNDING USES</b>									<b>TOTAL</b>	
Salaries & Employee Benefits	\$ 17,879	\$ 25,143	\$ 2,682	\$ 4,470	\$ 8,493	\$ 2,772	\$ 5,632	\$ 3,395	\$ 70,466	
Operating Expenses	\$ 782	\$ 1,099	\$ 117	\$ 195	\$ 371	\$ 121	\$ 246	\$ 148	\$ 3,081	
Capital Expenses									\$ -	
<b>Subtotal Direct Expenses</b>	<b>\$ 18,661</b>	<b>\$ 26,243</b>	<b>\$ 2,799</b>	<b>\$ 4,665</b>	<b>\$ 8,865</b>	<b>\$ 2,892</b>	<b>\$ 5,879</b>	<b>\$ 3,544</b>	<b>\$ 73,547</b>	
Indirect Expenses	\$ 2,239	\$ 3,149	\$ 336	\$ 560	\$ 1,064	\$ 347	\$ 705	\$ 425	\$ 8,826	
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
<b>TOTAL FUNDING USES</b>	<b>\$ 20,900</b>	<b>\$ 29,392</b>	<b>\$ 3,135</b>	<b>\$ 5,225</b>	<b>\$ 9,929</b>	<b>\$ 3,239</b>	<b>\$ 6,584</b>	<b>\$ 3,969</b>	<b>\$ 82,373</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>									
MH MHSA (PEI)	251984-17156-10031199-0062	\$ 20,900	\$ 29,392	\$ 3,135	\$ 5,225	\$ 9,928	\$ 3,240	\$ 6,584	\$ 3,969	\$ 82,373
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<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 20,900</b>	<b>\$ 29,392</b>	<b>\$ 3,135</b>	<b>\$ 5,225</b>	<b>\$ 9,928</b>	<b>\$ 3,240</b>	<b>\$ 6,584</b>	<b>\$ 3,969</b>	<b>\$ 82,373</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>									
This row left blank for funding sources not in drop-down list										
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>									
This row left blank for funding sources not in drop-down list										
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 20,900</b>	<b>\$ 29,392</b>	<b>\$ 3,135</b>	<b>\$ 5,225</b>	<b>\$ 9,928</b>	<b>\$ 3,240</b>	<b>\$ 6,584</b>	<b>\$ 3,969</b>	<b>\$ 82,373</b>
<b>NON-DPH FUNDING SOURCES</b>										
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<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>20,900</b>	<b>29,392</b>	<b>3,135</b>	<b>5,225</b>	<b>9,928</b>	<b>3,240</b>	<b>6,584</b>	<b>3,969</b>	<b>82,373</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>										
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	174	245	26	44	83	27	55	33		
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	
Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	
Published Rate (Medi-Cal Providers Only)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	
Unduplicated Clients (UDC)	45	45	10	10	N/A	N/A	N/A	5	<b>Total UDC</b> 60	

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 100009127  
 Program Name Spring Project  
 Program Code 38C8

Appendix Number B-2  
 Page Number 2  
 Fiscal Year 2022-2023  
 Funding Notification Date 10/28/22

		137226E		MH MSA (PEI) 251984-17156-10031199-0048					
TOTAL									
Funding Term		07/01/22-06/30/23		07/01/22-06/30/23					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
AMBUL CARE ADMSTN SUP	0.11	\$ 13,008	0.11	\$ 13,008					
CLINICAL SOCIAL WORKER I/II/III	0.10	\$ 7,836	0.10	\$ 7,836					
Psychologist II	0.03	\$ 3,778	0.03	\$ 3,778					
Administrator	0.12	\$ 16,200	0.12	\$ 16,200					
CLINICAL SOCIAL WORKER I/II/III	0.05	\$ 3,918	0.05	\$ 3,918					
CSW I/II/III	0.05	\$ 5,592	0.05	\$ 5,592					
<b>Totals:</b>	0.46	\$ 50,332	0.46	\$ 50,332	0.00	\$ -	0.00	\$ -	
<b>Employee Benefits:</b>	40.00%	\$ 20,133	40.00%	\$ 20,133	0.00%	\$ -	0.00%	\$ -	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 70,466</b>		<b>\$ 70,466</b>		<b>\$ -</b>		<b>\$ -</b>	

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 1000009127  
 Program Name SPRING Project  
 Program Code 38C8

Appendix Number B-2  
 Page Number 3  
 Fiscal Year 2022-2023  
 Funding Notification Date 10/28/22

**137226E**

Expense Categories & Line Items	TOTAL	MH MESA (PEI) 251984-17156- 10031199-0048				
<b>Funding Term</b>	7/1/22-6/30/23	7/1/22-6/30/23				
Rent	\$ -					
Utilities (telephone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 523	\$ 523				
Photocopying	\$ -					
Program Supplies	\$ -					
Computer Hardware/Software	\$ -					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 523</b>	<b>\$ 523</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 1,000	\$ 1,000				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 1,000</b>	<b>\$ 1,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide	\$ -					
	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 560	\$ 560				
GAEL: General Automobile and Employee Liability	\$ 418	\$ 418				
Data Network Recharge	\$ 254	\$ 254				
CCDSS: Computing and Communication Device Support Services	\$ 326	\$ 326				
<b>Other Total:</b>	<b>\$ 1,558</b>	<b>\$ 1,557</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 3,081</b>	<b>\$ 3,080</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 00117		Appendix Number B-3		
Provider Name UCSF IPP		Page Number 1		
Provider Number 38C8		Fiscal Year 2022-2023		
Contract ID Number 1000009127		Funding Notification Date 10/28/22		
		137226B	137226C	
Program Name	Psychotherapy Services	Psychotherapy Services	H.S.A. - Other Non MediCal Client Support	
Program Code	38C84	38C85	38C8	
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59	45/10-19	60/78	
Service Description	MH Svcs	MH Promotion	H.S.A. - Other Non MediCal Client Support Exp	
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
<b>FUNDING USES</b>				<b>TOTAL</b>
Salaries & Employee Benefits	\$ 445,648	\$ 33,561	\$ 54,420	\$ 533,629
Operating Expenses	\$ 21,504	\$ 1,170	\$ 2,358	\$ 25,085
Capital Expenses				\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 467,152</b>	<b>\$ 34,731</b>	<b>\$ 56,778</b>	<b>\$ 558,714</b>
Indirect Expenses	\$ 56,058	\$ 4,168	\$ 6,813	\$ 67,046
Indirect %	12.0%	12.0%	12.0%	12.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 523,210</b>	<b>\$ 38,899</b>	<b>\$ 63,591</b>	<b>\$ 625,761</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>			
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	\$ 199,356		\$ 199,356
MH CYF State 2011 PSR-EPST	251962-10000-10001670-0001	\$ 185,076		\$ 185,076
MH WO HSA CWS Non-IVE Overmatch	251962-10002-10001803-0005		\$ 65,376	\$ 65,376
MH CYF County General Fund	251962-10000-10001670-0001	\$ 14,280		\$ 14,280
MH CYF County General Fund	251962-10000-10001670-0001	\$ 121,672	\$ 40,000	\$ 161,672
				\$ -
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 520,384</b>	<b>\$ 40,000</b>	<b>\$ 65,376</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>			
				\$ -
This row left blank for funding sources not in drop-down list				\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>			
				\$ -
This row left blank for funding sources not in drop-down list				\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 520,384</b>	<b>\$ 40,000</b>	<b>\$ 65,376</b>
<b>NON-DPH FUNDING SOURCES</b>				
				\$ -
This row left blank for funding sources not in drop-down list				\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>520,384</b>	<b>40,000</b>	<b>65,376</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>				
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	
DPH Units of Service	130,096	222.04	204.55	130,523
Unit Type	Staff Minute	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) (DPH FUNDING SOURCES Only)	\$ 4.00	\$ 180.15	\$ 319.62	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) & Non-DPH FUNDING SOURCES)	\$ 4.00	\$ 180.15	\$ 319.62	
Published Rate (Medi-Cal Providers Only) & Rate (Medi-Cal Providers Only)	\$ 4.00	\$ 180.15	\$ 319.62	
Unduplicated Clients (UDC)	70	N/A	N/A	<b>Total UDC</b> 70

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000009127 **1000009127**

Program Name chotherapy Serv Psychotherapy Services

Program Code 38C84 & 38C85 38C8

B-3

2

2022-2023

10/28/22

		137228B				137226C		137228B					
		TOTAL		MH FED SDMC FFP (50%) CYF 15/10-57, 59_ 251962-10000-10001670-0001		MH STATE CYF 2011 PSR-EPSDT - 251962-10002-10001803-0005		H.S.A. - Other Non MediCal Client Support		MH CYF GENERAL FUND 45/10-19 251962-10000-10001670-0001		MH Promotion	
Funding Term		7/01/2022-06/30/2023		7/01/2022-06/30/2023		7/01/2022-06/30/2023		7/01/2022-06/30/2023		7/01/2022-06/30/2023		7/01/2022-06/30/2023	
Position Title		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
CLINICAL SOCIAL WORKER I/II/III		0.50	\$ 43,535	0.18	\$ 15,769	0.17	\$ 14,639	0.00	\$ -	0.15	13,127	0.00	\$ -
CLINICAL SOCIAL WORKER I/II/III		0.25	\$ 34,113	0.00	\$ -	0.00	\$ -	0.20	\$ 27,290	0.00	0	0.05	\$ 6,823
AMBUL CARE ADMSTN SUP		0.04	\$ 4,730	0.01	\$ 1,713	0.01	\$ 1,591	0.00	\$ -	0.01	1,426	0.00	\$ -
Psychiatrist		0.02	\$ 4,497	0.01	\$ 1,629	0.01	\$ 1,512	0.00	\$ -	0.01	1,356	0.00	\$ -
Psychologist		0.12	\$ 13,378	0.04	\$ 4,846	0.03	\$ 3,173	0.00	\$ -	0.00	0	0.05	\$ 5,360
CLINICAL SOCIAL WORKER I/II/III		0.25	\$ 34,437	0.09	\$ 12,474	0.08	\$ 11,580	0.00	\$ -	0.02	2,512	0.06	\$ 7,871
CLINICAL SOCIAL WORKER I/II/III		0.50	\$ 43,535	0.18	\$ 15,769	0.17	\$ 14,639	0.00	\$ -	0.15	13,127	0.00	\$ -
ICAP Director		0.05	\$ 3,550	0.05	\$ 3,550			0.00	\$ -		0	0.00	\$ -
Administrative Assistant		0.85	\$ 56,794	0.31	\$ 20,571	0.29	\$ 19,098	0.00	\$ -	0.26	17,124	0.00	\$ -
AMBUL Care Administrative Coordinator II		0.50	\$ 39,270	0.20	\$ 13,404	0.19	\$ 12,444	0.06	\$ 4,529	0.19	8,893	0.00	\$ -
CLINICAL SOCIAL WORKER I/II/III		0.10	\$ 8,621	0.04	\$ 3,122	0.03	\$ 2,899	0.00	\$ -	0.03	2,599	0.00	\$ -
CSW I/II/III		0.35	\$ 27,684	0.08	\$ 6,954	0.08	\$ 6,759	0.09	\$ 7,053	0.05	3,000	0.05	\$ 3,918
CLINICAL SOCIAL WORKER I/II/III		0.30	\$ 27,220	0.11	\$ 9,859	0.10	\$ 9,153	0.00	\$ -	0.09	8,207	0.00	\$ -
Division Administrator		0.25	\$ 31,250	0.09	\$ 11,319	0.08	\$ 10,508	0.00	\$ -	0.08	9,423	0.00	\$ -
Finance Analyst		0.10	\$ 8,550	0.04	\$ 3,097	0.03	\$ 2,875	0.00	\$ -	0.03	2,578	0.00	\$ -
<b>Totals:</b>		<b>4.33</b>	<b>\$ 381,164</b>	<b>0.43</b>	<b>\$ 124,077</b>	<b>1.27</b>	<b>\$ 110,871</b>	<b>0.35</b>	<b>\$ 38,872</b>	<b>2.06</b>	<b>83,372</b>	<b>0.21</b>	<b>\$ 23,972</b>
<b>Employee Benefits:</b>		40.00%	\$ 152,465	40.00%	\$ 49,631	40.00%	\$ 44,348	40.00%	\$ 15,549	40.00%	33,349	40.00%	\$ 9,589
<b>TOTAL SALARIES &amp; BENEFITS</b>			<b>\$ 533,629</b>		<b>\$ 173,707</b>		<b>\$ 155,220</b>		<b>\$ 54,420</b>		<b>116,721</b>		<b>\$ 33,561</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 1000009127  
 Program Name Psychotherapy Services  
 Program Code 38C8

Appendix Number B-3  
 Page Number 3  
 Fiscal Year 2022-2023  
 Funding Notification Date 10/28/22

137226B 137226C

Expense Categories & Line Items	TOTAL	MH FED SDMC FFP (50%) CYF 15/10-57, 59_ 251962-10000- 10001670-0001	MH CYF GENERAL FUND 251962- 10000-10001670- 0001	MH STATE CYF 2011 PSR- EPSDT - 251962-10002- 10001803-0005	MH Promotion	H.S.A. - Other Non MediCal Client Support
<b>Funding Term</b>	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23
Rent	\$ -					
Utilities (telephone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 5,860	\$ 1,780	\$ 1,100	\$ 1,729	\$ 451	\$ 800
Photocopying	\$ -					
Program Supplies	\$ -					
Computer Hardware/Software	\$ -					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 5,860</b>	<b>\$ 1,780</b>	<b>\$ 1,100</b>	<b>\$ 1,729</b>	<b>\$ 451</b>	<b>\$ 800</b>
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 5,337	\$ 1,813	\$ 1,475	\$ 1,680	\$ -	\$ 369
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 5,337</b>	<b>\$ 1,813</b>	<b>\$ 1,475</b>	<b>\$ 1,680</b>	<b>\$ -</b>	<b>\$ 369</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 5,268	\$ 476	\$ 2,510	\$ 1,551	\$ 256	\$ 425
GAEL: General Automobile and Employee Liability Charges	\$ 3,164	\$ 1,030	\$ 692	\$ 920	\$ 199	\$ 323
Data Network Recharge	\$ 2,390	\$ 239	\$ 1,138	\$ 703	\$ 116	\$ 193
CCDSS: Computing and Communication Device Support Services	\$ 3,066	\$ 307	\$ 1,460	\$ 902	\$ 149	\$ 248
<b>Other Total:</b>	<b>\$ 13,888</b>	<b>\$ 2,052</b>	<b>\$ 5,800</b>	<b>\$ 4,076</b>	<b>\$ 719</b>	<b>\$ 1,189</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 25,085</b>	<b>\$ 5,645</b>	<b>\$ 8,374</b>	<b>\$ 7,485</b>	<b>\$ 1,170</b>	<b>\$ 2,358</b>

**Appendix B - DPH 6: Contract-Wide Indirect Detail**

Contractor Name	UCSF / SFGH Psychiatry Infant-Parent Program (IPP)	Page Number	3
Contract ID Number	1000009127	Fiscal Year	2022-2023
		Funding Notification Date	10/28/2022

**1. SALARIES & EMPLOYEE BENEFITS**

Position Title	FTE	Amount
Subtotal:	0.00	\$ -
Employee Benefits:	0.0%	\$ -
<b>Total Salaries and Employee Benefits:</b>		<b>\$ -</b>

**2. OPERATING COSTS**

Expenses (Use expense account name in the ledger.)	Amount
Day Care Consultants	\$ 134,486
Spring Project	\$ 8,826
Psychotherapy Services	\$ 67,046
<b>Total Operating Costs</b>	<b>\$ 210,358</b>
<b>Total Indirect Costs</b>	<b>\$ 210,358</b>

## **APPENDIX D**

### **Data Access and Sharing Terms**

#### **Article 1 Access**

##### **1.1 Revision to Scope of Access (RSA):**

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

##### **1.2 Primary and Alternate Agency Site Administrator.**

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, [dph.helpdesk@sfdph.org](mailto:dph.helpdesk@sfdph.org).

##### **1.3 SFDPH IT Service Desk.**

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

##### **1.4 Deprovisioning Schedule.**

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

##### **1.5 Active Directory.**

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

##### **1.6 Role Based Access.**

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

#### **1.7 Training Requirements.**

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

#### **1.8 Agency Data User Confidentiality Agreement.**

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

#### **1.9 Corrective Action.**

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

#### **1.10 User ID and Password.**

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

#### **1.11 Notification of Compromised Password.**

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

#### **1.12 Multi Factor Authentication.**

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

#### **1.13 Qualified Personnel.**

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

#### **1.14 Workstation/Laptop encryption.**

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

#### **1.15 Server Security.**

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

#### **1.16 Removable media devices.**

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

#### **1.17 Antivirus software.**

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

#### **1.18 Patch Management.**

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

#### **1.19 System Timeout.**

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

#### **1.20 Warning Banners.**

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

#### **1.21 Transmission encryption.**

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

#### **1.22 No Faxing/Mailing.**

City Data may not be faxed or mailed.

#### **1.23 Intrusion Detection.**

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

of the City.

#### **1.24 Security of PHI.**

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

#### **1.25 Data Security and City Data**

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

#### **1.26 Data Privacy and Information Security Program.**

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

#### **1.27 Disaster Recovery.**

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

#### **1.28 Supervision of Data.**

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

#### **1.29 As Is Access.**

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

### **1.30 No Technical or Administrative Support.**

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

### **1.31 City Audit of Agency and Agency Data Users.**

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

### **1.32 Minimum Necessary.**

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

### **1.33 No Re-Disclosure or Reporting.**

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

### **1.34 Health Information Exchange.**

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

### **1.35 Subcontracting.**

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) provide cyber and technology errors and omissions insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

## **Article 2 Indemnity (RESERVED)**

### **Article 3 Proprietary Rights and Data Breach**

#### **3.1 Ownership of City Data.**

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

#### **3.2 Data Breach; Loss of City Data.**

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. any action pertaining to a breach required by applicable federal and state laws.

**3.2.1 Investigation of Breach and Security Incidents:** The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 **Written Report:** Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 **Notification to Individuals:** If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 **Sample Notification to Individuals:** If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

### 3.3 **Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

**Attachment 1 to Appendix D  
System Specific Requirements**

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

**A. SFDPH Care Link Requirements:**

**1. Connectivity.**

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website [galaxy.epic.com](http://galaxy.epic.com). Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

**2. Compliance with Epic Terms and Conditions.**

- a) Agency 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 SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH 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 SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:**

**A. SFDPH Epic Hyperspace and Epic Hyperdrive:**

**1. Connectivity.**

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

**2. Application For Access and Compliance with Epic Terms and Conditions.**

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency 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 must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

**III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:**

**A. SFDPH myAvatar via WebConnect and VDI:**

**1. Connectivity.**

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

**2. Information Technology (IT) Support.**

- a. Agency 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. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at [https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar\\_Account\\_Request\\_Form.pdf](https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf)
- d. Applicants must complete the credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

**Attachment 2 to Appendix D**

**Protected Information Destruction Order  
Purge Certification - Contract ID # 1000009127**

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 July 1, 2018 (“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:  
\_\_\_\_\_

## **Appendix F**

### **Invoice**

Contractor shall submit invoices according to the procedures established by the Department of Public Health.

The Invoice Analyst for the City shall email the Contractor the appropriate invoice template to use.

Failure to use the provided invoice template by the City may result in delayed payments.

**City and County of San Francisco  
Office of Contract Administration  
Purchasing Division  
City Hall, Room 430  
1 Dr. Carlton B. Goodlett Place  
San Francisco, California 94102-4685**

**Agreement between the City and County of San Francisco and  
The Regents of the University of California, A Constitutional Corporation,  
on behalf of its San Francisco Campus  
UC SFGH Clinical Practice Group SFGH/Comm Focus PGM**

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## AGREEMENT

This Agreement is made this **1st** day of **July 2018** in the City and County of San Francisco, State of California, by and between The Regents of the University of California, on behalf of its San Francisco campus, acting by and through its Office of Research, a California Constitutional corporation, hereinafter referred to as “Contractor,” and the City and County of San Francisco, a municipal corporation, hereinafter referred to as (“City”), acting by and through its Director of the Office of Contract Administration or the Director’s designated agent, hereinafter referred to as “Purchasing.”

### Recitals

WHEREAS, the Contractor wishes to **provide early childhood mental health consultation, mental health outpatient treatment services, and professional clinical supervision training**; and,

WHEREAS, a Request for Proposal (“RFP”) was issued on **May 4, 2018, August 5, 2016, and March 24, 2017**, and City selected Contractor as a qualified vendor pursuant to the RFP; and

WHEREAS, Contractor represents that it is qualified to perform the services required by City as set forth under this Contract and shall remain so for the term of the Agreement;

WHEREAS, the services to be provided by Contractor under this Agreement are not covered by the Affiliation Agreement;

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers **PSC 49607-15/16 and PSC 46987-16/17 on March 5, 2018 and June 19, 2017**, respectively;

Now, THEREFORE, the parties agree as follows:

### **Article 1      Definitions [Reserved.]**

### **Article 2      Term of the Agreement**

#### **2.1      Term.**

The term of this Agreement shall commence on **July 1, 2018** and expire on **December 31, 2021**, unless earlier terminated as otherwise provided herein.

### **Article 3      Financial Matters**

#### **3.1      Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.**

This Agreement is subject to the budget and fiscal provisions of the City’s Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City’s obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor’s assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

### 3.2 **Guaranteed Maximum Costs (“GMC”)**

The City’s payment obligation to Contractor shall not at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

### 3.3 **Compensation.**

3.3.1 **Payment.** Compensation shall be made in monthly payments on or before the **30th** day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of Public Health**, concludes has been performed as of the **last** day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Six Million Three Hundred Seventy-Four Thousand, Seven Hundred Sixteen Dollars (\$6,374,716)**. The breakdown of costs associated with this Agreement appears in **Appendix B**, “Calculation of Charges,” attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

3.3.2 **Deficiencies; Payment Disputes.** Payments to Contractor by City shall not excuse Contractor from its obligation to replace Services not performed in accordance with the terms of this Agreement, even if such deficiencies may not have been apparent or detected at the time such payment was made. The Parties shall submit all payment disputes, if any, to dispute resolution under Section 11.6 (Dispute Resolution).

#### 3.3.3 **(Reserved.)**

3.3.4 **Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City as specified in this Article 3, to Contractor at the address specified in Section 11.1 “Notices to the Parties,” or in such alternate manner as the Parties have mutually agreed upon in writing.

#### 3.3.5 **LBE Payment and Utilization Tracking System. [Reserved.]**

#### 3.3.6 **Getting paid for goods and/or services from the City.**

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit [www.sfgov.org/ach](http://www.sfgov.org/ach).

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

### 3.3.7 Federal or State Funded Contracts.

(a) **Disallowance.** If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement.

(b) **Reserved Grant Terms.**

### 3.4 Contract Amendments; Budgeting Revisions.

3.4.1 **Formal Contract Amendment:** Contractor shall not be entitled to an increase in the Guaranteed Maximum Price or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.4.2 **City Revisions to Program Budgets:** The City shall have authority, without the execution of a Formal Amendment, to purchase services or scope identified in Appendix A (Statement of Work) or Appendix B (Calculation of Charges) in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the GMC or the Term by use of a written City Program Budget Revision.

### 3.5 Audit and Inspection of Records.

3.5.1 Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than ten (10) years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl).

3.5.2 If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.5.3 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

### **3.6 Submitting False Claims.**

Pursuant to San Francisco Administrative Code Section 21.35, but and subject to any applicable statutory or constitutional exemptions, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

### **3.7 Payment of Prevailing Wages [Reserved (Not a Public Work).]**

## **Article 4 Services and Resources**

### **4.1 Services Contractor Agrees to Perform.**

Contractor agrees to perform the Services provided for in Appendix A, "Statement of Work." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for Services beyond the scope listed in Appendix A unless Appendix A is modified as provided in Sections 3.4 above (Contract Amendments; Budgeting Revisions).

### **4.2 Qualified Personnel.**

Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. To the extent possible, Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

### 4.3 **Subcontracting.**

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor shall supervise its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 “Additional Requirements Incorporated by Reference” of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 Contractor will not employ subcontractors.

### 4.4 **Independent Contractor; Payment of Employment Taxes and Other Expenses.**

4.4.1 **Independent Contractor.** Contractor shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor’s performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor’s work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor’s compliance with this Section in accordance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Section, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor’s receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

#### 4.4.2 **Payment of Employment Taxes and Other Expenses.**

Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor

which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City.

Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorney's fees, arising from this section, but only in proportion and to the extent such claims, losses, costs, damages, and expenses, including attorney's fees, are caused by or result from the negligent or intentional acts or omissions of Contractor, its officers, agents or employees.

#### **4.5 Assignment.**

The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor, except as provided in Paragraph 4.3 above, unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

#### **4.6 Warranty.**

Contractor represents to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

#### **4.7 Liquidated Damages. [Reserved (Business Decision).]**

#### **4.8 Bonding Requirements. [Reserved (Business Decision).]**

### **Article 5 Insurance and Indemnity**

#### **5.1 Insurance.**

**5.1.1 Required Coverages.** Each Party shall, at such Party's own expense, obtain, maintain, and keep in full force and effect, at all times during the term hereof, insurance coverage with respect to its property, plant and equipment and its activities conducted thereon and under this Agreement consisting of:

(a) Comprehensive general liability insurance in an amount not less than Ten Million Dollars (\$10,000,000) each claim and Twenty Million Dollars (\$20,000,000) annual aggregate;

(b) Professional liability insurance in an amount not less than Ten Million Dollars (\$10,000,000) each claim and Twenty-Five Million Dollars (\$25,000,000) annual aggregate;

(c) Business interruption insurance covering loss of income for up to twelve (12) months;

(d) Cyber and privacy insurance or technology errors and omissions insurance covering liability and property losses, including liability for data breach, including notification costs, credit monitoring, costs to defend claims by state regulators, fines and penalties, loss resulting from identity theft and the like with an occurrence or per claim limit of not less than Twenty Million Dollars (\$20,000,000) annual aggregate; and

(e) Workers compensation insurance consistent not less than statutory minimums. Each Party's Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the other Party for all work performed by that Party, its employees, agents and subcontractors.

The general liability coverage referred to in Section 5.1.1(a) above shall be endorsed to include each party as an additional insured. Such a provision, however, shall only apply in proportion to and to the extent of the negligent acts or omissions of the indemnifying party, its officers, agents, and/or employees.

**5.1.2 Self-Insurance.** In lieu of maintaining commercial insurance coverage, a Party may adopt alternative risk management programs which the governing body of such Party determines to be reasonable and which shall not have a material adverse impact on reimbursement from third party payers, including, without limitation, to self-insure in whole or in part individually or in connection with other institutions, to participate in programs of captive insurance companies, to participate with other health care institutions in mutual or other cooperative insurance or other risk management programs, to participate in state or federal insurance programs, to take advantage of state or federal laws now or hereafter in existence limiting medical and malpractice liability, or to establish or participate in other alternative risk management programs.

**5.1.3 Company Requirements.** Other than with respect to a party's self-insurance or other alternative risk management programs described above, all of the insurance policies required hereunder shall be issued by corporate insurers licensed to do business in California and rated A- or better by A.M. Best Company.

**5.1.4 Proof of Insurance.** Each Party shall provide the other with proof of the insurance required by this Section 5 upon the reasonable request of the other Party.

## **5.2 Indemnification.**

**5.2.1** Contractor shall defend, indemnify, and hold City, its officers, employees and agents, harmless from and against any and all liability, loss, expense, attorneys' fees, or claims for injury or damages, arising out of the performance of this Agreement, including for infringement of intellectual property, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of Contractor, its officers, agents or employees.

**5.2.2** City shall defend, indemnify, and hold Contractor, its officers, employees and agents, harmless from and against any and all liability, loss, expense, attorneys' fees, or claims for injury or damages, arising out of the performance of this Agreement, including for infringement of intellectual property, but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of City, its officers, agents or employees.

## **Article 6 Liability of the Parties**

**6.1 Liability of City [Reserved (Business Decision).]**

**6.2 Incidental and Consequential Damages [Reserved (Waived by Contracting Officer under San Francisco Administrative Code Section 21.23).]**

**6.3 Liability for Use of Equipment.**

Subject to Section 5.2.2, City shall not be liable for any damage to persons or property as a result of Contractor's use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City, while such equipment is in the care, custody, and control of Contractor.

#### **6.4 Ownership of Equipment purchased under this Agreement**

Any equipment purchased by Contractor with funds provided for that purpose under the terms of this Agreement shall be deemed to be the property of the City and title to such equipment shall vest in the City. Contractor shall notify the Contract Administrator of any purchase of equipment in writing and shall provide an inventory of such equipment to the Contract Administrator within thirty (30) days of the expiration or termination of this Agreement. If payment under this Agreement is based on a fee for service, equipment purchased using funds from this Agreement shall be referenced in Appendix B.

### **Article 7 Payment of Taxes**

#### **7.1 Reimbursement by City for Sales and Use Taxes.**

Subject to any applicable statutory or constitutional exemptions, payment of California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Nothing in this paragraph shall be interpreted as a waiver of any immunities or defenses that Contractor may otherwise have. Sales and use taxes maybe invoiced by Contractor and shall be reimbursed by the City.

#### **7.2 Possessory Interest Tax.**

Subject to any applicable statutory or constitutional exemptions, and without waiving its rights afforded to it as a California Constitutional Corporation, Contractor acknowledges that this Agreement may create a “possessory interest” for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

7.2.1 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.

7.2.2 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a “change in ownership” for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

7.2.3 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

7.2.4 Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

## **Article 8 Termination and Default**

### **8.1 Termination for Convenience**

8.1.1 Either party may terminate this Agreement by giving thirty (30) calendar days advance written notice to the other party of the intention to terminate this Agreement, including the date upon which it will be effective. Upon issuance and receipt of a notice to terminate, both parties shall mitigate any outstanding financial commitments. In the event of termination of this Agreement before expiration, the Contractor agrees to file with the City all outstanding claims, cost reports and program reports within sixty (60) calendar days of such termination. Contractor shall be paid for those services performed pursuant to this Agreement to the satisfaction of City up to the date of termination and after said date for any services mutually agreed to by the parties as necessary for continuity of care, in which case the following sentence shall not apply. Costs which City shall not pay include, but are not limited to anticipated profits on this Agreement, post-termination employee salaries and/or benefits, post termination administrative expenses, or any other cost which is not reasonable and authorized under this Agreement. City's payment obligation under this Section shall survive the termination of this Agreement.

8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

- (a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.
- (b) Not placing any further orders of subcontracts for materials, services, equipment or other items.
- (c) Terminating all existing orders and subcontracts.
- (d) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- (e) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- (f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item.

(a) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead not to exceed the negotiated indirect rate as set forth in Appendix B. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice

(b) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this

Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

8.1.4 With respect to such post-termination costs, in no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable post-termination costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit related to post-termination costs, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for the same Services covered by Contractor's final invoice; (ii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection.

8.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

## 8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

(1) Either party fails or refuses to perform or observe any other material term, covenant or condition contained in this Agreement, and such default continues for a period of ten days without cure after written notice thereof from the nonbreaching party to the breaching party. However, the parties may agree in writing to extend the cure period.

(2) Either party (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of such party or of any substantial part of such party's property or (e) takes action for the purpose of any of the foregoing.

(4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to such party or with respect to any substantial part of such party's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of such party.

8.2.2 On and after any Event of Default, the nonbreaching party shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

**8.3 Rights and Duties upon Termination or Expiration.**

This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.1	Payment	11.8	Construction
3.3.2	Deficiencies; Payment Disputes	11.9	Entire Agreement
3.3.7	Federal or State Funded Contracts	11.10	Compliance with Laws
3.5	Audit and Inspection of Records	11.11	Severability
3.6	Submitting False Claims	11.12	Cooperative Drafting
Article 5	Insurance and Indemnity	Article 12	Department Specific Terms
Article 6	Liability of Parties	12.6	Federal and State Financial Participation
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information
8.1.6	Payment Obligation	13.3	Business Associate Agreement
Article 9	Rights in Deliverables	13.4	Protected Health Information
11.6	Dispute Resolution Procedure		

8.3.1 Subject to the survival of the Sections identified in Section 8.4.1, above, upon termination of this Agreement prior to expiration of the term specified in Article 2, this Agreement shall terminate and be of no further force or effect. When all payments due under this Agreement to the time of termination, less those legally withheld, if any, have been paid by City to Contractor, Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired as required pursuant to this Agreement or acquired with funding provided under this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

**Article 9 Rights In Deliverables**

**9.1 Ownership of Results.**

Any interest of Contractor or its subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors specifically under the direction and control of City and identified in Appendix A, Appendix B and any attachments to Appendix A and B, to this Agreement shall become the property of City and will be transmitted to City upon request. City hereby gives Contractor a non-exclusive, royalty-free, worldwide license to use such Materials for scholarly or academic purposes when City owns the results, and Contractor gives City a non-exclusive, royalty-free, worldwide license to use such Materials for scholarly or academic purposes when Contractor owns the results. However,

Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

## **9.2 Works for Hire.**

If, in connection with services performed specifically under the direction and control of City and identified on Appendix A to this Agreement, Contractor and/or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of City (collectively, "Works"). City hereby gives Contractor a non-exclusive, royalty-free, worldwide license to use such Works for scholarly or academic purposes. Except as provided herein, Contractor may not sell, or otherwise transfer its license to any commercial third party for any reason whatsoever. In all other instances, Contractor shall retain ownership and shall give City a non-exclusive, royalty-free, worldwide license to use such items for scholarly or academic purposes.

## **Article 10 Additional Requirements Incorporated by Reference**

### **10.1 Laws Incorporated by Reference.**

Contractor represents and warrants that it will comply with all applicable laws and regulations in performing the Services. Subject to the foregoing, the full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at [http://www.amlegal.com/codes/client/san-francisco\\_ca/](http://www.amlegal.com/codes/client/san-francisco_ca/)

### **10.2 Conflict of Interest.**

Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

### **10.3 Prohibition on Use of Public Funds for Political Activity.**

In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G. The Controller will not consider Contractor use of profit as a violation of this section.

### **10.4 Reserved.**

### **10.5 Nondiscrimination Requirements.**

In the performance of this Contract, Contractor covenants and agrees that it will not discriminate against an applicant for employment because of race, color, religion, sex, age, ancestry, national origin, sexual orientation, handicap, veteran's status, medical condition (as defined in Section 12926 of the State of California Government Code), marital status, or citizenship (within the limits imposed by law or

University's policy) because of habit, local custom, or otherwise. All applicants for employment and employees are to be treated without regard to their race, color, religion, sex, age, ancestry, and national origin, sexual orientation, handicap, veteran's status, medical condition (as defined in Section 12926 of the State of California Government Code), marital status, or citizenship (within the limits imposed by law or Contractor's policy). Such equal treatment shall apply, but not be limited to, employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

**10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance. [Reserved pursuant to Administrative Code Section 14B.2 (Exception Public Agency Contract).]**

**10.7 Minimum Compensation Ordinance. [Reserved pursuant to Administrative Code Section 12.P.2(e)11 (Exception Non-Coterminous Boundaries).]**

Notwithstanding, but without waiving the foregoing reservation, Contractor understands and agrees that it shall pay employees funded under the Agreement no less than the minimum compensation required under federal or state law.

**10.8 Health Care Accountability Ordinance. [Reserved pursuant to Administrative Code Section 12.Q.2(4)(b) (Exception Public Agency status).]**

**10.9 First Source Hiring Program. [Reserved pursuant to Administrative Code Section 83.4 (Exception Public Agency status).]**

**10.10 Drug-Free Workplace.**

Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents, or assigns will be deemed a material breach of this Agreement.

#### **10.11 Limitations on Contributions.**

By executing this Agreement, Contractor acknowledges that it is familiar with Section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such

person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

**10.12 Slavery Era Disclosure [Reserved pursuant to San Francisco Administrative Code Section 12Y.4 (Non - Insurance, Finance, Textile Contract).]**

**10.13 Working with Minors.**

In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for positions involving the supervision of minors.

**10.14 Consideration of Criminal History in Hiring and Employment Decisions [Reserved pursuant to OCA Waiver, Administrative Code Section 12T.8]**

**10.15 Public Access to Nonprofit Records and Meetings.**

Notwithstanding, but without waiving the reservation above, Contractor understands and agrees that it shall comply with all state and federal rules and regulations regarding public access to meetings and records.

**10.16 Food Service Waste Reduction Requirements.**

Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

**10.17 Sugar-Sweetened Beverage Prohibition.**

To the extent required by law, Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as set forth in San Francisco Administrative Code Chapter 101, as part of its performance of obligations to the City under this Agreement.

**10.18 Tropical Hardwood and Virgin Redwood Ban.**

Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

**10.19 Preservative Treated Wood Products.**

In the performance of this Agreement, should Contractor purchase preservative-treated wood products on behalf of the City, Contractor shall only purchase such products from the list of alternatives adopted by the Department of the Environment, unless otherwise granted an exemption.

## **Article 11    General Provisions**

### **11.1    Notices to the Parties.**

Unless otherwise indicated in this Agreement, all written communications sent by the Parties may be by U.S. mail or e-mail, and shall be addressed as follows:

To CITY:            Office of Contract Management and Compliance  
Department of Public Health  
1380 Howard Street, 4<sup>th</sup> Floor            fax: (415) 252-3088  
San Francisco, California 94103        e-mail: [april.monegas@sfdph.org](mailto:april.monegas@sfdph.org)

and:                **Andrew Williams**  
Program Manager, Contract Development and Technical Assistance  
San Francisco Department of Public Health  
1380 Howard Street, 5<sup>th</sup> Floor            tel: (415) 255-3928  
San Francisco, CA 94103                email: [andrew.williams@sfdph.org](mailto:andrew.williams@sfdph.org)

To CONTRACTOR:    The Regents of the University of California  
UCSF Office of Sponsored Research  
Contracts and Grants Division  
3333 California Street, Suite 315  
San Francisco, CA 94143-0962        fax: (415) 476-8158  
(if overnight, use zip code 94118)    e-mail: [GBCinfo@ucsf.edu](mailto:GBCinfo@ucsf.edu)

And:                **Alicia Lieberman**  
Principal Contact  
1001 Potrero Avenue, 2124                fax: (415) 476-8158  
San Francisco, CA 94140                e-mail: [Alicia.Lieberman@ucsf.edu](mailto:Alicia.Lieberman@ucsf.edu)

PAYMENTS:        Payee: "The Regents of the University of California"  
Mail to:  
UCSF MAIN DEPOSITORY  
P.O. Box 748872  
Los Angeles, CA 90074-4872

Any notice of default must be sent by registered mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

### **11.2    Compliance with Americans with Disabilities Act.**

Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including, but not limited to, Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

**11.3 Reserved.**

**11.4 Sunshine Ordinance.**

In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

**11.5 Modification of this Agreement.**

This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed by the parties and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).

**11.6 Dispute Resolution Procedure.**

**11.6.1 Negotiation; Alternative Dispute Resolution.** The parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement by negotiation. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. If agreed by both parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. Neither party will be entitled to legal fees or costs for matters resolved under this section.

**11.6.2 Government Code Claims.** No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the Government Code Claim requirements set forth in Administrative Code Chapter 10 and Government Code Section 900, et seq.

**11.7 Agreement Made in California; Venue.**

The formation, interpretation, and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation, and performance of this Agreement shall be in San Francisco.

**11.8 Construction.**

All paragraph captions are for reference only and shall not be considered in construing this Agreement.

**11.9 Entire Agreement.**

This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

### **11.10 Compliance with Laws.**

The parties shall comply with all applicable laws in the performance of this Agreement. Notwithstanding any other provision of this Agreement, nothing in this Agreement shall be construed as Contractor's contractual commitment to any law, regulation or ordinance to which Contractor is exempt as a California Constitutional Corporation.

### **11.11 Severability.**

Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

### **11.12 Cooperative Drafting.**

This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

### **11.13 Order of Precedence.**

Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, and the Statement of Work attached as Appendix A. The terms of this Agreement are to be read and interpreted together with all other documents, appendices, exhibits, and addenda attached to the Agreement as a single agreement. If the Agreement was procured under a Request for Proposals, the Parties acknowledge and agree that the scope of this Agreement may not exceed the scope of the RFP.

## **Article 12 Department Specific Terms**

### **12.1 Emergency Response. [Reserved.]**

### **12.2 Third-Party Beneficiaries**

No third parties are intended by the parties hereto to be third-party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

### **12.3 Certification Regarding Lobbying**

Contractor certifies to the best of its knowledge and belief that:

12.3.1 No federally appropriated funds have been paid or will be paid, by or on behalf of Contractor to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

12.3.2 If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in

connection with this federal contract, grant, loan or cooperative agreement, Contractor shall complete and submit the appropriate Federal form, in accordance with the form's instructions.

12.3.3 Contractor shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

12.3.4 This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### **12.4 Materials Review**

Except for production or distribution pursuant to a valid Public Records Act request, Contractor agrees that all materials, including print, audio, video, and electronic materials, developed, produced, or distributed in accordance with Appendix A and with funding under this Agreement shall be subject to a thirty (30) working day review and approval by the Contract Administrator prior to such production, development or distribution. A failure by the City to notify Contractor of objections to the materials within said thirty- (30) working day period shall be deemed approval of the materials.

#### **12.5 California State Entity**

Notwithstanding anything to the contrary in this Agreement, the provisions of Sections 3.5 (False Claims), 10.2 (Conflict of interest), 10.18 (Tropical Hardwood), 10.11 (Limitation on Contributions), 10.3 (Prohibition on Use of Public Funds for Political Activity), 13.1.1 (Private Information), and 10.16 (Food Service Waste Reduction Requirements) of this Agreement are enforceable only to the extent such provisions are applicable to a California state entity and constitutional corporation and are required by applicable law.

#### **12.6 Federal and State Financial Participation**

12.6.1 Contractor acknowledges that some or all of the items, products, or services that Contractor furnishes to City under this Agreement may be included, directly or indirectly, in whole or in part, in claims submitted by City to Federal or State health care programs. By executing this Agreement Contractor certifies that it is not excluded, suspended, ineligible or otherwise sanctioned from participation in any Federal or State assistance programs. Contractor shall notify City, as provided in Section 11.1, within thirty (30) days of any such exclusion, suspension, ineligibility, or other sanction, and City may terminate this Agreement immediately upon written notice to Contractor in the event of any such exclusion, suspension, ineligibility, or other sanction. This is a material term of this Agreement.

12.6.2 Contractor agrees to indemnify and hold harmless City and City's officers, directors, employees, agents, successors and permitted assigns from and against any and all (including but not limited to Federal, State, or third party) civil monetary penalties, assessments, repayment obligations, losses, damages, settlement agreements and expenses (including reasonable attorneys' fees) to the extent arising from the exclusion, suspension, ineligibility, or other sanction of Contractor and/or Contractor's workforce (including those who oversee Contractor's workforce, supervisors and governing body members) from participation in any Federal or State assistance program.

### **Article 13 Data and Security**

#### **13.1 Nondisclosure of Private, Proprietary or Confidential Information.**

13.1.1 Each Party understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, one party may have access to private or confidential information which may be owned or controlled by the other party (“Providing Party”) and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to Providing Party. Each party agrees that all information disclosed and marked as “Confidential” by the Providing Party to the other (“Receiving Party”) or that the Receiving Party should reasonably know under the circumstances is confidential with the burden on the Providing Party to prove that the Receiving Party should have so known, shall be held in confidence and used only in performance of the Agreement. Receiving Party shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data. City acknowledges that, as a public non-profit educational institution, Contractor is subject to statutes requiring disclosure of information and records which a private corporation could keep confidential. This section does not apply to patient medical records or to confidential information regarding patients or clients.

13.1.2 Contractor shall maintain the usual and customary records for clients receiving Services under this Agreement. Subject to applicable state and federal laws and regulations, Contractor agrees that all private or confidential information concerning clients receiving the Services set forth in Appendix A under this Agreement, whether disclosed by City or by the individuals themselves, shall be held in confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. The City reserves the right to terminate this Agreement for default if the Contractor violates the terms of this section.

13.1.3 Contractor agrees that it has the duty and responsibility to make available to the Contract Administrator or his/her designee, including the Controller, the contents of records pertaining to any City client which are maintained in connection with the performance of the Contractor's duties and responsibilities under this Agreement, subject to the provisions of applicable federal and state statutes and regulations. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

13.1.4 If this Agreement is terminated by either party, or expires, Contractor shall provide City with copies of the following records to the extent they were created with funding provided by this Agreement or directly related to services funded by this Agreement and to the extent Contractor is permitted by law to release or disclose same: (i) all records of persons receiving Services and (ii) records related to studies and research; (iii) all fiscal records. If this Agreement is terminated by either party, or expires, such records shall be submitted to the City upon request. Notwithstanding any provision in this Agreement to the contrary, Contractor does not waive its rights under CA Evidence Code §1157, *et seq.* or any other federal and state laws and regulations pertaining to the confidentiality or privacy of Contractor, its patients, students, faculty, employees, and agents.

13.1.5 The parties will set forth on each statement of work, any reports information, or other material they deem to be confidential or proprietary. Any confidential or proprietary reports, information, or materials of the City received or created by Contractor under this Agreement shall not be divulged by Contractor to any person or entity other than the City except as required by federal, state or local law, or if not required by law, without the prior written permission of the Department of Public Health Contract Administrator listed in Appendix A.

### **13.2 Payment Card Industry (“PCI”) Requirements.**

### **13.3 Business Associate Agreement.**

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 (“HIPAA”) and is required to comply with the HIPAA Privacy Rule

governing the access, transmission, and storage of health information and the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”).

**The parties acknowledge that Contractor 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 Contractor 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, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR 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) (04-12-2018)
  1. SFDPH Attestation 1 PRIVACY (06-07-2017)
  2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)
2.  **NOT do any of the activities listed above in subsection 1;**  
Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

**This option requires review and approval from the Office of Compliance and Privacy Affairs.**

The parties acknowledge and agree that the City and Contractor are each HIPAA Covered Entities and as such may use and disclose Protected Health Information for treatment, payment and health care operations and for other purposes to the extent permitted by HIPAA and other applicable law.

**13.4 Protected Health Information.**

Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all PHI disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor 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 PHI given to Contractor or its subcontractors or agents by City, Contractor 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

Contractor. 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.

## **Article 14 MacBride And Signature**

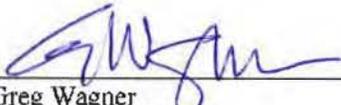
### **14.1 MacBride Principles -Northern Ireland.**

The City urges companies doing business in Northern Ireland to move toward resolving employment inequities and encourages them to abide by the MacBride Principles as expressed in San Francisco Administrative Code Section 12F. The City urges San Francisco companies to do business with corporations that abide by the MacBride Principles. Contractor acknowledges that it has read and understands the above statement of the City.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

**CITY**

Recommended by:

  
\_\_\_\_\_  
Greg Wagner  
Chief Financial Officer  
Department of Public Health



**Contractor**

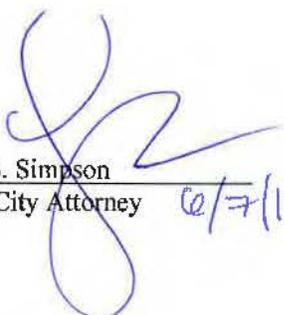
Regents of the University of California,  
A Constitutional Corporation,  
On behalf of its San Francisco Campus

  
\_\_\_\_\_  
Navjot Maha-Gill  
Contract Specialist  
3333 California Street, Suite 315  
San Francisco, CA 94143-0962

Approved as to Form:

Dennis J. Herrera  
City Attorney

By:

  
\_\_\_\_\_  
Louise S. Simpson  
Deputy City Attorney

6/7/19

Supplier ID: 0000012358

Approved:

  
\_\_\_\_\_  
Alarie Degrafinried  
Director of the Office of Contract Administration, and  
Purchaser

JUN 21 '19 PM 1:25

**Appendices**

- A: Statement of Work
- B: Calculation of Charges
- C: Insurance Waiver
- D: [Reserved]
- E: HIPAA Business Associate Agreement
- F: Invoice Template

## **Appendix A Scope of Services**

### **1. Terms**

#### **A. Contract Administrator:**

In performing the Services hereunder, Contractor shall report to **Andrew Williams**, Contract Administrator for the City, or his / her designee.

#### **B. Reports:**

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

#### **C. Evaluation:**

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City.

For contracts for the provision of services at San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

#### **D. Possession of Licenses/Permits:**

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

#### **E. Adequate Resources:**

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

#### **F. Admission Policy:**

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care

without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for correcting known site hazards, the proper use of equipment located at the site, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (<http://www.dir.ca.gov/Title8/5199.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. Under-Utilization Reports:

For any quarter that Contractor maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, Contractor shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

N. Quality Assurance:

Contractor agrees to develop and implement a Quality Assurance Plan based on internal standards established by Contractor applicable to the Services as follows:

- 1) Staff evaluations completed on an annual basis.
- 2) Personnel policies and procedures in place, reviewed and updated annually.
- 3) Board Review of Quality Assurance Plan.

**Other Miscellaneous Optional Provisions:**

O. Compliance With Grant Award Notices:

Contractor recognizes that funding for this Agreement is provided to the City through federal, state or private foundation awards. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, to the extent that the City provides Contractor with the terms of such agreements.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

## **2. Description of Services**

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

- Appendix A-1 Day Care Consultants (Early Childhood Mental Health Consultation -ECMHC)
- Appendix A-2 SPRING Project
- Appendix A-3 Psychotherapy Services
- Appendix A-4 Clinical Supervision Academy

**1. PROGRAM NAME / ADDRESS UCSF Infant-Parent Program / Daycare Consultants Program**  
San Francisco General Hospital  
1001 Potrero Avenue, Building 5, Unit 6B  
San Francisco, California 94110 - 3518

**Contact:** Kristin Reinsberg, Program Director  
[Kristin.Reinsberg@ucsf.edu](mailto:Kristin.Reinsberg@ucsf.edu), 415- 206-6180 Fax: 415- 206-4722

**Program Codes: 38C86 / Daycare Consultants Program**  
**38C87 / Training for Daycare Consultants Program**

**2. NATURE OF DOCUMENT** New

**3. GOAL STATEMENT**

To provide mental health consultation and related direct mental health services to constituents of child care programs, homeless shelters, substance abuse residential treatment homes and family resource centers in San Francisco serving children birth through five (0 -5) years of age.

**4. TARGET POPULATION**

2390 children (birth through 5 years) participating in 29 childcare programs, 10 family resource centers, 4 residential substance abuse treatment centers, 1 family childcare network site and 6 homeless shelters throughout San Francisco will benefit from consultation to the 344 staff of these programs. Approximately 35 of these children and their parents may be the focus of consultation. Approximately 10 children will receive Early Intervention support and 10 children and their families will receive direct treatment (group, dyadic parent-child, or individual therapy).

Site Name	# of Classrooms	# of Children	# of Staff	Hrs per Wk	Fund Source(s)	Site Type
1 <sup>st</sup> Place 2 Start	2	20	3	10	DCYF	ECE
Buen Dia Family School	1	40	11	3	PFA	ECE
Community Preschool, Grace Cathedral	1	35	7	2	HSA	ECE
Compass Children's Center	4	90	20	8	HSA	ECE
FACES- Infant Child Development Program - Broderick Site	2	28	16	5	MHSA	ECE
Friends of St. Francis	2	35	5	5	DCYF	ECE
Good Samaritan Child Development Center	2	38	7	5	DCYF	ECE
Guidry's Early Care And Education Prog	2	10	2	4	PFA	ECE
Holy Family Day Home	2	40	6	14	HSA	ECE
Holy Family Day Home Infant/Toddler	3	20	10	10	DCYF	ECE
Holy Family Day Home Preschool/Transitional Kindergarten Site	3	60	16	12	PFA	ECE
Kids Kollege Preschool and Child Care	3	30	6	On call	MHSA	ECE
Mission Campus, City College San Francisco	1	20	3	4	PFA	ECE

Noe Valley Cooperative Preschool	1	24	3	On Call	DCYF	ECE
Ocean Campus, City College San Francisco	2	60	12	4	PFA	ECE
Phoebe Hearst	4	110	13	On Call	DCYF	ECE
Potrero Kids, Daniel Webster	2	38	5	4	MHSA	ECE
Potrero Kids, PK3	4	60	16	4	MHSA	ECE

Site Name	# of Classrooms	# of Children	# of Staff	Hrs per Wk	Fund Source(s)	Site Type
SFSU Associated Students Inc. Preschool	3	60	8	6	PFA	ECE
SFSU Associated Students Inc. Infant/Toddler	6	80	12	6	HSA	ECE
SFUSD Las Americas	2	48	13	4	PFA	ECE
SFUSD Rooftop- Inclusion	1	20	4	2	PFA	ECE
SFUSD Sheridan	1	20	2	3	HSA	ECE
SFUSD William Cobb- Inclusion	1	22	3	4	PFA	ECE
South of Market Childcare Center-Judith Baker Site (2 classes)	2	40	12	7	PFA	ECE
South of Market Childcare Center-Judith Baker Site (1 classes)	1	20	4	8	HSA	ECE
South of Market Childcare Center-Yerba Buena Site	4	75	16	5	PFA	ECE
St. Elizabeth's Child Care Prog of Epiphany Center	3	14	7	1	HSA	ECE
St. Nicholas Child Care	4	67	21	On Call	MHSA	ECE
Wind In The Willows	4	50	4	1	DCYF	ECE
APA Family Support Svcs (FRC)- Neighborhood Cntr	N/A	100	5	On Call	MHSA	FRC
API-Family Resources Network (20 agency network)	N/A	100	5	On Call	MHSA	FRC
Compass Family Resource Center	N/A	80	11	2	FRC	FRC
Good Samaritan Family Resource Center	N/A	60	10	6	FRC	FRC
Homeless Pre-Natal	N/A	20	3	2	HSA	FRC
Young Family Resource Center	N/A	Varied	4	4	FRC	FRC
Excelsior Family Connections	N/A	20	4	4	FRC	FRC
Portola Family Connections	N/A	110	6	4	FRC	FRC
So of Market Child Care Inc. Family Resource Cntr	N/A	100	8	5	FRC	FRC

Support for Families with Children with Disabilities	N/A	100	5	6	MHSA	FRC
Ashbury House	1	5	4	1	HSA	SA
Epiphany Residential Program	N/A	20	5	2	MHSA	SA
HR 360 (Female Offenders Tx and Education Prog)/ Women's Hope	N/A	20	5	8	MHSA	SA
Asian Women's Shelter	N/A	8	8	4	CYF	Shelter
Clara House Of Compass Community Svcs	N/A	15	7	6	CYF	Shelter
Compass Family Shelter	N/A	17	10	2	CYF	Shelter
Hamilton Family Residences & Emergency Shelter	N/A	155	30	8	CYF	Shelter
Hamilton Family Transitional Housing	N/A	50	15	8	CYF	Shelter
St. Joseph's Family Center	N/A	40	20	8	CYF	Shelter

### 5. MODALITIES / INTERVENTIONS

UOS Description – Units of service = Staff hours	UOS	# of Clients	UDC
<b>Individual consultation</b> 2.55 FTE x 40 hrs/wk x 23 wks x 71.75% effort	1,684	2420	
<b>Group Consultation</b> 2.37 FTE x 40 hrs/wk x 23 wks x 71.75% effort	1,748	2420	
<b>Classroom Observation</b> .80 FTE x 40 hrs/wk x 23 wks x 71.75% effort	456	2420	
<b>Staff Training</b> .12 FTE x 40 hrs/wk x 23 wks x 71.75% effort	135	10	
<b>Parent Training/Support Group</b> .17 FTE x 40 hrs/wk x 23 wks x 71.75% effort	147	20	
<b>Early Referral &amp; Linkage</b> .05 FTE x 40 hrs.wk x 23 wks x 71.75% effort	60	5	
<b>Early Intervention Individual</b> .79 FTE x 40 hrs/wk x 23 wks x 71.75% effort	491	10	
<b>Early Intervention Group</b> .31 FTE x 40 hrs/wk x 23 wks x 71.75% effort	426	8	
<b>Mental Health Individual</b> .89 FTE x 40 hrs/wk x 23 wks x 71.75% effort	602	10	
<b>Mental Health Group</b> .07 FTE x 40 hrs/wk x 23 wks x 71.75% effort	87	6	
<b>Consultant Training &amp; Supervision</b> 1.03 FTE x 40 hrs/wk x 23 wks x 71.75% effort	678	N/A	
<b>Systems Work</b> 0.51 FTE x 40 hrs/wk x 23 wks x 71.75% effort	341	NA	
<b>Evaluation</b> 0.51 FTE x 40 hrs/wk x 23 wks x 71.75% effort	342	NA	
<b>Total UOS Delivered</b>	<b>6,713</b>		
<b>Total UDC Served</b>			<b>2,420</b>

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation -Group:** Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation - Class/Child Observation:** Observing a child or group of children within a defined setting.
- **Consultation-Staff Training:** Providing structured, formal, in-service trainings to groups of three or more individuals from programs receiving consultation services to support staff capacity for responding to social-emotional and mental health needs of the children in these settings.
- **Training/Parent Support Group:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, parents, and/or family care providers on a specific topic. Can also include leading a parent support group or conducting a parent training class.
- **Early Referral/Linkage:** Activities related to assisting families secure additional longer-term help and/or adjunct services.
  
- **Early Intervention- Individual:** Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Activities include: developmental and/or social-emotional screening; individual child intervention, such as shadowing in the classroom; meeting with parent/caregiver to discuss specific concerns they have about their child's development.
- **Early Intervention- Group:** Conducting playgroups/socialization groups involving at least three children.
- **Mental Health Services- Individual, Family or Group:** Providing targeted therapeutic interventions that focus primarily on symptom reduction as a means to improve functional impairments that are due to a diagnosable mental health concern. Activities directed to a child, parent, or caregiver. Services may be delivered to an individual, family or group.
- **Consultant Training/Supervision:** Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also, it covers supervision of consultants both individually and in groups
- **Systems Work:** Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0 – 5, enhance the development of inclusive practices in early care and education sites, and continuous quality improvement. This includes being a participating member of the Trans-disciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.
- **Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the BHS-initiated evaluation efforts.

## 6. METHODOLOGY

### *Outreach, Admission Enrollment and Intake Criteria and Process*

Daycare Consultants have provided and expanded the delivery of high quality mental health consultation and related direct clinical services to the San Francisco early childhood community since 1988. Therefore, outreach, recruitment, promotion and advertisement are unnecessary. This contract allows for continuation of established involvement in these programs.

These 50 programs serving primarily low-income families whose children are birth through five years of age and eligible to receive consultation. Programs serving a significant proportion of CALWORKS families and PFA sites are prioritized to receive services, and have already been receiving service. Within each program, providers and parents identify children whose developmental, behavioral and/or social-emotional difficulties warrant particular attention. Assessment based on observation and parent/provider interview determines involvement in and level of mental health intervention, ranging from case consultation to group, individual child or child-parent treatment.

The aim of Daycare Consultants is to improve the quality of relationships within the early childhood education, group care, or residential program, thereby positively impacting the mental health of all the children. Particular attention is paid to children in the setting with evidence behavioral, developmental or emotional difficulties. When a specific child is the focus, the aim of the clinical service is to engage all of the adults in that child's life to understand and sensitively respond to the child's needs. Daycare Consultants will accomplish these goals through provision of the following services:

- Mental Health Consultation services to providers (ECE, Shelter, FRC staff) who serve young children and their families;
- Early Intervention and Direct Clinical Services including direct treatment and on-site therapeutic groups and shadowing;
- Linkage/Coordination/Case Management for staff and families involved in consultation in the provision of consultation in childcare settings; and training for childcare providers and parents.

### *Service Delivery Model*

#### **I. Mental Health Consultation**

- Program Consultation: The consultant assists with all aspects of program planning, from improving inter-staff communication to enhancing the use of developmentally appropriate practices for children. They will meet regularly (usually weekly or on the schedule requested by the individual program). Meetings will include both non-didactic developmental guidance and supportive consultation. The consultant/clinician's ability to provide guidance is grounded in regular observations at the childcare site, knowledge of and experience with children in groups, and a growing understanding of the network of relationships involved in the program. Consultation occurs at the program during their hours of operation and continues for as long as the need for and the center's ability to sustain conditions of involvement persists.
- Case Consultation: When childcare staff is troubled about a particular child, consultants meet together with the provider and parents of the child. With the parents' permission, the consultant/clinician observes the child in the program (a minimum of 2 observations per child). S/he assesses the match between the child's needs and the particular childcare setting and assesses the child's functioning. The consultants then meet with the program staff to help them understand the child's behavior, offer ideas regarding intervention appropriate to a group setting, and support staff. The average length of this intervention is 6 months.
- Case consultation at this level entails intervention through the child's existing relationships with parents and providers. The consultant meets (usually 3 to 8 sessions) with parents to learn more about the child's developmental and relational history and current functioning outside the childcare milieu. With parental permission, the consultant/clinician brings information back to the childcare providers so that interactions with the child are informed by a more extensive

understanding of the child's current and past experiences. The consultation with the program staff is on-going.

## II. **Early Intervention and Direct Clinical Services**

- **Early Intervention Services for Parents:** The consultant offers to meet with parents whose children receive case consultation. The intervention is usually time-limited (8 to 10 sessions). Meetings with the parents focus on synthesizing or enhancing their understanding of their child's developmental needs and capacities.
- **Therapeutic Shadowing:** An early intervention strategy aimed at supporting children at risk of expulsion from their ECE classroom settings. One-on-one support is provided to the child in the classroom. The shadow accompanies the child through specific parts of the child's school day in order to support his or her ability to benefit from the learning environment. The shadow maintains regular contact with the child's parent/caregivers, teachers and other team members in order to ensure clear and open communication regarding the child's needs and progress.
- **Therapeutic Groups:** Therapeutic groups will provide an opportunity to serve children in their ECE setting when they are identified as showing difficulties in their development, particularly in the social-emotional domain. Co-leadership of the group by a consultant/clinician and a teacher from the ECE site provides intensive training for the teacher. Therapeutic groups will meet on average for two hours, two times per week on-site at the center during hours of operation. The group leaders facilitate interaction and activities aimed at helping the children to understand and modulate their feelings and to establish acceptable ways of expressing themselves, getting what they need, and interacting with others.
- **Parent Support Group:** Parent support groups are offered in collaboration with ECE and FRC staff in response to community needs and at shelter programs when there is the capacity and need for such services. Groups seek to support parents and provide a forum which can reduce feelings of isolation and enhance a sense of community support. Topics addressed in such groups include: parental depression, trauma, immigration trauma, parenting concerns and challenges in parent-child relationships. The consultant also helps staff understand the needs of these clients and families.
- **Child/Parent Psychotherapy:** Children who have experienced trauma, relational disruptions and/or abuse and neglect may require direct intensive intervention. In addition to consultation, psychotherapy will be offered in these instances. Given that young children's relationships both contribute to and ameliorate social-emotional difficulties, it is optimal to treat children in this relational context. Therefore, parent-child dyadic treatment will be provided when possible. Treatment will be offered on the childcare site or in the families' homes to enhance the likelihood of the families' sustained involvement. Clinicians utilize the CANS in developing treatment plans with families.

## III. **Linkage/Coordination/Case Management**

- **Case Management/ Early Referral:** When longer-term intervention or additional services are needed, the consultant/clinician takes an active case management role in referring the child and family for services and facilitating communication between service providers and the childcare staff.

Consultants secure service from, and collaborate with, community providers who interface with the child and family. These providers typically include: San Francisco Unified School District's Department of Special Education, the Department of Human Service's Children's Protective Services, Department of Public Health; Community Behavioral Health Services.

Health Services, Community Mental Health Outpatient Clinics as well as a full range of community-based agencies and medical providers. Consultants play a critical role in making sure that information from myriad service provider's returns to parents and childcare providers so that they can make use of it to benefit the child. They act as catalysts to create new avenues of communication when none previously existed.

- Parent Education/ Support Groups: In response to requests from program staff, training on various topics related to child development, mental health issues and services would be provided to staff and/or parents. An ongoing group may be offered for parents to address their needs for affiliation, support and discussion of topics of common interest and concern. All of the parent group forums are offered on site and typically take place in the early evening hours to accommodate the parent's work schedules, thereby enhancing the likelihood of their participation.
- Training for Mental Health Professionals: A training program combining clinical case conference and individual clinical supervision includes the participation of all mental health consultants. New consultants and individuals participating in our practice-based multicultural training program as an advanced trainee in ECMH consultation receive this training plus additional supervision, a case conference, and a twice-monthly didactic seminar.

#### ***Discharge Planning and Exit Criteria and Process***

Consultation is typically on-going as the composition of both children and staff change regularly enough to warrant continuation. Within this context, direct clinical services are concluded based on various criteria. Most typically, case consultation and treatment terminate by mutual agreement between the parents, program staff and consultant when the referring concern is ameliorated. Since oftentimes the child remains in the program and because of the consultants' ongoing presence, monitoring is possible post termination.

Fourteen Infant-Parent Program/Daycare Consultant clinicians will provide mental health consultation. On average, each has over a decade of experience as a consultant so that they have long-term and well-established relationships with their program partners. In addition, one trainee will provide consultation with intensive clinical supervision. Seven of the consultants are bilingual and/or bicultural. Therefore, services will be able to be delivered in Spanish, Hindi, Hungarian and Gujarati. While all the consultants' time will be funded through this grant, programmatic and administrative oversight will be supplemented by other funding sources.

## **7. OBJECTIVES AND MEASUREMENTS**

The Infant-Parent Program will make its best efforts to comply with the objectives, and descriptions of how objectives will be measured as outlined in the CBHS document entitled *Behavioral Health Services CYF Performance Objectives FY 2018-19*.

## **8. CONTINUOUS QUALITY IMPROVEMENT**

Bi-weekly group and/or individual supervision meetings ensure that contract performance objectives are being achieved, including the cultural competency of staff and the services being delivered. Staff is made aware of changes in performance objectives and documentation in a timely manner at the bi monthly All Staff Meeting. Follow up and individualized instructional support is offered in individual supervisory meetings. Every staff member will have a chart reviewed twice per year by a program supervisor. Internal chart reviews will include an assessment of billing accuracy and the quality of documentation and services.

Parent and provider satisfaction surveys developed by BHS will be distributed, collected and returned in accord with requirements. The Infant-Parent Program / Daycare Consultants have historically had exemplary return rates and satisfaction ratings on provider satisfaction surveys. Evidence of CQI activities will be maintained in program's Administrative Binder.

## **9. ADDITIONAL REQUIREMENTS**

UCSF / IPP / ECMHCI Program will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. UCSF / IPP / ECMHCI Program will also comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the CBHS ECMHCI CYF Program Manager and RFP-10-2013.

Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS ECMHCI CYF Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI CYF Program Manager of any changes.

**I PROGRAM NAME / ADDRESS:** **UCSF Infant-Parent Program / Daycare Consultants Program**  
San Francisco General Hospital  
1001 Potrero Avenue, Building 5, Unit  
6B San Francisco, California 94110-3518

Contact: *Kadija Johnston, Program Director*  
[Kadija.Johnston@ucsf.edu](mailto:Kadija.Johnston@ucsf.edu), 415- 206-5082 Fax: 415- 206-4722

Program Codes: 38C88 / Spring Project

**II NATURE OF DOCUMENT:** **New**

**III GOAL**

*To support high risk pregnant women and new parents struggling with the stress of poverty, often in combination with mental health and/or substance abuse problems and issues associated with traumatic immigration, through the transition from pregnancy to parenthood-helping to ensure healthy outcomes for their infants and toddlers. This is achieved through the provision of mental health consultation and related direct mental health services to constituents within pre and postnatal and pediatric medical care clinics at Zuckerberg San Francisco General Hospital (ZSFG).*

**IV. TARGET POPULATION**

*Thirty high-risk pregnant women receiving prenatal care through the Obstetrics Psychiatry Clinic at ZSFG will benefit from, early intervention, mental health and consultation services. Sixteen health care professionals, including doctors, nurses, and social work staff, medical residents and community providers will also benefit from consultation services. All services will be provided within the 94110 zip code. Based on 2017 demographic information, the families served in this program are 84% Hispanic/Latino, 7% African American and 9% representing other ethnicities. The ages of the pregnant and newly parenting women range from late teens to early 40s.*

**V. MODALITIES /INTERVENTIONS**

UOS Description	UOS	NOC	UDC
<i>Individual Consultation</i>	88	30	
<i>Group Consultation</i>	110	30	
<i>Classroom Observation</i>	3	30	
<i>Staff Training.</i>	75	15	
<i>Parent Training/Support Group</i>	33	5	
<i>Early Referral &amp; Linkage</i>	3	5	
<i>Early Intervention Individual</i>	5	2	
<i>Mental Health Individual</i>	27	2	
<i>Consultant Training &amp; Supervision</i>	43	N/A	
<i>Systems Work</i>	22	NA	
<i>Evaluation</i>	22	NA	
<b>Total UOS and UDC</b>	<b>431</b>		<b>45</b>

**MENTAL HEALTH consultation and direct intervention** (MHSA Activity category)

*Provide approximately 431 hours of mental health consultation and direct intervention services to 30 pregnant women and newly parenting families and their medical providers at the Obstetrics Psychiatry Clinic and associated clinics (Labor & Delivery, Post Partum and NICU) within San Francisco General Hospital. Services are provided weekly in the clinic setting and include:*

- **Consultation - Individual:** Discussions with pregnant women, newly parenting family and /or members of the medical team, on an individual basis about the parent's stress, trauma and strengths impacting her *pregnancy ,maternal identify and /or the infant, including possible strategies for intervention. It can also include discussions with a medical team member on an individual basis about perinatal mental health and prenatal and perinatal infant development in general. Can also include collaborative work with parent, such as offering developmental guidance and exploring referrals for additional supports.*
- **Consultation -Group:** Talking/working with a group of three or more medical team members at the same time about their interactions with a particular family, parent or child, or group of families.
- **Consultation - Child Observation:** Observing a family or group of families within a defined setting.
- **Consultation-Staff Training:** Providing structured, formal, in-service trainings to groups of three or more individuals, from programs receiving consultation services, to support staff capacity in a relationship focused on developmental conceptualization of the psychological tasks of pregnancy and parenthood. Can include training for psychiatry trainees and residents.
- **Training/Parent Support Group:** Providing structured formal training or parent support to a group of three or more *pregnant women or new parents on specific topic.*
- **Early Referral/Linkage:** Activities related to assisting families to secure additional longer-term mental health service *and/or adjunct services.*
- **Early Intervention Services- Individual or Group:** Activities directed to a specific child, parent, or pregnant woman that are not considered to be planned mental health services. Activities may include: developmental and/or social-emotional screenings; individual child or family intervention; meeting with parent/pregnant woman to discuss specific concerns they have about their fetus'/infant's development.
- **Mental Health Services- Individual, Family or Group:** Providing targeted therapeutic interventions that focus primarily on symptom reduction as a means to improve functional impairments that are due to a diagnosable mental health concern. Services may be delivered to an individual, family or group.
- **Consultant Training/Supervision:** Covers the trainings offered to early childhood mental health consultants/clinician, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also covers supervision of consultant/clinician both individually and in groups.
- **Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for this project. Can also include time spent complying

with the BHS/MHSA-initiated evaluation efforts.

- **Systems Work:** Activities related to efforts focusing on expanding the capacity of providers who work with high-risk mothers and babies in medical care settings.

## VLMETHO

### DOLOG

### Y Direct

### Client

### Services:

#### Outreach, Recruitment, Promotion and Advertising

*Since 1987 the UCSF Infant-Parent Program, has provided and expanded the delivery of high quality mental health consultation and related direct mental health services to the San Francisco community. Beginning in 2008, the SPRING Project (Supportive Parenting, Resource Integration, and Newborn Guidance), established perinatal mental health services within the ZSFG Hospital pre and postnatal clinics. The primary service sites are the Obstetrics Psychiatry Clinic, and Labor and Delivery and Postpartum. This contract allows for continuation of established involvement in these medical care settings. Therefore, outreach, recruitment, promotion and advertisement are unnecessary.*

#### Admission, Enrollment and/or Intake Criteria and Process:

*Families who are receiving their prenatal care - at Zuckerberg San Francisco General Hospital (ZSFGH), specifically in the OB Psychiatry Clinic are eligible to receive services. Additionally, medical providers in this and other pre and postnatal and pediatric clinics are eligible to receive consultation services by virtue of their employment within the setting. Given that the services follow the patients through the transition from pregnancy to parenthood, consultation with the providers in L&D, postpartum and at times the NICU and Pediatric clinics is integral to ensuring continuity of care. Therefore, an intake process for inclusion is unnecessary.*

*In the first clinic visit pregnant women are seen by a psychiatrist and/or the IPP perinatal mental health specialist. Psychosocial factors that may put mothers and babies at risk are identified. The medical, psychiatric, trauma and family histories are garnered and current stressors and social support networks are identified. Initially and at regular intervals, scales are used as screening tools including but not limited to Edinburgh Postnatal Depression Scale (Cox et al., 1987), Maternal Fetal Attachment Scale, Cranley, 1981), and Posttraumatic Stress Disorder Checklist-Specific PCL-S ( Walker, et al., 2002). Treatment plans are developed based on the needs of the mother, the fetus, the infant, and the family. Pregnant women are offered individual in-clinic consultation, short-term psychotherapy and/or pharmacotherapy. Pregnant women make informed choices regarding the treatment.*

*The aim of the Infant-Parent Program's SPRING Project is to support high risk pregnant women and new parents struggling with the stress of poverty, often in combination with mental health and/or substance abuse problems and issues associated with traumatic immigration, through the transition from pregnancy to parenthood-helping to ensure healthy outcomes for their infants and toddlers.*

#### Service Delivery Model:

*Addressing the link between maternal and child mental health and well-being during pregnancy and the perinatal period calls for an integration of services across health providers, integrating obstetric and pediatric care with family support and mental health treatment. Our service delivery*

*model is based on a multidisciplinary approach, focusing on the integration of Obstetric Care and Mental Health Services.*

*Integrated treatment planning takes place in weekly post- Clinic conferences, in which the multidisciplinary team meets. This meeting provides opportunities for the SPRING mental health clinicians to offer (group) consultation related to the IPP's perinatal mental health specialty. Through this collaborative process, the team develops treatment approaches for mentally ill women that focus on pregnancy, postpartum, and the sequelae of trauma and violence. Specifically, the SPRING clinicians' focus on interrupting the intergenerational transmission of trauma and mental illness by intervening on behalf of the unborn child and the infant-parent relationship.*

*Treatment and consultation services vary in duration and frequency, based upon the needs of the pregnant woman, infant and family.*

*Women are followed throughout their pregnancy. After clients have delivered their babies, the SPRING clinician visits the mother and the infant at Labor and Delivery to assess the bonding between mother and newborn, to identify challenges in feeding, monitor their mood, and to collect information about their experience of labor and delivery. When they transition to the postpartum unit, the SPRING clinician is available to visit them to provide support and interventions to aid in bonding. They also offer consultation to medical staff regarding the care of women, especially those women with sexual abuse and other trauma histories that often require concrete and specific support during needed medical procedures. This coordination and consultation to the medical personnel help to ensure that families will continue to be cared for in ways that address their mental health and physical needs.*

*Therapeutic support and consultation is also provided in the NICU when the baby is born with severe medical complications. The presence of the SPRING clinician within the NICU provides the opportunity for onsite, brief mental health treatment for parents in need, and educational and support sessions with the NICU staff. The IPP Clinician is also available to participate in the Family Meetings at the NICU to support families, and to assist medical staff in providing feedback and news about an infant's prognosis or progress at a very vulnerable juncture for parents who are themselves typically struggling.*

#### **Discharge Planning and Exit Criteria**

*Consultation services within the multidisciplinary team are ongoing, as the composition of families change continuously. As described above, the women in the clinic are followed throughout their pregnancy and services continue to support families as they transition to the Labor & Delivery and postpartum units. The SPRING clinician continues to see the mother and baby - until the baby is three months of age if needed. During these postpartum visits, the focus of treatment is to identify the level of psychiatric symptoms, like depression, anxiety, or PTSD, as well as the ways in which mothers are able to read the emotional and physical needs of their infants.*

*Before the dyad is discharged an assessment is made to determine the need for further therapeutic support. The team is responsible to make sure that the woman is connected with a Primary Care Physician, the baby is connected to a pediatrician, or to the KEMPE clinic if the baby is a high-risk child. When issues are interfering with the relationship between mother and child, the dyad may be referred for longer-term treatment within the Infant-Parent Psychotherapy component of the Infant- Parent Program. These decisions are made with the parent(s) and with the support and involvement of the OB Psych team.*

## Program Staffing

*The multidisciplinary team is made up of social workers, psychiatrists, psychologists, a public health nurse, representatives from community provider organizations and the SPRING perinatal mental health clinicians.*

*Three Infant-Parent Program SPRING clinicians, including two post-doctoral fellows and a psychiatrist will provide mental health direct services and consultation within these clinics. One of these clinicians is bi-cultural and two are bi-lingual Spanish speaking. Two of the three providers have extensive experience (4- 35 years) providing care in medical care settings and have specialized in perinatal mental health. Both post-doctoral fellows will receive intensive and in vivo clinical supervision and training. Services are delivered in both Spanish and English.*

## MHSA Participation and Engagement

*The IPP SPRING Project's efforts are aimed at three consumer groups – pregnant women with psychiatric difficulties and their partners -, their newborn infants and medical providers. The pregnant women involved in SPRING are engaged in shaping how services are implemented and evaluated. For instance, at the participant's request a parent-infant group was initiated for women whose delivery dates were close to one another. The group composition was amended in response to an appeal that father's be included.*

*Consultation is inherently collaborative. Therefore, the medical providers determine the agenda, configuration and parameters of the consultation conversations.*

## Vision

*The SPRING Project promotes several components of the MHSA vision. Mental health consultation services support service coordination which results in a seamless experience for clients by co-locating perinatal mental health services with prenatal care, so that pregnant women who participate in SPRING receive both sets of needed services in a single site and in the same visit. The weekly mental health consultation meetings with medical staff offer a regular opportunity to confer about clients. Specifically, consultation helps staff identify impediments to patients engaging in prenatal care; trains medical providers to recognize signs of depression, trauma and other mental health issues that negatively impact parenting; assist providers in supporting the parent-child interaction beginning in utero and process practitioner's responses to clients that interfere with delivering optimal care.*

*The IPP SPRING clinicians have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures. A study conducted at SFGH demonstrated that the efficacy of particular intervention strategies seeking to treat depression among impoverished primary care patients from ethnic minority groups is dependent upon those interventions being delivered in the context of culturally-specific clinical case management. Accordingly, SPRING services are delivered by bi-cultural, bi-lingual clinicians and include culturally congruent interventions and coordinated efforts with primary care providers and other agencies.*

*Around pregnancy, childbirth and early parenting, a patient's need to communicate her experience in her native language is essential. The SPRING project expands the capacity to treat Spanish-speaking pregnant women and new mothers in their mother tongue.*

*The pregnant women and new parents served in the SPRING Project are integrally involved in determining and achieving goals for themselves and their child. By treating parents together with their infants, the pattern of intergenerational transmission of trauma and mental illness can be interrupted. The overarching goals of SPRING's direct services are to enhance parenting capacities and improve the quality of the parent-child relationship thereby stemming the tide of developmental difficulties and keeping young children's mental health problems from developing.*

*These goals assure the greatest chance and earliest opportunity for both infant and parent to lead fulfilling and productive lives.*

## **VII. OBJECTIVES AND MEASUREMENTS**

*All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Performance Objectives FY18-19.*

## **VIII. CONTINUOUS QUALITY ASSURANCE**

Quality Assurance and Continuous Quality Improvement requirements will be addressed in the BHS

**1. PROGRAM NAME/ADDRESS: UCSF Infant-Parent Program Psychotherapy Services**  
San Francisco General Hospital  
1001 Potrero Avenue, Building 5, Unit 6B  
San Francisco, California 94110-3518

**Contact:** Kadija Johnston Director  
[Kadija.johnston@ucsf.edu](mailto:Kadija.johnston@ucsf.edu) phone : 415 -206-5082

**Program Code: 38C84/ Psychotherapy Services-Mental Health Services**  
**38C85/ Psychotherapy Services-Mental Health Promotion**

**2. NATURE OF DOCUMENT: New**

### **3. GOAL STATEMENT**

The Infant-Parent Program (IPP) is an outpatient mental health program devoted to serving children birth to five years of age and their caregivers through a combination of promotion, prevention and early intervention services. The treatment services described in this exhibit are directed at infants, toddlers, and preschool age children at imminent risk for social and emotional difficulties as well as those already manifesting emotional problems with the aim of maintaining or restoring the child's development to a typical trajectory. The IPP provides accessible, community and home-based mental health services that are linguistically and culturally appropriate and evidence based.

### **4. TARGET POPULATION**

The population of children and their caregivers described below receives services at the Infant-Parent Program when concerns about either partners functioning meets the medical necessity criteria for specialty Mental Health services. The supervisor of the case determines eligibility in conjunction with a member of the Program Utilization Review Quality Committee (PURQC). Although agreement is usually reached at this level, differences in recommendations are taken to the full PURQC. This committee authorizes initial and ongoing services utilizing the San Francisco Community Behavioral Health Services, Children Youth and Families, System of Care (SFCBHS, CYF, SOC) Service Intensity Guidelines for the following target populations.

- a. Children three years of age or younger at the time of referral and their families or pregnant women who are deemed to be medically indigent, and either partner in the parent-child dyad is identified as having serious mental health difficulties effecting the relationship(s) and the child's development.
- b. Children birth to five years of age and their caregiver(s) who are residing in/or previously resided in a homeless shelter or transitional housing arrangement or residential substance abuse treatment program receiving mental health consultation and are identified as having a diagnosable mental health problem .
- c. Children birth to five years of age who are enrolled in childcare programs or family resource centers receiving mental health consultation when they are identified for direct treatment based on difficulties in the child's social and emotional functioning.

### **5. MODALITIES / INTERVENTIONS**

#### **Mental Health Services**

Mental Health Services means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy and collateral.

### **Assessment**

Assessment means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures. Assessment of the child –parent relationship is dyadic and bi-directional.

### **Collateral**

Collateral means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

### **Therapy**

Therapy means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

## **6. METHODOLOGY**

### **Direct Client Services**

For prevention and intervention services to pregnant women and children 0 – 5 years old, treatment is provided primarily through weekly visits in the home in order to gain a better understanding of the family's/child's daily circumstances and to be available to those most in need. Infant/Child -Parent Psychotherapy recognizes that the child can become the recipient of feelings and expectations that stem in complex ways from parental experience and tend to obscure the young child's actual experiences, intents and expressiveness. Therapeutic interventions based on this recognition aim at freeing the child from these parental distortions thus restoring them to a typical developmental trajectory. The majority of these services are provided by 10-12 intensively supervised doctoral trainees in psychology, psychiatry residents or master's level trainees many of whom are bilingual and /or bicultural.

### **Referral**

Many referrals come from pediatric providers at ZSFG Hospital, DPH health centers or public health nurses. Ongoing collaborative work with the primary care provider is central to the Infant-Parent Program's mental health intervention. ZSFG departments of Psychiatry, Pediatrics and OB/GYN are also major sources of referrals and collaborators in our work on behalf of young children and their parents. Staff and trainees are stationed in those departments' clinics to provide consultation and facilitate referrals. All these conjoint efforts begin with initial sharing of information and perspectives and move toward fashioning a common understanding and approach to the child and parent and their difficulties; regular communication is essential to the work.

The other primary source of referrals for the Infant-Parent Program is the San Francisco Human Services Agency (HSA). Collaboration with HSA starts in the referral process with Foster Care Mental Health around clarifying the needs of the child and family, and often a close working relationship is forged with the HSA worker to identify and pursue the child's best interests in complicated dependency situations.

In addition, staff at the Infant-Parent Program provide linkage with ZSFGH units within the Departments of Pediatrics, Obstetrics and Psychiatry. An Infant-Parent Program staff member consults around screening and disposition for infants born at SFGH Newborn Nursery; another provides consultation and in clinic treatment to

patients in the High Risk Obstetric and Pediatric Clinics and the NICU in order to identify pregnant women, children and families who are in need of Infant/Child – Parent Psychotherapy.

An additional referral source, the Early Childhood Mental Health Consultation (Daycare Consultants) component of the Infant-Parent Program, provides mental health consultation and a range of related direct mental health services to over 50 child serving community agencies working with children birth through five years of age, including childcare centers, domestic violence and homeless shelters, Family Resource Centers and residential substance abuse treatment programs. Within the course of consultation children and their families are identified for direct treatment. The IPP mental health consultant, in conjunction with program staff and the child's parents establish the need for treatment based on difficulties in the child's social and emotional functioning. Consultants typically facilitate the referral to treatment and remain involved as liaisons between the treating clinician and the settings in which the family is cared for or resides.

The potential usefulness of child-parent or individual child treatment is considered, beginning with an assessment phase in which medical necessity for treatment is assessed/established through the use of the CANS. The specialized, evidence based treatment is aimed at improving the child's developmental trajectory by employing a flexible combination of supportive, interpretative and developmentally based psychotherapy. Given that young children's relationships both contribute to and ameliorate social emotional difficulties, it is optimal to treat children in a relational context. Therefore, Child-Parent Psychotherapy is provided when possible. Treatment is offered on site or in the family's home as well as at the IPP offices. Children and their families are seen weekly for as long as clinically indicated. Throughout the course of treatment, the therapist, with parental consent, collaborates with other providers within IPP, with staff from the referring agency and with other caregivers, providers and agency representatives involved in the care and wellbeing of the child.

### **Intake**

Ninety-five percent of referrals come from the third parties identified above. All of the children and their caregivers are screened by the Compliance Analyst for financial eligibility at the time of referral. The referral source is contacted by the Clinical Intake Psychologist in order to develop an initial understanding of the presenting problem; the nature of the difficulties in the child's functioning and the ways in which the adult's functioning as a caregiver may be impacting these. Relevant involvement with other agencies and care providers, especially primary care, is noted and a plan for contacting the family and providing feedback to the referring party about the family's engagement in treatment is noted in each intake.

### **Assessment.**

At the initiation of treatment a clinical assessment takes place with child and caregiver(s) together. When a CANS or ANSA Assessment indicates that there is a medical necessity for specialty mental health treatment, a Treatment Plan of Care is completed for the child/caregiver dyad on which a case is opened. Information obtained from the referring party and from initial assessment phase sessions with the child and caregiver is integrated into the assessment, and items scored 2 or 3 are addressed in the Treatment Plan. The Parent-Child Relationship Competencies (PCRCs), a bidirectional, strengths-based, culturally attuned, relationship-focused tool designed by the Program's Dr. Maria St. John is used for treatment planning and outcome evaluation is also employed during the assessment period.

### **Treatment.**

Progress in treatment is mutually determined by the family and the clinician. Since much of the treatment is performed by trainees, supervisors are integral to tracking treatment progress through weekly supervision as well as through the examination of change in the CANS or ANSA and PCRC scores and through the use of the Clinical Review Form at designated reassessment intervals. The PURQC committee reviews treatment at designated intervals to assess progress toward goals, and monitors the appropriateness of infant/child-parent treatment and the intensity of services needed. The committee uses the Clinical Review Form for PURQC, presentation of case formulation at case reviews, CANS/ANSA and the PCRC scores and the narrative portion of the CBHS assessment to make these determinations. These assessments of need and treatment progress, along with services that are necessary (ongoing psychiatric

involvement) or desirable (support groups), begin when the case is opened, are incorporated into treatment planning when goals are established or updated, and continue through discharge planning.

### **Child Welfare related Mental Health Services**

#### **Auxiliary Services**

Specific to children and families involved in San Francisco's Child Welfare System, IPP engages extensively in case planning and remediation efforts. In addition to clinical assessment and treatment, IPP provides consultation, reports on parental capacity and relational competency and participates in Family Team Meetings as requested. These ancillary but integral components are extended regularly to HSA Protective Service Workers, attorneys and judges in Dependency and Family Treatment Courts .

#### **Indirect Services**

The Infant-Parent Program provides a significant amount of outreach to engage families with young children who are in need of treatment and consults with, educates and offers support to providers who have contact with these families. These efforts involve both regular and "on demand" meetings with rotating pediatric residents and medical students, ZSFGH staff, public health nurses, child welfare workers, BHS Access Line staff and other community partners.

## **7. OBJECTIVES AND MEASUREMENTS**

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Performance Objectives FY18-19.

## **8. CONTINUOUS QUALITY IMPROVEMENT**

CQI activities for assessment and treatment is an intensive and continuous effort at the Infant-Parent Program. Procedures were developed and are continually refined by the ICAP Compliance Analyst, the majority of whose time is devoted to these efforts. New client registration data is entered within 24 hours or two working days after data is collected. The clinician and supervisor are notified well in advance of required due dates for Assessments, TPOC's and other time sensitive documentation. Progress note submission is tracked as well. If session notes or any other required documentation is not submitted in a timely, complete and accurate manner the Director, in addition to the clinician and their direct supervisor are notified. Productivity as well as all other AVATAR generated reports are reviewed bi-monthly by Clinical Supervisors and the Program Director to assure adherence to evaluation and QI performance objectives. Client experience and treatment efficacy is monitored and enhanced through an intensive supervisory structure. Clinicians in training meet with an experienced supervisor for approximately 45 minutes of supervision for each scheduled hour of patient contact. Regardless of license status, clinicians receive weekly individual clinical reflective supervision. Issues of compliance with contract performance objectives and appropriate and timely documentation of clinical work are also closely monitored in supervision. All clinicians' charts (trainees and staff) are reviewed at least **twice** yearly by the supervising clinician in tandem with a designated "PURQC Partner" and if necessary by full PURQC Committee which is convened twice monthly to address this task. In addition to auditing charts for compliance issues, the PURQC partner or the committee provides feedback in writing to clinicians about their documentation and the clinical work described in the chart which providers are asked to respond to. Additionally, clinicians in training present cases for review/ monitoring in the context of a weekly case review. Regardless of the forum in which the review takes place, feedback is kept in a PURQC binder.

Contract performance objectives are monitored primarily through analysis of reports generated by the Avatar System. Additional information about the achievement of outcome objectives is afforded by reports provided to the

Program by the BHS staff. A Compliance Analyst is charged with tracking activities related to the Performance Objectives. She meets monthly with supervisory staff and additionally twice a month with the Program Director to ensure all administrative compliance requirements are attended to.

In addition to hiring staff and recruiting trainees who are able to provide services in the city's target languages, cultural, diversity and equity issues are broadly considered in every case presentation and are targeted and elaborated upon in a weekly seminar devoted to diversity and trauma and in a monthly multicultural focused Grand Rounds co-taught by IPP staff as well as by visiting lecturers and other individuals within the UCSF Division of Infant, Child and Adolescent Psychiatry and the Department of Pediatrics.

Client satisfaction is assessed as required by BHS, and, in addition, the Infant-Parent Program administers its own family satisfaction survey once yearly.

Evidence of CQI activities is maintained in the program's Administrative Binder.

**1. PROGRAM NAME / ADDRESS: UCSF Infant-Parent Program - Clinical Supervision Academy**

San Francisco General Hospital  
1001 Potrero Avenue, Building 5, Unit 6B  
San Francisco, California 94110-3518

**Contact:** Kadija Johnston, Director  
[Kadija.johnston@ucsf.edu](mailto:Kadija.johnston@ucsf.edu) phone : 415 -206-5082

**2. NATURE OF DOCUMENT NEW**

**3. Goal Statement:** To support and enhance the reflective capacity and skill of DPH staff with a special emphasis on increased awareness of the impact of trauma and issues of power, privilege and equity. As providers feel supported and able to reflect, the efficacy of client service delivery will be enhanced.

**4. Target Population:** 60 clinical supervisors in both the Child, Youth, & Family (CYF) and Adult/Older Adult (A/OA) Systems of Care. This includes both civil service and community based organizations serving CYF and A/OA clients within San Francisco's Department of Public Health. .

**5. Modality(s)/Intervention(s)**

- **Specialized Training in Reflective Supervision**– Based on feedback from last year's didactic Training and Learning Communities, curricula will be adapted to both stand alone and be coordinated with the other specialty supervisory training topics. The training for supervisors within the BHS System will build on the foundational training that proceeds it. Training content will be prepared with an eye toward, and an understanding of, clinical supervision delivered within public behavioral health systems, and will be aligned with the values of the CYF and A/OA Systems of Care. Attention to racial equity, power and privilege will be given particular attention. The IPP staff preparing and providing the Reflective Supervision Training will align trainings with other components of the Training Institute (101, learning communities). Alignment will be fostered through coordination with other trainers and BHS Training Department Staff. An evaluation will be developed and deployed to assess the effectiveness of the Training. Additionally, tools that are developed for or used in the trainings will be offered for incorporation into the best practice toolkit for clinical supervisors.

A daylong training facilitated by IPP Senior staff will be provided to 60 clinical supervisors in both the Child, Youth, & Family (CYF) and Adult/Older Adult (A/OA) Systems of Care.

- **Learning Communities** - Provide four reflective group forums for 60 clinical supervisors. Each Learning Collaborative, composed of approximately 15 BHS supervisors, will meet four times over the course of the ten month Institute. Each two hour forum will follow a didactic training day. Learning communities will convene in the month following each

training (BHS 101 and the 3 Specialty Trainings) with the purpose of better understanding, implementing, and sustaining the skills presented to clinical supervisors. These forums will provide a place for supervisors to process ideas presented in the previous month's training, share experiences implementing the skills that they learned and identify the obstacles and attempt to find solutions to integrating skills effectively.

- **Develop and administer an evaluation tool** that measures training and learning community satisfaction for participants and can inform ongoing quality improvement. Based on evaluations and the experience in the trainings and Learning Communities, impressions will be synthesized and provided to the BHS Training Department staff for incorporation in conversations with the BHS executive team.
6. **Methodology:** Trainers and group facilitators will draw on reflective supervision competencies in preparing for and providing specialized training and in the Learning Communities. IPP staff will strive to create the conditions wherein all group members can be resources to one another, attend to group process over time, and build reflective capacity together. Discussions will be grounded in a sense of shared mission, creating an atmosphere of trust and confidentiality in each Learning Community without splintering off from the collective project of raising the quality of care for all clients by improving the quality of clinical supervision across BHS. The critical mass of shared points of reference created by the didactic trainings will aid in achieving this integrative function. Facilitators will speak with the BHS Training Department staff, clinic directors and the executive team as requested and at regular intervals throughout the year in order to develop shared expectations and to be able to be transparent with Learning Community participants.

Convinced that clinical supervision succeeds or fails at being transformative based on how issues of race, equity, power and privilege are addressed, IPP staff will incorporate tools and tenets relevant to these topics into both the formal training and the learning Community conversations. Staff at IPP helped to author and will draw on the Diversity-Informed Tenets for Work with Infants, Children and Families ([www.imhdivtenets.org](http://www.imhdivtenets.org)), a workforce development framework that supports individuals, agencies and systems to carry out social justice-informed practice. The skills IPP supervisors have cultivated for supporting self-reflection and interpersonal communication about multiple axes of oppression will constitute a crucial contribution to the Training, and Learning Communities. Additional curricular material for the Communities will be drawn from the Reflective Facilitation Competencies outlined in the California Training Guidelines and Personnel Competencies for Infant/Family & Early Childhood Mental Health.

IPP facilitators will engage Learning Community participants in reflecting on the notion of “self-care” as an antidote to vicarious traumatization. These efforts will be aimed at cultivating habits of work and professional environments that themselves constitute care for workers, including supervisors, supervisees, and co-workers/peer consultants. Rather than practitioners' wellbeing being dependent on disengaging from work, reflective supervision can promote professional engagement as self-care.

Four experienced clinical supervisors will each facilitate one learning community group of 15 participants. In keeping with the plan for the Clinical Supervision Institute, these groups will meet 4

times over the course of the year, with each session being 2 hours long. The facilitators will attend or review the PowerPoint slide presentations from the 101 training, booster, and specialty trainings; establish a feedback loop with clinic directors and the executive team; administer evaluations; and contribute to the development of a clinical supervision best practice toolkit as requested. IPP staff will lead the daylong training. Special attention will be paid to including multiple perspectives and diverse voices.

**7. Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Performance Objectives FY18-19.

**8. Continuous Quality Improvement:** Participant evaluations in both training and the Learning Communities will be employed for quality improvement purposes and feedback to BHS Training and Executive staff.

**9. Required Language:** N/A

**Appendix B  
Calculation of Charges**

**1. Method of Payment**

A. Contractor shall submit monthly invoices by the fifteenth (15th) working day of each month, in the format attached in Appendix F, based upon the number of units of service that were delivered in the immediately preceding month. All deliverables associated with the Services listed in Section 2 of Appendix A, times the unit rate as shown in the Program Budgets listed in Section 2 of Appendix B shall be reported on the invoice(s) each month.

**2. Program Budgets and Final Invoice**

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix A-1 Day Care Consultants (Early Childhood Mental Health Consultation -ECMHC)

Appendix A-2 SPRING Project

Appendix A-3 Psychotherapy Services

Appendix A-4 Clinical Supervision Academy

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, \$683,005 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 Program 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.

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than sixty (60) calendar days following the closing date of the Agreement, and shall include only those Services rendered during the referenced period of performance. If Services are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City. City's final reimbursement to the Contractor at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in the Program Budgets attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

**3.** No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney

**4. State or Federal Medi-Cal Revenues**

A. CONTRACTOR understands and agrees that should the CITY'S payment to CONTRACTOR under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR 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 CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR 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. CONTRACTOR 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**

DHCS Legal Entity Number 00117				Appendix B, Page 2	
Legal Entity Name/Contractor Name UCSF Infant-Parent Program (IPP)			Fiscal Year 2018-2019		
Contract ID Number 1000009127		Funding Notification Date 9/25/18			
Appendix Number	B-1	B-2	B-3	B-4	
Provider Number	38C7	38C7	38C7	38C7	
Program Name	Daycare Consultants (ECMHCI)	SPRING Project	Psychotherapy Services	Clinical Supervision Academy	
Program Code	38C68, 87	38C88	38C84, 85 & 89	38C72	
Funding Term	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-6/30/2019	07/01/2018-6/30/2019	
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries	\$ 378,731	\$ 29,209	\$ 359,682	\$ 9,031	\$ 776,653
Employee Benefits	\$ 154,499	\$ 3,734	\$ 149,029	\$ 3,824	\$ 311,085
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 533,230</b>	<b>\$ 32,943</b>	<b>\$ 508,711</b>	<b>\$ 12,855</b>	<b>\$ 1,087,738</b>
Operating Expenses	\$ 16,008	\$ 1,720	\$ 15,168	\$ 538	\$ 33,434
Capital Expenses					\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 549,238</b>	<b>\$ 34,663</b>	<b>\$ 523,879</b>	<b>\$ 13,393</b>	<b>\$ 1,121,172</b>
Indirect Expenses	\$ 65,909	\$ 4,160	\$ 62,865	\$ 1,607	\$ 134,541
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 615,146</b>	<b>\$ 38,822</b>	<b>\$ 586,744</b>	<b>\$ 15,000</b>	<b>\$ 1,255,712</b>
			<b>Employee Fringe Benefit</b>		<b>40.1%</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
MH FED SDMC FFP (50%) CYF			\$ 199,356		\$ 199,356
MH STATE CYF 2011 PSR-EPSDT			\$ 185,076		\$ 185,076
MH WO HSA DMSF CH DHS Childcare	\$ 124,793				\$ 124,793
MH WO DCYF Child Care	\$ 70,485				\$ 70,485
MH WO H.S.A MH Pre-School	\$ 195,003				\$ 195,003
MH WO CFC School Readiness	\$ 50,472				\$ 50,472
MH WO HSA MH CH CWS Non-IVE Overmatch			\$ 65,376		\$ 65,376
MH MHSA (PEI)	\$ 73,353	\$ 38,822			\$ 112,175
MH CYF COUNTY Local Match			\$ 14,280		\$ 14,280
MH CYF COUNTY General Fund	\$ 99,321		\$ 122,656	\$ 15,000	\$ 236,977
CYF WO CODB	\$ 1,719				\$ 1,719
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 615,146</b>	<b>\$ 38,822</b>	<b>\$ 586,744</b>	<b>\$ 15,000</b>	<b>\$ 1,255,712</b>
<b>BHS SUD FUNDING SOURCES</b>					
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 615,146</b>	<b>\$ 38,822</b>	<b>\$ 586,744</b>	<b>\$ 15,000</b>	<b>\$ 1,255,712</b>
<b>NON-DPH FUNDING SOURCES</b>					
					\$ -
					\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 615,146</b>	<b>\$ 38,822</b>	<b>\$ 586,744</b>	<b>\$ 15,000</b>	<b>\$ 1,255,712</b>
<b>Prepared By</b>				<b>Phone Number</b>	

**Appendix B - DPH 6: Contract-Wide Indirect Detail**

Contractor Name	UCSF Infant-Parent Program (IPP)	Appendix B, Page 3
Contract ID Number	1000009127	Fiscal Year 2018-2019
	Funding Notification Date	9/25/18

**1. SALARIES & EMPLOYEE BENEFITS**

Position Title	FTE	Amount
Director	0.52	\$ 5,657
Director	0.80	\$ 5,102
Clinician	0.80	\$ 4,258
Clinician	1.00	\$ 4,282
Clinician	0.90	\$ 4,605
Clinician	0.80	\$ 4,258
Psychologist	0.75	\$ 3,409
Clinician	0.50	\$ 2,435
Analyst	0.50	\$ 1,807
Clinician	1.00	\$ 6,089
Clinician	0.45	\$ 2,128
Analyst	0.40	\$ 1,890
Psychologist	0.39	\$ 2,009
Division Administrator	0.30	\$ 2,956
Clinician	0.95	\$ 11,847
Clinic Admin Sup	0.40	\$ 3,046
Analyst	0.38	\$ 2,348
Program Assistant	0.30	\$ 1,757
PostDoctoral	1.00	\$ 4,633
Psychologist	0.61	\$ 6,086
Clinician	0.48	\$ 5,724
PostDoctoral	0.74	\$ 2,613
Psychologist	0.20	\$ 285
Faculty	0.02	\$ 478
Psychologist	0.20	\$ 1,900
Psychologist	0.12	\$ 1,599
Subtotal:	14.51	\$ 93,198
Employee Benefits:	40.1%	\$ 37,330
<b>Total Salaries and Employee Benefits:</b>		\$ 130,529

**2. OPERATING COSTS**

Expenses (Use expense account name in the ledger.)	Amount
Office Supplies	\$ 619
Travel	\$ -
UCSF Faculty and Staff Recharge	\$ 1,256
GAEL: Gen Auto and Employee Liability	\$ 778
Data Network Recharge	\$ 580
CCDSS: Computing and Communication	\$ 778
<b>Total Operating Costs</b>	\$ 4,012
<b>Total Indirect Costs</b>	\$ 134,541

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

DHCS Legal Entity Number 00117														Appendix Number	
Provider Name UCSF Infant-Parent Program (IPP)														Page Number	
Provider Number 38C7														Fiscal Year	
														Funding Notification Date	
														B-1	
														1	
														2018-2019	
														09/25/18	
Program Name	Daycare Consultants (ECMHCI)	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants	Daycare Consultants (Cost-reimb)	
Program Code	38C68_87	38C88	38C84_85 & 89	38C72	38C72	38C73	38C74	38C75	38C76	38C77	38C78	38C79	38C80	38C81	
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Referral Linkage	Outreach Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Grp (15% Cap)	Outreach Svcs MH Services Indv/Family	Outreach Svcs MH Svcs Grp (5% Cap)	MH Promotion	
Funding Term (mm/dd/yy-mm/dd/yy)	07/01/2018-12/31/2018	07/01/2018-12/31/2017	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	
<b>FUNDING USES</b>															<b>TOTAL</b>
Salaries & Employee Benefits	131,503	122,411	41,152	6,122	8,852	2,689	53,008	26,483	26,483	40,916	20,350	46,143	4,401	2,719	533,232
Operating Expenses	3,951	3,678	1,236	184	266	81	1,593	796	796	1,229	612	1,386	133	68	16,008
Capital Expenses															-
<b>Subtotal Direct Expenses</b>	<b>135,453</b>	<b>126,088</b>	<b>42,389</b>	<b>6,306</b>	<b>9,118</b>	<b>2,770</b>	<b>54,600</b>	<b>27,279</b>	<b>27,279</b>	<b>42,145</b>	<b>20,962</b>	<b>47,529</b>	<b>4,533</b>	<b>2,787</b>	<b>546,450</b>
Indirect Expenses	16,254.90	15,130.62	5,087	757	1,094	332	6,552	3,273	3,273	5,057	2,515	5,703	544	334	65,909
<b>TOTAL FUNDING USES</b>	<b>151,708</b>	<b>141,219</b>	<b>47,475</b>	<b>7,062</b>	<b>10,212</b>	<b>3,102</b>	<b>61,152</b>	<b>30,552</b>	<b>30,552</b>	<b>47,202</b>	<b>23,477</b>	<b>53,232</b>	<b>5,077</b>	<b>3,121</b>	<b>615,146</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>151,708</b>	<b>141,219</b>	<b>47,475</b>	<b>7,062</b>	<b>10,212</b>	<b>3,102</b>	<b>61,152</b>	<b>30,552</b>	<b>30,552</b>	<b>47,202</b>	<b>23,477</b>	<b>53,232</b>	<b>5,077</b>	<b>3,121</b>	<b>615,146</b>
Dept-Auth-Proj-Activity															
MH WO HSA DMSF CH DHS Childcare	251962-10002-10001803-0001	31,478	30,420	4,500	450	450	180	12,510	6,210	6,210	13,500	6,095	12,330	460	124,793
MH WO DCYF Child Care	251962-10002-10001799-0007	17,280	12,330	8,425	360	1,350	360	7,020	3,510	3,510	1,800	5,750	8,100	690	70,485
MH WO H.S.A MH Pre-School	251962-10002-10001803-0008	44,640	42,480	16,418	720	2,250	630	19,530	9,720	9,720	19,800	6,900	20,700	1,495	195,003
MH WO CFC School Readiness	251962-10002-10001800-0003	12,600	12,567	9,000	450	1,080	450	5,040	2,520	2,520	2,070	1,150	450	575	50,472
MH MHSA (PEI)	251984-17156-10031199-0020	15,822	18,000	4,500	450	450	450	7,020	3,510	3,510	6,300	1,725	7,920	575	73,353
MH CYF COUNTY General Fund	251962-10000-10001670-0001	29,756	25,290	4,500	4,500	4,500	900	9,900	4,950	4,950	3,600	1,725	3,600	1,150	99,321
MH CYF COUNTY WO CODB	251962-10000-10001670-0001	132	132	132	132	132	132	132	132	132	132	132	132	132	1,719
This row left blank for funding sources not in drop-down list															
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>151,708</b>	<b>141,219</b>	<b>47,475</b>	<b>7,062</b>	<b>10,212</b>	<b>3,102</b>	<b>61,152</b>	<b>30,552</b>	<b>30,552</b>	<b>47,202</b>	<b>23,477</b>	<b>53,232</b>	<b>5,077</b>	<b>3,121</b>	<b>615,146</b>
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)
DPH Units of Service	1,684	1,568	526	77	112	33	678	338	338	523	203	590	43	18	
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 115.00	\$ 90.00	\$ 115.00	\$ 173.39	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 115.00	\$ 90.00	\$ 115.00	\$ 173.39	
Published Rate (Medi-Cal Providers Only)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 115.00	\$ 90.00	\$ 115.00	\$ 173.39	<b>Total UDC</b>
Unduplicated Clients (UDC)	2313	Included	Included	10	20	5	N/A	N/A	N/A	10	8	10	6	8	2390

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Program Name Daycare Consultants-Early Childhood Mental Health Consultation Initiative (ECMHCI)  
 Program Code 38C68, 87

Appendix Number B-1  
 Page Number 2  
 Fiscal Year 2018-2019  
 Funding Notification Date 09/25/18

Term (07/01/18-06/30/19);	TOTAL		MH WO HAS DMSF CH DHS Childcare 251962- 10002-10001803-0001	MH WO DCYF CHILD CARE 251962-10002- 10001799-0007	MH WO H.S.A. MH PRE- SCHOOL 251962-10002- 10001803-0008	MH WO CFC SCHOOL READINESS 251962- 10002-10001800-0003	MH MHSA (PEI) 251984- 17156-10031199-0020	MH CYF COUNTY GENERAL FUND251962- 10000-10001670-0001	MH CYF COUNTY WO CO DB 251962-10000- 10001670-0001							
	Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Director	0.25	\$ 16,332	0.22	\$ 14,420												
Director	0.80	\$ 42,520	0.80	\$ 42,520						0.03	\$ 1,912					
Clinician/Consultant	0.80	\$ 35,479				0.65	\$ 28,827					0.15	\$ 6,652			
Clinician/Consultant	1.00	\$ 35,684				1.00	\$ 35,684									
Clinician/Consultant	0.90	\$ 38,373			0.55	\$ 23,450						0.35	\$ 14,923			
Clinician/Consultant	0.80	\$ 35,479						0.56	\$ 24,836			0.24	\$ 10,644			
Clinician/Consultant	0.75	\$ 28,407			0.32	\$ 12,120				0.25	\$ 9,469	0.18	\$ 6,818			
Clinician/Consultant	0.50	\$ 20,290								0.50	\$ 20,290					
Clinician/Consultant	0.50	\$ 15,054				0.44	\$ 13,248					0.06	\$ 1,807			
Clinician/Consultant	0.50	\$ 16,913				0.50	\$ 16,913									
Clinician/Consultant	0.45	\$ 17,730	0.42	\$ 16,548			0.03	\$ 1,182								
Financial Analyst	0.30	\$ 9,452					0.30	\$ 9,452								
Clinician/Consultant	0.39	\$ 16,738					0.02	\$ 858				0.35	\$ 15,022	0.02	\$ 858	
Division Administrator	0.20	\$ 12,317			0.12	\$ 7,390	0.05	\$ 3,079			0.03	\$ 1,848				
Clinician/Consultant	0.17	\$ 9,701					0.17	\$ 9,701								
Clinic Admin Sup	0.15	\$ 5,857						0.15	\$ 5,857							
Analyst	0.13	\$ 4,624										0.13	\$ 4,624			
Program Assistant	0.10	\$ 2,928	0.10	\$ 2,928												
PostDoctoral Fellow	0.50	\$ 14,850								0.50	\$ 14,850					
<b>Totals:</b>	<b>9.19</b>	<b>\$ 378,731</b>	<b>1.54</b>	<b>\$ 76,417</b>	<b>0.99</b>	<b>\$ 42,961</b>	<b>3.16</b>	<b>\$ 118,945</b>	<b>\$ 30,693</b>	<b>1.31</b>	<b>\$ 48,369</b>	<b>1.46</b>	<b>\$ 60,489</b>	<b>0.02</b>	<b>\$ 858</b>	
<b>Employee Benefits:</b>	40.54%	\$ 154,500	42.35%	\$ 32,362	42.35%	\$ 18,194	42.35%	\$ 50,373	42.35%	\$ 12,998	29.67%	\$ 14,591	42.35%	\$ 25,617	42.35%	\$ 364
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 533,231</b>		<b>\$ 108,779</b>		<b>\$ 61,155</b>		<b>\$ 169,318</b>	<b>\$ 43,691</b>		<b>\$ 62,960</b>		<b>\$ 86,106</b>		<b>\$ 1,222</b>	

**Appendix B - DPH 4: Operating Expenses Detail**

Program Name Daycare Consultants-Early Childhood Mental Health Consultation Initiative (ECMHC)  
 Program Code 38C68, 87

Appendix Number B-1  
 Page Number 3  
 Fiscal Year 2018-2019  
 Funding Notification Date 09/25/18

Expense Categories & Line Items	TOTAL	MH CYF COUNTY WO CODB 251962-10000- 10001670-0001	MH CYF COUNTY GENERAL FUND251962- 10000-10001670-0001	MH MSA (PEI) 251984- 17156-10031199-0020	MH WO CFC SCHOOL READINESS 251962- 10002-10001800-0003	MH WO H.S.A. MH PRE- SCHOOL 251962-10002- 10001803-0008	MH WO DCYF CHILD CARE 251962-10002- 10001799-0007	MH WO HAS DMSF CH DHS Childcare 251962- 10002-10001803-0001
Funding Term	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):	(07/01/2018-12/31/2018):
Rent	\$ -							
Utilities (telephone, electricity, water, gas)	\$ -							
Building Repair/Maintenance	\$ -							
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 2,009	\$ 209	\$ 263	\$ 98	\$ 287	\$ 507	\$ 361	\$ 283
Photocopying	\$ -							
Program Supplies	\$ -							
Computer Hardware/Software	\$ -							
<b>Materials &amp; Supplies Total:</b>	<b>\$ 2,009</b>	<b>\$ 209</b>	<b>\$ 263</b>	<b>\$ 98</b>	<b>\$ 287</b>	<b>\$ 507</b>	<b>\$ 361</b>	<b>\$ 283</b>
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -							
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -							
	\$ -							
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -							
UCSF Faculty and Staff Recharge	\$ 5,289	\$ 871	\$ 560	\$ 1,823	\$ 402	\$ 795	\$ 826	\$ 11
GAEL: General Automobile and Employee Liab	\$ 3,032	\$ 611	\$ 344	\$ 968	\$ 246	\$ 372	\$ 484	\$ 7
Data Network Recharge	\$ 2,425	\$ 407	\$ 261	\$ 842	\$ 187	\$ 338	\$ 385	\$ 5
CCDSS: Computing and Communication Device	\$ 3,253	\$ 545	\$ 350	\$ 1,130	\$ 251	\$ 453	\$ 517	\$ 7
<b>Other Total:</b>	<b>\$ 13,999</b>	<b>\$ 2,434</b>	<b>\$ 1,515</b>	<b>\$ 4,762</b>	<b>\$ 1,086</b>	<b>\$ 1,958</b>	<b>\$ 2,212</b>	<b>\$ 30</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 16,008</b>	<b>\$ 2,643</b>	<b>\$ 1,778</b>	<b>\$ 4,762</b>	<b>\$ 1,373</b>	<b>\$ 2,465</b>	<b>\$ 2,573</b>	<b>\$ 313</b>

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

DHCS Legal Entity Number <u>00117</u>											Appendix Number <u>B-2</u>		
Provider Name <u>Infant-Parent Program (IPP)</u>											Page Number <u>1</u>		
Provider Number <u>38C7</u>											Fiscal Year <u>2018-2019</u>		
											Funding Notification Date <u>09/25/18</u>		
Program Name	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	
Program Code	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consult Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Link	Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs MH Svcs Indv/Fam		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	07/01/2018-12/31/2018	
<b>FUNDING USES</b>													<b>TOTAL</b>
Salaries & Employee Benefits	6,720	8,428	229	5,728	2,520	229	3,284	1,680	1,680	382	2,062	32,943	
Operating Expenses	351	440	12	299	132	12	171	88	88	20	108	1,720	
Capital Expenses	-	-	-	-	-	-	-	-	-	-	-	-	
<b>Subtotal Direct Expenses</b>	<b>7,071</b>	<b>8,868</b>	<b>241</b>	<b>6,027</b>	<b>2,652</b>	<b>241</b>	<b>3,455</b>	<b>1,768</b>	<b>1,768</b>	<b>402</b>	<b>2,170</b>	<b>34,663</b>	
Indirect Expenses	849	1,064	29	723	318	29	415	212	212	48	260	4,160	
<b>TOTAL FUNDING USES</b>	<b>7,920</b>	<b>9,932</b>	<b>270</b>	<b>6,750</b>	<b>2,970</b>	<b>270</b>	<b>3,870</b>	<b>1,980</b>	<b>1,980</b>	<b>450</b>	<b>2,430</b>	<b>38,822</b>	
<b>BHS MENTAL HEALTH FUNDING SOURC</b>	<b>Dept-Auth-Proj-Activity</b>												
MH MSA (PEI)	251984-17156-10031199-0020	7,920	9,932	270	6,750	2,970	270	3,870	1,980	1,980	450	2,430	38,822
This row left blank for funding sources not in drop-down list													-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>7,920</b>	<b>9,932</b>	<b>270</b>	<b>6,750</b>	<b>2,970</b>	<b>270</b>	<b>3,870</b>	<b>1,980</b>	<b>1,980</b>	<b>450</b>	<b>2,430</b>	<b>38,822</b>	
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	88	110	3	75	33	3	43	22	22	5	27		
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00		
Published Rate (Medi-Cal Providers Only)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	<b>Total UDC</b>	
Unduplicated Clients (UDC)	1	Included	Included	15	5	5	N/A	N/A	N/A	2	2	29	

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Program Name SPRING Project  
 Program Code 38C88

Appendix Number B-2  
 Page Number 2  
 Fiscal Year 2018-2019  
 Funding Notification Date 09/25/18

	TOTAL		MH MSA (PEI) 251984-17156-10031199-0020	
Funding Term	(07/01/2018-12/31/2018):		(07/01/2018-12/31/2018):	
Position Title	FTE	Salaries	FTE	Salaries
Director	0.07	\$ 4,588	0.07	\$ 4,588
Analyst	0.08	\$ 2,846	0.08	\$ 2,846
PostDoctoral Fellow	0.67	\$ 21,775	0.67	\$ 21,775
<b>Totals:</b>	<b>0.82</b>	<b>\$ 29,209</b>	<b>0.82</b>	<b>\$ 29,209</b>
<b>Employee Benefits:</b>	12.78%	\$ 3,734	12.78%	\$ 3,734
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 32,943</b>		<b>\$ 32,943</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Program Name SPRING Project  
 Program Code 38C88

Appendix Number B-2  
 Page Number 3  
 Fiscal Year 2018-2019  
 Funding Notification Date 09/25/18

Expense Categories & Line Items	TOTAL	MH MHSa (PEI) 251984-17156-10031199-0020
<b>Funding Term</b>	(07/01/2018-12/31/2018)	(07/01/2018-12/31/2018)
Rent	\$ -	
Utilities (telephone, electricity, water, gas)	\$ -	
Building Repair/Maintenance	\$ -	
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 270	\$ 270
Photocopying	\$ -	
Program Supplies	\$ -	
Computer Hardware/Software	\$ -	
<b>Materials &amp; Supplies Total:</b>	<b>\$ 270</b>	<b>\$ 270</b>
Training/Staff Development	\$ -	
Insurance	\$ -	
Professional License	\$ -	
Permits	\$ -	
Equipment Lease & Maintenance	\$ -	
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -	
Out-of-Town Travel	\$ -	
Field Expenses	\$ -	
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	
	\$ -	
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -	
UCSF Faculty and Staff Recharge	\$ 637	\$ 637
GAEL: General Automobile and Employee Liab	\$ 232	\$ 232
Data Network Recharge	\$ 248	\$ 248
CCDSS: Computing and Communication Devic	\$ 333	\$ 333
<b>Other Total:</b>	<b>\$ 1,450</b>	<b>\$ 1,450</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 1,720</b>	<b>\$ 1,720</b>

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

DHCS Legal Entity Number <u>00117</u>		Appendix Number <u>B-3</u>		
Provider Name <u>UCSF Infant-Parent Program (IPP)</u>		Page Number <u>1</u>		
Provider Number <u>38C87</u>		Fiscal Year <u>2018-2019</u>		
		Funding Notification Date <u>09/25/18</u>		
Program Name	Psychotherapy Svcs	Psychotherapy Svcs	Psychotherapy Svcs	
Program Code	38C84	38C85	38C89	
Mode/SFC (MH) or Modality (SUD)	15/10-56	45/10-19	60/78	
Service Description	MH Svcs	MH Promotion	MediCal Client Support Exp	
<b>Funding Term (mm/dd/yy-mm/dd/yy):</b>	07/01/2018-06/30/2019	07/01/2018-06/30/2019	07/01/2018-06/30/2019	
<b>FUNDING USES</b>				<b>TOTAL</b>
Salaries & Employee Benefits	409,048	42,981	56,681	508,711
Operating Expenses	12,196	1,282	1,690	15,168
Capital Expenses				-
<b>Subtotal Direct Expenses</b>	<b>421,245</b>	<b>44,263</b>	<b>58,371</b>	<b>523,879</b>
Indirect Expenses	50,549	5,312	7,005	62,865
<b>TOTAL FUNDING USES</b>	<b>471,794</b>	<b>49,574</b>	<b>65,376</b>	<b>586,744</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>			
MH FED SDMC FFP (50%) CYF	251962-10000-10001670-0001	199,356		199,356
MH STATE CYF 2011 PSR-EPSDT	251962-10000-10001670-0001	185,076		185,076
MH WO HSA CWS Non-IVE Overmatch	251962-10002-10001803-0005		35,294	30,082
MH CYF COUNTY Local Match	251962-10000-10001670-0001		14,280	14,280
MH CYF COUNTY General Fund	251962-10000-10001670-0001	87,362		35,294
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>471,794</b>	<b>49,574</b>	<b>65,376</b>
	Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)
	DPH Units of Service	159,930	303	225
	Unit Type	Staff Minute	Staff Hour	Staff Hour
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.95	\$ 163.77	\$ 290.56
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.95	\$ 163.77	\$ 290.56
	Published Rate (Medi-Cal Providers Only)	\$ 2.95	\$ 163.77	\$ 290.56
	Unduplicated Clients (UDC)	50	105	30
				<b>Total UDC</b>
				185

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Program Name Psychotherapy Services  
 Program Code 38C84, 85, 89

Appendix Number B-3  
 Page Number 2  
 Fiscal Year 2018-2019  
 Funding Notification Date 09/25/18

	TOTAL		251962-10000-10001670-0001	
Funding Term	07/01/2018-6/30/2019		07/01/2018-6/30/2019	
Position Title	FTE	Salaries	FTE	Salaries
Director	0.20	\$ 26,219	0.20	\$ 26,219
Clinician/Supervisor	0.75	\$ 85,598	0.75	\$ 85,598
Clinician	0.50	\$ 33,826	0.50	\$ 33,826
Clinician/Supervisor	0.44	\$ 50,717	0.44	\$ 50,717
Clinician/Supervisor	0.41	\$ 44,413	0.41	\$ 44,413
Program Assistant	0.20	\$ 11,714	0.20	\$ 11,714
Clinician/Supervisor	0.20	\$ 15,834	0.20	\$ 15,834
Clinician/Supervisor	0.15	\$ 2,375	0.15	\$ 2,375
Clinician/Supervisor	0.10	\$ 11,005	0.10	\$ 11,005
Clinic Admin Sup	0.25	\$ 19,524	0.25	\$ 19,524
Analyst	0.17	\$ 12,093	0.17	\$ 12,093
Financial Analyst	0.10	\$ 6,302	0.10	\$ 6,302
Division Administrator	0.10	\$ 12,317	0.10	\$ 12,317
Psychiatrist	0.02	\$ 3,986	0.02	\$ 3,986
PostDoctoral Fellow	0.40	\$ 23,760	0.40	\$ 23,760
<b>Totals:</b>	3.98	\$ 359,682	3.98	\$ 359,682
<b>Employee Benefits:</b>	41.43%	\$ 149,029	41.43%	\$ 149,029
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 508,711</b>		<b>\$ 508,711</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Program Name Psychotherapy Services  
 Program Code 38C84, 85, 89

Appendix Number B-3  
 Page Number 3  
 Fiscal Year 2018-2019  
 Funding Notification Date 09/25/18

Expense Categories & Line Items	TOTAL	MH FED SDMC FFP (50%) CYF 251962-10000- 10001670-0001	MH STATE CYF 2011 PSR-EPSDT 251962-10000- 10001670-0001	MH WO HSA MH CH CWS Non-IVE Overmatch 251962-10002- 10001803-0005	MH CYF COUNTY General Funds (matched) 251962- 10000-10001670-0001	MH CYF COUNTY General Fund 251962-10000- 10001670-0001
<b>Funding Term</b>	07/01/2018-6/30/2019	07/01/2018-6/30/2019	07/01/2018-6/30/2019	07/01/2018-6/30/2019	07/01/2018-6/30/2019	07/01/2018-6/30/2019
Rent	\$ -					
Utilities (telephone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 2,606	\$ 351	\$ 459	\$ 933	\$ 756	\$ 107
Photocopying	\$ -					
Program Supplies	\$ -					
Computer Hardware/Software	\$ -					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 2,606</b>	<b>\$ 351</b>	<b>\$ 459</b>	<b>\$ 933</b>	<b>\$ 756</b>	<b>\$ 107</b>
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -					
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -					
UCSF Faculty and Staff Recharge	\$ 4,477	\$ 1,404	\$ 1,426	\$ 753	\$ 119	\$ 775
GAEL: General Automobile and Employee Liab	\$ 3,165	\$ 1,088	\$ 998	\$ 344	\$ 72	\$ 663
Data Network Recharge	\$ 2,101	\$ 708	\$ 665	\$ 312	\$ 55	\$ 362
CCDSS: Computing and Communication Devid	\$ 2,818	\$ 949	\$ 892	\$ 418	\$ 74	\$ 485
<b>Other Total:</b>	<b>\$ 12,562</b>	<b>\$ 4,147</b>	<b>\$ 3,982</b>	<b>\$ 1,826</b>	<b>\$ 321</b>	<b>\$ 2,285</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 15,168</b>	<b>\$ 4,498</b>	<b>\$ 4,441</b>	<b>\$ 2,759</b>	<b>\$ 1,077</b>	<b>\$ 2,392</b>

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

DHCS Legal Entity Number 00117		Appendix Number	B-4
Provider Name UCSF Infant-Parent Program (I		Page Number	1
Provider Number 38C72		Fiscal Year	2018-2019
		Funding Notification Date	09/25/18
Program Name		Clinical Supervision Academy	
Program Code		38C72	
Mode/SFC (MH) or Modality (SUD)		15/01-09	
Service Description		MH Promotion	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/2018-6/30/2019	
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits		12,855	12,855
Operating Expenses		538	538
Capital Expenses		-	-
<b>Subtotal Direct Expenses</b>		<b>13,393</b>	<b>13,393</b>
Indirect Expenses		1,607.17	1,607
<b>TOTAL FUNDING USES</b>		<b>15,000</b>	<b>15,000</b>
<b>BHS MENTAL HEALTH FUNDING SOURCE</b>	<b>Dept-Auth-Proj-Activity</b>		
			-
MH CYF COUNTY General Fund	251962-10000-10001670-0001	15,000	15,000
This row left blank for funding sources not in drop-down list			-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>15,000</b>	<b>15,000</b>
Payment Method		Cost Reimbursement (CR)	
DPH Units of Service		87	
Unit Type		Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 173.39	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 173.39	
Published Rate (Medi-Cal Providers Only)		\$ 173.39	<b>Total UDC</b>
Unduplicated Clients (UDC)		50	50

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Program Name Clinical Supervision Academy  
 Program Code 38C68, 87

Appendix Number B-4  
 Page Number 2  
 Fiscal Year 2018-2019  
 Funding Notification Date 09/25/18

	<b>TOTAL</b>		<b>251962-10000-10001670-0001</b>	
<b>Funding Term</b>	07/01/2018-6/30/2019		07/01/2018-6/30/2019	
<b>Position Title</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>
Trainer/LC Facilitator	0.03	\$ 3,424	0.03	\$ 3,424
Trainer/LC Facilitator	0.03	\$ 3,290	0.03	\$ 3,290
Trainer/LC Facilitator	0.02	\$ 2,317	0.02	\$ 2,317
<b>Totals:</b>	<b>0.08</b>	<b>\$ 9,031</b>	<b>0.08</b>	<b>\$ 9,031</b>
<b>Employee Benefits:</b>	42.34%	\$ 3,824	42.35%	\$ 3,824
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 12,855</b>		<b>\$ 12,855</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Program Name Clinical Supervision Academy  
 Program Code 38C68, 87

Appendix Number B-4  
 Page Number 3  
 Fiscal Year 2018-2019  
 Funding Notification Date 09/25/18

Expense Categories & Line Items	TOTAL	251962-10000- 10001670-0001
<b>Funding Term</b>	07/01/2018-06/30/2019	07/01/2018-06/30/2019
Rent	\$ -	
Utilities (telephone, electricity, water, gas)	\$ -	
Building Repair/Maintenance	\$ -	
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 272	\$ 272
Photocopying	\$ -	
Program Supplies	\$ -	
Computer Hardware/Software	\$ -	
<b>Materials &amp; Supplies Total:</b>	<b>\$ 272</b>	<b>\$ 272</b>
Training/Staff Development	\$ -	
Insurance	\$ -	
Professional License	\$ -	
Permits	\$ -	
Equipment Lease & Maintenance	\$ -	
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -	
Out-of-Town Travel	\$ -	
Field Expenses	\$ -	
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	
	\$ -	
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):		
UCSF Faculty and Staff Recharge	\$ 66	\$ 66
GAEL: General Automobile and Employee Liability Charges	\$ 55	\$ 55
Data Network Recharge	\$ 62	\$ 62
CCDSS: Computing and Communication Device Support Services	\$ 83	\$ 83
<b>Other Total:</b>	<b>\$ 266</b>	<b>\$ 266</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 538</b>	<b>\$ 538</b>

**Appendix C**  
**Insurance Waiver**

**Appendix D  
Reserved**

**Appendix E**  
**Business Associate Agreement and Contract Attestation**  
**Omitted By Agreement of the Parties**

**Appendix F**  
**Invoice**

**City and County of San Francisco  
Office of Contract Administration  
Purchasing Division**

**Agreement between the City and County of San Francisco and  
The Regents of the University of California, A Constitutional Corporation,  
on behalf of its San Francisco Campus  
UC SFGH Clinical Practice Group SFGH/Comm Focus PGM**

**First Amendment**

THIS AMENDMENT (this “Amendment”) is made as of January 1, 2022, in San Francisco, California, by and between The Regents of the University of California, A Constitutional Corporation, on behalf of its San Francisco Campus UC SFGH Clinical Practice Group SFGH/Comm Focus PGM (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

**Recitals**

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through a Request for Proposal (“RFP”) was issued on May 4, 2018, August 5, 2016, and May 5, 2018 and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number PSC 49607-15/16 and PSC 46987-16/17 on March 5, 2018 and June 19, 2017.

NOW, THEREFORE, Contractor and the City agree as follows:

**1. Definitions**

The following definitions shall apply to this Amendment:

**1.1 Agreement.** The term “Agreement” shall mean the Agreement dated July 1, 2018 Contract ID# 1000009127, between and Contractor and City, as amended by the:

First Amendment dated January 1, 2022.

**1.2 Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

**2. Modifications to the Agreement**

The Agreement is hereby modified as follows:

**2.1 Article 2 Term** of the Original Amendment currently reads as follows:

**2.1 Term.** The term of this Agreement shall commence on July 1, 2018 and expire on December 31, 2021, unless earlier terminated as otherwise provided herein.

*Such section is hereby amended in its entirety to read as follows:*

**2.1 Term.** The term of this Agreement shall commence on **July 1, 2018** and expire on **December 31, 2022**, unless earlier terminated as otherwise provided herein.

**2.2 Payment.** Section 3.3.1 Payment of the Agreement currently reads as follows:

**3.3.1 Payment.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of Public Health, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Six Million Three Hundred Seventy-Four Thousand, Seven Hundred Sixteen Dollars (\$6,374,716)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

*Such section is hereby amended in its entirety to read as follows:*

**3.3.1 Payment.** Compensation shall be made in monthly payments on or before the **30th** day of each month for work, as set forth in Article 4 of this Agreement, that the **Director of Public Health**, concludes has been performed as of the **last** day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Four Hundred Thirty Eight Thousand Eight Hundred Eighty Three Dollars (\$9,438,883)**. The breakdown of costs associated with this Agreement appears in **Appendix B**, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

**2.3 Contractor Vaccination Policy. (Reserved )** *is hereby added to the Agreement in Section 4.9.*

**2.4 Insurance.** *The following section is hereby added to the Agreement in replacing the previous Section 5.1.1 in its entirety:*

**5.1.1 Required Coverages.** Each Party shall, at such Party's own expense, obtain, maintain, and keep in full force and effect, at all times during the term hereof, insurance coverage with respect to its property, plant and equipment and its activities conducted thereon and under this Agreement consisting of:

(a) Comprehensive general liability insurance in an amount not less than Ten Million Dollars (\$10,000,000) each claim and Twenty Million Dollars (\$20,000,000) annual aggregate;

(b) Professional liability insurance in an amount not less than Ten Million Dollars (\$10,000,000) each claim and Twenty-Five Million Dollars (\$25,000,000) annual aggregate;

(c) Business interruption insurance covering loss of income for up to twelve (12) months;

(d) Cyber and privacy insurance or technology errors and omissions insurance covering liability and property losses, including liability for data breach, including notification costs, credit monitoring, costs to defend claims by state regulators, fines and penalties, loss resulting from

identity theft and the like with an occurrence or per claim limit of not less than Twenty Million Dollars (\$20,000,000) annual aggregate; and

(e) Workers compensation insurance consistent not less than statutory minimums. Each Party's Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the other Party for all work performed by that Party, its employees, agents and subcontractors.

(f) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

The general liability coverage referred to in Section 5.1.1(a) above shall be endorsed to include each party as an additional insured. Such a provision, however, shall only apply in proportion to and to the extent of the negligent acts or omissions of the indemnifying party, its officers, agents, and/or employees.

**2.5 Withholding. [Reserved (Subject to San Francisco Business and Tax Regulations Code Section 6.10.2, as applicable) is hereby added to the Agreement in Section 7.3.]**

**2.6 Consideration of Salary History [Reserved pursuant to Administrative Code Section 12K.1(e) (Exception Public Agency Contract).] is hereby added to Section 10.4 of the Agreement.**

**2.7 Nondiscrimination Requirements.** *The following section is hereby added to the Agreement replacing the previous Section 10.5 in its entirety.*

10.5.1 [Reserved in consideration CMD Waiver; Administrative Code Section 12B.5.1 and 12C.5.1.]

10.5.2 In the performance of this Contract, Contractor covenants and agrees that it will not discriminate against an applicant for employment because of race, color, religion, sex, age, ancestry, national origin, sexual orientation, handicap, veteran's status, medical condition (as defined in Section 12926 of the State of California Government Code), marital status, or citizenship (within the limits imposed by law or University's policy) because of habit, local custom, or otherwise. All applicants for employment and employees are to be treated without regard to their race, color, religion, sex, age, ancestry, and national origin, sexual orientation, handicap, veteran's status, medical condition (as defined in Section 12926 of the State of California Government Code), marital status, or citizenship (within the limits imposed by law or Contractor's policy). Such equal treatment shall apply, but not be limited to, employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

**2.8 Limitations on Contributions.** *The following section is hereby added to the Agreement in replacing the previous Section 10.11 in its entirety:*

**10.11 Limitations on Contributions.**

Contractor acknowledges section 1.126 of the City's Campaign and Governmental Conduct Code to the extent applicable to Contractor, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such

contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. To the extent applicable to Contractor, Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

**2.9** **Distribution of Beverages and Water.** *The following section is hereby added to the Agreement in replacing the previous Section 10.17 in its entirety:*

10.17.1 **Sugar-Sweetened Beverage Prohibition.** Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.17.2 **Packaged Water Prohibition.** Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

**2.10** **Notification of Legal Requests.** *The following section is hereby added to the Agreement in replacing the previous Section 11.14 in its entirety:*

Contractor shall as soon as is practicable notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 5 business days after it receives the request. Except to the extent required by applicable law, regulation, or other legal or judicial proceeding, Contractor shall, at City's sole cost, retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

**2.11** **Disposition of Confidential Information. (Reserved based on City approval of Contractor's Policy)** *is hereby added to the Agreement in Section 13.5.*

**The Appendices listed below are Amended as follows:**

**2.12** Delete Appendices A-1, A-2 and A-3 replace in its entirety with Appendix A-1, A-2 and A-3 to Agreement as amended. Dated: 1/1/22.

**2.13** Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 1/1/22.

**2.14** Add Appendix F-2 to Agreement as amended: Dated 1/1/22.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

**CITY**

**Contractor**

Recommended by:

Regents of the University of California,  
A Constitutional Corporation,  
On behalf of its San Francisco Campus

DocuSigned by:  
Greg Wagner 6/14/2022 | 6:45 PM PDT  
28527524752949F...  
Grant Colfax, M.D. Date  
Director of Health  
Department of Public Health

DocuSigned by:  
Catherine Lagarde 6/3/2022 | 2:25 PM PDT  
E4E985F8890B4AD...  
Catherine Lagarde Date  
Contracts and Grants Officer  
333 California Street, Suite 315  
San Francisco, CA 94143

Approved as to Form:

David Chiu  
City Attorney

Supplier ID: 0000012358

By: DocuSigned by:  
Henry Lifton 6/8/2022 | 9:48 AM PDT  
6D6CB58424584B1...  
Henry Lifton Date  
Deputy City Attorney

Approved:

DocuSigned by:  
Taraneh Moayed 6/15/2022 | 10:08 AM PDT  
9AEA44694D514E7...  
Taraneh Moayed Date  
Assistant Director of the Office of Contract  
Administration and City Purchaser

**1. Identifiers:****UCSF Infant-Parent Program / Daycare Consultants**

San Francisco General Hospital  
1001 Potrero Avenue, Building 5, Unit 6B  
San Francisco, California 94110-3518

Program Director: Kristin Reinsberg, LMFT

Telephone: 415-206-5270

Email Address: kristin.reinsberg@ucsf.edu

Program Code(s): 38C86 / Daycare Consultants Program

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

To provide mental health consultation and related direct mental health services to all constituents of childcare programs, homeless shelters, substance abuse residential treatment homes and family resource centers in San Francisco serving children birth through five (0 -5) years of age.

**4. Priority Population:**

Young children, ages prenatal through 5. In the coming year, 2,009 children (birth through 5 years) and 397 staff participating in 25 childcare programs, 8 family resource centers, 4 residential substance abuse treatment centers, 1 family childcare network site and 6 homeless shelters throughout San Francisco. Approximately 30 of these children and their parents may be the focus of consultation. Approximately 15 children will receive Early Intervention support and up to 11 children and their families may receive direct treatment (group, dyadic parent-child, or individual therapy). Additionally, IPP will support providers within the Family Childcare Quality Network (FCCQN), though the number of providers and children is unknown at this point. The UCSF IPP makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

Site Name	# of Classrooms	# of Children	# of Staff	Tier	Hrs per Wk	Fund Source(s)	Site Type
1st Place 2 Start	2	20	3	3	10	DCYF	ECE
Buen Dia Family School	1	40	11	1	1.5	PFA	ECE
City College Main Campus	2	60	12	2	5.5	PFA	ECE
City College Mission Campus	1	20	3	2	5.5	PFA	ECE
Community Preschool, Grace Cathedral	1	35	7	2	5.5	HSA	ECE
Site Name	# of Classrooms	# of Children	# of Staff	Tier	Hrs per Wk	Fund Source(s)	Site Type

Regents University of California/ SFGH Psychiatry Department (IPP)  
Appendix A-1

Compass Children's Center	4	90	20	3	12	HSA	ECE
Compass Clara House	1	16	3	2	5.5		
FACES- Infant Child Development Program - Broderick Site	2	28	16	2	5.5	MHSA	ECE
Friends of St. Francis	2	35	5	2	5.5	DCYF	ECE
Good Samaritan Child Development Center	2	38	7	2	5.5	DCYF	ECE
Guidry's Early Care And Education Prog	2	10	2	2	5.5	PFA	ECE
Noe Valley Cooperative Preschool	1	24	3	1	1.5	DCYF	ECE
Phoebe Hearst	4	110	13	1	1.5	DCYF	ECE
Potrero Kids, Daniel Webster	2	38	5	1	1.5	MHSA	ECE
Potrero Kids, PK3	4	60	16	1	1.5	MHSA	ECE
SFSU Associated Students	9	140	20	2	5.5	PFA	ECE
SOMA Judith Baker Site	3	60	16	3	12	DCYF	ECE
SOMA Yerba Buena Site	4	75	16	1	1.5	PFA	ECE
St Elizabeth's Child Care	3	14	7	1	1.5	MHSA	ECE
Wind in the Willows	4	50	4	1	1.5	DCYF	ECE
WuYee Head Start Homebased Bayview	N/A	64	7	2	5.5	HSA	ECE
WuYee Cadillac	2	40	9	3	12	PFA	ECE
WuYee Westside	2	30	6	2	5.5	MHSA	ECE
WuYee Golden Gate	2	28	9	2	5.5	HSA	ECE
WuYee New Generations	7	64	22	3	12	PFA	ECE
Family Childcare Quality Network	N/A	Unknown	Unknown	N/A	6	PFA	FCC

Site Name	# of Classrooms	# of Children	# of Staff	Hrs per Wk	Fund Source(s)	Site Type
Compass Family Resource Center	N/A	80	11	3	FRC	FRC
Good Samaritan Family Resource Center	N/A	60	10	4	FRC	FRC
Homeless Pre-Natal	N/A	20	3	5	HSA	FRC
Young Family Resource Center	N/A	Varied	4	3	FRC	FRC
Excelsior Family Connections	N/A	20	4	3.5	FRC	FRC
Portola Family Connections	N/A	110	6	4	FRC	FRC
So of Market Child Care Inc. Family Resource Cntr	N/A	100	8	3.5	FRC	FRC
Support for Families with Children with Disabilities	N/A	100	5	3.5	MHSA	FRC
Ashbury House	1	5	4	4	MHSA	SA
Epiphany Residential Program	N/A	20	5	2	MHSA	SA
HR 360 (Female Offenders Tx and Education Prog)/ Women's Hope	N/A	20	5	8	MHSA	SA
Hamilton Family Transitional Housing	N/A	50	15	8	CYF	Shelter

Asian Women's Shelter	N/A	8	8	4	CYF	Shelter
Clara House Of Compass Community Svcs	N/A	15	7	6	CYF	Shelter
Compass Family Shelter	N/A	17	10	2	CYF	Shelter
Hamilton Family Residences & Emergency Shelter	N/A	155	30	8	CYF	Shelter
St. Joseph's Family Center	N/A	40	20	8	CYF	Shelter

### 5. Modality(s)/Intervention(s):

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
<b>Individual consultation</b> 2.25 FTE x 40 hrs/wk x 46 wks x 71.75% effort	2966	2406
<b>Group Consultation</b> 1.77 FTE x 40 hrs/wk x 46 wks x 71.75% effort	2332	2406
<b>Classroom Observation</b> .77 FTE x 40 hrs/wk x 46 wks x 71.75% effort	1012	2406
<b>Staff Training</b> .08 FTE x 40 hrs/wk x 46 wks x 71.75% effort	102	10
<b>Parent Training/Support Group</b> .077 FTE x 40 hrs/wk x 46 wks x 71.75% effort	107	10
<b>Early Referral &amp; Linkage</b> .04 FTE x 40 hrs.wk x 46 wks x 71.75% effort	57	5
<b>Early Intervention Individual</b> .63 FTE x 40 hrs/wk x 46 wks x 71.75% effort	837	15
<b>Early Intervention Group</b> .33 FTE x 40 hrs/wk x 46 wks x 71.75% effort	430	8
<b>Mental Health Individual</b> .44 FTE x 40 hrs/wk x 46 wks x 71.75% effort	577	8
<b>Mental Health Group</b> .04 FTE x 40 hrs/wk x 46wks x 71.75% effort	58	3
<b>Consultant Training &amp; Supervision</b> .98 FTE x 40 hrs/wk x 46 wks x 71.75% effort	1288	N/A
<b>Systems Work</b> 0.41 FTE x 40 hrs/wk x 46 wks x 71.75% effort	538	NA
<b>Evaluation</b> 0.24 FTE x 40 hrs/wk x 46 wks x 71.75% effort	322	NA
<b>Total UOS Delivered</b>	<b>10,625</b>	
<b>Total UDC Served</b>		<b>2,462</b>

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.

- **Consultation -Group:** Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation - Class/Child Observation:** Observing a child or group of children within a defined setting.
- **Consultation-Staff Training:** Providing structured, formal, in-service trainings to groups of three or more individuals from programs receiving consultation services to support staff capacity for responding to social-emotional and mental health needs of the children in these settings.
- **Training/Parent Support Group:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, parents, and/or family care providers on a specific topic. Can also include leading a parent support group or conducting a parent training class.
- **Early Referral/Linkage:** Activities related to assisting families secure additional longer-term help and/or adjunct services.
- **Early Intervention- Individual:** Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Activities include: developmental and/or social-emotional screening; individual child intervention, such as shadowing in the classroom; meeting with parent/caregiver to discuss specific concerns they have about their child's development.
- **Early Intervention- Group:** Conducting playgroups/socialization groups involving at least three children.
- **Mental Health Services- Individual, Family or Group:** Providing targeted therapeutic interventions that focus primarily on symptom reduction as a means to improve functional impairments that are due to a diagnosable mental health concern. Activities directed to a child, parent, or caregiver. Services may be delivered to an individual, family or group.
- **Consultant Training/Supervision:** Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also, it covers supervision of consultants both individually and in groups
- **Systems Work:** Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0 – 5, enhance the development of inclusive practices in early care and education sites, and continuous quality improvement. This includes being a participating member of the Trans-disciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.
- **Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the BHS-initiated evaluation efforts.

## 6. Methodology:

### ***Outreach, Admission Enrollment and Intake Criteria and Process***

Daycare Consultants have provided and expanded the delivery of high quality mental health consultation and related direct clinical services to the San Francisco early childhood community since 1988.

Therefore, outreach, recruitment, promotion and advertisement are unnecessary. This contract allows for continuation of established involvement in these programs.

These 50 programs serving primarily low-income families whose children are birth through five years of age and eligible to receive consultation. Programs serving a significant proportion of CALWORKS families and PFA sites are prioritized to receive services, and have already been receiving service. Within each program, providers and parents identify children whose developmental, behavioral and/or social-emotional difficulties warrant particular attention. Assessment based on observation and parent/provider interview determines involvement in and level of mental health intervention, ranging from case consultation to group, individual child or child-parent treatment.

The aim of Daycare Consultants is to improve the quality of relationships within the early childhood education, group care, or residential program, thereby positively impacting the mental health of all the children. Particular attention is paid to children in the setting with evidence behavioral, developmental or emotional difficulties. When a specific child is the focus, the aim of the clinical service is to engage all of the adults in that child's life to understand and sensitively respond to the child's needs. Daycare Consultants will accomplish these goals through provision of the following services:

- Mental Health Consultation services to providers (ECE, Shelter, FRC staff) who serve young children and their families;
- Early Intervention and Direct Clinical Services including direct treatment and on-site therapeutic groups and shadowing;
- Linkage/Coordination/Case Management for staff and families involved in consultation in the provision of consultation in childcare settings; and training for childcare providers and parents.

### ***Service Delivery Model***

#### **I. Mental Health Consultation**

- Program Consultation: The consultant assists with all aspects of program planning, from improving inter-staff communication to enhancing the use of developmentally appropriate practices for children. They will meet regularly (usually weekly or on the schedule requested by the individual program). Meetings will include both non-didactic developmental guidance and supportive consultation. The consultant/clinician's ability to provide guidance is grounded in regular observations at the childcare site, knowledge of and experience with children in groups, and a growing understanding of the network of relationships involved in the program. Consultation occurs at the program during their hours of operation and continues for as long as the need for and the center's ability to sustain conditions of involvement persists.
- Case Consultation: When childcare staff is troubled about a particular child, consultants meet together with the provider and parents of the child. With the parents' permission, the consultant/clinician observes the child in the program (a minimum of 2 observations per child). S/he assesses the match between the child's needs and the particular childcare setting and assesses the child's functioning. The consultants then meet with the program staff to help them understand the child's behavior, offer ideas regarding intervention appropriate to a group setting, and support staff. The average length of this intervention is 6 months.

- Case consultation at this level entails intervention through the child's existing relationships with parents and providers. The consultant meets (usually 3 to 8 sessions) with parents to learn more about the child's developmental and relational history and current functioning outside the childcare milieu. With parental permission, the consultant/clinician brings information back to the childcare providers so that interactions with the child are informed by a more extensive understanding of the child's current and past experiences. The consultation with the program staff is on-going.

## **II. Early Intervention and Direct Clinical Services**

- Early Intervention Services for Parents: The consultant offers to meet with parents whose children receive case consultation. The intervention is usually time-limited (8 to 10 sessions). Meetings with the parents focus on synthesizing or enhancing their understanding of their child's developmental needs and capacities.
- Therapeutic Shadowing: An early intervention strategy aimed at supporting children at risk of expulsion from their ECE classroom settings. One-on-one support is provided to the child in the classroom. The shadow accompanies the child through specific parts of the child's school day in order to support his or her ability to benefit from the learning environment. The shadow maintains regular contact with the child's parent/caregivers, teachers and other team members in order to ensure clear and open communication regarding the child's needs and progress.
- Therapeutic Groups: Therapeutic groups will provide an opportunity to serve children in their ECE setting when they are identified as showing difficulties in their development, particularly in the social-emotional domain. Co-leadership of the group by a consultant/clinician and a teacher from the ECE site provides intensive training for the teacher. Therapeutic groups will meet on average for two hours, two times per week on-site at the center during hours of operation. The group leaders facilitate interaction and activities aimed at helping the children to understand and modulate their feelings and to establish acceptable ways of expressing themselves, getting what they need, and interacting with others.
- Parent Support Group: Parent support groups are offered in collaboration with ECE and FRC staff in response to community needs and at shelter programs when there is the capacity and need for such services. Groups seek to support parents and provide a forum which can reduce feelings of isolation and enhance a sense of community support. Topics addressed in such groups include: parental depression, trauma, immigration trauma, parenting concerns and challenges in parent-child relationships. The consultant also helps staff understand the needs of these clients and families.
- Child/Parent Psychotherapy: Children who have experienced trauma, relational disruptions and/or abuse and neglect may require direct intensive intervention. In addition to consultation, psychotherapy will be offered in these instances. Given that young children's relationships both contribute to and ameliorate social-emotional difficulties, it is optimal to treat children in this relational context. Therefore, parent-child dyadic treatment will be provided when possible. Treatment will be offered on the childcare site or in the families' homes to enhance the likelihood of the families' sustained involvement. Clinicians utilize the CANS in developing treatment plans with families.

## **III. Linkage/Coordination/Case Management**

- Case Management/ Early Referral: When longer-term intervention or additional services are needed, the consultant/clinician takes an active case management role in referring the child and family for services and facilitating communication between service providers and the childcare staff.

Consultants secure service from, and collaborate with, community providers who interface with the child and family. These providers typically include: San Francisco Unified School District's Department of Special Education, the Department of Human Service's Children's Protective Services, Department of Public Health; Community Behavioral Health Services.

Health Services, Community Mental Health Outpatient Clinics as well as a full range of community-based agencies and medical providers. Consultants play a critical role in making sure that information from myriad service provider's returns to parents and childcare providers so that they can make use of it to benefit the child. They act as catalysts to create new avenues of communication when none previously existed.

- **Parent Education/ Support Groups:** In response to requests from program staff, training on various topics related to child development, mental health issues and services would be provided to staff and/or parents. An ongoing group may be offered for parents to address their needs for affiliation, support and discussion of topics of common interest and concern. All of the parent group forums are offered on site and typically take place in the early evening hours to accommodate the parent's work schedules, thereby enhancing the likelihood of their participation.
- **Training for Mental Health Professionals:** A training program combining clinical case conference and individual clinical supervision includes the participation of all mental health consultants. New consultants and individuals participating in our practice-based multicultural training program as an advanced trainee in ECMH consultation receive this training plus additional supervision, a case conference, and a twice-monthly didactic seminar.

#### ***Discharge Planning and Exit Criteria and Process***

Consultation is typically on-going as the composition of both children and staff change regularly enough to warrant continuation. Within this context, direct clinical services are concluded based on various criteria. Most typically, case consultation and treatment terminate by mutual agreement between the parents, program staff and consultant when the referring concern is ameliorated. Since oftentimes the child remains in the program and because of the consultants' ongoing presence, monitoring is possible post termination.

Eleven Infant-Parent Program/Daycare Consultant clinicians will provide mental health consultation. On average, each has over a decade of experience as a consultant so that they have long-term and well-established relationships with their program partners. In addition, two trainees will provide consultation with intensive clinical supervision. Six of the consultants are bilingual and bicultural. Therefore, services will be able to be delivered in Spanish, Hindi, Cantonese, Hungarian and Gujarati. While all the consultants' time will be funded through this grant, programmatic and administrative oversight will be supplemented by other funding sources.

#### **7. Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled *Children, Youth and Families Performance Objectives FY2021-21*.

#### **8. Continuous Quality Improvement:**

Bi-weekly group and/or individual supervision meetings ensure that contract performance objectives are being achieved, including the cultural competency of staff and the services being delivered. Staff is made aware of changes in performance objectives and documentation in a timely manner at the bi monthly All Staff Meeting. Follow up and individualized instructional support is offered in individual supervisory meetings. Every staff member will have a chart reviewed twice per year by a program supervisor.

Internal chart reviews will include an assessment of billing accuracy and the quality of documentation and services.

The Infant-Parent Program / Daycare Consultants will comply with ECMHCI evaluation and CQI requirements. Evidence of CQI activities will be maintained in program's Administrative Binder.

**9. Required Language:**

For BHS CYF SOC ECMHCI: Contractor will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the BHS ECMHCI System of Care Program Manager and RFP-10-2013.

Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix A priority population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI System of Care Program Manager of any changes.

**1. Identifiers:**

UCSF Infant-Parent Program – ICAP Division  
Zuckerberg San Francisco General Hospital  
1001 Potrero Avenue, Building 5, Unit 6B  
San Francisco, California 94110-3518  
<https://psych.ucsf.edu>

Kristin Reinsberg, Interim Program Director  
415- 206-5270 Fax: 415- 206-4722  
[Kristin.reinsberg@ucsf.edu](mailto:Kristin.reinsberg@ucsf.edu)

**Program Code:** 38C88 - Spring Project

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:** To support high risk pregnant women and new parents, served within the pre and postnatal medical care clinics at Zuckerberg San Francisco General Hospital (ZSFG), through transition from pregnancy to parenthood-helping to ensure healthy outcomes for their infants and toddlers. Additionally, to provide direct mental health services and consultation within pre and postnatal and pediatric medical care clinics at ZSFG.

**4. Priority Population:** The IPP SPRING Project is designed to meet the unique needs of all ethnicities and populations of high-risk pregnant women and newly parenting families receiving prenatal and postpartum care at ZSFG Hospital with a focused expertise on serving the Latinx community. Thirty-five women and their 25 infants will benefit from early intervention, mental health and consultation services. Fifteen health care professionals, including doctors, nurses, and social work staff will also benefit from consultation services. Based on recent hospital demographic information, the families served in this program will likely be 70% Hispanic/Latinx, 10% African American and 10% Asian and 10% representing other ethnicities. The ages of the pregnant and newly parenting women range from late teens to early 40s. The parent-child dyads are followed through the first three months of life or longer, when needed.

5. **Modality(s)/Intervention(s):**

<b>UOS Description</b>	<b>UOS</b>	<b>NOC</b>	<b>UDC</b>
<b>Systems Work</b>			
.04 FTE x 40 hrs/wk x 46 wks x 71.75% effort	50		N/A
<b>Early Intervention- Individual</b>			
.01 FTE x 40 hrs/wk x 46 wks x 71.75% effort	18		10
<b>Early Referral Linkage</b>			
.03 FTE x 40 hrs/wk x 46 wks x 71.75% effort	41		10
<b>Mental Health Consultation - Individual</b>			
.078 FTE x 40 hrs/wk x 46 wks x 71.75% effort	103		60
<b>Mental Health Consultation – Group</b>			
.20 FTE x 40 hrs/wk x 46 wks x 71.75% effort	270		60
<b>Mental Health Services - Individual or Family</b>			
.02 FTE x 40 hrs/wk x 46 wks x 71.75% effort	21		5
<b>Training &amp; Supervision</b>			
.06 FTE x 40 hrs/wk x 46 wks x 71.75% effort	76		N/A
<b>Evaluation</b>			
.02 FTE x 40 hrs/wk x 46 wks x 71.75% effort	30		N/A
<b>Total UOS and UDC</b>	<b>609</b>		<b>195</b>

- **Mental Health Consultation - Individual:** Discussions with pregnant women, newly parenting family and /or members of the medical team, on an individual basis about the parent's stress, trauma and strengths impacting her pregnancy, maternal identify and /or the infant, including possible strategies for intervention. It can also include discussions with a medical team member on an individual basis about perinatal mental health and prenatal and perinatal infant development in general. Can also include collaborative work with parent, such as offering developmental guidance and exploring referrals for additional supports.
- **Mental Health Consultation -Group:** Talking/working with a group of three or more medical team members at the same time about their interactions with a particular family, parent or child, or group of families.
- **Early Referral/Linkage:** Activities related to assisting families to secure additional longer-term mental health service *and/or adjunct services.*
- **Early Intervention Services- Individual or Group:** Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Activities may include: developmental and/or social-emotional screenings; individual child or family intervention; meeting with parent/caregiver to discuss specific concerns they have about their infant's development.
- **Mental Health Services- Individual, Family or Group:** Providing targeted

therapeutic interventions that focus primarily on symptom reduction as a means to improve functional impairments that are due to a diagnosable mental health concern. Services may be delivered to an individual, family or group.

- **Training/Supervision:** Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also covers supervision of consultants both individually and in groups.
- **Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for this project. Can also include time spent complying with the BHS/MHSA-initiated evaluation efforts.
- **Systems Work:** Activities related to efforts focusing on expanding the capacity of providers who work with high-risk mothers and babies in medical care settings.

## 6. Methodology: Direct Client Services

### Outreach and Engagement:

The SPRING Project (Supportive Parenting, Resource Integration, and Newborn Guidance), provides perinatal mental health services within the ZSFG Hospital pre and postnatal clinics. The primary service sites are the Obstetrics Psychiatry Clinic, Labor and Delivery, and Postpartum clinics. The SPRING perinatal clinicians are embedded in the hospital clinics. Therefore, outreach, recruitment, promotion and advertisement are unnecessary.

### Admission, Enrollment and/or Intake Criteria and Process:

Enrolment in SPRING services occurs in conjunction with admission of pregnant women into the OB Psychiatry Clinic at Zuckerberg San Francisco General Hospital (ZSFGH). Medical providers in this and other pre and postnatal and pediatric clinics are eligible to receive mental health consultation services by virtue of their employment within the setting. Given that the direct mental health services follow the patients through the transition from pregnancy to parenthood, consultation with the providers in L&D, postpartum and at times the NICU and Pediatric clinics is integral to ensuring continuity of care.

**Screening and Assessment.** In the first clinic visit, a psychiatrist and/or the IPP perinatal mental health specialist see and assess the pregnant woman. Psychosocial factors that may put mothers and babies at risk are identified. The medical, psychiatric, trauma and family histories are garnered, and current stressors and social support networks are identified. Initially and at regular intervals, scales are used as screening tools including but not limited to Edinburgh Postnatal Depression Scale (Cox et al., 1987), Maternal Fetal Attachment Scale, Cranley, 1981), and Posttraumatic Stress Disorder Checklist-Specific PCL-S (Walker, et al., 2002). Treatment plans are developed based on the needs of the mother, the fetus, the infant, and the family. Pregnant women are offered individual in-clinic consultation, short-term psychotherapy and/or pharmacotherapy. Pregnant women make informed choices regarding the treatment.

The Infant-Parent Program's SPRING Project provides **individual mental health treatment and consultation** to high-risk pregnant women and new parents struggling with the stress of poverty, often in combination with mental health and/or substance abuse problems and issues associated with traumatic immigration, through the transition from pregnancy to parenthood-helping to ensure healthy outcomes for their infants and toddlers. The focus of the intervention is the parent- infant relationship.

**Service Delivery Model:**

Addressing the link between maternal and child mental health and well-being during pregnancy and the perinatal period calls for an integration of services across health providers, integrating obstetric and pediatric care with family support and mental health treatment. Our service delivery model is based on a multidisciplinary approach, focusing on the integration of medical care and mental health services.

Integrated treatment planning takes place in post- clinic conferences, in which the multidisciplinary team meets. This meeting provides opportunities for the SPRING mental health clinicians to offer ***mental health consultation*** related to the IPP's perinatal mental health specialty. Through this collaborative process, the team develops treatment approaches for mentally ill women that focus on pregnancy, postpartum, and the sequelae of trauma and violence. Specifically, the SPRING clinicians' focus on interrupting the intergenerational transmission of trauma and mental illness by intervening on behalf of the unborn child and the infant-parent relationship.

Treatment and consultation services vary in duration and frequency, based upon the needs of the pregnant woman, infant and family.

Women are followed throughout their pregnancy. After clients have delivered their babies, the SPRING clinician visits the mother and the infant at Labor and Delivery to assess the bonding between mother and newborn, to identify challenges in feeding, monitor their mood, and to collect information about their experience of labor and delivery. When parent and child transition to the postpartum unit, the SPRING clinician is available to visit them to provide support and interventions to aid in bonding. They also offer consultation to medical staff regarding the care of women, especially those women with sexual abuse and other trauma histories that often require concrete and specific support during needed medical procedures. This coordination and consultation to the medical personnel helps to ensure that families will continue to be cared for in ways that address their mental health and physical needs.

Therapeutic support and consultation is also provided in the NICU when the baby is born with severe medical complications. The presence of the SPRING clinician within the NICU provides the opportunity for onsite, brief mental health treatment for parents in need, and educational and support sessions with the NICU staff.

***Note- Due to protocols related to COVID-19, services are being provided via telehealth until further notice.***

**Discharge Planning and Exit Criteria**

As described above, women receiving care in the Obstetric Psychiatry Clinic are followed throughout their pregnancy and services continue to support families as they transition to the Labor & Delivery and postpartum units. The SPRING clinician sees the mother and baby - until the baby is three months of age if needed. During these postpartum visits, the focus of treatment is to identify the level of psychiatric symptoms, like depression, anxiety, or PTSD, as well as to address the ways in which mothers are able to respond to the emotional and physical needs of their infants.

Before the dyad is discharged an assessment is made to determine the need for further therapeutic support. The team is responsible to make sure that the woman is connected with a primary care physician and the baby is connected to a pediatrician. Community resources for parenting are also provided. When parental mental health is interfering with the relationship between mother and child, the dyad may be referred for longer-term treatment within the

Infant-Parent Psychotherapy component of the Infant- Parent Program. These decisions are made with the parent(s) and with the support and involvement of the OB Psychiatry team.

### **Program Staffing**

The multidisciplinary clinic team is made up of social workers, psychiatrists, psychologists, a public health nurse, representatives from community provider organizations and the IPP SPRING perinatal mental health clinicians.

Two Infant-Parent Program SPRING clinicians, including a continuing post-doctoral fellow and a psychiatrist, will provide mental health treatment and consultation within the Clinic. One of these clinicians is bi- cultural and bi-lingual Spanish speaking. One of the IPP providers has extensive experience (+35 years) providing care in medical care settings and both have specialized training in perinatal mental health. The post-doctoral fellow will continue to receive in vivo clinical supervision and training. Services are delivered in both Spanish and English.

### **MHSA Consumer Participation and Engagement**

The IPP SPRING Project's efforts are aimed at three consumer groups: pregnant women with psychiatric difficulties and their partners, their newborn infants, and medical providers. The pregnant women involved in SPRING are engaged in shaping how services are implemented and evaluated. For instance, an on-call consultation service staffed by the SPRING clinicians and psychiatrist is being developed in response to patients indicating that clinic hours were not sufficient for support. Until this service is staffed, SPRING clinicians are providing mental health visits outside of and in addition to clinic hours.

Consultation is inherently collaborative. Therefore, the medical providers determine the agenda, configuration and parameters of the consultation conversations.

### **Vision**

The SPRING Project promotes several components of the MHSA vision. The services support service coordination which results in a seamless experience for clients by co-locating perinatal mental health services with prenatal and psychiatric care, so that pregnant women who participate in SPRING receive needed services in a single site and in the same visit. The mental health consultation meetings with medical staff offer a regular opportunity to confer about clients. Specifically, consultation helps staff identify impediments to patients engaging in prenatal care; trains medical providers to recognize signs of depression, trauma and other mental health issues that negatively impact parenting; assist providers in supporting the parent-child interaction beginning in utero and process practitioner's responses to clients that interfere with delivering optimal care.

The IPP SPRING clinicians have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures. A study conducted at SFGH demonstrated that the efficacy of particular intervention strategies seeking to treat depression among impoverished primary care patients from ethnic minority groups is dependent upon those interventions being delivered in the context of culturally specific clinical case management.

Accordingly, SPRING services are delivered by bi-cultural, bi-lingual clinicians and include culturally congruent interventions and coordinated efforts with primary care providers and other agencies.

## 7. OBJECTIVES AND MEASUREMENTS

*All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled MHS Performance Objectives 2021-22.*

### **Individualized Program Objectives:**

1. By stationing Infant-Parent Program (IPP) perinatal mental health specialists in the Obstetric Psychiatry clinic weekly **over 75% of parents** receiving direct mental health services that reported high levels of depression, anxiety, or PTSD early in pregnancy will have decreased severity of symptoms as measured by the Edinburgh Postnatal Depression Scale (EPDS) or the Posttraumatic Stress Disorder Checklist-Specific, (PCL-S), (Walker et al.,2002).
2. Over **75% of parents** who receive mental health services prenatally will evidence positive attachment with their newborn and an ability to accurately decipher the emotional and physical cues of their babies at 3 months of age as measured by elevated scores on the Fetal Attachment Scale (MFAS), (Muller, 1993 and Cranley).
3. Over **50% of at-risk pregnant women** receiving prenatal care at ZSFG will be connected to a ZSFGH pediatric clinic and/or parenting services in the community, as tracked by SPRING clinician.
4. Over **75% of the parents** who had four or more mental health treatment sessions focused on parenting will report that they benefitted from receiving perinatal mental health services and would recommend SPRING services to other pregnant women.
5. Over **75% of the women receiving mental health services** through SPRING will report that the intervention positively affected their maternal identity and parenting capacity.

## 8. CONTINUOUS QUALITY ASSURANCE

CQI activities for the SPRING Project included weekly rounds and or clinical supervision where issues of compliance with contract performance objectives and appropriate and timely documentation of clinical work are closely monitored. Documentation of services are entered in the client's medical chart at the end of each clinic visit to assure timely submission. For Post-doctoral psychology fellows working on the Project, documentation of each client contact is reviewed by Attending Psychiatrist for the clinic.

In addition to hiring staff and recruiting trainees who are able to serve all ethnicities and populations, our program also prioritizes our capacity to meet the cultural and linguistic needs of the women served within these clinics. Cultural, diversity and equity issues are continuously and broadly considered in case presentations and are elaborated upon in a monthly multi-cultural focused Grand Rounds within the UCSF Division of Infant, Child and Adolescent Psychiatry and the Department of Pediatrics.

Client satisfaction is assessed at regular intervals throughout treatment. Client satisfaction questionnaire and interview is conducted after the completion of services, typically between 3 -6 months post-partum.

Evidence of CQI activities will be maintained in the program's Administrative Bind

- 1. Identifiers:** UCSF Infant-Parent Program -ICAP Division  
 Zuckerberg San Francisco General Hospital  
 1001 Potrero Avenue, Building 5, Unit 6B  
 San Francisco, California 94110-3518  
<https://psych.ucsf.edu>

Interim Program Director: Kristin Reinsberg, LMFT  
 Telephone: (628) 206-5270  
 Email Address: [Kristin.reinsberg@ucsf.edu](mailto:Kristin.reinsberg@ucsf.edu)

Program Code(s) :38C84/ Psychotherapy Services-Mental Health Services  
 38C85/ Psychotherapy Services-Mental Health Promotion

**2. Nature of Document:**

- Original       Contract Amendment       Revision to Program Budgets (RPB)

- 3. Goal Statement:** To provide community and home-based mental health services that are linguistically and culturally responsive and evidence-based to children birth to five years of age and their caregivers with the aim of maintaining or restoring the child’s development to a typical trajectory.

**4. Priority Populations:**

- a) Children three years of age or younger at the time of referral and their families or pregnant women who are deemed to be medically indigent, and either partner in the parent-child dyad is identified as having serious mental health difficulties effecting the relationship(s) and the child’s development.
- b) Children birth to five years of age and their caregiver(s) who are residing in/or previously resided in a homeless shelter or transitional housing arrangement or residential substance abuse treatment program receiving mental health consultation and are identified as having a diagnosable mental health problem .
- c) Children birth to five years of age who are enrolled in childcare programs or family resource centers receiving mental health consultation when they are identified for direct treatment based on difficulties in the child’s social and emotional functioning.

**5. Modality(s)/Intervention(s):**

**Mental Health Services**

Mental Health Services means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis

intervention, crisis stabilization, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy and collateral.

### **Assessment**

Assessment means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures. Assessment of the child-parent relationship is dyadic and bi-directional.

### **Collateral**

Collateral means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

### **Therapy**

Therapy means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present

## **6. Methodology:**

### **Direct Client Services:**

For prevention and intervention services to pregnant women and children 0 – 5 years old, treatment is provided primarily through weekly visits in the home in order to gain a better understanding of the family's/child's daily circumstances and to be available to those most in need. Infant/Child -Parent Psychotherapy recognizes that the child can become the recipient of feelings and expectations that stem in complex ways from parental experience and tend to obscure the young child's actual experiences, intents and expressiveness. Therapeutic interventions based on this recognition aim at freeing the child from these parental distortions thus restoring them to a typical developmental trajectory.

### **Outreach/ Referrals**

Many referrals come from pediatric providers at ZSFG Hospital, DPH health centers or public health nurses. Ongoing collaborative work with the primary care provider is central to the Infant-Parent Program's mental health intervention. ZSFG departments of Psychiatry, Pediatrics and OB/GYN are also major sources of referrals and collaborators in our work on behalf of young children and their parents. Staff and trainees are stationed in those departments' clinics to provide consultation and facilitate referrals. All these conjoint efforts begin with initial sharing of information and perspectives and move toward fashioning a common understanding and approach to the child and parent and their difficulties; regular communication is essential to the work.

The other primary source of referrals for the Infant-Parent Program is the San Francisco Human Services Agency (HSA). Collaboration with HSA starts in the referral process with Foster Care Mental Health around clarifying the needs of the child and family, and often a close working relationship is forged with the HSA worker to identify and pursue the child's best interests in complicated dependency situations.

In addition, staff at the Infant-Parent Program provide linkage with ZSFGH units within the Departments of Pediatrics, Obstetrics and Psychiatry. An Infant-Parent Program staff member provides consultation and in clinic treatment to patients in the Obstetric Psychiatry clinic and the NICU in order to identify pregnant women, children and families who are in need of Infant/Child-Parent Psychotherapy.

An additional referral source, the Early Childhood Mental Health Consultation (Daycare Consultants) component of the Infant-Parent Program, provides mental health consultation and a range of related direct mental health

services to over 50 child serving community agencies working with children birth through five years of age, including childcare centers, domestic violence and homeless shelters, Family Resource Centers and residential substance abuse treatment programs. Within the course of consultation children and their families are identified for direct treatment. The IPP mental health consultant, in conjunction with program staff and the child's parents, establish the need for treatment based on difficulties in the child's social and emotional functioning. Consultants typically facilitate the referral to treatment and remain involved as liaisons between the treating clinician and the settings in which the family is cared for or resides.

Given that young children's relationships both contribute to and ameliorate social emotional difficulties, it is optimal to treat children in a relational context. Therefore, Child-Parent Psychotherapy is provided when possible. Treatment is offered on-site or in the family's home as well as at the IPP offices. Children and their families are seen weekly for as long as clinically indicated. Throughout the course of treatment, the therapist, with parental consent, collaborates with other providers within IPP, with staff from the referring agency and with other caregivers, providers and agency representatives involved in the care and wellbeing of the child.

### **Intake**

Ninety-five percent of referrals come from the third parties identified above. All of the children and their caregivers are screened by the Compliance Analyst for financial eligibility at the time of referral. The referral source is contacted by the Clinical Intake Clinician in order to develop an initial understanding of the presenting problem; the nature of the difficulties in the child's functioning and the ways in which the adult's functioning as a caregiver may be impacting these. Relevant involvement with other agencies and care providers, especially primary care, is noted and a plan for contacting the family and providing feedback to the referring party about the family's engagement in treatment is noted in each intake.

### **Assessment.**

At the initiation of treatment, a clinical assessment takes place with child and caregiver(s) together. When a CANS or ANSA Assessment indicates that there is a medical necessity for specialty mental health treatment, a Treatment Plan of Care is completed for the child/caregiver dyad on which a case is opened. Information obtained from the referring party and from initial assessment phase sessions with the child and caregiver is integrated into the assessment, and items scored 2 or 3 are addressed in the Treatment Plan. The Parent-Child Relationship Competencies (PCRCs), a bidirectional, strengths-based, culturally attuned, relationship-focused tool designed by the Program's Dr. Maria St. John is used for treatment planning and outcome evaluation is also employed during the assessment period.

### **Treatment.**

Progress in treatment is mutually determined by the family and the clinician. Since much of the treatment is performed by trainees, supervisors are integral to tracking treatment progress through weekly supervision as well as through the examination of change in the CANS or ANSA and PCRC scores and through the use of the Clinical Review Form at designated reassessment intervals. The PURQC committee reviews treatment at designated intervals to assess progress toward goals, and monitors the appropriateness of infant/child-parent treatment and the intensity of services needed. The committee uses the Clinical Review Form for PURQC, presentation of case formulation at case reviews, CANS/ANSA and the PCRC scores and the narrative portion of the CBHS assessment to make these determinations. These assessments of need and treatment progress, along with services that are necessary (ongoing psychiatric involvement) or desirable (support groups), begin when the case is opened, are incorporated into treatment planning when goals are established or updated, and continue through discharge planning.

***Note- Due to protocols related to COVID-19, services are being provided via telehealth until further notice.***

## **Child Welfare related Mental Health Services**

### **Auxiliary Services**

Specific to children and families involved in San Francisco's Child Welfare System, IPP engages extensively in case planning and remediation efforts. In addition to clinical assessment and treatment, IPP provides consultation, reports on parental capacity and relational competency and participates in Family Team Meetings as requested. These ancillary but integral components are extended regularly to HSA Protective Service Workers, attorneys and judges in Dependency and Family Treatment Courts.

### **Indirect Services**

The Infant-Parent Program provides a significant amount of outreach to engage families with young children who are in need of treatment and consults with, educates and offers support to providers who have contact with these families. These efforts involve both regular and "on demand" meetings with rotating pediatric residents and medical students, ZSFGH staff, public health nurses, child welfare workers, BHS Access Line staff and other community partners.

## **7. OBJECTIVES AND MEASUREMENTS**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY2021-22.

## **8. CONTINUOUS QUALITY IMPROVEMENT**

CQI activities for assessment and treatment is an intensive and continuous effort at the Infant-Parent Program. Procedures were developed and are continually refined by the ICAP Compliance Analyst, the majority of whose time is devoted to these efforts. New client registration data is entered within 24 hours or two working days after data is collected. The clinician and supervisor are notified well in advance of required due dates for Assessments, TPOC's and other time sensitive documentation. Progress note submission is tracked as well. If session notes or any other required documentation is not submitted in a timely, complete and accurate manner the Director, in addition to the clinician and their direct supervisor are notified. Productivity as well as all other AVATAR generated reports are reviewed bi-monthly by Clinical Supervisors and the Program Director to assure adherence to evaluation and QI performance objectives. Client experience and treatment efficacy is monitored and enhanced through an intensive supervisory structure. Clinicians in training meet with an experienced supervisor for approximately 45 minutes of supervision for each scheduled hour of patient contact. Regardless of license status, clinicians receive weekly individual clinical reflective supervision. Issues of compliance with contract performance objectives and appropriate and timely documentation of clinical work are also closely monitored in supervision. All clinicians' charts (trainees and staff) are reviewed at least twice yearly by the supervising clinician in tandem with a designated "PURQC Partner" and if necessary, by full PURQC Committee which is convened monthly to address this task. In addition to auditing charts for compliance issues, the PURQC partner or the committee provides feedback in writing to clinicians about their documentation and the clinical work described in the chart which providers are asked to respond to. Additionally, clinicians in training present cases for review/ monitoring in the context of a weekly case review. Regardless of the forum in which the review takes place, feedback is kept in a PURQC binder.

Contract performance objectives are monitored primarily through analysis of reports generated by the Avatar System. Additional information about the achievement of outcome objectives is afforded by reports provided to the Program by the BHS staff. The Compliance Analyst is charged with tracking activities related to the Performance Objectives. She meets monthly with supervisory staff and twice a month with the Interim Program Director to ensure all administrative compliance requirements are attended to.

In addition to hiring staff and recruiting trainees who are able to provide services in the city's target languages, cultural, diversity and equity issues are broadly considered in every case presentation and are targeted and elaborated upon in a weekly seminar devoted to understanding the clinical work within the context of diversity, race and equity. Additionally, the program provides a monthly multicultural focused Grand Rounds co-taught by IPP staff as well as by visiting lecturers and other individuals within the UCSF Division of Infant, Child and Adolescent Psychiatry.

Client satisfaction is assessed as required by BHS, and, in addition, the Infant-Parent Program administers its own family satisfaction survey once yearly.

Evidence of CQI activities is maintained in the program's Administrative Binder.

## Appendix B Calculation of Charges

### 1. Method of Payment

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately preceding month. All costs associated with the Services shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after Services have been rendered and in no case in advance of such Services.

### 2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1 Day Care Consultants (Early Childhood Mental Health Consultation -ECMHC)

Appendix B-2 SPRING Project

Appendix B-3 Psychotherapy Services

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$657,822** 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 Program 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.

The maximum dollar for each term and funding source shall be as follows:

July 1, 2018 - June 30, 2019	\$	1,800,539
July 1, 2019 - June 30, 2020	\$	1,714,179
July 1, 2020 - June 30, 2021	\$	1,772,107
20-21 CODB/ MCO	\$	21,886
July 1, 2021 - June 30, 2022	\$	1,755,171
July 1, 2022 - June 30, 2023	\$	1,714,179
total	\$	8,778,061
contingency	\$	657,822
<b>total</b>	<b>\$</b>	<b>9,435,883</b>

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

3.No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney

#### **4. State or Federal Medi-Cal Revenues**

A. CONTRACTOR understands and agrees that should the CITY'S payment to CONTRACTOR under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR 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 CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR 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. CONTRACTOR 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**

DHCS Legal Entity Number		00117			Appendix B, Page 3
Legal Entity Name/Contractor Name		UCSF / SFGH Psychiatry Infant-Parent Program (IPP)			2021-2022
Contract ID Number		1000009127			
Appendix Number	B-1	B-2	B-3		
Provider Number	38C8	Day Care Consultants (ECMHCI)			
Program Name	Day Care Consultants (ECMHCI)	Spring Project	Psychotherapy Services (IPP)		
Program Code	38C86	38C88	38C84, 85, & 89		
Funding Term	7/1/20/6/30/21	7/1/20/6/30/21	7/1/20/6/30/21		
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries	\$ 608,549	\$ 44,424	\$ 358,280	\$	<b>1,011,253</b>
Employee Benefits	\$ 278,715	\$ 20,346	\$ 164,092	\$	<b>463,154</b>
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 887,264</b>	<b>\$ 64,770</b>	<b>\$ 522,373</b>	<b>\$</b>	<b>1,474,407</b>
Operating Expenses	\$ 24,862	\$ 4,554	\$ 18,667	\$	<b>48,083</b>
Capital Expenses				\$	-
<b>Subtotal Direct Expenses</b>	<b>\$ 912,126</b>	<b>\$ 69,324</b>	<b>\$ 541,040</b>	<b>\$</b>	<b>1,522,491</b>
Indirect Expenses	\$ 109,455	\$ 8,320	\$ 64,924	\$	<b>182,699</b>
Indirect %	<b>12.0%</b>	<b>12.0%</b>	<b>12.0%</b>		<b>12.0%</b>
<b>TOTAL FUNDING USES</b>	<b>\$ 1,024,806</b>	<b>\$ 79,973</b>	<b>\$ 610,206</b>	<b>\$</b>	<b>1,705,190</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
MH CYF Fed SDMC FFP (50%)			\$ 199,356	\$	199,356
MH CYF State 2011 PSR-EPSDT			\$ 185,076	\$	185,076
<b>MH CYF County General Fund</b>			<b>\$ 14,280</b>	<b>\$</b>	<b>14,280</b>
<b>MH CYF County General Fund</b>	<b>\$ 119,291</b>		<b>\$ 141,876</b>	<b>\$</b>	<b>261,167</b>
MH CYF County GF WO CODB	\$ -		\$ 4,242	\$	4,242
MH WO HSA Childcare	\$ 217,596			\$	217,596
MH WO DCYF Child Care	\$ 69,656			\$	69,656
MH WO CFC MH Pre-School for All	\$ 397,332			\$	397,332
MH WO CFC School Readiness	\$ 110,256			\$	110,256
MH WO HSA Infant Parent			\$ 65,376	\$	65,376
MH MHSA (PEI)	\$ 110,675	\$ 79,973		\$	190,648
CODB				\$	40,186
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 1,024,806</b>	<b>\$ 79,973</b>	<b>\$ 610,206</b>	<b>\$</b>	<b>1,755,171</b>
<b>BHS SUD FUNDING SOURCES</b>					
				\$	-
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$</b>	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>					
				\$	-
				\$	-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 1,024,806</b>	<b>\$ 79,973</b>	<b>\$ 610,206</b>	<b>\$</b>	<b>1,755,171</b>
<b>NON-DPH FUNDING SOURCES</b>					
				\$	-
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 1,024,806</b>	<b>\$ 79,973</b>	<b>\$ 610,206</b>	<b>\$</b>	<b>1,755,171</b>
<b>Prepared By</b> Richard Flamburis			<b>Phone Number</b> 628-206-5030		

**Appendix B - DPH 6: Contract-Wide Indirect Detail**

Contractor Name UCSF / SFGH Psychiatry Infant-Parent Program (IPP) Page Number 4  
 Contract ID Number 1000009127 Fiscal Year 2021-2022

**1. SALARIES & EMPLOYEE BENEFITS: Day Care Consultants (ECMHC)**

Position Title	FTE	Amount
Subtotal:	0.00	\$ -
Employee Benefits:	0.0%	\$ -
<b>Total Salaries and Employee Benefits:</b>		\$ -

**2. OPERATING COSTS**

Expenses (Use expense account name in the ledger.)	Amount
Day Care Consultants	\$ 109,455
Spring Project	\$ 8,320
Psychotherapy Services	\$ 64,924
<b>Total Operating Costs</b>	\$ 182,699
<b>Total Indirect Costs</b>	\$ 182,699

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

DHCS Legal Entity Number 00117		Appendix Number B-1									
Provider Name UCSF-IPP		Page Number 1									
Provider Number 38C8		Fiscal Year 2020-2021									
Contract ID Number 1000009127		Funding Notification Date 03/22/21									
Program Name	Day Care										
Program Code	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Referral Linkage	Outreach Svcs Train/Supv (12% Cap)	Outreach Svcs Evaluation (3% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	
Funding Term (mm/dd/yy-mm/dd/yy)	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21
<b>FUNDING USES</b>											
Salaries & Employee Benefits	\$ 249,046	\$ 189,286	\$ 30,544	\$ 15,392	\$ 27,795	\$ 43,741	\$ 108,522	\$ 36,211	\$ 72,422	\$ 22,701	
Operating Expenses	\$ 6,978	\$ 5,304	\$ 856	\$ 431	\$ 779	\$ 1,226	\$ 3,041	\$ 1,015	\$ 2,029	\$ 636	
Capital Expenses											
<b>Subtotal Direct Expenses</b>	<b>\$ 256,024</b>	<b>\$ 194,590</b>	<b>\$ 31,400</b>	<b>\$ 15,824</b>	<b>\$ 28,574</b>	<b>\$ 44,966</b>	<b>\$ 111,562</b>	<b>\$ 37,225</b>	<b>\$ 74,451</b>	<b>\$ 23,337</b>	
Indirect Expenses	\$ 30,722	\$ 23,351	\$ 3,768	\$ 1,899	\$ 3,429	\$ 5,396	\$ 13,387	\$ 4,467	\$ 8,934	\$ 2,800	
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	
<b>TOTAL FUNDING USES</b>	<b>\$ 286,746</b>	<b>\$ 217,941</b>	<b>\$ 35,168</b>	<b>\$ 17,723</b>	<b>\$ 32,003</b>	<b>\$ 50,363</b>	<b>\$ 124,950</b>	<b>\$ 41,693</b>	<b>\$ 83,385</b>	<b>\$ 26,138</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>											
	<b>Dept-Auth-Proj-Activity</b>										
MH WO HSA Childcare	251962-10002-10001803-0001	\$ 60,564	\$ 55,379	\$ 7,650	\$ 3,443	\$ 5,100	\$ 5,100	\$ 26,265	\$ 8,798	\$ 17,468	\$ 5,100
MH WO DCYF Child Care	251962-10002-10001799-0007	\$ 15,938	\$ 16,575	\$ 2,876	\$ 638	\$ 638	\$ 2,805	\$ 8,415	\$ 2,805	\$ 5,610	\$ 3,825
MH WO HSA Pre-School for All	251962-10002-10001803-0008	\$ 105,825	\$ 85,425	\$ 13,932	\$ 5,100	\$ 14,025	\$ 31,875	\$ 47,940	\$ 15,938	\$ 32,003	\$ 8,925
MH WO CFC School Readiness	251962-10002-10001800-0003	\$ 19,380	\$ 31,875	\$ 5,100	\$ 3,443	\$ 5,100	\$ 3,188	\$ 13,260	\$ 4,463	\$ 8,925	\$ 3,188
MH MHSA (PEI)	251984-17156-10031199-0048	\$ 37,866	\$ 12,750	\$ 2,550	\$ 3,825	\$ 3,315	\$ 5,100	\$ 14,663	\$ 4,845	\$ 9,818	\$ 3,188
MH CYF County GF WO CODB	251962-10000-10001670-0001	\$ 47,175	\$ 15,938	\$ 3,060	\$ 1,275	\$ 3,825	\$ 2,295	\$ 14,408	\$ 4,845	\$ 9,563	\$ 1,913
This row left blank for funding sources not in drop-down list											
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 286,747</b>	<b>\$ 217,941</b>	<b>\$ 35,168</b>	<b>\$ 17,723</b>	<b>\$ 32,003</b>	<b>\$ 50,363</b>	<b>\$ 124,950</b>	<b>\$ 41,693</b>	<b>\$ 83,385</b>	<b>\$ 26,138</b>
<b>BHS SUD FUNDING SOURCES</b>											
	<b>Dept-Auth-Proj-Activity</b>										
This row left blank for funding sources not in drop-down list											
<b>TOTAL BHS SUD FUNDING SOURCES</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>OTHER DPH FUNDING SOURCES</b>											
	<b>Dept-Auth-Proj-Activity</b>										
This row left blank for funding sources not in drop-down list											
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 286,747</b>	<b>\$ 217,941</b>	<b>\$ 35,168</b>	<b>\$ 17,723</b>	<b>\$ 32,003</b>	<b>\$ 50,363</b>	<b>\$ 124,950</b>	<b>\$ 41,693</b>	<b>\$ 83,385</b>	<b>\$ 26,138</b>
<b>NON-DPH FUNDING SOURCES</b>											
This row left blank for funding sources not in drop-down list											
<b>TOTAL NON-DPH FUNDING SOURCES</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>286,747</b>	<b>217,941</b>	<b>35,168</b>	<b>17,723</b>	<b>32,003</b>	<b>50,363</b>	<b>124,950</b>	<b>41,693</b>	<b>83,385</b>	<b>26,138</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>											
		Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)
DPH Units of Service		2,249	1,709	276	139	251	395	980	327	654	205
Unit Type		Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50
Published Rate (Medi-Cal Providers Only)		\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50
Unduplicated Clients (UDC)		2406	2406	2406	10	10	5	N/A	N/A	N/A	5

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

DHCS Legal Entity Number 00117		Appendix Number				B-1
Provider Name UCSF-IPP		Page Number				1
Provider Number 38C8		Fiscal Year				2021-2022
Contract ID Number 1000009127						
Program Name						
Program Code		38C86	38C86	38C86	38C86	
Mode/SFC (MH) or Modality (SUD)		45/10-19	45/10-19	45/10-19	45/10-19	
Service Description		Outreach Svcs Early Interv Grp (15% Cap)	Outreach Svcs MH Services Indv/Family	Outreach Svcs MH Svcs Grp (5% Cap)	Outreach Svcs COVID-19 Misc Svcs (NEW CATEGORY FOR ECMHCI)	
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	
<b>FUNDING USES</b>						<b>TOTAL</b>
Salaries & Employee Benefits		\$ 7,165	\$ 17,787	\$ 12,392	\$ 54,261	\$ 887,264
Operating Expenses		\$ 201	\$ 498	\$ 347	\$ 1,520	\$ 24,862
Capital Expenses						\$ -
<b>Subtotal Direct Expenses</b>		<b>\$ 7,366</b>	<b>\$ 18,286</b>	<b>\$ 12,740</b>	<b>\$ 55,781</b>	<b>\$ 912,126</b>
Indirect Expenses		\$ 884	\$ 2,194	\$ 1,529	\$ 6,694	\$ 109,455
Indirect %		12.0%	12.0%	12.0%	12.0%	12.0%
<b>TOTAL FUNDING USES</b>		<b>\$ 8,250</b>	<b>\$ 20,480</b>	<b>\$ 14,269</b>	<b>\$ 62,475</b>	<b>\$ 1,021,582</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
MH WO HSA Childcare	251962-10002-10001803-0001	\$ 1,500	\$ 5,100	\$ 3,000	\$ 13,133	\$ 217,597
MH WO DCYF Child Care	251962-10002-10001799-0007	\$ 750	\$ 3,825	\$ 750	\$ 4,208	\$ 69,656
MH WO HSA Pre-School for All	251962-10002-10001803-0008	\$ 3,000	\$ 6,375	\$ 3,000	\$ 23,970	\$ 397,332
MH WO CFC School Readiness	251962-10002-10001800-0003	\$ 1,500	\$ 3,188	\$ 1,019	\$ 6,630	\$ 110,256
MH MHSA (PEI)	251984-17156-10031199-0048	\$ 750	\$ 638	\$ 750	\$ 7,395	\$ 107,451
MH CYF County GF WO CODB	251962-10000-10001670-0001	\$ 750	\$ 1,355	\$ 5,750	\$ 7,140	\$ 119,291
This row left blank for funding sources not in drop-down list						
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 8,250</b>	<b>\$ 20,480</b>	<b>\$ 14,269</b>	<b>\$ 62,475</b>	<b>\$ 1,024,806</b>
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
This row left blank for funding sources not in drop-down list						
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
This row left blank for funding sources not in drop-down list						
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 8,250</b>	<b>\$ 20,480</b>	<b>\$ 14,269</b>	<b>\$ 62,475</b>	<b>\$ 1,024,806</b>
<b>NON-DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>				
This row left blank for funding sources not in drop-down list						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>8,250</b>	<b>20,480</b>	<b>14,269</b>	<b>62,475</b>	<b>\$ 1,024,806</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>						
Payment Method		Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service		55	161	95	490	7,986
Unit Type		Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 150.00	\$ 127.50	\$ 150.00	\$ 127.50	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 150.00	\$ 127.50	\$ 150.00	\$ 127.50	
Published Rate (Medi-Cal Providers Only)		\$ 150.00	\$ 127.50	\$ 150.00	\$ 127.50	<b>Total UDC</b>
Unduplicated Clients (UDC)		15	8	3	N/A	2462

Appendix B - DPH 3: Salaries & Employee Benefits I

Contract ID Number 1000009127

Program Name Daycare Consultants-Early Childhood Mental Health Consultation Initiative (ECMHCI)

Program Code 38C86

Day Care  
Consultanats  
(ECMHCI)

	TOTAL		MH CYF County General Fund 251962-10000- 10001670-0001		MH WO HSA Childcare 251962-10002-10001803- 0001		MH WO DCY 251962-10000
Funding Term	7/1/20-6/30/21		7/1/20-6/30/21		7/1/20-6/30/21		7/1/20-
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE
AMBUL CARE ADMSTN SUP	0.17	\$ 18,859	0.02	\$ 2,202	0.04	\$ 4,017	0.01
CLINICAL SOCIAL WORKER	5.78	\$ 504,378	0.68	\$ 58,897	1.23	\$ 107,432	0.39
AMBUL CARE ADMSTN CRD	0.28	\$ 19,015	0.03	\$ 2,220	0.06	\$ 4,050	0.02
ADMIN MGR	0.05	\$ 6,000	0.01	\$ 701	0.01	\$ 1,278	0.00
ADMINISTRATIVE ASSISTANT	0.05	\$ 3,107	0.01	\$ 363	0.01	\$ 662	0.00
FIN ANL	0.10	\$ 7,078	0.01	\$ 827	0.02	\$ 1,508	0.01
Psychologist	0.35	\$ 50,111	0.04	\$ 5,851	0.07	\$ 10,674	0.02
<b>Totals:</b>	6.79	\$ 608,549	0.79	\$ 71,061	1.45	\$ 129,621	0.45

<b>Employee Benefits:</b>	45.80%	\$ 278,715	45.80%	\$ 32,546	45.80%	\$ 59,366	45.80%
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<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 887,264</b>		<b>\$ 103,606</b>		<b>\$ 188,987</b>	
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**Detail**

Appendix Number B-1  
 Page Number 2  
 Fiscal Year 2021-2022

<b>F Child Care 12-10001799- 07</b>	<b>MH WO CFC MH Pre-School for All 251962-10002- 10001803-0008</b>		<b>MH WO CFC School Readiness 251962-10002- 10001800-0003</b>		<b>MH MHSA (PEI) 251984- 17156-10031199-0035 FFS</b>	
6/30/21	7/1/20-6/30/21		7/1/20-6/30/21		7/1/20-6/30/21	
<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>
\$ 1,286	0.07	\$ 7,335	0.02	\$ 2,035	0.02	\$ 1,984
\$ 34,391	2.25	\$ 196,172	0.62	\$ 54,436	0.61	\$ 53,051
\$ 1,297	0.11	\$ 7,396	0.03	\$ 2,052	0.03	\$ 2,000
\$ 409	0.02	\$ 2,334	0.01	\$ 648	0.01	\$ 631
\$ 212	0.02	\$ 1,208	0.01	\$ 335	0.01	\$ 327
\$ 483	0.04	\$ 2,753	0.01	\$ 764	0.01	\$ 745
\$ 3,417	0.14	\$ 19,490	0.04	\$ 5,408	0.04	\$ 5,271
\$ 41,494	2.64	\$ 236,687	0.73	\$ 65,679	0.71	\$ 64,008
\$ 19,004	45.80%	\$ 108,403	45.80%	\$ 30,081	45.80%	\$ 29,316
<b>\$ 60,498</b>		<b>\$ 345,090</b>		<b>\$ 95,759</b>		<b>\$ 93,324</b>

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000009127  
 Program Name Daycare Consultants-Early Childhood Mental Health Consultation Initiative (ECMHCI)  
 Program Code 38C86  
 Consultants

Appendix Number B-1  
 Page Number 3  
 Fiscal Year 2020-2021

Expense Categories & Line Items	TOTAL	MH CYF County General Fund 251962-10000- 10001670-0001	MH CYF County GF WO CODB 251962-10000- 10001670-0001	MH WO HSA Childcare 251962- 10002-10001803- 0001	MH WO DCYF Child Care 251962-10002- 10001799-0007	MH WO CFC MH Pre-School for All 251962-10002- 10001803-0008	MH WO CFC School Readiness 251962-10002- 10001800-0003	MH MHSA (PEI) 251984-17156- 10031199-0035 FFS
<b>Funding Term</b>	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21
Rent	\$ -							
Utilities (telephone, electricity, water, gas)	\$ -							
Building Repair/Maintenance	\$ -							
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 1,660	\$ 242	\$ 243	\$ 243	\$ 243	\$ 243	\$ 228	\$ 218
Photocopying	\$ -							
Program Supplies	\$ -							
Computer Hardware/Software	\$ 231	\$ 33	\$ 33	\$ 33	\$ 33	\$ 33	\$ 33	\$ 33
<b>Materials &amp; Supplies Total:</b>	<b>\$ 1,891</b>	<b>\$ 275</b>	<b>\$ 276</b>	<b>\$ 276</b>	<b>\$ 276</b>	<b>\$ 276</b>	<b>\$ 261</b>	<b>\$ 251</b>
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -							
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -							
	\$ -							
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 8,879	\$ 954	\$ 18	\$ 1,911	\$ 594	\$ 3,490	\$ 968	\$ 944
Gael: General Automobile and Employee Liability Charges	\$ 5,076	\$ 545	\$ 10	\$ 1,093	\$ 340	\$ 1,995	\$ 554	\$ 540
Data Network Recharge	\$ 3,852	\$ 414	\$ 8	\$ 829	\$ 258	\$ 1,514	\$ 420	\$ 409
CCDSS: Computing and Communication Device Support Services	\$ 5,164	\$ 555	\$ 10	\$ 1,112	\$ 346	\$ 2,030	\$ 563	\$ 549
<b>Other Total:</b>	<b>\$ 22,971</b>	<b>\$ 2,468</b>	<b>\$ 46</b>	<b>\$ 4,945</b>	<b>\$ 1,537</b>	<b>\$ 9,029</b>	<b>\$ 2,505</b>	<b>\$ 2,442</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 24,862</b>	<b>\$ 2,743</b>	<b>\$ 322</b>	<b>\$ 5,221</b>	<b>\$ 1,813</b>	<b>\$ 9,305</b>	<b>\$ 2,766</b>	<b>\$ 2,693</b>

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

Appendix Number B-2  
 Page Number 1  
 Fiscal Year 2021-2022

DHCS Legal Entity Number 00117										Appendix Number B-2	
Provider Name UCSF IPP										Page Number 1	
Provider Number 38C8										Fiscal Year 2021-2022	
Contract ID Number 1000009127											
Program Name	Day Care Consultanats (ECMHCI)		SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project		
Program Code	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88		
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19		
Service Description	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Referral Linkage	Outreach Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs MH Services Indv/Fam			
Funding Term (mm/dd/yy-mm/dd/yy)	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21		
<b>FUNDING USES</b>										<b>TOTAL</b>	
Salaries & Employee Benefits	\$ 10,660	\$ 27,918	\$ 1,848	\$ 4,264	\$ 7,818	\$ 3,127	\$ 5,117	\$ 2,132	\$ 64,770		
Operating Expenses	\$ 750	\$ 1,963	\$ 130	\$ 300	\$ 550	\$ 220	\$ 360	\$ 150	\$ 4,554		
Capital Expenses									\$ -		
<b>Subtotal Direct Expenses</b>	<b>\$ 11,410</b>	<b>\$ 29,881</b>	<b>\$ 1,978</b>	<b>\$ 4,564</b>	<b>\$ 8,367</b>	<b>\$ 3,347</b>	<b>\$ 5,477</b>	<b>\$ 2,282</b>	<b>\$ 69,324</b>		
Indirect Expenses	\$ 1,369	\$ 3,586	\$ 237	\$ 548	\$ 1,004	\$ 402	\$ 657	\$ 274	\$ 8,319		
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%		
<b>TOTAL FUNDING USES</b>	<b>\$ 12,779</b>	<b>\$ 33,467</b>	<b>\$ 2,215</b>	<b>\$ 5,112</b>	<b>\$ 9,371</b>	<b>\$ 3,749</b>	<b>\$ 6,134</b>	<b>\$ 2,556</b>	<b>\$ 79,973</b>		
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>										
MH MSA (PEI)	251984-17156-10031199-0048	\$ 13,163	\$ 34,471	\$ 2,282	\$ 5,265	\$ 9,653	\$ 3,861	\$ 6,318	\$ 2,633	\$ 79,973	
This row left blank for funding sources not in drop-down list										\$ -	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$ 13,163</b>	<b>\$ 34,471</b>	<b>\$ 2,282</b>	<b>\$ 5,265</b>	<b>\$ 9,653</b>	<b>\$ 3,861</b>	<b>\$ 6,318</b>	<b>\$ 2,633</b>	<b>\$ 79,973</b>	
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>										
This row left blank for funding sources not in drop-down list										\$ -	
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>										
This row left blank for funding sources not in drop-down list										\$ -	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 13,163</b>	<b>\$ 34,471</b>	<b>\$ 2,282</b>	<b>\$ 5,265</b>	<b>\$ 9,653</b>	<b>\$ 3,861</b>	<b>\$ 6,318</b>	<b>\$ 2,633</b>	<b>\$ 79,973</b>	
<b>NON-DPH FUNDING SOURCES</b>											
This row left blank for funding sources not in drop-down list										\$ -	
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>13,163</b>	<b>34,471</b>	<b>2,282</b>	<b>5,265</b>	<b>9,653</b>	<b>3,861</b>	<b>6,318</b>	<b>2,633</b>	<b>79,973</b>	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>											
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	103	270	18	41	76	30	50	21	609		
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50		
Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50		
Published Rate (Medi-Cal Providers Only)	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	\$ 127.50	<b>Total UDC</b>	
Unduplicated Clients (UDC)	45	45	45	10	N/A	N/A	N/A	50	195		

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000009127  
 Program Name SPRING Project  
 Program Code 38C88

Appendix Number B-2  
 Page Number 2  
 Fiscal Year 2021-2022

**Day Care Consultanats (ECMHCI)**

	TOTAL		MH MSA (PEI) 251984-17156- 10031199-0048					
Funding Term	7/1/20-6/30/21		7/1/20-6/30/21					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Interim Director	0.01	\$ 1,099	0.01	\$ 1,099				
AMBUL CARE ADMSTN CRD	0.15	\$ 10,624	0.15	\$ 10,624				
Admin Asst	0.05	\$ 3,107	0.05	\$ 3,107				
POST DOCTORAL FELLOW	0.13	\$ 8,034	0.13	\$ 8,034				
PSYCHOLOGIST	0.50	\$ 12,409	0.50	\$ 12,409				
CSW	0.10	\$ 9,151	0.10	\$ 9,151				
	0.00	\$ -						
<b>Totals:</b>	0.94	\$ 44,424	0.94	\$ 44,424	0.00	\$ -	0.00	\$ -

<b>Employee Benefits:</b>	45.80%	\$ 20,346	45.80%	\$ 20,346	0.00%	\$ -	0.00%	\$ -
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<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$ 64,770</b>	<b>\$ 64,770</b>	<b>\$ -</b>	<b>\$ -</b>
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**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 1000009127  
 Program Name SPRING Project  
 Program Code 38C88

Appendix Number B-2  
 Page Number 3  
 Fiscal Year 2021-2022

Day Care  
 Consultanats  
 (ECMHCI)

Expense Categories & Line Items	TOTAL	MH MSA (PEI) 251984-17156- 10031199-0048		
<b>Funding Term</b>	7/1/20-6/30/21	7/1/20-6/30/21		
Rent	\$ -			
Utilities (telephone, electricity, water, gas)	\$ -			
Building Repair/Maintenance	\$ -			
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 1,835	\$ 1,835		
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -			
<b>Materials &amp; Supplies Total:</b>	<b>\$ 1,835</b>	<b>\$ 1,835</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -			
Insurance	\$ -			
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -			
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide	\$ -			
	\$ -			
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 1,168	\$ 1,168		
GAEL: General Automobile and Employee Liability	\$ 364	\$ 364		
Data Network Recharge	\$ 507	\$ 507		
CCDSS: Computing and Communication Device Support Services	\$ 680	\$ 680		
<b>Other Total:</b>	<b>\$ 2,719</b>	<b>\$ 2,719</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 4,554</b>	<b>\$ 4,554</b>	<b>\$ -</b>	<b>\$ -</b>

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

DHCS Legal Entity Number 00117			Appendix Number		B-3
Provider Name UCSF IPP			Page Number		1
Provider Number 38C8			Fiscal Year		2021-2022
Contract ID Number 1000009127					
Program Name	Consultants (ECMHCI)		Non MediCal Client Support		
Program Code	38C84	38C85	38C8		
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59	45/10-19	60/78		
Service Description	MH Svcs	MAA - MH Promotion	H.S.A. - Other Non MediCal Client Support Exp		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21		
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries & Employee Benefits	\$ 448,077	\$ 18,754	\$ 55,541		\$ 522,372
Operating Expenses	\$ 14,948	\$ 889	\$ 2,830		\$ 18,667
Capital Expenses					\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 463,025</b>	<b>\$ 19,643</b>	<b>\$ 58,371</b>		<b>\$ 541,040</b>
Indirect Expenses	\$ 55,563	\$ 2,356	\$ 7,005		\$ 64,924
Indirect %	12.0%	12.0%	12.0%		12.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 518,588</b>	<b>\$ 22,000</b>	<b>\$ 65,376</b>		<b>\$ 610,206</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>Dept-Auth-Proj-Activity</b>					
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	\$ 199,356			\$ 199,356
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	\$ 185,076			\$ 185,076
MH WO HSA CWS Non-IVE Overmatch	251962-10002-10001803-0005		\$ 65,376		\$ 65,376
MH CYF County General Fund	251962-10000-10001670-0001	\$ 14,280			\$ 14,280
MH CYF County General Fund	251962-10000-10001670-0001	\$ 119,876	\$ 22,000		\$ 141,876
MH CYF County GF WO CODB	251962-10000-10001670-0001				
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 518,588</b>	<b>\$ 22,000</b>	<b>\$ 65,376</b>	<b>\$ -</b>	<b>\$ 610,206</b>
<b>BHS SUD FUNDING SOURCES</b>					
<b>Dept-Auth-Proj-Activity</b>					
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>					
<b>Dept-Auth-Proj-Activity</b>					
This row left blank for funding sources not in drop-down list					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 518,588</b>	<b>\$ 22,000</b>	<b>\$ 65,376</b>	<b>\$ -</b>	<b>\$ 610,206</b>
<b>NON-DPH FUNDING SOURCES</b>					
This row left blank for funding sources not in drop-down list					
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>518,588</b>	<b>22,000</b>	<b>65,376</b>	<b>-</b>	<b>610,206</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>					
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	160,554	134	225		160,913
Unit Type	Staff Minute	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) (DPH FUNDING SOURCES Only)	\$ 3.23	\$ 163.77	\$ 290.56		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) & Non-DPH FUNDING SOURCES)	\$ 3.23	\$ 163.77	\$ 290.56		
Published Rate (Medi-Cal Providers Only) & Rate (Medi-Cal Providers Only)	\$ 3.23	\$ 163.77	\$ 290.56		
Unduplicated Clients (UDC)	70	N/A	N/A		70
					<b>Total UDC</b>

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**  
58129.920000000

**Contract ID Number** 1000009127  
**Program Name** Psychotherapy Services  
**Program Code** 38C84 & 38C85

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	TOTAL		MH SVS 15/10-57, 59_ 251962-10000-10001670-0001		H.S.A. - Other Non MediCal Client Support Exp 60/78 - 251962-10002-10001803-0005		251962-10000-10001670-0001 MH Promotion - 45/10-19	
Funding Term	7/1/20-6/30/21		7/1/20-6/30/21		7/1/20-6/30/21		7/1/20-6/30/21	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Interim Director	0.01	\$ 1,099	0.01	\$ 1,099				
CLINICAL SOCIAL WORKER	1.78	\$ 170,878	1.51	\$ 135,823	0.17	\$ 22,192	0.10	12,863
PSYCHOLOGIST	0.66	\$ 35,327	0.57	\$ 23,396	0.08	\$ 11,931		
PSYCHIATRIST	0.02	\$ 4,200	0.02	\$ 4,200				
ADMIN MGR	0.20	\$ 24,000	0.20	\$ 24,000				
AMBUL CARE ADMSTN CRD	0.66	\$ 47,990	0.66	\$ 47,990	0.00	\$ -		
ADMINISTRATIVE ASSISTANT	1.05	\$ 61,881	0.98	\$ 57,909	0.07	\$ 3,971		
FINANCIAL ANALYST	0.10	\$ 7,078	0.10	\$ 7,078				
POST DOCTORAL FELLOW	0.24	\$ 5,828	0.24	\$ 5,828				
<b>Totals:</b>	<b>4.71</b>	<b>\$ 358,280</b>	<b>4.29</b>	<b>\$ 307,323</b>	<b>0.32</b>	<b>\$ 38,094</b>	<b>0.10</b>	<b>12,863</b>
			4.29					
<b>Employee Benefits:</b>	45.80%	\$ 164,092	45.80%	\$ 140,754	45.80%	\$ 17,447	45.80%	5,891.279648
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 522,372</b>		<b>\$ 448,077</b>		<b>\$ 55,541</b>		<b>18,754</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 100009127  
 Program Name Psychotherapy Services  
 Program Code 38C85

Appendix Number B-3  
 Page Number 3  
 Fiscal Year 2021-2022

Expense Categories & Line Items	TOTAL	Psychotherapy - 251962-10000- 10001670-0001	251962-10000- 10001670-0001 MAA	HSA - 251962- 10002-10001803- 0005	
<b>Funding Term</b>	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	7/1/20-6/30/21	
Rent	\$ -				
Utilities (telephone, electricity, water, gas)	\$ -				
Building Repair/Maintenance	\$ -				
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 2,143	\$ 1,731	\$ 412		
Photocopying	\$ -				
Program Supplies	\$ -				
Computer Hardware/Software	\$ -				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 2,143</b>	<b>\$ 1,731</b>	<b>\$ 412</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -				
Insurance	\$ -				
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ -				
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -				
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -				
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 8,286	\$ 6,554	\$ 183	\$ 1,549	
GAEL: General Automobile and Employee Liability Charges	\$ 3,045	\$ 2,612	\$ 109	\$ 324	
Data Network Recharge	\$ 373	\$ 238	\$ 79	\$ 56	
CCDSS: Computing and Communication Device Support Services	\$ 4,820	\$ 3,813	\$ 106	\$ 901	
<b>Other Total:</b>	<b>\$ 16,524</b>	<b>\$ 13,217</b>	<b>\$ 477</b>	<b>\$ 2,830</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 18,667</b>	<b>\$ 14,948</b>	<b>\$ 889.00</b>	<b>\$ 2,830</b>	<b>\$ -</b>

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control ID#  
100009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M14JL21  
 Template Version: Amend1 User Cd  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH WO DCYF ChildCare  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 ECMHCI PC# - 38C86 251962-10002-10001799-0007</b>												
45/ 10 - 19 Outreach Svcs Consultation Indiv	150				\$ 104.50	\$ -	0.00		0.00%			150.00
45/ 10 - 19 Outreach Svcs Consultation Group	140				\$ 104.50	\$ -	0.00		0.00%			140.00
45/ 10 - 19 Outreach Svcs Consultation Observ	73				\$ 104.50	\$ -	0.00		0.00%			73.00
45/ 10 - 19 Outreach Svcs Staff Training	10				\$ 104.50	\$ -	0.00		0.00%			10.00
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	10				\$ 104.50	\$ -	0.00		0.00%			10.00
45/ 10 - 19 Outreach Svcs Early Referral Linkage	30				\$ 104.50	\$ -	0.00		0.00%			30.00
45/ 10 - 19 Outreach Svcs Consultant Train/ Supv (12% Cap)	80				\$ 104.50	\$ -	0.00		0.00%			80.00
45/ 10 - 19 Outreach Svcs Evaluation (3% Cap)	27				\$ 104.50	\$ -	0.00		0.00%			27.00
45/ 10 - 19 Outreach Svcs Systems Work (5% Cap)	53				\$ 104.50	\$ -	0.00		0.00%			53.00
45/ 10 - 19 Outreach Svcs Early Interv Indiv	30				\$ 104.50	\$ -	0.00		0.00%			30.00
45/ 10 - 19 Outreach Svcs Early Interv Grp (15% Cap)	5				\$ 132.00	\$ -	0.00		0.00%			5.00
45/ 10 - 19 Outreach Svcs MH Services Indv/ Family	30				\$ 104.50	\$ -	0.00		0.00%			30.00
45/ 10 - 19 Outreach Svcs MH Svcs Grp (5% Cap)	5				\$ 132.00	\$ -	0.00		0.00%			5.00
45/ 10 - 19 Outreach Svcs COVID-19 Misc Svcs	21				\$ 104.50	\$ -	0.00		0.00%			21.00
<b>TOTAL</b>	<b>664</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>			<b>664.00</b>

<b>Budget Amount</b>	<b>\$ 69,656.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 69,656.00</b>
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**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control ID#  
100009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M16JL21  
 Template Version: Amend1 User Cd  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH WO HSA Pre-School for All  
 Invoice Period: July 2021  
 Final Invoice:  (Check if Yes)

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 ECMHCI PC# - 38C86 251962-10002-10001803-0008</b>												
45/ 10 - 19 Outreach Svcs Consultation Indiv	860				\$ 104.50	\$ -	0.00		0.00%		860.00	
45/ 10 - 19 Outreach Svcs Consultation Group	860				\$ 104.50	\$ -	0.00		0.00%		860.00	
45/ 10 - 19 Outreach Svcs Consultation Observ	350				\$ 104.50	\$ -	0.00		0.00%		350.00	
45/ 10 - 19 Outreach Svcs Staff Training	50				\$ 104.50	\$ -	0.00		0.00%		50.00	
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	120				\$ 104.50	\$ -	0.00		0.00%		120.00	
45/ 10 - 19 Outreach Svcs Early Referral Linkage	250				\$ 104.50	\$ -	0.00		0.00%		250.00	
45/ 10 - 19 Outreach Svcs Consultant Train/ Supv (12% Cap)	456				\$ 104.50	\$ -	0.00		0.00%		456.00	
45/ 10 - 19 Outreach Svcs Evaluation (3% Cap)	152				\$ 104.50	\$ -	0.00		0.00%		152.00	
45/ 10 - 19 Outreach Svcs Systems Work (5% Cap)	304				\$ 104.50	\$ -	0.00		0.00%		304.00	
45/ 10 - 19 Outreach Svcs Early Interv Indiv	100				\$ 104.50	\$ -	0.00		0.00%		100.00	
45/ 10 - 19 Outreach Svcs Early Interv Grp (15% Cap)	20				\$ 132.00	\$ -	0.00		0.00%		20.00	
45/ 10 - 19 Outreach Svcs MH Services Indv/ Family	50				\$ 104.50	\$ -	0.00		0.00%		50.00	
45/ 10 - 19 Outreach Svcs MH Svcs Grp (5% Cap)	20				\$ 132.00	\$ -	0.00		0.00%		20.00	
45/ 10 - 19 Outreach Svcs COVID-19 Misc Svcs	200				\$ 104.50	\$ -	0.00		0.00%		200.00	
<b>TOTAL</b>	<b>3,792</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>		<b>3,792.00</b>	

<b>Budget Amount</b>	<b>\$ 397,332.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 397,332.00</b>
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**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103

**Or email to:**  
cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control ID#  
100009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M18JL21  
 Template Version: Amend1 User Cd  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH WO CFC SchoolReadiness  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

<b>Unduplicated Clients for Exhibit:</b>	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 ECMHCI PC# - 38C86 251962-10002-10001800-0003</b>												
45/ 10 - 19 Outreach Svcs Consultation Indiv	250				\$ 104.50	\$ -	0.00		0.00%		250.00	
45/ 10 - 19 Outreach Svcs Consultation Group	250				\$ 104.50	\$ -	0.00		0.00%		250.00	
45/ 10 - 19 Outreach Svcs Consultation Observ	50				\$ 104.50	\$ -	0.00		0.00%		50.00	
45/ 10 - 19 Outreach Svcs Staff Training	30				\$ 104.50	\$ -	0.00		0.00%		30.00	
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	64				\$ 104.50	\$ -	0.00		0.00%		64.00	
45/ 10 - 19 Outreach Svcs Early Referral Linkage	25				\$ 104.50	\$ -	0.00		0.00%		25.00	
45/ 10 - 19 Outreach Svcs Consultant Train/ Supv (12% Cap)	127				\$ 104.50	\$ -	0.00		0.00%		127.00	
45/ 10 - 19 Outreach Svcs Evaluation (3% Cap)	42				\$ 104.50	\$ -	0.00		0.00%		42.00	
45/ 10 - 19 Outreach Svcs Systems Work (5% Cap)	84				\$ 104.50	\$ -	0.00		0.00%		84.00	
45/ 10 - 19 Outreach Svcs Early Interv Indiv	25				\$ 104.50	\$ -	0.00		0.00%		25.00	
45/ 10 - 19 Outreach Svcs Early Interv Grp (15% Cap)	10				\$ 132.00	\$ -	0.00		0.00%		10.00	
45/ 10 - 19 Outreach Svcs MH Services Indv/ Family	25				\$ 104.50	\$ -	0.00		0.00%		25.00	
45/ 10 - 19 Outreach Svcs MH Svcs Grp (5% Cap)	8				\$ 132.00	\$ -	0.00		0.00%		8.00	
45/ 10 - 19 Outreach Svcs COVID-19 Misc Svcs	60				\$ 104.50	\$ -	0.00		0.00%		60.00	
<b>TOTAL</b>	<b>1,050</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>		<b>1,050.00</b>	

<b>Budget Amount</b>	<b>\$ 110,256.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 110,256.00</b>
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**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
 PAGE A

Control ID#  
 100009127

**Contractor: UCSF SFGH Clinical Practice Group  
 Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M19JL21  
 Template Version: Amend1  
 User Cd:  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH CYF Fed SDMC/State/Cty GF/WO  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

<b>Unduplicated Clients for Exhibit:</b>	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-3 Psychotherapy Services PC#38C84 251984-10000-10001670-0001</b>												
15/10-57, 59 MH Svcs	156,101				\$ 3.55	\$ -	0.00		0.00%		156,101.00	
<b>TOTAL</b>	156,101		0.00				0.00		0.00%		156,101.00	
	<b>Budget Amount</b>				\$ 554,626.00			<b>Expenses To Date</b>	<b>% of Budget</b>		<b>Remaining Budget</b>	
								\$ -	0.00%		\$ 554,626.00	

**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103

**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control ID#  
100009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M21JL21  
 Template Version: Amend1 User Cd  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH MHA (PEI)  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

<b>Unduplicated Clients for Exhibit:</b>	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 ECMHCI PC# - 38C86 251984-17156-10031199-0062</b>												
45/ 10 - 19 Outreach Svcs Consultation Indiv	350				\$ 104.50	\$ -	0.00		0.00%			350.00
45/ 10 - 19 Outreach Svcs Consultation Group	169				\$ 104.50	\$ -	0.00		0.00%			169.00
45/ 10 - 19 Outreach Svcs Consultation Observ	50				\$ 104.50	\$ -	0.00		0.00%			50.00
45/ 10 - 19 Outreach Svcs Staff Training	40				\$ 104.50	\$ -	0.00		0.00%			40.00
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	40				\$ 104.50	\$ -	0.00		0.00%			40.00
45/ 10 - 19 Outreach Svcs Early Referral Linkage	50				\$ 104.50	\$ -	0.00		0.00%			50.00
45/ 10 - 19 Outreach Svcs Consultant Train/ Supv (12% Cap)	127				\$ 104.50	\$ -	0.00		0.00%			127.00
45/ 10 - 19 Outreach Svcs Evaluation (3% Cap)	42				\$ 104.50	\$ -	0.00		0.00%			42.00
45/ 10 - 19 Outreach Svcs Systems Work (5% Cap)	85				\$ 104.50	\$ -	0.00		0.00%			85.00
45/ 10 - 19 Outreach Svcs Early Interv Indiv	25				\$ 104.50	\$ -	0.00		0.00%			25.00
45/ 10 - 19 Outreach Svcs Early Interv Grp (15% Cap)	5				\$ 132.00	\$ -	0.00		0.00%			5.00
45/ 10 - 19 Outreach Svcs MH Services Indv/ Family	5				\$ 104.50	\$ -	0.00		0.00%			5.00
45/ 10 - 19 Outreach Svcs MH Svcs Grp (5% Cap)	5				\$ 132.00	\$ -	0.00		0.00%			5.00
45/ 10 - 19 Outreach Svcs COVID-19 Misc Svcs	63				\$ 104.50	\$ -	0.00		0.00%			63.00
<b>TOTAL</b>	<b>1,056</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>			<b>1,056.00</b>

<b>Budget Amount</b>	<b>\$ 110,675.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 110,675.00</b>
----------------------	----------------------	-------------------------	-------------	--------------------	--------------	-------------------------	----------------------

**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
 PAGE A

Control ID#  
 100009127

**Contractor: UCSF SFGH Clinical Practice Group  
 Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M22JL21  
 Template Version: Amend1  
 User Cd:  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH CYF Fed SDMC FFP  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

<b>Unduplicated Clients for Exhibit:</b>	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-3 Psychotherapy Services PC#38C85 251984-10000-10001670-0001</b>												
45/10-19 MAA - MH Promotion	56				\$ 180.15	\$ -	0.00		0.00%			55.51
<b>TOTAL</b>	56		0.00				0.00		0.00%			55.51
	<b>Budget Amount</b>				<b>\$ 10,000.00</b>			<b>Expenses To Date</b>	<b>% of Budget</b>			<b>Remaining Budget</b>
								<b>\$ -</b>	<b>0.00%</b>			<b>\$ 10,000.00</b>

**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control ID#  
1000009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant Parent Program - CMS# 6907**

INVOICE NUMBER: M23JL21

Template Version: Amend1 User Cd

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Ct. PO No.: POHM SFGOV-0000585654

Tel No.: (415) 579-1970

**BHS**

Fund Source: WO HSA CWS Non-IVE Overmatch

Invoice Period: July 2021

Funding Term: 07/01/2021 - 06/30/2022

Final Invoice:  (Check if Yes)

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-3 Psychotherapy Services PC# - 38C8</b>	<b>251962-10002-10001803-0005</b>											
60/ 78 H.S.A. - Other Non MedCal Client	205				-	-	0%		205	-	100%	
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 38,937.00	\$ -	\$ -	0.00%	\$ 38,937.00
Fringe Benefits	\$ 17,833.00	\$ -	\$ -	0.00%	\$ 17,833.00
<b>Total Personnel Expenses</b>	<b>\$ 56,770.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 56,770.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 534.00	\$ -	\$ -	0.00%	\$ 534.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 370.00	\$ -	\$ -	0.00%	\$ 370.00
Gael	\$ 319.00	\$ -	\$ -	0.00%	\$ 319.00
Data Network Recharge	\$ 161.00	\$ -	\$ -	0.00%	\$ 161.00
CCDSS	\$ 216.00	\$ -	\$ -	0.00%	\$ 216.00
<b>Total Operating Expenses</b>	<b>\$ 1,600.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,600.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 58,370.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 58,370.00</b>
<b>Indirect Expenses</b>	<b>\$ 7,004.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 7,004.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 65,374.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 65,374.00</b>
<b>Less: Initial Payment Recovery</b>		\$ -			
<b>Other Adjustments (DPH use only)</b>		\$ -			
		\$ -			
		\$ -			
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
  
Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103  
  
**Or email to:**  
**cbhsinvoices@sfdph.org**

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

Prepared: 7/26/2022  
Date





**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Control ID#  
100009127

**Contractor: UCSF SFGH Clinical Practice Group  
Infant-Parent Program - CMS# 6907**

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 579-1970

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M25JL21  
 Template Version: Amend1 User Cd  
 Ct. PO No.: POHM SFGOV-0000585654  
 Fund Source: MH CYF County GF  
 Invoice Period: July 2021  
 Final Invoice:  (Check if Yes)

<b>Unduplicated Clients for Exhibit:</b>	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
------------------------------------------	------------------------------	-----------------------------------	-------------------------------	------------------------	------------------------------------

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 ECMHCI PC# - 38C86 251962-10000-10001670-0001</b>												
45/ 10 - 19 Outreach Svcs Consultation Indiv	450				\$ 104.50	\$ -	0.00		0.00%		450.00	
45/ 10 - 19 Outreach Svcs Consultation Group	350				\$ 104.50	\$ -	0.00		0.00%		350.00	
45/ 10 - 19 Outreach Svcs Consultation Observ	40				\$ 104.50	\$ -	0.00		0.00%		40.00	
45/ 10 - 19 Outreach Svcs Staff Training	30				\$ 104.50	\$ -	0.00		0.00%		30.00	
45/ 10 - 19 Outreach Svcs Parent Trn/ Supp Grp	25				\$ 104.50	\$ -	0.00		0.00%		25.00	
45/ 10 - 19 Outreach Svcs Early Referral Linkage	25				\$ 104.50	\$ -	0.00		0.00%		25.00	
45/ 10 - 19 Outreach Svcs Consultant Train/ Supv (12% Cap)	137				\$ 104.50	\$ -	0.00		0.00%		137.00	
45/ 10 - 19 Outreach Svcs Evaluation (3% Cap)	46				\$ 104.50	\$ -	0.00		0.00%		46.00	
45/ 10 - 19 Outreach Svcs Systems Work (5% Cap)	91				\$ 104.50	\$ -	0.00		0.00%		91.00	
45/ 10 - 19 Outreach Svcs Early Interv Indiv	50				\$ 104.50	\$ -	0.00		0.00%		50.00	
45/ 10 - 19 Outreach Svcs Early Interv Grp (15% Cap)	5				\$ 132.00	\$ -	0.00		0.00%		5.00	
45/ 10 - 19 Outreach Svcs MH Services Indv/ Family	12				\$ 104.50	\$ -	0.00		0.00%		12.00	
45/ 10 - 19 Outreach Svcs MH Svcs Grp (5% Cap)	5				\$ 132.00	\$ -	0.00		0.00%		5.00	
45/ 10 - 19 Outreach Svcs COVID-19 Misc Svcs	68				\$ 104.50	\$ -	0.00		0.00%		68.00	
<b>TOTAL</b>	<b>1,334</b>		<b>0.00</b>				<b>0.00</b>		<b>0.00%</b>		<b>1,334.00</b>	

<b>Budget Amount</b>		<b>\$ 139,681.00</b>	<b>Expenses To Date</b>	<b>\$ -</b>	<b>% of Budget</b>	<b>0.00%</b>	<b>Remaining Budget</b>	<b>\$ 139,681.00</b>
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**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
**Or email to:**  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date





City and County of San Francisco  
**London N. Breed, Mayor**

## San Francisco Department of Public Health

Grant Colfax, MD  
Director of Health

DATE: May 16, 2023  
TO: Chair Connie Chan, BOS Budget and Finance Committee  
FROM: Ana Validzic, SFDPH Government Affairs Director  
RE: Request for retroactive approval for UC Infant Parent Program contract amendment

---

The San Francisco Department of Public Health (SFDPH) requests retroactive approval of Amendment No. 2 to the agreement between The Regents of the University of California, A Constitutional Corporation, on behalf of its San Francisco Campus UC SFGH Clinical Practice Group SFGH/Comm Focus PGM and the Department of Public Health, for mental health services for the Infant Parent Program.

In the Fall of 2022, UCSF raised issues regarding the contract language which delayed the processing of UCSF contracts. The services included in this contract, the Infant Parent Program contract, were able to be released for signature. DPH received the signed agreement from UC on April 27th, 2023, for an agreement extension retroactive to December 31st, 2022 (total term agreement of July 1st, 2018, through June 30th, 2028). Upon receiving the signed agreement on April 27th, DPH prepared the agreement and legislation for introduction.

Thank you for considering this request for retroactive approval for UC Infant Parent Program contract Amendment #2.

---

**The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.**

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~

~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

kellyhramoto@SFDPH.org – office 415-255-3492 – fax 415 252-3088

1380 Howard Street, Room 419B, San Francisco, CA 94103

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## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230598

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Kelly Hiramoto	415-255-3492
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH Department of Public Health	kelly.hiramoto@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> The Regents of the University of California	<b>TELEPHONE NUMBER</b> 669-220-0872
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1001 Potrero Ave, Box 0852, San Francisco, CA 94110	<b>EMAIL</b> maneey.sharma@ucsf.edu

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230598
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> Not to Exceed \$14,647,481		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide linguistically and culturally responsive community and home-based mental health services to support high risk pregnant women and new parents, children up to five years of age and their caregivers including daycare consultation		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Anguiano	Maria	Board of Directors
2	Batchlor	Elaine	Board of Directors
3	Blas Pedral	Marlene	Board of Directors
4	Chu	Carmen	Board of Directors
5	Cohen	Michael	Board of Directors
6	Elliott	Gareth	Board of Directors
7	Guber	Howard "Peter"	Board of Directors
8	Hernandez	Jose M	Board of Directors
9	Leib	Richard	Board of Directors
10	Makerechian	Hadi	Board of Directors
11	Matosantos	Ana	Board of Directors
12	Park	Lark	Board of Directors
13	Perez	John A	Board of Directors
14	Reilly	Janet	Board of Directors
15	Robinson	Mark	Board of Directors
16	Sherman	Richard	Board of Directors
17	Sures	Jonathan "Jay"	Board of Directors
18	Newsom	Gavin	Other Principal Officer
19	Kounalakis	Eleni	Other Principal Officer

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Rendon	Anthony	Other Principal Officer
21	Thurmond	Tony	Other Principal Officer
22	Drake	Michael D	Other Principal Officer
23	Timmons	Sandra	Other Principal Officer
24	Pouchot	Amanda	Other Principal Officer
25	State, MD, PhD	Matthew W.	Other Principal Officer
26	Fortuna, MD, PhD	Lisa	Other Principal Officer
27	Becker, MD	Daniel	Other Principal Officer
28	Czech, MS, MBA	Jane	Other Principal Officer
29	Epel, PhD	Elissa	Other Principal Officer
30	Jayaratne, MA	Adri	Other Principal Officer
31	King, MD, MBA	Brian	Other Principal Officer
32	Krystal, MD, MS	Andrew	Other Principal Officer
33	Li, MD	Descartes	Other Principal Officer
34	Lieberman, PhD	Alicia	Other Principal Officer
35	Maguen, PhD	Shira	Other Principal Officer
36	McQuaid, PhD	John	Other Principal Officer
37	Porche, EdD	Michelle	Other Principal Officer
38	Roznovsky, MS	Nicholas	Other Principal Officer

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Stuart, PhD	Barbara	Other Principal Officer
40	Tolou-Shams, PhD	Marina	Other Principal Officer
41	Tran, MD	John	Other Principal Officer
42	walker	Michael	Other Principal Officer
43	Yaffe, MD	Kristine	Other Principal Officer
44			
45			
46			
47			
48			
49			
50			
<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
-------------------------------------------------------------------------------------------------------------------	---------------------------

President, District 3  
BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689

Tel. No. 554-7450  
Fax No. 554-7454  
TDD/TTY No. 544-6546

**Aaron Peskin**

**PRESIDENTIAL ACTION**

Date: 5/30/23

To: Angela Calvillo, Clerk of the Board of Supervisors

Madam Clerk,  
Pursuant to Board Rules, I am hereby:

Waiving 30-Day Rule (Board Rule No. 3.23)

File No. \_\_\_\_\_ (Primary Sponsor)

Title. \_\_\_\_\_

Transferring (Board Rule No 3.3)

File No. 230598 Mayor  
(Primary Sponsor)

Title. Contract Amendment - Retroactive - The Regents of the University of California - Mental Health Services for Infant Parent Program - Not to

From: Homelessness & Behavioral Health Committee

To: Budget & Appropriations Committee

Assigning Temporary Committee Appointment (Board Rule No. 3.1)

Supervisor: \_\_\_\_\_ Replacing Supervisor: \_\_\_\_\_

For: \_\_\_\_\_ Meeting  
(Date) (Committee)

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Temporary Assignment:  Partial  Full Meeting

Aaron Peskin, President  
Board of Supervisors

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2023 MAY 30 PM 3:45  
BY JAC

Member, Board of Supervisors  
District 1



City and County of San Francisco

**CONNIE CHAN**

**陳詩敏**

第一區市參事

DATE: June 5, 2023  
TO: Angela Calvillo  
Clerk of the Board of Supervisors  
  
FROM: Supervisor Chan   
Chairperson  
  
RE: Budget and Appropriations Committee  
COMMITTEE REPORT

---

Pursuant to Board Rule 4.20, as Chair of the Budget and Finance Committee, I have deemed the following matters to be of an urgent nature and request that each be considered by the full Board on June 13, 2023, as Committee Reports:

**230597 [Contract Amendment – Regents of the University of California - Behavioral Health Services for Children, Youth and Families - - Not to Exceed \$20,098,073]**

**230598 [Contract Amendment – Retroactive - The Regents of the University of California - Mental Health Services for Infant Parent Program - Not to Exceed \$14,647,481]**

**230599 [Accept and Expend Grant - Retroactive - Centers for Disease Control and Prevention - San Francisco Project INVEST - \$9,818,147]**

**230600 [Accept and Expend Grant - Retroactive - California Department of Public Health - Physicians for a Healthy California - COVID-19 Test to Treat Equity Grant - \$500,000]**

**230601 [Accept and Expend Grant - Retroactive - California Department of Public Health - Syphilis Outbreak Strategy (SOS) Grant - \$2,668,251]**

These matters will be heard at a special Budget and Finance meeting on June 9, 2023, at 9:30 am.

**From:** [Conine-Nakano, Susanna \(MYR\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**Cc:** [Paulino, Tom \(MYR\)](#); [Validzic, Ana \(DPH\)](#); [Altman, Claire \(DPH\)](#)  
**Subject:** Mayor -- Resolution -- Infant Parent Program Amendment No. 2  
**Date:** Tuesday, May 23, 2023 4:39:53 PM  
**Attachments:** [Mayor -- Resolution -- Infant Parent Program Amendment No. 2.zip](#)

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Hello Clerks,

Attached for introduction to the Board of Supervisors is a Resolution retroactively approving Amendment No. 2 to the agreement between The Regents of the University of California, A Constitutional Corporation, on behalf of its San Francisco Campus UC SFGH Clinical Practice Group SFGH/Comm Focus PGM and the Department of Public Health, for mental health services for the Infant Parent Program, to increase the agreement by \$5,208,598 for an amount not to exceed \$14,647,481; to extend the term by five years and six months, from December 31, 2022, for a total agreement term of July 1, 2018, through June 30, 2028; and to authorize the Department of Public Health to enter into amendments or modifications to the contract prior to its final execution by all parties that do not materially increase the obligations or liabilities to the City and are necessary to effectuate the purposes of the contract or this Resolution.

Best,  
Susanna

Susanna Conine-Nakano  
Office of Mayor London N. Breed  
City & County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 200  
San Francisco, CA 94102  
415-554-6147