

File No. 151045

Committee Item No. 19

Board Item No. 22

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance

Date December 9, 2015

Board of Supervisors Meeting

Date DECEMBER 15 2015

Cmte Board

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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
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| <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 |
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| <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 |
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Completed by: Victor Young Date December 4, 2015
Completed by: Victor Young Date 12/01/15

1 [Contract Amendment - Regents of the University of California San Francisco - Infant Parent
2 Program - Behavioral Health Services - Not to Exceed \$12,316,517]

3 **Resolution approving amendment number one to the Department of Public Health**
4 **contract for behavioral health services with The Regents of the University of California**
5 **San Francisco, for the Infant Parent Program, to extend the contract by two years, from**
6 **July 1, 2010, through December 31, 2015, to July 1, 2010, through December 31, 2017,**
7 **with a corresponding increase of \$3,010,777 for a total amount not to exceed**
8 **\$12,316,517.**

9
10 WHEREAS, The mission of the Department of Public Health is to protect and promote
11 the health of all San Franciscans; and

12 WHEREAS, The Department of Public Health provides health and behavioral health
13 services through a wide network of approximately 300 Community-Based Organizations and
14 service providers; and

15 WHEREAS, In 2010, the Department of Public Health selected The Regents of the
16 University of California through a Request For Proposals process to provide behavioral health
17 services for the period of July 1, 2010, through December 31, 2015; and

18 WHEREAS, The Department of Public Health wishes to extend the term of that
19 contract in order to allow the continuation of services while Requests For Proposals are
20 administered to take into account the changes to behavioral health services business needs
21 related to the Affordable Care Act and the State Department of Health Care Services' 1115
22 Demonstration Waiver pertaining to the delivery of substance abuse Drug Medi-Cal funded
23 services; and

24 WHEREAS, The San Francisco Charter, Section 9.118, requires that contracts entered
25 into by a department or commission having a term in excess of ten years; or requiring

1 anticipated expenditures by the City and County of ten million dollars, to be approved by the
2 Board of Supervisors; and

3 WHEREAS, The Department of Public Health requests approval of an amendment to
4 the Department of Public Health contract for behavioral health services with The Regents of
5 the University of California to extend the contract by two years, from July 1, 2010, through
6 December 31, 2015, to July 1, 2010, through December 31, 2017, with a corresponding
7 increase of \$3,010,777 for a total not-to-exceed amount of \$12,316,517; now, therefore, be it

8 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health
9 and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and
10 County of San Francisco to amend the contract with The Regents of the University of
11 California, extending the term of the contract by two years, through December 31, 2017, and
12 increasing the total, not-to-exceed amount of the contract by \$3,010,777 to \$12,316,517; and,
13 be it

14 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being
15 fully executed by all parties, the Director of Health and/or the Director of the Office of Contract
16 Administration/Purchaser shall provide the final contract amendment to the Clerk of the Board
17 for inclusion into the official file (File No. 151045).

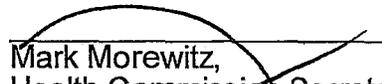
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RECOMMENDED:



Barbara A. Garcia,
Director of Health

APPROVED:



Mark Morewitz,
Health Commission Secretary

<p>Items 15, 17, 18 and 19 Files 15-1029, 15-1041, 15-1042 and 15-1045</p>	<p>Department: Department of Public Health (DPH)</p>
<p>EXECUTIVE SUMMARY</p>	
<p style="text-align: center;">Legislative Objectives</p> <ul style="list-style-type: none"> • The proposed resolutions would amend four behavioral health services contracts between DPH and four non-profit organizations to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract. <p style="text-align: center;">Key Points</p> <ul style="list-style-type: none"> • In June 2015, DPH informed the Board of Supervisors of their intention to request two-year contract extensions for their behavioral health services contracts in order to meet the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver regarding Medi-Cal organized drug delivery system. • The extension period would allow DPH to have sufficient time to complete the planning process, issue new RFPs, and award new contracts for behavioral health services. <p style="text-align: center;">Fiscal Impact</p> <ul style="list-style-type: none"> • The current total not-to-exceed amount of the four contracts is \$38,495,982. DPH is requesting a total increase of \$13,385,008 in these contracts for a total contract not-to-exceed amount of \$51,880,990. • The contract amounts for the two-year extension from January 1, 2016 through December 31, 2017 include contingencies of 12 percent and Cost of Living Adjustments (COLA) approved by the Board of Supervisors for FY 2015-16 and FY 2016-17. • The Budget and Legislative Analyst found the requested increase for each of the four contracts to be reasonable, based on actual and projected contract expenditures. <p style="text-align: center;">Policy Consideration</p> <ul style="list-style-type: none"> • DPH is now in the process of determining how to best align contracted services with the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration, and plans to issue Requests for Proposals (RFP) in approximately March 2016. DPH considers the two-year contract extension to be necessary in order to prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of these RFPs, and award new contracts, while preventing any break in service delivery. <p style="text-align: center;">Recommendation</p> <ul style="list-style-type: none"> • Approve the proposed resolutions. 	

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

In 2010, the Department of Public Health (DPH) awarded four behavioral health services contracts to four non-profit organizations including A Better Way, Inc., Larkin Street Youth Services, Oakes Children's Center, and the Regents of the University of California at San Francisco (UCSF), after completing a competitive Request for Proposals (RFP) process. Funding for the four contracts was a combination of (i) City General Funds, (ii) State Realignment and State General Funds, (iii) Federal Medi-Cal and Short Doyle Medi-Cal funds, and (iv) work orders. All four non-profit organizations currently have a contract term of five years and six months from July 1, 2010 through December 31, 2015.¹ These contracts were not subject to Board of Supervisors approval because they were for less than \$10 million and 10 years.

In June 2015, DPH informed the Board of Supervisors of their intention to request two-year contract extensions for their behavioral health services contracts in order to meet the requirements of the Affordable Care Act. DPH has been involved in a planning process to optimize and integrate contracted community based services into DPH's San Francisco Health Network, an integrated service delivery system. The extension period would allow DPH to have sufficient time to complete the planning process, issue new RFPs, and award new contracts for behavioral health services.

DETAILS OF PROPOSED LEGISLATION

The proposed resolutions would amend four behavioral health services contracts between DPH and four non-profit organizations to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract as shown in Table 1 below.

The four non-profit organizations include A Better Way, Inc., Larkin Street Youth Services, Oakes Children's Center, and UCSF.

In addition to meeting new requirements for the Affordable Care Act, DPH must also comply with the State Department of Health Care Services 1115 demonstration waiver regarding Medi-Cal organized drug delivery system, which was approved by the State in August 2015. Ms. Michelle Ruggels, Director of the DPH Business Office, explained that DPH will need to make significant changes to the current substance abuse delivery system and in some cases, create new service models. DPH is now in the process of determining how to best align contracted

¹ DPH made prior amendments to the contract terms and the total not-exceed amounts for A Better Way, Inc. and Oakes Children's Center prior to the proposed resolution.

services with the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver.

FISCAL IMPACT

The current total not-to-exceed amount of the four contracts is \$38,495,982. DPH is requesting a total increase of \$13,385,008 in these contracts for a total contract not-to-exceed amount of \$51,880,990, as shown in the Table 1 below.

Table 1. Current and Proposed Contract Not-to-Exceed Amounts

Contractor	Item No.	Current Not-to Exceed Amount	Requested Increase	Revised Not-to-Exceed Amount
A Better Way, Inc.	15-1029	\$9,982,914	\$4,132,394	\$14,115,308
Larkin Street Youth Services	15-1041	9,930,795	1,871,834	11,802,629
Oakes Children's Center	15-1042	9,276,533	4,370,003	13,646,536
The Regents of the University of California at San Francisco (Infant Parent Program)	15-1045	9,305,740	3,010,777	12,316,517
Total		\$38,495,982	\$13,385,008	\$51,880,990

Source: Department of Public Health staff.

The Budget and Legislative Analyst found the requested increase for each of the four contracts to be reasonable, based on actual and projected contract expenditures.

According to Ms. Ruggels, the contract amounts for the two-year extension from January 1, 2016 through December 31, 2017 include contingencies of 12 percent and Cost of Living Adjustments (COLA) approved by the Board of Supervisors for FY 2015-16 and FY 2016-17. Additionally, Oakes Children's Center, which provides therapy on-site to children in San Francisco's public schools, has had its contract increased to meet the increasing number of referrals by the school district. Finally, Larkin Street Youth Services received State Mental Health Services Funding to expand housing services to its clients.

POLICY CONSIDERATION

Ms. Ruggels advised that the purpose of extending the current contract period by two years until December 31, 2017 is to allow the Department to:

- (a) Complete its planning process to identify any service model changes necessary to better meet the needs of the Department's integrated service delivery system, the San Francisco Health Network, in response to the implementation of the Affordable Care Act;

- (b) Finalize its plan for addressing the new requirements of the State Department of Health Care Services 1115 demonstration waiver (Drug Medi-Cal Organized Delivery System) approved by the State in August 2015, which will require significant changes to the current substance abuse delivery system, including entirely new service models; and
- (c) Prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of these RFPs, and award new contracts, while preventing any break in service delivery.

DPH will finalize its RFP schedule, which is estimated to be completed by March 2016, pending the completion of an evaluation of community-based services that meet the requirements of the Affordable Care Act and the State's 1115 demonstration waiver.

According to Ms. Ruggels, DPH will prepare a schedule for the issuance of the multiple RFPs for behavioral health services that includes the timeline of the issuance of the RFPs, as well as the effective date of the new services. DPH will submit the new contracts to the Board of Supervisors for approval in accordance with Charter Section 9.118(b).

RECOMMENDATION

Approve the proposed resolutions.



City and County of San Francisco

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

October 5, 2015

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Attached please find a proposed resolution for Board of Supervisors approval for the extension of 22 behavioral health services contracts for two years, with corresponding increases in each contract amount, as shown in the resolution.

These contract amendments require Board of Supervisors approval under San Francisco Charter Section 9.118, as they have either already been approved by the Board and the proposed amendment exceeds \$500,000, or they have not previously been approved by the Board and the total contract amount exceeds \$10 million.

The following is a list of accompanying documents:

- o Resolution
- o Proposed amendments
- o Original agreements and any previous amendment
- o Forms SFEC-126 for the Board of Supervisors and Mayor

The following person may be contacted regarding this matter: Jacquie Hale, Director, Office of Contracts Management and Compliance, Department of Public Health, (415) 554-2609 (Jacquie.Hale@SFDPH.org).

Thank you for your time and consideration.

Sincerely,

Jacquie Hale
Director
DPH Office of Contracts Management and Compliance

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO
 5:19 OCT -5 AM 11:17

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 ~

Jacquie.hale@sfdph.org – office 415-554-2509 fax 415 554-2555

101 Grove Street, Room 307, San Francisco, CA 94102

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015 in San Francisco, California, by and between **Regents of the University of California San Francisco** ("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, the Department of Public Health, Community Behavioral Health Services ("Department") wishes to provide mental health services to constituents of childcare programs, homeless shelters, and family resource centers in San Francisco serving children ages birth through five years of age; and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to add Appendices A and B for fiscal year 2015/16, increase compensation and update standard contractual clauses; and

WHEREAS, a Request for Proposal ("RFP") RFP-23-2009 was issued on September 25, 2009, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 4150 09/10 on June 21, 2010;

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

1. **Definitions.** The following definitions shall apply to this Amendment:
 - a. **Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2010, Contract Number BPHM11000090, between Contractor and City.
 - b. **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:
 - a. **Section 2 is hereby amended in its entirety to read as follows:**
 2. **Term of Agreement.** The term of this Agreement shall be July 1, 2010 to December 31, 2017.

b. Section 3 of the Agreement currently reads as follows:

3. Effective Date of Agreement.

This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.

Section 3 is hereby amended in its entirety to read as follows:

3. Effective Date of Agreement.

This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing. However, City shall pay for services performed from the beginning date of the term of the Agreement upon certification of the Controller of the availability of funds.

c. Section 5 of the Agreement currently reads as follows:

5. Compensation.

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 the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Three Hundred Five Thousand Seven Hundred Forty Dollars (\$9,305,740)**. 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. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

Section 5 is hereby amended in its entirety to read as follows:

5. Compensation.

Compensation shall be made in monthly payments on or before the 30th day of each month for works set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twelve Million Three Hundred Sixteen Thousand Five Hundred Seventeen Dollars (\$12,316,517)**. 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. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are

received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

d. Section 8 is hereby amended in its entirety to read as follows:

8. Submitting False Claims; Monetary Penalties.

Pursuant to San Francisco Administrative Code §21.35, 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, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (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.

e. Section 10 is hereby amended in its entirety to read as follows:

10. Taxes.

- a. Payment, as applicable, of any taxes, including possessory interest taxes and 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 that paragraph shall be interpreted as a waiver of any immunities or defenses that Contractor may otherwise have.
- b. Without waiving its rights afforded to it as a California Constitutional Corporation, Contractor states as follows: Contractor recognizes and understands 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:
 - (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.
 - (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.

- (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.
- (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.

f. Section 11 is hereby amended in its entirety to read as follows:

11. Payment Does Not Imply Acceptance of Work.

The payment by City for Services under this Agreement, or the receipt of payment thereof by Contractor, shall in no way affect the obligation of Contractor to perform the Services set forth in **Appendix A** of this Agreement, nor does it preclude City from seeking any available legal remedy should Contractor fail to perform such Services.

g. Section 12 is hereby amended in its entirety to read as follows:

12. Qualified Personnel

Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. To the extent possible, Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

h. Section 13 is hereby amended in its entirety to read as follows:

13. Responsibility for Equipment

- a. City shall not be responsible for any damage to persons or property to the extent it is a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City, while such equipment is in the sole care, custody, and control of Contractor.

- b. Any equipment purchased by Contractor with funds provided 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) calendar 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**.

i. Section 14 is hereby amended in its entirety to read as follows:

14. Independent Contractor; Payment of Taxes and Other Expenses.

a. Independent Contractor.

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. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, 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.

b. Payment of 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.

j. Section 15 is hereby amended in its entirety to read as follows:

15. Insurance.

Contractor and City agree that each party will maintain in force, throughout the term of this Agreement, a program of insurance and/or self-insurance of sufficient scope and amount to permit each party to discharge promptly any obligations each incurs by operation of this Agreement. A certificate of insurance is not required from either party. In the event an insurance waiver is required or approved, it shall be attached hereto as Appendix C.

k. Section 16 is hereby amended in its entirety to read as follows:

16. Indemnification.

- a. 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, 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.

- b. 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, 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.

l. Section 17 is hereby amended in its entirety to read as follows:

17. Incidental and Consequential Damages. Deleted by agreement of the parties.

m. Section 18 is hereby amended in its entirety to read as follows:

18. Liability of City. Deleted by agreement of the parties.

n. Section 19 is hereby amended in its entirety to read as follows:

19. Liquidated Damages. Deleted by agreement of the parties.

o. Section 21 is hereby amended in its entirety to read as follows:

21. Termination for Convenience.

- a. 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 become 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 termination of this Agreement.
- b. Upon receipt of a notice of termination from the City, 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:
 - (1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.
 - (2) Not placing any further orders or subcontracts for materials, services, equipment or other items.

- (3) Terminating all existing orders and subcontracts.
 - (4) 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.
 - (5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
 - (6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.
 - (7) 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.
- c. 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:
- (1) 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.
 - (2) 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.
 - (3) 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.
 - (4) 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.
- d. 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).

- e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; and (2) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d).
- f. City's payment obligation under this Section shall survive termination of this Agreement.

p. Section 22 is hereby amended in its entirety to read as follows:

22. Rights and Duties upon Termination or Expiration.

- a. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement: 8 through 11, 13 through 18, 24, 26, 27, 28, 48 through 52, 56, 57, 64 and item 1 of **Appendix D (HIPAA)** attached to this Agreement.
- b. Subject to the immediately preceding subsection (a), upon termination of this Agreement prior to expiration of the term specified in Section 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.

q. Section 24 is hereby amended in its entirety to read as follows:

24. Proprietary or Confidential Information of City.

- a. 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.

- b. 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.
 - c. 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.
 - d. If this Agreement is terminated by either party, or expires, the 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.
 - e. 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**.
- r. **Section 25 is hereby amended in its entirety to read as follows:**

25. Notices to the Parties.

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

TO CITY: Office of Contract Management fax: (415) 252-3088
Department of Public Health
1380 Howard Street, 4th floor
San Francisco, CA 94102
Attn: Sharon Jones email: sharon.jones@sfdph.org

TO CONTRACTOR: The Regents of the University of California fax: (415) 476-8158
UCSF Office of Sponsored Research
Government and Business Contracts
3333 California Street, Suite 315
San Francisco, CA 94143
(if overnight, use zip code 94118)
Attn: Joti Mahal-Gill email: navjot.mahal-gill@ucsf.edu

PAYMENTS: Payee: "The Regents of the University of California"
Mail Remittance Cashier
Accounting Office
University of California, San Francisco
1855 Folsom Street, Suite 425
San Francisco, CA 94143
(if overnight, use zip code 94103)

Any notice of default must be sent by registered mail.

s. **Section 26 is hereby amended in its entirety to read as follows:**

26. 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.

t. **Section 27 is hereby amended in its entirety to read as follows:**

27. 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.

u. Section 29 is hereby amended in its entirety to read as follows:

29. Subcontracting.

- a. Services rendered by the Contractor pursuant to this Agreement may be carried out under subcontracts. All such subcontracts shall be in writing and shall abide by such federal, state and local laws and regulations as pertain to this Agreement. No subcontract shall terminate the legal responsibilities of the Contractor to the City to ensure that all activities under this Agreement shall be carried out.
- b. Contractor may utilize consultants to assist in a variety of functions. All agreements with consultants must be in writing, stating the amount of compensation and the scope of work.
- c. Neither party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.
- d. Contractor shall provide the City with a list of all subcontractors and consultants retained by Contractor to provide Services under this Agreement either before such retention or as soon as reasonably possible after retention. City shall have the right to exercise its reasonable discretion to reject the retention of any subcontractor or consultant by Contractor. Upon any rejection by City, Contractor shall end rejected subcontractors or consultants provision of Services under this Agreement.

v. Section 30 is hereby amended in its entirety to read as follows:

30. 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 the Contractor, except as otherwise provided in Paragraph 29, above, unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

w. Section 32 is hereby amended in its entirety to read as follows:

32. Consideration of Criminal History in Hiring and Employment Decisions. Deleted in consideration of Contractor's Public Entity status and approved by Office of Contracts Administration (OCA).

x. **Section 33 is hereby amended in its entirety to read as follows:**

33. Local Business Enterprise Utilization; Liquidated Damages. Deleted in consideration of Contractor's Public Entity status.

y. **Section 34 is hereby amended in its entirety to read as follows:**

34. Nondiscrimination; Penalties. Deleted based on Contracts Monitoring Division's (CMD) approval of sole source exception.

z. **Section 35 is hereby amended in its entirety to read as follows:**

35. MacBride Principles—Northern Ireland. Deleted in consideration of Contractor's Public Entity status.

aa. **Section 39 is hereby amended in its entirety to read as follows:**

39. Compliance with Americans with Disabilities Act. Deleted in consideration of Contractor's Public Entity status and the fact that this Agreement serves a substantial public interest, per Administrative Code Chapter 12C.5-1(b).

bb. **Section 41 is hereby amended in its entirety to read as follows:**

41. Public Access to Meetings and Records. Deleted in consideration of Contractor's Public Entity status.

cc. **Section 43 is hereby amended in its entirety to read as follows:**

43. Requiring Minimum Compensation for Covered Employees. Deleted in consideration of Contractor's Public Entity status.

dd. **Section 44 is hereby amended in its entirety to read as follows:**

44. Requiring Health Benefits for Covered Employees. Deleted in consideration of Contractor's Public Entity status.

ee. **Section 45 is hereby amended in its entirety to read as follows:**

45. First Source Hiring Program. Deleted in consideration of Contractor's Public Entity status.

ff. **Section 47 is hereby amended in its entirety to read as follows:**

47. Preservative-treated Wood Containing Arsenic - Deleted in consideration of the fact that this Agreement is not for the purchase of preservative-treated wood products.

gg. Section 48 is hereby amended in its entirety to read as follows:

48. Modification of Agreement.

- a. This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement, except that changes in the scope of service that do not increase the level of total compensation shall be subject to the provisions of the Department of Public Health Policy / Procedure Regarding Contract Budget Changes in effect at commencement of the term of this Agreement, a copy of which has been provided to Contractor. In the event that City desires to amend the Policy/Procedures Regarding Contract Budget Changes, it will provide Contractor with at least thirty (30) days written notice of the proposed changes and provide Contractor with the opportunity to ask questions, raise concerns or recommend alternative revisions. City shall, in good faith, consider Contractor's questions, concerns and recommendations in finalizing any changes to the Policy/Procedure Regarding Budget Changes; however, the final approval of such changes shall be solely in City's discretion.
- b. City may from time to time request changes in the scope of the services of this Agreement to be performed hereunder. Such changes, including any increase or decrease in the amount of Contractor's compensation, which are mutually agreed upon by and between the City and Contractor, shall be effective only upon execution of a duly authorized amendment to this Agreement. Contractor shall cooperate with the City 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 twenty percent 20%(CMD Contract Modification Form).

hh. Section 49 is hereby amended in its entirety to read as follows:

49. Administrative Remedy for Agreement Interpretation

- a. 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.
- b. 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.

ii. Section 52 is hereby amended in its entirety to read as follows:

52. Entire Agreement.

This Agreement, including all Appendices expressly incorporated herein, sets forth the entire understanding between the parties, and supersedes all other oral or written provisions as it pertains to the subject matter herein. This contract may be modified only as provided in Section 48.

jj. Section 53 is hereby amended in its entirety to read as follows:

53. Compliance with Laws.

The parties shall comply with all applicable laws in the performance of this Agreement.

kk. Section 54 is hereby amended in its entirety to read as follows:

54. Services Provided by Attorneys.

The parties do not intend that any legal services will be provided under this Agreement. Any services to be provided under this Agreement (with funding provided by City) to be performed by a law firm or attorney as set forth in the statement of work must be reviewed and approved in writing in advance by the City Attorney. 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.

ll. Section 55 is hereby amended in its entirety to read as follows:

55. Supervision of 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.

mm. Section 57 is hereby amended in its entirety to read as follows:

57. Protection of Private Information.

Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor. The provisions of this Section 57 shall not apply to the extent inconsistent with federal, state or local law.

nn. Section 58 is hereby amended in its entirety to read as follows:

58. Reserved.

oo. Section 60 is hereby amended in its entirety to read as follows:

60. Slavery Era Disclosure. Deleted in consideration of Contractor's status as a State of California agency per San Francisco Administrative Code Chapter 12.Y.3(b).

pp. Section 61 is hereby amended in its entirety to read as follows:

61. Dispute Resolution Procedure. Deleted by agreement of the Parties.

qq. Section 62 is hereby amended in its entirety to read as follows:

62. Additional Terms.

Additional Terms are attached hereto as **Appendix D** and are incorporated into this Agreement by reference as though fully set forth herein.

rr. Section 63 is hereby amended in its entirety to read as follows:

63. 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.

ss. Section 64 is hereby added and reads as follows:

64. 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 private health information 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 protected health information 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 negligent acts or omissions of Contractor. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

tt. Appendices A and A-1 through A-3 dated 07/01/15 (i.e. July 1, 2015) are hereby added for fiscal year 2015/16.

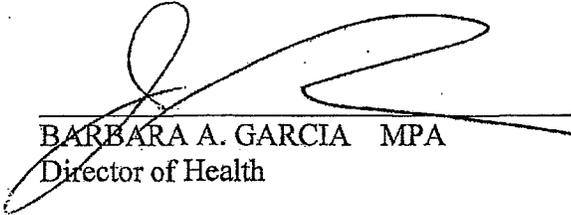
uu. Appendices B and B-1 through B-3 dated 07/01/15 (i.e. July 1, 2015) are hereby added for fiscal year 2015/16.

3. **Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the effective date of this Agreement.
4. **Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

Recommended by:



BARBARA A. GARCIA MPA
Director of Health

CONTRACTOR

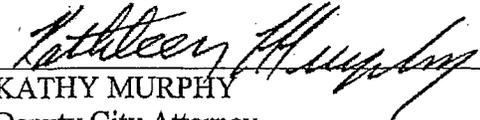
The Regents of the University of California A
Constitutional Corporation, on behalf of its San
Francisco Campus



JOTI MAHALL GILL
CONTRACTS SPECIALIST
3333 CALIFORNIA STREET, SUITE 315
SAN FRANCISCO, CA 94102

Approved as to Form:
DENNIS J. HERRERA
City Attorney

City vendor number: 44467

By: 
KATHY MURPHY
Deputy City Attorney

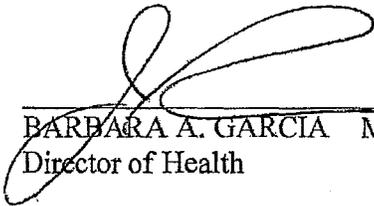
Approved:

JACI FONG
Director of the Office of Contract
Administration, and Purchaser

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

Recommended by:


BARBARA A. GARCIA MPA
Director of Health

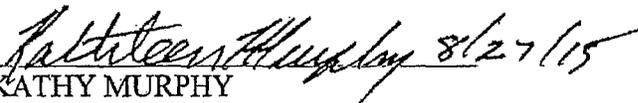
CONTRACTOR

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

 8/26/15
JOTI MAHALL GILL
CONTRACTS SPECIALIST
3333 CALIFORNIA STREET, SUITE 315
SAN FRANCISCO, CA 94102

Approved as to Form:
DENNIS J. HERRERA
City Attorney

City vendor number: 44467

By:  8/27/15
KATHY MURPHY
Deputy City Attorney

Approved:

JACI FONG
Director of the Office of Contract
Administration, and Purchaser

Appendix A
Services to be Provided by Contractor

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Joseph Cecere, Principal Contact for the City, or his / her designee and City will contact the UC Program Director, Kristin Reinsberg, or other appropriate UCSF staff person, Contractor's Principal Investigator for this Agreement, 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.

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. 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:

It is the intent of the parties that only clients who are San Francisco residents shall be treated under the terms of this Agreement, and City shall pay for all services rendered by Contractor in accordance with this Agreement. The parties agree that to the extent that residency has been verified by the City, that verification may be relied upon by Contractor. 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 correcting known site hazards, the proper use of equipment located at the site, the health and safety of their employees, and for all other persons who work at or visit the job site as per local and/or state regulations.
- (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. 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."

K. Research Study Records:

To facilitate the exchange of research study records, should this Appendix A include the use of human study subjects, Contractor will include the City in all study subject consent forms reviewed and approved by Contractor's IRB.

L. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

M. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

N. 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.

O. 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
- (2) Personnel policies and procedures
- (3) Quality Improvement
- (4) Staff Education and Training

P. 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 agreement with said funding sources, which agreements are incorporated by reference as fully set forth and will be provided to Contractor upon request.

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

Detailed description of services are listed below and are attached hereto:

Appendix A-1: Daycare Consultants Program / Training

Appendix A-2: Spring Project

Appendix A-3: Psychotherapy Services

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, 415- 206-6180 Fax: 415- 206-4722

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

2. NATURE OF DOCUMENT Renewal (Amendment One)

3. GOAL STATEMENT

The goal of this project is 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 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, 1 primary care facility, and 6 homeless shelters throughout San Francisco will benefit from consultation to the 344 staff of these programs. Approximately 70 of these children and their parents may be the focus of consultation. Approximately 20 children will receive Early Intervention support and 18 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
1st Place 2 Start	2	20	3	8	DCYF	ECE
Buen Dia Family School	1	40	11	1	PFA	ECE
Community Preschool, Grace Cathedral	1	35	7	2	PFA	ECE
Compass Children's Center	4	90	20	10	HSA	ECE
Florence Crittenton Infant Child Development Program - Broderick Site	2	28	16	4	MHSA	ECE
Friends of St. Francis	2	35	5	3	PFA	ECE
Good Samaritan Child Development Center	2	38	7	8	DCYF	ECE
Guidry's Early Care And Education Program	2	10	2	2	Prop 10	ECE
Holy Family Day Home	2	40	6		HSA	ECE
Holy Family Day Home Infant/Toddler	3	20	10	7	DCYF	ECE
Holy Family Day Home Preschool/Transitional Kindergarten Site	3	60	16	24	PFA	ECE
Kids Kollege Preschool and Child Care	3	30	6	2	MHSA	ECE
Mission State Preschool of City College	1	20	3	5	Prop 10	ECE
Noe Valley Cooperative Preschool	1	24	3	On Call	DCYF	ECE
Phoebe Hearst	4	110	13	On Call	DCYF	ECE
Potrero Kids, Daniel Webster	2	38	5	8	PFA	ECE
Potrero Kids, Daniel Webster	2	38	5	8	PFA	ECE
Potrero Kids, PK3	4	60	16	6	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	5	Prop 10	ECE
SFSU Associated Students Inc. Infant/Toddler	6	80	12	6	HSA	ECE
SFUSD Las Americas	2	48	13	4	PFA	ECE
SFUSD Public Montessori	2	40	5	2	HSA	ECE
SFUSD Sheridan	1	20	2	4	HSA	ECE
SFUSD Tenderloin Community Child Development Center	1	24	7	3	PFA	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	Prop 10	ECE
South of Market Childcare Center - Judith Baker Site (1 classes)	1	20	4	9	HSA	ECE
South of Market Childcare Center - Yerba Buena Site	4	75	16	9	PFA	ECE
St. Elizabeth's Child Care Program of Epiphany Center	3	14	7	2	HSA	ECE
Wind In The Willows	4	50	4	On Call	DCYF	ECE
APA Family Support Services (FRC) – Neighborhood Center	N/A	100	5	3	MHSA	FRC
API – Family Resources Network (20 agencies in the network)	N/A	100	5	1	MHSA	FRC
Compass Family Resource Center	N/A	80	11	5	FRC	FRC
Good Samaritan Family Resource Center	N/A	60	10	10	FRC	FRC
Homeless Pre-Natal	N/A	20	3	3	FRC	FRC
Young Family Resource Center	N/A	Varied	4	6	FRC	FRC
Excelsior Family Connections	N/A	20	4	6	FRC	FRC
Portola Family Connections	N/A	110	6	4	FRC	FRC
South of Market Child Care Inc. Family Resource Center	N/A	100	8	8	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
Health Right 360 (Female Offenders Treatment and Education Program)/ Women's Hope	N/A	20	5	12	MHSA	SA
Asian Women's Shelter	N/A	8	8	4	Shelter	Shelter
Clara House Of Compass Community Services	N/A	15	7	6	Shelter	Shelter
Compass Family Shelter	N/A	17	10	3	Shelter	Shelter
Hamilton Family Residences & Emergency Shelter	N/A	155	30	10	Shelter	Shelter
Hamilton Family Transitional Housing	N/A	50	15	10	Shelter	Shelter
St. Joseph's Family Center	N/A	40	20	8	Shelter	Shelter

5. MODALITIES / INTERVENTIONS

UOS Description	UOS	# of Clients	UDC
<i>Individual consultation</i> 3.02 FTE x 40 hrs/wk x 46 wks x 71.75% effort	3,983	2,390	
<i>Group Consultation</i> 2.90 FTE x 40 hrs/wk x 46 wks x 71.75% effort	3,828	2,390	
<i>Classroom Observation</i> .79 FTE x 40 hrs/wk x 46 wks x 71.75% effort	1,048	2,390	
<i>Staff Training</i> .11 FTE x 40 hrs/wk x 46 wks x 71.75% effort	150	10	
<i>Parent Training/Support Group</i> .27 FTE x 40 hrs/wk x 46 wks x 71.75% effort	356	25	
<i>Early Referral & Linkage</i> .07 FTE x 40 hrs.wk x 46 wks x 71.75% effort	96	20	
<i>Early Intervention Individual</i> .82 FTE x 40 hrs/wk x 46 wks x 71.75% effort	1,081	20	
<i>Early Intervention Group</i> .38 FTE x 40 hrs/wk x 46 wks x 71.75% effort	498	20	
<i>Mental Health Individual</i> .58 FTE x 40 hrs/wk x 46 wks x 71.75% effort	766	18	
<i>Mental Health Group</i> .16 FTE x 40 hrs/wk x 46 wks x 71.75% effort	204	18	
<i>Consultant Training & Supervision</i> 1.16 FTE x 40 hrs/wk x 46 wks x 71.75% effort	1,537	N/A	
<i>Systems Work</i> 0.58 FTE x 40 hrs/wk x 46 wks x 75% effort	767	NA	
<i>Evaluation</i> 0.58 FTE x 40 hrs/wk x 46 wks x 75% effort	767	NA	
Total UOS Delivered	15,081		
Total UDC Served			2,390

- **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 in 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 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 the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the CBHS-initiated evaluation efforts.
- **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.

6. METHODOLOGY

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

These 53 programs serving primarily low-income families whose children are birth through five years of age are 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 childcare 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 a childcare and other early childhood service program, thereby positively impacting the mental health of all the children. Particular attention is paid to children in the setting who 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 (childcare, 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.

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 center. Consultation occurs at the childcare 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 childcare staff to help them understand the child's behavior, offer ideas regarding intervention appropriate to a group setting, and support childcare 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 childcare 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 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 on their childcare 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 childcare site provides intensive training for the teacher. Therapeutic groups will meet on average for two hours, two times per week on-site at the childcare 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:** An intensive clinical support group at Good Samaritan for depressed mothers that meets weekly will help to ameliorate the effects of maternal depression on young children. The consultant will also help 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 Services' Children's Protective Services, Department of Public Health; Community Behavioral 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 will be offered for parents to address their needs for affiliation, support and discussion of topics of common interest and concern. One of the parent support groups will be expressly intended to address culturally specific child rearing values and needs of Latino families. The group will be conducted in Spanish. 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 masters or pre-doctoral level interns receive this training plus additional supervision and a twice-monthly didactic seminar.

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, childcare staff and consultant when the referring concern is ameliorated. Since the child remains in the childcare center and because of the consultants' ongoing presence, monitoring is possible post termination.

Sixteen 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. Eight of the consultants are bilingual and/or bicultural. Therefore, services will be able to be delivered in Spanish, Thai, 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:

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled *CBHS Performance Objectives FY 14-15*.

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. 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.

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.

Parent and provider satisfaction surveys developed by CBHS 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 REQUIRED LANGUAGE

For CBHS CYF SOC ECMHCI: Contractor will adhere to all stipulated CBHS 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 CBHS ECMHCI SOC 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 CBHS ECMHCI SOC 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 CBHS ECMHCI SOC Program Manager of any changes.

- 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, 415- 206-6180 Fax: 415- 206-4722
- Program Codes:** 38C88 / Spring Project
- 2. NATURE OF DOCUMENT:** Renewal (Amendment One)

3. GOAL

The goal of this 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. This is achieved through the provision of mental health consultation and related direct mental health services to constituents within pre and postnatal primary care clinics at San Francisco General Hospital through the SPRING Project. The primary consultation site is the High Risk Obstetrics Clinic. Consultation will also be provided, when requested, to the Labor and Delivery, Nursery and the Kempe Pediatric Clinic staff.

4. TARGET POPULATION

120 high risk pregnant women receiving prenatal care through the High Risk Obstetrics Clinic at San Francisco General Hospital will benefit from parent training, early intervention and consultation services. 20 health care professionals, including nursing, pediatric and social work staff, and medical residents will also benefit from consultation services and staff trainings. All services will be provided within the 94110 zip code. Based on 2014 demographic information, the families served in this program are 90% Hispanic/Latino, 7% Caucasian and 3% representing other ethnicities. The ages of the mothers range from late teens to early 40s.

5. MODALITIES / INTERVENTIONS

UOS Description		UOS	NOC	UDC
<i>Individual Consultation</i>	.30 FTE x 40 hrs x 46 wks x 71.75% effort	390	120	
<i>Group Consultation</i>	.19 FTE x 40 hrs x 46 wks x 71.75% effort	255	120	
<i>Classroom Observation</i>	.008 FTE x 40 hrs x 46 wks x 71.75% effort	10	120	
<i>Staff Training</i>	.03 FTE x 40 hrs x 46 wks x 71.75% effort	40	20	
<i>Parent Training/Support Group</i>	.06 FTE x 40 hrs x 46 wks x 71.75% effort	80	20	
<i>Early Referral & Linkage</i>	.004 FTE x 40 hrs x 46 wks x 71.75% effort	5	2	
<i>Early Intervention Individual</i>	.004 FTE x 40 hrs x 46 wks x 71.75% effort	5	2	
<i>Early Intervention Group</i>	.004 FTE x 40 hrs x 46 wks x 71.75% effort	5	2	
<i>Mental Health Individual</i>	.004 FTE x 40 hrs x 46 wks x 71.75% effort	5	1	
<i>Mental Health Group</i>	.004 FTE x 40 hrs x 46 wks x 71.75% effort	5	1	
<i>Consultant Training & Supervision</i>	.08 FTE x 40 hrs x 46 wks x 71.75% effort	101	N/A	
<i>Systems Work</i>	.04 FTE x 40 hrs x 46 wks x 75% effort	50	NA	
<i>Evaluation</i>	.04 FTE x 40 hrs x 46 wks x 75% effort	50	NA	
Total UOS and UDC		1,001		140

MENTAL HEALTH CONSULTATION (MHSA Activity category)

Provide approximately 1000 hours of mental health consultation services to 20 staff and 120 families at the High-Risk Obstetrics Clinic and associated clinics (Pediatrics, Labor & Delivery and NICU) within San Francisco General Hospital. Services are provided weekly and primary consultation services offered in SPRING include:

- **Consultation - Individual:** Discussions with members of the medical team, including residents, on an individual basis about a family, parent or child, 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(s), 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 - Class/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 in a relationship focused 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 in-service training to a group of three 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 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.
- **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 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 CBHS/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

Service Delivery

Since 1988 Daycare Consultants, a component of the UCSF Infant-Parent Program has provided and expanded the delivery of high quality mental health consultation and related direct clinical services to the San Francisco childcare community. Beginning in 2008, the SPRING Project (Supportive Parenting, Resource Integration, and Newborn Guidance), established mental health consultation and related direct clinical services within primary care settings. Therefore, outreach, recruitment, promotion and advertisement are unnecessary. This contract allows for continuation of established involvement in these medical care settings.

Families who are receiving their prenatal care - at San Francisco General Hospital (SFGH), specifically in the High Risk OB/GYN clinic or through the Nurse Midwives - or in community based Centering Pregnancy groups are eligible to receive services. The medical providers in all of these settings are eligible to receive consultation services by virtue of their employment within the setting. Therefore an intake process for inclusion is unnecessary.

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.

The service delivery model is based in a multidisciplinary approach focusing on the integration of Obstetric Care and Mental Health Services. The multidisciplinary team is formed by medical staff, public health nurses, social workers, psychiatrists, psychologists, the mental health consultant, and KEMPE Clinic pediatricians for high risk children.

Integrated treatment planning via weekly joint conferences in which the multidisciplinary team participates provides opportunities for group consultation. Through this process, the team has developed innovative treatment approaches with mentally ill women that focus on pregnancy, the postpartum, and the sequelae of trauma and violence.

During the initial assessment, pregnant women are seen by a psychiatrist and the mental health consultant. Psychosocial factors that may put mothers and babies at risk are identified. The medical, psychiatry, and family histories are taken and current stressors and social support network are also identified. Several 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), Postnatal Maternal Attachment Scale, 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 consultation, psychotherapy and/or pharmacotherapy. Pregnant women make informed choices regarding the treatment. Treatment and consultation services vary in duration and frequency, based upon the needs of the mother and family.

Women are followed throughout their pregnancy. When they transition to the Labor & Delivery unit, the mental health consultant and psychiatrists are available to visit them to provide support and offer consultation to medical staff regarding the care of women, especially those women with sexual abuse histories that require concrete and specific support during the medical interventions they need. This coordination and consultation to the Labor & Delivery medical staff and 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. Consultants participate in the Family Meetings at the NICU to support families and to assist medical staff in providing feedback and news to parents who are vulnerable at the moment.

After clients have delivered their babies, the consultant 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. This narrative is documented and is used later on in the post natal follow up visit (2 weeks after the baby is born) at HR OB/GYN clinic to evaluate the mood attach to the birth experience, especially when the delivery was traumatic for the mother.

The mental health consultant also facilitates a weekly seminar developed for the psychiatry residents, post-doctoral psychology interns and other trainees. The focus is on Perinatal Mental Health from a psychological and developmental approach. Participants are introduced to infant mental health within the different developmental stages of pregnancy. Special attention is given to how to assess - prenatal bonding with the baby, bonding after the baby is born, and issues related to maternal ambivalence and maternal attributions, as well as infant development. Participants develop specific clinical skills used in different stages of pregnancy and are introduced to the use of different scales to screen patients but also to learn how to use them as clinical interventions.

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 consultation services continue to support families and staff as they transition to the Labor & Delivery unit. The consultant continues to see the mother and baby - until the baby is three months of age. During these 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 of their needs is made to determine further therapeutic support including getting their medications. 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 some issues are interfering with the relationship between mother and child, the dyad may be referred to a group for mothers and babies that is facilitated by the mental health consultant and is located within a local Family Resource Center. This particular referral provides continuity in treatment for the mother and infant. Dyads may also be referred if needed to Child Trauma Research Project or for psychotherapy services within the Infant-Parent Program. All these decisions are made with the mother and with the support and involvement of the team.

One Infant-Parent Program- clinician will provide mental health consultation within SPRING. This consultant is a bi-cultural, bi-lingual Spanish speaking clinician who has had over 15 years of experience providing consultation in medical care settings and specializes in perinatal mental health. In addition, one trainee will provide consultation with intensive clinical supervision and training. Services are delivered in both Spanish and English. While all of the consultants' time will be funded through this grant, programmatic and administrative oversight will be supplemented by other funding sources.

Systems Transformation

Participation and Engagement

The IPP SPRING Project's efforts are aimed at three consumer groups – pregnant women with psychiatric difficulties -, 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 meetings.

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 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 consultants have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures. A recent 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 coherent consultation 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 can be even more acute, and the cultural isolation that often accompanies immigration can leave women at heightened risk for depression. 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 calcifying. These goals assure the greatest chance and earliest opportunity for both infant and parent to lead fulfilling and productive lives.

7. OBJECTIVES AND MEASUREMENTS

CBHS Standard Objectives *Not applicable*

MHSA GOAL: Increase identification of emerging mental health issues, especially the earliest possible identification of potentially severe and disabling mental illness. (Selected from the menu of MHSA Goals)

Individualized Program Objectives:

1. By stationing Infant-Parent Program (IPP) perinatal mental health specialists in the High Risk Obstetric clinic weekly **75% of pregnant women** identified through obstetrics care at SFGH as being at high risk for serious psychiatric difficulties who are typically lost to treatment (both prenatal and psychiatric care) will be retained as *measured by* regular attendance at clinic visits *documented* in the medical chart.
2. Through weekly meetings with the IPP SPRING consultant, **80% of infants born to mothers with significant psychiatric concerns** will display normal neonatal functioning as *measured by* birth weight and Apgar scores as *documented* in the newborn's medical records.
3. By providing weekly consultation and training, **80% of the involved obstetric and pediatric providers** at SFGH will demonstrate increased awareness in the following areas: risks associated with maternal depression for women and infants and effective strategies for intervention. These outcomes will be *measured by* the responses to questionnaires developed for this Project.
4. By providing weekly consultation and training, **80% of the involved obstetric and pediatric providers** at SFGH will demonstrate increased awareness of the critical role of cultural competence in service delivery. These outcomes will be *measured by* the responses to questionnaires developed for this Project.
5. By providing weekly consultation and training, **80% of the involved obstetric and pediatric providers** at SFGH will be better able to accurately identify maternal depression and related psychiatric difficulties. This outcome will be *measured by* the responses to questionnaires developed for this Project.

8. CONTINUOUS QUALITY ASSURANCE

Quality Assurance and Continuous Quality Improvement requirements will be addressed in the CBHS Declaration of Compliance.

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: Betsy Wolfe, PhD, Director of Outpatient Services
betsy.wolfe@ucsf.edu 415-206-8807 Fax: 415 206-4722

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

2. NATURE OF DOCUMENT: Renewal (Amendment One)

3. GOAL STATEMENT

The Infant-Parent Program is an outpatient mental health clinic devoted to serving children birth to five years of age and their families with a combination of prevention and early intervention services for those at imminent risk for social and emotional difficulties as well as those already manifesting emotional problems. The program provides accessible, community and home-based mental health services that are linguistically and culturally appropriate and evidence informed.

4. TARGET POPULATION

The population of children described below receives services at the Infant-Parent Program when concerns about their functioning meet the medical necessity criteria for specialty Mental Health services as described in the CA Code of Regulations, Title 9. To determine eligibility, Infant-Parent Program convenes a bi-weekly Program Utilization Review Quality Committee (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.

- a. Children under three years of age at the time of referral and their families who are deemed to be medically indigent, and are identified as having serious difficulties in their relationship(s).
- b. Children birth to five years of age and their caregiver(s) who are residing in/or previously resided in the Asian Woman's Shelter, Ashbury House, Compass Family Shelter or Clara House or equivalent homeless shelter or transitional housing arrangement 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 Service 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.

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 children 0 – 3 years old, treatment is provided primarily through weekly visits in the home in order to gain a better understanding of the child's daily circumstances and to be available to those most in need. This treatment 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 8 to 12 intensively supervised doctoral trainees in psychology as well as master's level trainees.

Referral

Many referrals come from pediatric providers at SFGH, DPH health centers, or public health nurses, and ongoing collaborative work with the primary care provider is central to the Infant-Parent Program's mental health intervention. SFGH 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, and staff and trainees are placed 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 around clarifying the needs of the child and family, and a close working relationship is then often forged with the HSA worker to identify and pursue the child's best interests in complicated dependency situations.

In addition, a psychologist at the Infant-Parent Program provides weekly linkage with SFGH units within the Departments of Pediatrics, Obstetrics and Psychiatry. An Infant-Parent Program psychologist is part of two ongoing meetings: one in which she consults around screening and disposition for infants born at SFGH Newborn Nursery and one in which she meets weekly with two IPP psychologists providing consultation and treatment to patients in the High Risk Obstetrical Clinic in order to identify women and newborns who might be eligible for infant-parent treatment upon discharge from the clinic.

An additional referral source, the Daycare Consultants component of the Infant-Parent Program, provides mental health consultation and a range of related direct mental health services to child serving agencies working with children birth through five years of age, including childcare centers, domestic violence and homeless shelters. Within the course of consultation children are identified for direct treatment. The IPP/DCC 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.

The potential usefulness of parent-child 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. 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, parent-child treatment will be provided when possible. Treatment is offered on the childcare or shelter site 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 other providers within IPP/DCC, 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 referrals are screened for financial eligibility at the time of referral, and the referral source is contacted 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 about the family's engagement in treatment to the referring party is noted in each intake.

Assessment.

As noted above an 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 meetings with child and caregiver is integrated into the assessment, and items scored 2 or 3 in the Assessment are addressed in the Treatment Plan.

Treatment.

Progress in treatment is mutually determined by the family, the clinician and, for many cases involving clinical trainees, in weekly supervision as well as through the examination of change in the CANS and ANSA scores at designated reassessment intervals (one year from opening and yearly thereafter). The PURQC committee reviews treatment at these designated intervals to assess progress toward goals, the appropriateness of child-parent treatment and the intensity of services needed. The committee reviews CANS/ANSA scores along with 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.

Indirect Services

The Infant-Parent Program provides a significant amount of outreach to bring individuals in the community in need of treatment into it and to consult with, educate and provide support to providers who have contact with these individuals. These efforts involve both regular and "on demand" meetings with rotating pediatric residents and medical students, SFGH staff, public health nurses, child welfare Workers, CBHS Access Line staff.

7. OBJECTIVES AND MEASUREMENTS

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled *Performance Objectives FY 14-15*.

8. CONTINUOUS QUALITY IMPROVEMENT

CQI activities for assessment and treatment is an intensive and continuous effort at the Infant-Parent Program where about 90 percent of its services are provided by trainees who meet with an experienced supervisor for approximately 45 minutes of supervision for each scheduled hour of patient contact. Through this apprentice model, issues of compliance with contract performance objectives and appropriate and timely documentation of clinical work are closely monitored. All clinicians' charts (trainees and staff) are reviewed at least once yearly by the Program Utilization Review and Quality Control (PURQC) Committee which is convened twice monthly to address this task. In addition to auditing charts for compliance issues, this committee provides feedback in writing to providers about their documentation and the clinical work described in the chart which providers are asked to respond to. This feedback is kept in a PURQC binder. Another venue for reviewing/monitoring the quality of the clinical work is the weekly case reviews attended by trainees and supervisors.

Contract performance objectives are monitored primarily through analysis of reports generated by the Avatar System and through participation in monthly CANS conference calls and additional CANS related meetings as required. Additional information about the achievement of outcome objectives is provided by reports provided to the Program by the CANS staff.

In addition to hiring staff and recruiting trainees who are able to provide services in the city's target languages, cultural issues are broadly considered in every case presentation and are targeted and elaborated upon in a weekly one hour multicultural seminar co-taught and attended by IPP staff and trainees as well as by staff and trainees from two of the other child serving programs within the Division of Infant, Child and Adolescent Psychiatry.

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

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

**Appendix B
Calculation of Charges**

1. Method of Payment

Fee for Service. 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

Cost Reimbursement. 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. Budget Summary

- Appendix B-1: Daycare Consultants Program / Training
- Appendix B-1a: Daycare Consultants (Cost Reimbursement)
- Appendix B-2: Spring Project
- Appendix B-3: Psychotherapy Services

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$409,737 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:

Term	Amount
July 1, 2010 – June 30, 2011	\$1,510,672
July 1, 2011 – June 30, 2012	\$1,420,852
July 1, 2012 – June 30, 2013	\$1,440,760
July 1, 2013 – June 30, 2014	\$1,617,351
July 1, 2014 – June 30, 2015	\$1,668,447
July 1, 2015 – December 31, 2015	\$ 834,223
January 1, 2016 – June 30, 2016	\$ 834,224
July 1, 2016 – June 30, 2017	\$1,726,632
July 1, 2017 – December 31, 2017	\$ 853,619
Contingency	<u>\$ 409,737</u>
TOTAL	\$12,316,517

- C. Contractor agrees to comply with its Program Budgets or 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. **Fee for Service.** 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 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.

Cost Reimbursement. 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.

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH):	00117				Preparer: Roger Mohamed 415-206-5030	Appendix B, Pg 3
DHCS Legal Entity Name (MH)/Contractor Name (SA):	UCSF / SFGH Psychiatry Infant-Parent Program (IPP)				FY 2015-16	
Contract CMS #	6907					07/01/15
Contract Appendix Number:	A-1 / B-1	A-1 / B- 1a	A-2 / B- 2	A-3 / B- 3		
Appendix A/Program Name:	Daycare Consultants	Daycare Consultants (Cost-reimb)	SPRING Project	Psychotherapy Svcs Program		
Provider Number	38C8	38C8	38C8	38C8		
Program Code(s)	38C86	38C87	38C88	38C84 & 38C85		
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16		TOTAL
FUNDING USES						
Salaries & Employee Benefits:	\$ 1,010,296	\$ 4,747	\$ 66,150	\$ 367,872	\$	1,449,065
Operating Expenses:	\$ 25,948	\$ 690	\$ 1,484	\$ 12,498	\$	40,620
Subtotal Direct Expenses:	\$ 1,036,244	\$ 5,437	\$ 67,634	\$ 380,370	\$	1,489,685
Indirect Expenses:	\$ 124,349	\$ 653	\$ 8,116	\$ 45,644	\$	178,762
Indirect %:	12%	12%	12%	12%		12%
TOTAL FUNDING USES	\$ 1,160,593	\$ 6,090	\$ 75,750	\$ 426,014	\$	1,668,447
				Fringe Benefit Rate:		41%
CBHS MENTAL HEALTH FUNDING SOURCES						
MH WO - Human Services Agency	\$ 244,376				\$	244,376
MH WO - Dept. Children, Youth & Families	\$ 128,970				\$	128,970
MH WO-1st 5 (SF Child & Fam Comm) Shelter	\$ 198,641				\$	198,641
MH WO-1st 5 (SF Child & Fam Comm) ECMHI	\$ 70,330				\$	70,330
MH WO-1st 5 (SF Child & Fam Comm) Preschool for All	\$ 278,359				\$	278,359
MH WO-1st 5 (SF Child & Fam Comm) FRC	\$ 100,944				\$	100,944
MH STATE - MHSA (Prop 63)	\$ 137,038	\$ 6,090	\$ 75,750		\$	218,878
MH COUNTY - General Fund WO CODB	\$ 1,935				\$	1,935
MH FED - SDMC Regular FFP (50%)				\$ 142,811	\$	142,811
MH STATE - EPSDT				\$ 128,530	\$	128,530
MH COUNTY - General Fund (matched)				\$ 14,281	\$	14,281
MH COUNTY - General Fund (unmatched)				\$ 140,392	\$	140,392
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	\$ 1,160,593	\$ 6,090	\$ 75,750	\$ 426,014	\$	1,668,447
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,160,593	\$ 6,090	\$ 75,750	\$ 426,014	\$	1,668,447

FY 14-15 BHS BUDGET DOCUMENTS

DPH 7: Contract-Wide Indirect Detail

Appendix B, Page 4

Document Date: 7/1/15

UCSF / SFGH Psychiatry Infant-Parent Program (IPP)

INDIRECT EXPENSES

			AMOUNT
MH WORK ORDER - Human Services Agency	\$	26,183	
MH WORK ORDER - Dept. Children, Youth & Families	\$	14,026	
MH WORK ORDER - First Five (SF Children & Family Commission) Shelter	\$	21,283	
MH WORK ORDER - First Five (SF Children & Family Commission) ECMHI	\$	7,535	
MH WORK ORDER - First Five (SF Children & Family Commission) Preschool for All	\$	29,824	
MH WORK ORDER - First Five (SF Children & Family Commission) FRC	\$	10,815	
MH STATE - MESA (Prop 63)	\$	14,683	
		Subtotal:	\$ 124,349
MH STATE - MESA (Prop 63)	\$	653	
	\$	-	
		Subtotal:	\$ 653
MH STATE - MESA (Prop 63)	\$	8,116	
		Subtotal:	\$ 8,116
MH FED - SDMC Regular FFP (50%)	\$	15,301	
MH STATE - EPSDT State Match Funds	\$	13,771	
County General Fund (Matched)	\$	1,530	
County General Fund Unmatched)	\$	15,042	
		Subtotal:	\$ 45,644
University-wide Flat Indirect Rate charged to Sponsored Projects with DPH: 12% of Total Direct Expense		\$1,489,685 x .12	
TOTAL INDIRECT COSTS			\$ 178,763

FY 14-15 BHS BUDG DOCUMENTS

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

DMH Legal Entity Name (MH)/Contractor Name (SA):		UCSF/SFGH Psychiatry Infant-Parent Program/Daycare Consultants												Appendix B-1, Pg 1	
Provider Name:		Daycare Consultants-Early Childhood Mental Health Consultation Initiative (ECMHCI)												FY 2015-16	
Provider Number:		38C8												07/01/15	
Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	
Program Code:	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	
Mode/SFC (MH) or Modality (SA)	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)	TOTAL	
FUNDING TERM:	07/1/15 - 06/30/16													7/1/15-6/30/1	
FUNDING USES:															
Salaries & Employee Benefits:	\$ 261,423	\$ 251,198	\$ 68,793	\$ 9,833	\$ 23,330	\$ 6,267	\$ 100,346	\$ 50,360	\$ 50,360	\$ 70,594	\$ 47,720	\$ 50,261	\$ 19,813	\$ 1,010,296	
Operating Expenses:	\$ 6,714	\$ 6,452	\$ 1,767	\$ 253	\$ 599	\$ 161	\$ 2,577	\$ 1,293	\$ 1,293	\$ 1,813	\$ 1,226	\$ 1,291	\$ 509	\$ 25,948	
Subtotal Direct Expenses:	\$ 268,137	\$ 257,650	\$ 70,560	\$ 10,085	\$ 23,929	\$ 6,428	\$ 102,923	\$ 51,653	\$ 51,653	\$ 72,407	\$ 48,945	\$ 51,552	\$ 20,322	\$ 1,036,244	
Indirect Expenses:	\$ 32,176	\$ 30,918	\$ 8,467	\$ 1,210	\$ 2,871	\$ 771	\$ 12,351	\$ 6,198	\$ 6,198	\$ 8,689	\$ 5,873	\$ 6,186	\$ 2,439	\$ 124,349	
TOTAL FUNDING USES:	\$ 300,314	\$ 288,568	\$ 79,027	\$ 11,295	\$ 26,800	\$ 7,199	\$ 115,274	\$ 57,851	\$ 57,851	\$ 81,095	\$ 54,819	\$ 57,738	\$ 22,761	\$ 1,160,593	
CBHS MENTAL HLTH FUNDING	Index Codes														
MH WO-HAS	HMHMCHDHSWO	\$ 52,780	\$ 52,848	\$ 15,088	\$ 603	\$ 4,898	\$ 1,125	\$ 24,225	\$ 12,220	\$ 12,220	\$ 35,858	\$ 5,500	\$ 22,556	\$ 4,456	\$ 244,376
MH WO-DCYF	HMHMCHDCYFWO	\$ 33,930	\$ 30,156	\$ 14,603	\$ 754	\$ 6,103	\$ 750	\$ 12,675	\$ 6,336	\$ 6,336	\$ 2,250	\$ 3,300	\$ 5,651	\$ 6,126	\$ 128,970
County General Fund WO (CODB)	HMHMCP751594	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 149	\$ 1,935
MH WO-1st 5-SFCFC-Preschool	HMHMCHPFAPWO	\$ 86,258	\$ 71,997	\$ 33,948	\$ 754	\$ 754	\$ 750	\$ 27,675	\$ 13,917	\$ 13,917	\$ 18,689	\$ 2,200	\$ 5,274	\$ 2,228	\$ 278,359
MH WO-1st 5-SFCFC-ECMHI	HMHMPROP10WO	\$ 18,400	\$ 15,003	\$ 4,828	\$ 377	\$ 1,334	\$ 375	\$ 6,975	\$ 3,470	\$ 3,470	\$ 10,875	\$ 1,320	\$ 3,014	\$ 891	\$ 70,330
MH WO-1st 5-SFCFC-FRC	HMHMCHSRIPWO	\$ 23,374	\$ 40,097	\$ 3,772	\$ 1,884	\$ 3,768	\$ 1,800	\$ 10,050	\$ 5,054	\$ 5,054	\$ 2,025	\$ 2,200	\$ 753	\$ 1,114	\$ 100,944
MH WO-1st 5-SFCFC-Shelter	HMHMCH-CFCWO	\$ 53,006	\$ 46,407	\$ 3,018	\$ 5,651	\$ 6,782	\$ 1,500	\$ 19,875	\$ 9,881	\$ 9,881	\$ 7,500	\$ 26,950	\$ 1,507	\$ 6,683	\$ 198,600
MH STATE - MHSA - HMHMPROP63-PMHS63-1510		\$ 32,418	\$ 31,911	\$ 3,621	\$ 1,125	\$ 3,014	\$ 750	\$ 13,650	\$ 6,825	\$ 6,825	\$ 3,750	\$ 13,200	\$ 18,835	\$ 1,114	\$ 137,030
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		\$ 300,314	\$ 288,568	\$ 79,027	\$ 11,295	\$ 26,800	\$ 7,199	\$ 115,274	\$ 57,851	\$ 57,851	\$ 81,095	\$ 54,819	\$ 57,738	\$ 22,761	\$ 1,160,593
TOTAL DPH FUNDING SOURCES		\$ 300,314	\$ 288,568	\$ 79,027	\$ 11,295	\$ 26,800	\$ 7,199	\$ 115,274	\$ 57,851	\$ 57,851	\$ 81,095	\$ 54,819	\$ 57,738	\$ 22,761	\$ 1,160,593
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		\$ 300,314	\$ 288,568	\$ 79,027	\$ 11,295	\$ 26,800	\$ 7,199	\$ 115,274	\$ 57,851	\$ 57,851	\$ 81,095	\$ 54,819	\$ 57,738	\$ 22,761	\$ 1,160,593
UOS & UNIT COST - \$ Over Caps, if any															
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	3,983	3,828	1,048	150	356	96	1,537	767	767	1,081	498	766	204	15,081	
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 Hours	
\$ per UOS-DPH Rate-DPH FUND SOURCE Only	75.40	75.39	75.44	75.35	75.35	75.00	75.00	75.43	75.43	75.00	110.00	75.34	111.39		
\$ per UOS-Contract Rate-DPH & Non-DPH FUND SOURCE	75.40	75.39	75.44	75.35	75.35	75.00	75.00	75.43	75.43	75.00	110.00	75.34	111.39		
Published Rate (Medi-Cal Providers Only):	75.40	75.39	75.44	75.35	75.35	75.00	75.00	75.43	75.43	75.00	110.00	75.34	111.39	Total UDC	
Unduplicated Clients (UDC):	2,390	2,390	2,390	10	25	20	N/A	N/A	N/A	20	20	18	18	2,390	

FY 14-15 BHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38C86

Program Name: IPP Daycare Consultants Program/ Early Childhood Mental Health Consultation Initiative (ECMHI)

Document Date: 07/01/15

	TOTAL		HSA Work Order HMHMCHDSWO		DCYF Work Order HMHMCHDCYFWO		SFCFC - Shelter HMHMCH-CFCWO		SFCFC- ECMHI HMHMPROP10 WO		SFCFC-Preschool for All HMHMCHPFAP WO		SFCFC -FRC HMHMCHSRIP WO		MHSA (Prop 63) HMHMPROP63	
-----07/01/15 - 06/30/16-----																
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinician/Consultant	0.85	\$ 67,651	0.85	\$ 67,651												
Clinician/Consultant	0.75	\$ 50,945	0.63	\$ 42,998											0.12	\$ 7,947
Clinician/Consultant	0.22	\$ 22,511	0.20	\$ 20,635	0.02	\$ 1,876										
Psychologist/ Consultant	0.22	\$ 19,778	0.22	\$ 19,778												
Clinician/Consultant	0.90	\$ 65,535			0.60	\$ 43,690									0.30	\$ 21,845
Program Assistant	0.45	\$ 22,269			0.45	\$ 22,269										
Clinician/Consultant	1.00	\$ 78,780			0.17	\$ 12,999	0.79	\$ 61,842							0.05	\$ 3,939
Director	0.14	\$ 15,712					0.14	\$ 15,712								
Clinician/Consultant	0.80	\$ 72,090					0.51	\$ 45,507	0.07	\$ 6,308					0.23	\$ 20,275
Psychologist/ Consultant	0.80	\$ 78,113							0.39	\$ 38,080	0.41	\$ 40,033				
Clinician/Consultant	0.83	\$ 66,059									0.81	\$ 64,467			0.02	\$ 1,592
Analyst	0.35	\$ 22,136									0.35	\$ 22,136				
Clinician/Consultant	0.50	\$ 37,707									0.50	\$ 37,707				
Clinician/Consultant	0.10	\$ 10,676									0.08	\$ 8,541	0.02	\$ 2,135		
Financial Analyst	0.18	\$ 11,125											0.18	\$ 11,125		
Clinician/Consultant	1.00	\$ 78,491											0.63	\$ 49,238	0.38	\$ 29,253
Totals:	9.09	\$ 719,578	1.90	\$ 151,062	1.23	\$ 80,834	1.43	\$ 123,061	0.46	\$ 44,388	2.15	\$ 172,884	0.83	\$ 62,498	1.09	\$ 84,851
Employee Fringe Benefits:	40%	\$ 290,718	41%	\$ 61,935	39%	\$ 31,831	41%	\$ 50,455	38%	\$ 17,056	40%	\$ 69,682	41%	\$ 25,624	40%	\$ 34,134
TOTAL SAL & BENS		\$ 1,010,296		\$ 212,997		\$ 112,665		\$ 173,516		\$ 61,444		\$ 242,566		\$ 88,122		\$ 118,985

DPH 4: Operating Expenses Detail

Program Code: 38C86

Program Name: IPP Daycare Consultants Program-Early Childhood Mental Health Consultation Initiative (ECMHCI)

Document Date: 07/01/15

Expenditure Category	TOTAL	HSA Work Order HMHMCHDHS WO	DCYF Work Order HMHMCHDCYF WO	SFCFC - Shelter HMHMCH- CFCWO	SFCFC-ECMHI HMHMPROP10 WO	SFCFC- Preschool for All HMHMCHPFAP WO	SFCFC -FRC HMHMCHSRIP WO	MHSA (Prop 63) HMHMPROP63
-----07/01/15 - 06/30/16-----								
Materials & Supplies:								
Program Supplies	\$ 952	\$ 123	\$ 556		\$ 61	\$ 12		\$ 200
Staff Travel:	\$ 980		\$ 500			\$ 200		\$ 280
Consultant/Subcontractor:								
Other Operating Expense:								
UCSF Faculty Recharge	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
UCSF Staff Recharge	\$ 9,140	\$ 1,911	\$ 1,241	\$ 1,439	\$ 463	\$ 2,163	\$ 830	\$ 1,094
GAEL: General Automotive and Employee Liability Charges	\$ 5,613	\$ 1,178	\$ 631	\$ 960	\$ 346	\$ 1,348	\$ 487	\$ 662
Data Network Recharge	\$ 4,470	\$ 935	\$ 607	\$ 704	\$ 226	\$ 1,058	\$ 406	\$ 535
CCDSS: Computing and Communication Device Support Services	\$ 4,794	\$ 1,049	\$ 681	\$ 740	\$ 254	\$ 1,187	\$ 283	\$ 600
TOTAL OPERATING EXPENSE	\$ 25,948	\$ 5,196	\$ 4,215	\$ 3,842	\$ 1,350	\$ 5,968	\$ 2,007	\$ 3,370

2083

FY 14-15 BHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH):		UCSF / SFGH Psychiatry Infant-Parent Program (IPP)				Appendix B-1a, Pg 1	
Provider Name:		IPP Daycare Consultants Program (DCC) / Early Childhood Mental Health Consultation Initiative				FY 2015-16	
Provider Number:		38C8				07/01/15	
Program Name:		DCC					
Program Code:		38C87					
Mode/SFC (MH)		45/10-19					
Service Description:		MH Promotion				TOTAL	
FUNDING TERM:		7/1/15-6/30/16					
FUNDING USES							
Salaries & Employee Benefits:		\$	4,747			\$	4,747
Operating Expenses:		\$	690			\$	690
Subtotal Direct Expenses:		\$	5,437			\$	5,437
Indirect Expenses:		\$	653			\$	653
TOTAL FUNDING USES:		\$	6,090			\$	6,090
CBHS MENTAL HEALTH FUNDING SOURCES:							
Index Code/Project Detail							
MH STATE - MHA (Prop 63)		1510	\$	6,090		\$	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			\$	6,090		\$	6,090
TOTAL DPH FUNDING SOURCES			\$	6,090		\$	6,090
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			\$	6,090		\$	6,090
CBHS UNITS OF SERVICE AND UNIT COST							
Cost Reimbursement (CR)		CR				CR	
DPH Units of Service:		35				35	
Unit Type:		Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		175.00					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		175.00				Total UDC	
Unduplicated Clients (UDC):		15				15	

2084

DPH 3: Salaries & Benefits Detail

Program Code: 38C87

IPP Daycare Consultants Program / Early Childhood Mental Health

Program Name: Consultation Initiative (ECMHCi)

Document Date: 07/01/15

9805

Position Title	TOTAL		MHSA (Prop 63) HMHMPROP63 PMHS63-1410					
	7/1/15-6/30/16		7/1/15-6/30/16					
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director	0.03	\$ 3,367	0.03	\$ 3,367				
Totals:	0.03	\$ 3,367	0.03	\$ 3,367				
Employee Fringe Benefits:	41%	\$ 1,380	41%	\$ 1,380				
TOTAL SALARIES & BENEFITS		\$ 4,747		\$ 4,747				

DPH 4: Operating Expenses Detail

Program Code: 38C87

IPP Daycare Consultants Program / Early Childhood Mental Health Consultation

Program Name: Initiative (ECMHCI)

Document Date: 07/01/15

2086

Expenditure Category	TOTAL	MHSA (Prop 63) HMHMPROP63 PMHS63-1410		
	7/1/15-6/30/16	7/1/15-6/30/16		
Materials & Supplies:				
Program Supplies	\$ 602	\$ 602		
Staff Travel:				
Consultant/Subcontractor:				
Other UC Direct Costs				
UCSF Faculty Recharge	\$ -			
UCSF Staff Recharge	\$ 30	\$ 30		
GAEL: General Automotive and Employee Liability Charges	\$ 26	\$ 26		
Data Network Recharge	\$ 15	\$ 15		
CCDSS: Computing and Communication Device Support Services	\$ 17	\$ 17		
TOTAL OPERATING EXPENSE	\$ 690	\$ 690		

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

DMH Legal Entity Name (MH): UCSF/SFGH Psychiatry Infant-Parent Program/Daycare Consultants														Appendix B-2, Pg 1
Provider Name: Daycare Consultants- SPRING Project														FY 2015-16
Provider Number: 38C8														07/01/15
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	SPRING Project	SPRING Project
Program Code:	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88
Mode/SFC (MH)	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 Consult Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Link	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 Group (15% Cap)	Outreach Svcs MH Svcs Indv/Fam	Outreach Svcs MH Services Group (5% Cap)	TOTAL
FUNDING TERM:	=====07/01/15 - 06/30/16=====													07/1/15-6/30/16
FUNDING USES														
Salaries & Employee Benefits:	\$ 25,654	\$ 16,788	\$ 659	\$ 2,632	\$ 5,264	\$ 327	\$ 6,615	\$ 3,294	\$ 3,294	\$ 327	\$ 480	\$ 329	\$ 486	\$ 66,150
Operating Expenses:	\$ 576	\$ 377	\$ 15	\$ 59	\$ 118	\$ 7	\$ 148	\$ 74	\$ 74	\$ 7	\$ 11	\$ 7	\$ 11	\$ 1,484
Subtotal Direct Expenses:	\$ 26,230	\$ 17,165	\$ 674	\$ 2,691	\$ 5,382	\$ 335	\$ 6,763	\$ 3,367	\$ 3,367	\$ 335	\$ 491	\$ 336	\$ 497	\$ 67,634
Indirect Expenses:	\$ 3,148	\$ 2,060	\$ 81	\$ 323	\$ 646	\$ 40	\$ 812	\$ 404	\$ 404	\$ 40	\$ 59	\$ 40	\$ 60	\$ 8,116
TOTAL FUNDING USES:	\$ 29,378	\$ 19,224	\$ 754	\$ 3,014	\$ 6,028	\$ 375	\$ 7,575	\$ 3,772	\$ 3,772	\$ 375	\$ 550	\$ 377	\$ 557	\$ 75,750
CBHS MENTAL HEALTH FUNDING SOURCES														
MH STATE-MHSA: Spring Project HMHMPROP63 PMHS63-1510	\$ 29,378	\$ 19,224	\$ 754	\$ 3,014	\$ 6,028	\$ 375	\$ 7,575	\$ 3,772	\$ 3,772	\$ 375	\$ 550	\$ 377	\$ 557	\$ 75,750
TOTAL CBHS MENTAL HEALTH FUNDING	\$ 29,378	\$ 19,224	\$ 754	\$ 3,014	\$ 6,028	\$ 375	\$ 7,575	\$ 3,772	\$ 3,772	\$ 375	\$ 550	\$ 377	\$ 557	\$ 75,750
TOTAL DPH FUNDING	\$ 29,378	\$ 19,224	\$ 754	\$ 3,014	\$ 6,028	\$ 375	\$ 7,575	\$ 3,772	\$ 3,772	\$ 375	\$ 550	\$ 377	\$ 557	\$ 75,750
TOTAL FUNDING (DPH AND NON-DPH)	\$ 29,378	\$ 19,224	\$ 754	\$ 3,014	\$ 6,028	\$ 375	\$ 7,575	\$ 3,772	\$ 3,772	\$ 375	\$ 550	\$ 377	\$ 557	\$ 75,750
UOS & UNIT COST- \$ Over Caps, if any														
Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	390	255	10	40	80	5	101	50	50	5	5	5	5	1,001
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 Hours
\$ per UOS-DPH Rate-DPH Fund Source Only	75.40	75.39	75.44	75.35	75.35	75.00	75.00	75.43	75.43	75.00	110.00	75.34	111.39	
\$ Per UOS-Contract Rate-DPH & Non-DPH Fund	75.40	75.39	75.44	75.35	75.35	75.00	75.00	75.43	75.43	75.00	110.00	75.34	111.39	
Published Rate (Medi-Cal Providers Only)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Total UDC
Unduplicated Clients (UDC)	120	120	120	20	20	20	N/A	N/A	N/A	2	2	2	2	140

2087

FY 14-15 BHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Appendix B-2, Pg 2

Program Code: 38C88

Program Name: SPRING Project

Document Date: 07/01/15

Position Title	TOTAL		MHTA (Prop 63) HMHMPROP63 PMHS63-1503					
	7/1/15-6/30/16		7/1/15-6/30/16					
	FTE	Salaries	FTE	Salaries				
Psychologist	0.51	\$ 46,915	0.51	\$ 46,915				
Totals:	0.51	\$ 46,915	0.51	\$ 46,915				
Employee Fringe Benefits:	0.41	\$ 19,235	41%	\$ 19,235				
TOTAL SALARIES & BENEFITS		\$ 66,150		\$ 66,150				

2088

DPH 4: Operating Expenses Detail

Appendix B-2, Pg 3

Program Code: 38C88
 Program Name: SPRING Project
 Document Date: 07/01/15

Expenditure Category	TOTAL	MHSA (Prop 63) HMHMPROP63 PMHS63-1503		
	7/1/15-6/30/16	7/1/15-6/30/16		
Materials & Supplies:	\$ 73	73		
Staff Travel:				
Consultant/Subcontractor:				
Other UC Direct Costs				
UCSF Faculty Recharge	\$ -			
UCSF Staff Recharge	\$ 513	\$ 513		
GAEL: General Automotive and Employee Liability Charges	\$ 366	\$ 366		
Data Network Recharge	\$ 251	\$ 251		
CCDSS: Computing and Communication Device Support Services	\$ 282	\$ 282		
TOTAL OPERATING EXPENSE	\$ 1,484	\$ 1,484		

2089

FY 14-15 BHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): UCSF / SFGH Psychiatry Infant-Parent Program (IPP)

Appendix B-3, Pg 1

Provider Name: IPP Psychotherapy Services

FY 2015-16

Provider Number: 38C8

Document Date:

07/01/15

Program Name:	Psychotherapy Services	Psychotherapy Services		
Program Code:	38C84	38C85		
Mode/SFC (MH) or Modality (SA)	15/10-56	45/10-19		
Service Description:	MH Svcs	MH Promotion		TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16		
FUNDING USES				
Salaries & Employee Benefits:	\$ 359,186	\$ 8,686		\$ 367,872
Operating Expenses:	\$ 8,432	\$ 4,065		\$ 12,498
Subtotal Direct Expenses:	\$ 367,619	\$ 12,751		\$ 380,370
Indirect Expenses:	\$ 44,114	\$ 1,530		\$ 45,644
TOTAL FUNDING USES:	\$ 411,733	\$ 14,281		\$ 426,014
CBHS MENTAL HEALTH FUNDING SOURCES				
	Index Code			
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	\$ 142,811		\$ 142,811
MH STATE - EPSDT	HMHMCP751594	\$ 128,530		\$ 128,530
MH COUNTY - General Fund (matched)	HMHMCP751594		\$ 14,281	\$ 14,281
MH COUNTY - General Fund (unmatched)	HMHMCP751594	\$ 140,392		\$ 140,392
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		\$ 411,733	\$ 14,281	\$ 426,014
TOTAL FUNDING (DPH AND NON-DPH)		\$ 411,733	\$ 14,281	\$ 426,014
CBHS UNITS OF SERVICE AND UNIT COST				
Fee-For-Service (FFS):	FFS		FFS	
DPH Units of Service:	154,787		93	
Unit Type:	Staff Minute		Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.66		153.56	
Cost Per UOS- Contract Rate (DPH & Non-DPH FUNDING):	2.66		153.56	
Published Rate (Medi-Cal Providers Only):	2.66		153.56	
Unduplicated Clients (UDC):	225		N/A	225

2090

DPH 3: Salaries & Benefits Detail

Program Codes: 38C84 & 38C85

Appendix B-3, Pg 2

Program Name: IPP Psychotherapy Services

Document Date: 07/01/15

Position Title	TOTAL		MH FED - SDMC Regular FFP (50%) HMHMCP751594		MH STATE - EPSDT State Match Funds HMHMCP751594		County General Fund (Matched) HMHMCP751594		County General Fund (Unmatched) HMHMCP751594	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
	7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16	
Clinician	0.15	\$ 11,938	0.07	\$ 5,571	0.08	\$ 6,367				
Director	0.14	\$ 15,712	0.07	\$ 7,856	0.07	\$ 7,856				
Clinician	0.35	\$ 32,196	0.11	\$ 10,119	0.10	\$ 9,199			0.14	\$ 12,878
Clinician	0.50	\$ 50,957	0.13	\$ 13,302	0.10	\$ 10,232			0.27	\$ 27,423
Clinician	0.35	\$ 34,418	0.11	\$ 10,817	0.10	\$ 9,834	0.04	\$ 3,933	0.10	\$ 9,834
Analyst	0.25	\$ 15,812	0.13	\$ 8,222	0.08	\$ 5,060			0.04	\$ 2,530
Clinician	0.45	\$ 48,045	0.10	\$ 10,677	0.10	\$ 10,677			0.25	\$ 26,691
Psychologist	0.20	\$ 27,190	0.10	\$ 13,595	0.10	\$ 13,595				
Program Assistant	0.35	\$ 17,073	0.17	\$ 8,165	0.14	\$ 6,681	0.05	\$ 2,227		
TBH-Clinician									0.10	\$ 7,500
Totals:	2.83	\$ 260,902	0.99	\$ 88,324	0.87	\$ 79,501	0.09	\$ 6,160	0.90	\$ 86,917
Employee Fringe Benefits:	41%	\$ 106,970	41%	\$ 36,213	41%	\$ 32,595	41%	\$ 2,526	41%	\$ 35,636
TOTAL SALARIES & BENEFITS		\$ 367,872		\$ 124,537		\$ 112,096		\$ 8,686		\$ 122,553

DPH 4: Operating Expenses Detail

Program Code: 38C84 & 38C85

Appendix B-3, Pg 3

Program Name: IPP Psychotherapy Services

Document Date: 07/01/15

Expenditure Category	TOTAL	MH FED - SDMC Regular FFP (50%) HMHMCP751594	MH STATE - EPSDT State Match Funds HMHMCP751594	County General Fund (Matched) HMHMCP751594	County General Fund Unmatched) HMHMCP751594
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Materials & Supplies:					
Program Supplies	\$ 4,655	\$ 265	\$ 269	\$ 3,843	\$ 278
Staff Travel:					
Consultant/Subcontractor:					
Other UC Direct Costs:					
UCSF Faculty Recharge	\$ -	\$ -	\$ -	\$ -	\$ -
UCSF Staff Recharge	\$ 2,850	\$ 991	\$ 870	\$ 86	\$ 903
GAEL: General Automotive and Employee Liability Charges	\$ 2,035	\$ 689	\$ 620	\$ 48	\$ 678
Data Network Recharge	\$ 1,394	\$ 485	\$ 426	\$ 42	\$ 442
CCDSS: Computing and Communication Device Support Services	\$ 1,564	\$ 544	\$ 477	\$ 47	\$ 496
TOTAL OPERATING EXPENSE	\$ 12,498	\$ 2,973	\$ 2,662	\$ 4,065	\$ 2,797

2092

**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
Infant Parent Program**

This Agreement is made this first day of November 2010, 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 Department of Public Health ("Department") wishes secure and provide mental health services to constituents of childcare programs, homeless shelters, and family resource centers in San Francisco serving children birth through five years of age; and

WHEREAS, a Request for Proposal ("RFP") was issued on July 31, 2009 and City selected Contractor as the highest qualified scorer 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; and,

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 4150-09/10 on June 21, 2010.

Now, THEREFORE, the parties agree as follows:

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.

2. Term of the Agreement

Subject to Section 1, the term of this Agreement shall be from July 1, 2010 to December 31, 2015.

3. Effective Date of Agreement

This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing. However, City shall pay for services performed from the beginning date of the term of the Agreement upon certification of the Controller of the availability of funds.

4. Services Contractor Agrees to Perform

The Contractor agrees to perform the services provided for in **Appendix A**, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.

5. Compensation

Compensation shall be made in monthly payments on or before the last day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Nine Million, Three Hundred Five Thousand, Seven Hundred Forty Dollars (\$9,305,740). 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.

Payments shall become due to Contractor pursuant to the payment provisions set forth in the statement of work when reports are received, services are rendered, or both, as required under and in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. Prior to the withholding of payment to Contractor for those services which City believes Contractor has failed or refused to satisfy pertaining to any material obligation under this Agreement, the parties agree that they will meet and discuss in good faith the alleged failure or refusal as soon as practicable after it becomes known to the City.

In no event shall City be liable for interest or late charges for any late payments.

6. Guaranteed Maximum Costs

a. The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification.

b. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for,

Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law.

c. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller.

d. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.

7. Payment; Invoice Format

Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to **Appendix F**. All amounts paid by City to Contractor shall be subject to audit by City.

Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."

8. Submitting False Claims; Monetary Penalties

Pursuant to San Francisco Administrative Code §21.35, 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. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (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.

9. Disallowance

If Contractor claims or receives payment from City for a service, 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.

By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material term of the Agreement.

10. Taxes

a. Payment, as applicable, of any taxes, including possessory interest taxes and 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 that paragraph shall be interpreted as a waiver of any immunities or defenses that Contractor may otherwise have.

b. Without waiving its rights afforded to it as a California Constitutional Corporation, Contractor states as follows: Contractor recognizes and understands 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:

(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.

(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.

(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.

(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.

11. Payment Does Not Imply Acceptance of Work

The payment by City for Services under this Agreement, or the receipt of payment thereof by Contractor, shall in no way affect the obligation of Contractor to perform the Services set forth in **Appendix A** of this Agreement, nor does it preclude City from seeking any available legal remedy should Contractor fail to perform such Services.

12. Qualified Personnel

Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. To the extent possible, Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

13. Responsibility for Equipment

a. City shall not be responsible for any damage to persons or property to the extent it is a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even

though such equipment be furnished, rented or loaned to Contractor by City, while such equipment is in the sole care, custody, and control of Contractor.

b. Any equipment purchased by Contractor with funds provided 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) calendar 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.

14. Independent Contractor; Payment of Taxes and Other Expenses

a. Independent Contractor

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 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 is liable for the negligent or willful acts and omissions of itself, its employees and its agents, while its employees and its agents are acting within the scope of their employment or agency, respectively. 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.

b. Payment of Taxes and Other Expenses.

Should a relevant taxing authority 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, only after the exhaustion of all of Contractor's rights to appeal such determination, 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, should any

court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability in an amount equal to the salary and benefits paid to Contractor by City for such employee during the time period that such employee is determined to have been City's employee.

15. Insurance

Contractor and City agree that each party will maintain in force, throughout the term of this Agreement, a program of insurance and/or self-insurance of sufficient scope and amount to permit each party to discharge promptly any obligations each incurs by operation of this Agreement. A certificate of insurance is not required from either party. In the event an insurance waiver is required or approved, it shall be attached hereto as Appendix C.

16. Indemnification

a. 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, 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.

b. 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, 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.

17. Incidental and Consequential Damages - Deleted by agreement of the parties.

18. Liability of City - Deleted by agreement of the parties.

19. Liquidated Damages - Deleted by agreement of the parties.

20. Default; Remedies

a. 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 material term, covenant, or condition contained in any of the following Sections of this Agreement: 8, 10, 15, 24, 30, 37, 53, 55, 57 and item 1 of Appendix D attached to this Agreement.

(2) 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.

(3) 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.

b. 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.

c. 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.

21. Termination for Convenience

a. 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 become 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 termination of this Agreement.

b. Upon receipt of a notice of termination from the City, 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:

(1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.

(2) Not placing any further orders or subcontracts for materials, services, equipment or other items.

(3) Terminating all existing orders and subcontracts.

(4) 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.

(5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

(6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.

(7) 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.

c. 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:

(1) 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.

(2) 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.

(3) 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.

(4) 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.

d. 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).

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; and (2) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d).

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

22. Rights and Duties upon Termination or Expiration

a. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement: 8 through 11, 13 through 18, 24, 26, 27, 28, 48 through 52, 56, 57, and item 1 of **Appendix D (HIPAA)** attached to this Agreement.

b. Subject to the immediately preceding subsection (a), upon termination of this Agreement prior to expiration of the term specified in Section 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.

23. 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.

24. Proprietary or Confidential Information of City

a. 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.

b. 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.

c. 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.

d. If this Agreement is terminated by either party, or expires, the 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.

e. 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**.

25. Notices to the Parties

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

To CITY: Office of Contract Management and Compliance Fax: (415) 431-1100
Department of Public Health
101 Grove Street, Suite 307
San Francisco, California 94102

and:

Barbara Garcia Fax(415) 255-3567
Contract Administrator
San Francisco Department of Public Health
1380 Howard St., Suite 500
San Francisco, CA 94102

To CONTRACTOR: The Regents of the University of California Fax: (415) 476-8158
UCSF Office of Sponsored Research
Contracts and Grants Division
3333 California Street, Suite 315
San Francisco, CA 94143-0962
(if overnight, use zip code 94118)

And: Patricia Van Horn, PhD Fax: (415)206 - 8942
Principal Contact
2550 23rd St Building 9, Room 130
San Francisco, CA 94

PAYMENTS: Payee: "The Regents of the University of California"

Mail to:
Mail Remittance Cashier
Accounting Office
University of California, San Francisco

1855 Folsom Street, Suite 425
San Francisco, CA 94143-0815
(if overnight, use zip code 94103)

Any notice of default must be sent by registered mail.

26. 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 on **Appendix A** 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.

27. 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.

28. Audit and Inspection of Records

a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. 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 less than five 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 conferred upon City by this Section.

b. 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 thirty (30) days of the audit being published and at the City's request. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. 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 the finalized 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.

c. The Director of Public Health or his/her designee may approve of a waiver of the aforementioned audit requirement 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.

d. 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.

29. Subcontracting

a. Services rendered by the Contractor pursuant to this Agreement may be carried out under subcontracts. All such subcontracts shall be in writing and shall abide by such federal, state and local laws and regulations as pertain to this Agreement. No subcontract shall terminate the legal responsibilities of the Contractor to the City to ensure that all activities under this Agreement shall be carried out.

b. Contractor may utilize consultants to assist in a variety of functions. All agreements with consultants must be in writing, stating the amount of compensation and the scope of work.

c. Neither party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

d. Contractor shall provide the City with a list of all subcontractors and consultants retained by Contractor to provide Services under this Agreement either before such retention or as soon as reasonably possible after retention. City shall have the right to exercise its reasonable discretion to reject the retention of any subcontractor or consultant by Contractor. Upon any rejection by City, Contractor shall end rejected subcontractors or consultants provision of Services under this Agreement.

30. 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 the Contractor, except as otherwise provided in Paragraph 29, above, unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

31. Non-Waiver of Rights

The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated,

shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

32. Earned Income Credit (EIC) Forms - Deleted because not applicable to agreement for provision of medical services and in consideration of Contractor's Public Entity Status.

33. Local Business Enterprise Utilization; Liquidated Damages - Deleted in consideration of Contractor's Public Entity Status.

34. Nondiscrimination; Penalties - Deleted based on Human Rights Commission's approval of sole source exception.

35. MacBride Principles—Northern Ireland - Deleted in consideration of Contractor's status as a public agency.

36. Tropical Hardwood and Virgin Redwood Ban

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

37. Drug-Free Workplace Policy

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.

38. Resource Conservation

Chapter 5 of the San Francisco Environment Code ("Resource Conservation") is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

39. Compliance with Americans with Disabilities Act - Deleted in consideration of Contractor's public entity status and the fact that this Agreement serves a substantial public interest, per Administrative Code Chapter 12C.5-1(b).

40. 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.

41. Public Access to Meetings and Records - Deleted in consideration of Contractor's status as a public agency.

42. Limitations on Contributions

Through execution of 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. Contractor further acknowledges that 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. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

43. Requiring Minimum Compensation for Covered Employees - Deleted in consideration of Contractor's status as an agency of the State of California.

44. Requiring Health Benefits for Covered Employees - Deleted in consideration of Contractor's status as a public agency.

45. First Source Hiring Program - Deleted in consideration of Contractor's status as a governmental entity.

46. Prohibition on Political Activity with City Funds

In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.

47. Preservative-treated Wood Containing Arsenic - Deleted in consideration of the fact that this Agreement is not for the purchase of preservative-treated wood products.

48. Modification of Agreement

a. This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement, except that changes in the scope of service that do not increase the level of total compensation shall be subject to the provisions of the Department of Public Health Policy / Procedure Regarding Contract Budget Changes in effect at commencement of the term of this Agreement, a copy of which has been provided to Contractor. In the event that City desires to amend the Policy/Procedures Regarding Contract Budget Changes, it will provide Contractor with at least thirty (30) days written notice of the proposed changes and provide Contractor with the opportunity to ask questions, raise concerns or recommend alternative revisions. City shall, in good faith, consider Contractor's questions, concerns and recommendations in finalizing any changes to the Policy/Procedure Regarding Budget Changes; however, the final approval of such changes shall be solely in City's discretion.

b. City may from time to time request changes in the scope of the services of this Agreement to be performed hereunder. Such changes, including any increase or decrease in the amount of Contractor's compensation, which are mutually agreed upon by and between the City and Contractor, shall be effective only upon execution of a duly authorized amendment to this Agreement. Contractor shall cooperate with the City to submit to the Director of the San Francisco Human Rights Commission any amendment, modification, supplement, or change order that would result in a cumulative increase of the original amount of this Agreement by more than twenty percent (20%).

49. Administrative Remedy for Agreement Interpretation

Should any question arise as to the meaning and intent of this Agreement, the question shall, prior to any other action or resort to any other legal remedy, be referred to Purchasing who shall advise on the true meaning and intent of the Agreement.

50. 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.

51. Construction

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

52. Entire Agreement

This Agreement, including all Appendices expressly incorporated herein, sets forth the entire understanding between the parties, and supersedes all other oral or written provisions as it pertains to the subject matter herein. This contract may be modified only as provided in Section 48.

53. Compliance with Laws

The parties shall comply with all applicable laws in the performance of this Agreement.

54. Services Provided by Attorneys

The parties do not intend that any legal services will be provided under this Agreement. Any services to be provided under this Agreement (with funding provided by City) to be performed by a law firm or attorney as set forth in the statement of work must be reviewed and approved in writing in

advance by the City Attorney. 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.

55. Supervision of Minors

Contractor, and any subcontractors, shall comply with California Penal Code section 11105.3. Contractor represents that it is its practice to conduct background checks on all persons whose business requires that they have contact with minors, such as medical center staff, behavioral health staff, volunteers, temporary or agency staff, and service providers engaged through procurement departments. Contractor agrees to notify City if practices materially change with respect to diminution of the background checks of those persons who come within the purview of the above-cited statute. Contractor acknowledges and agrees that failure by Contractor to comply with this section shall constitute an Event of Default.

56. 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.

57. Protection of Private Information

Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor. The provisions of this Section 57 shall not apply to the extent inconsistent with federal, state or local law.

58. Graffiti Removal – Waived by City Administrator

59. Food Service Waste Reduction Requirements

Effective June 1, 2007, Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a

penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

60. Slavery Era Disclosure - Deleted in consideration of Contractor's status as a State of California agency per San Francisco Administrative Code Chapter 12.Y.3(b).

61. Dispute Resolution Procedure - Deleted by agreement of the Parties.

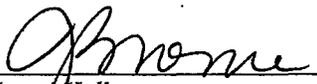
62. Additional Terms

Additional Terms are attached hereto as **Appendix D** and are incorporated into this Agreement by reference as though fully set forth herein.

63. 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.

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

CITY	CONTRACTOR
<p>Recommended by:</p> <p> _____ Mitchell H. Katz, M.D. Director of Public Health Public Health Department</p> <p>Date: 1/19/11</p> <p>Approved as to Form:</p> <p>Dennis J. Herrera City Attorney</p> <p>By:  _____ Deputy City Attorney</p> <p>Date: 1/31/11</p> <p>Approved:</p> <p> _____ Naom Kelly Director of the Office of Contract Administration, and Purchaser</p>	<p>The Regents of the University of California, A Constitutional Corporation, on behalf of its San Francisco Campus</p> <p>By signing this Agreement, I certify that the University of California is exempt from the requirements of the Minimum Compensation Ordinance, referenced in Section 43, since the University is an agency of the State of California.</p> <p> _____ JOHN RADKOWSKI CONTRACTS & GRANTS OFFICER 3333 California Street, Suite 315 San Francisco, California 94143-0962</p> <p>Date: 1-17-11</p> <p>City vendor number: 15531</p>

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: Insurance Waiver
- D: Additional Terms
- E: HIPAA Business Associate Agreement (Omitted)
- F: Invoice

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Appendix A
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Program Person, Michelle Long, Contract Administrator for the City, or his / her designee, and City will contact UC Principal Investigator, Patricia Van Horn, PhD., or other appropriate UCSF staff person, Contractor's principal investigator for this Agreement, or his / her designee.

B. Reports:

Contractor shall submit written reports as reasonably requested by the City. The format for the content of such reports shall be determined by the City in advance. 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.

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 make reasonable efforts to meet the requirements of and participate in the evaluation program and management information systems of the City. 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 represents 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:

It is the intent of the parties that only clients who are San Francisco residents shall be treated under the terms of this Agreement, and City shall pay for all services rendered by Contractor in accordance with this Agreement. The parties agree that to the extent that residency has been verified by the City, that verification may be relied upon by Contractor. 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 record keeping.

(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, the health and safety of their employees, and for all other persons who work at or visit the job site as per local and/or state regulations.

(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. 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."

K. Research Study Records:

To facilitate the exchange of research study records, should this Appendix A include the use of human study subjects, Contractor will include the City in all study subject consent forms reviewed and approved by Contractor's IRB.

L. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross

program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. 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.

O. 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.
- (2) Personnel policies and procedures.
- (3) Quality Improvement.
- (4) Staff education and training.

Other Miscellaneous Optional Provisions:

P. 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, which agreements are incorporated by reference as though fully set forth and will be provided to Contractor upon request.

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

Detailed description of services are listed below and are attached hereto

Appendix A, Summary *Pages 1-4*

Appendix A-1a Infant Parent Daycare Consultants/Childcare, *Pages 1-9*

Appendix A-1b Infant Parent Daycare Consultants/Homeless ,

Appendix A-1c Infant Parent Daycare Consultants/Family Resource Center

Appendix A-2 Mental Health Consultation Services to Childcare, *Pages 1-3*

Appendix A-3 Mental Health Consultation Services, *Pages 1-6*

Appendix A-4 Psychotherapy, *Pages 1-4*

1. Program Name: UCSF Infant-Parent Program/Daycare Consultants
 A-1a Childcare - Mental Health Consultation Services
 A-1b Homeless - Mental Health Consultation Services
 A-1c Family Resource Center - Mental Health Consultation Services

2. Program Address: San Francisco General Hospital
 2550 23rd Street , Building 9, Room 130
 San Francisco, CA. 94110
 Telephone: (415) 206-5270 Facsimile: (415) 206-4722

3. Nature of Document: New

4. Goal Statement

The goal of this project is to provide mental health consultation and related direct mental health services to constituents of child care programs, homeless shelters, and family resource centers in San Francisco serving children birth through five years of age.

5. Target Population

The Daycare Consultants component of the Infant-Parent Program will provide consultation to over 1700 children and 300 staff working with children and their families in 34 childcare programs, 3 family resource centers, and 3 homeless shelters. Consultation is the nexus from which all other interventions emanate. The range of direct clinical interventions integrated in the childcare programs includes case consultation with parents and childcare providers, therapeutic play groups and individual child or parent-child therapy. Each program's staff and a consultant/clinician will mutually agree upon inclusion in any of these services. The authority and final decision for involvement resides solely with the child's parents. Clinical consideration is based on the childcare providers and/or parent concern about a child's behavioral, developmental, and/or emotional difficulties. Case consultation will proceed and often continue concurrent with any other, more intensive clinical intervention. Therefore, approximately 40 children and their parents may be the focus of consultation. Of these, approximately 18 children will also receive direct treatment, either through group, didactic parent-child or individual therapy.

Site: Early Care & Education Program	Consultant	No. of Children (UDC)	Class-Rooms	Teachers/ Staff	Hrs/Wk
DCYF FUNDING					
1 st Place 2 Start	Sandra Willard Leslie Baxter	20	2	3	8
Good Samaritan Child Development Center	Gloria Castro	32	2	7	8
Holy Family Day Home Infant/Toddler	Kim Redemer	20	2	10	7
Noe Valley Cooperative Preschool	Charles Brinamen	24	1	3	On Call
Wind In The Willows	Sandra Willard	50	4	4	On Call
Phoebe Hearst	Adriana Taranta	110	4	13	On Call
TOTAL DCYF		256	15	40	23

Site: Early Care & Education Program	Consultant	No. of Children (UDC)	Class-Rooms	Teachers/Staff	Hrs/Wk
HSA FUNDING					
COMPASS CHILDREN'S CENTER (Formerly Tenderloin Child Care Center)	Abby Waldstein Camille Moreno	40	2	7	4
Holy Family Day Home Preschool/Transitional Kindergarten Site	Isela Cueva Rizzi	40	2	11	12
SFSU Associated Students Inc.	Abby Waldstein & trainee	80	6	12	6
SFUSD Bessie Carmichael	Miriam Silverman	50	3	8	7
SFUSD Mission CDC - Main Site	Kim Redemer	48	2	8	5
SFUSD Sheridan	Kim Redemer	20	1	2	4
SFUSD William Cobb	Amees Jaiswal	40	2	5	6
South of Market Childcare Center - Judith Baker Site (1 class)	Leslie Baxter	20	1	9	6
The Community Preschool, Grace Cathedral	Miriam Silverman	12	1	3	On Call
St. Nicholas Child Care	Staff	109	6	17	On Call
Ashbury House	Sandra Willard	5	1	4	1
Iris Center	Abby Waldstein	10	1	3	3
St. Elizabeth's Child Care Program of Epiphany Center	Abby Waldstein	14	3	7	2
Homeless Pre-Natal	Lea Brown	20	1	3	2
HSA TOTAL		508	32	99	58
Preschool for All (PFA) FUNDING (First Five)					
City College – Grace Child Development Center	Trainee	40	2	6	5
Holy Family Day Home	Amees Jaiswal	60	3	12	11
Portola Family Connections	Adriana Taranta	110	5	6	5
SFUSD Las Americas	Isela Cueva-Rizzi	48	2	13	4
SFUSD Mission CDC – Annex	Camille Moreno	48	2	8	3.5
SFUSD Tenderloin Community Child Development Center	Miriam Silverman	24	1	7	3
South of Market Childcare Center - Yerba Buena Site	Kim Redemer	75	4	16	9
Buen Dia Family School	Adriana Taranta	42	1	11	On Call
PFA Subtotal		447	20	79	40.5

Site:Early Care & Education Program	Consultant	No. of Children (UDC)	Class-Rooms	Teachers/ Staff	Hrs/Wk
PFA ECMHI FUNDING (First Five)					
Bernal Heights State Preschool of City College	Isele Cueva-Rizzi	16	1	2	3
COMPASS CHILDREN'S CENTER (Formerly Tenderloin Child Care Center)	Abby Waldstein Camille Moreno	27	2	8	4
Mission State Preschool of City College	Liz Lujan	20	1	3	5
Florence Crittenton Infant Child Development Program - Broderick Site	Camille Moreno	28	2	16	4.5
SFSU Associated Students Inc. Preschool	Trainee	60	3	8	6
South of Market Childcare Center - Judith Baker Site (2 classes)	Leslie Baxter	40	2	7	6
Angela Castro Family Child Care	Amees Jaiswal	5	1	1	2
Guidry's Early Care And Education Program	Leslie Baxter	10	2	2	2
Healthy Environments Child Development Center of Easter Seals	Amees Jaiswal	80	6	18	On Call
PFA ECMHI Subtotal		286	20	65	32.5
Total PFA Funding (All First Five)		733	40	144	73
GRAND TOTAL (All Funding)		1492	81	283	154

Site Name	Consultant	No. of Children (UDC)	Cases	Staff	Hrs/ Wk
Family Resource Centers					
Good Samaritan Family Resource Center	Gloria Castro	60	5	10	6
South of Market Child Care Inc. Family Resource Center	Leslie Baxter	30	3	4	8
Compass Family Resource Center	Charles Brinamen	80	0	11	3
Totals		170	8	25	17

Program's Serving Homeless Families	Consultant	No. of Children (UDC)	Cases	Staff	Hrs/Wk
Asian Women's Shelter	Adrianna Taranta	8	0	8	4
Clara House Of Compass Community Services	Adrianna Taranta	15	3	7	6
Compass Family Shelter	Charles Brinamen	17	0	10	3
Totals		40	6	25	13

5. Modalities/Interventions

A. The Infant-Parent Program will establish written Memorandum of Agreement with each site served.

- Site information to which the MOA applies
- The term of the MOA
- Number of on-site consultation hours per week
- Agreed upon services that the consultant will provide
- Agreed upon client/site roles and responsibilities
- Agreed upon day and time for regular group consultation meeting
- Schedule of planned review of MOA document
- Signature lines for Consultant, Site Director/Manager, Contractor Program Director

Once the MOA is completed and signed by all parties, a copy of the document will be sent to the ECMHCI Program Director, Rhea H. Bailey, at CBHS by October 1st of each fiscal year.

B. The Infant-Parent Program ensures that the following standards of practice are complied with through regular supervision of each consultant and tri-monthly staff meetings.

Modalities

- **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.
- **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.
- **Direct Services - Individual:** Activities directed to a child, parent, or caregiver. Activities may include, but are not limited individual child interventions, collaterals with parents/caregivers, developmental assessment, and referrals to other agencies. Can also include talking to a parent/caregiver about their child and any concerns they may have about their child's development.
- **Direct Services - Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children.

Standards of Practice (SOP)

The Infant-Parent Program agrees to comply with the standards set forth below.

Program Consultation

Center and/or classroom focused (including children's programming in shelter settings), benefits all children by addressing issues impacting the quality of care.

Frequency of Activities

ACTIVITY	Children's Programs w/in Shelters	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
Program Observation	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year.	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year.	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year.	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year.
Meeting with Director	Monthly 1 hour per month.	Monthly 1 hour per month.	Monthly 1 to 2 hours per month.	Monthly 2 to 3 hours per month.
Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month.	Bi-monthly with all staff members (usually by classroom) 2 hours a month.	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month.	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month.
Trainings	As needed and as stipulated in the MOU between the site and the service providing agency.	As needed and as stipulated in the MOU between the site and the service providing agency.	Same as small center.	Same as small center.

Case Consultation

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

Frequency of Activities

ACTIVITY	Children's Programs Within Shelters	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
Child Observation	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
Meeting with Director	Once per month per child who is the focus of case consultation.	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
Meeting with Staff	Once per month per child for duration of case consultation.	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
Meeting with Parents	3 to 5 times per child	3 to 5 times per child	Same as for small center.	Same as for small center.

- Direct Treatment services occur within the childcare center and/or shelter as allowed by the established MOU and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.
- All direct treatment providers follow federal HIPPA regulations pertaining to the provisions of services and the maintenance of records.

6. Methodology

- A. Since 1988 Daycare Consultants has provided and expanded the delivery of high quality mental health consultation and related direct clinical services to the San Francisco childcare community. Therefore, outreach, recruitment, promotion and advertisement are unnecessary. This contract allows for continuation of established involvement in these childcare programs. There are five new sites included this year. The additional sites (Sheridan, William Cobb, Bessie Carmichael, and Homeless Prenatal) that will be receiving mental health consultation have all had consultation experience before.
- B. Any childcare program (center or family childcare) serving primarily low-income families whose children are birth through five years of age are eligible to receive consultation. Programs serving a significant proportion of CALWORKS families and PFA sites are prioritized to receive services. Once a childcare program is selected the DCC Coordinator has an extensive conversation with the site director to ascertain need and discuss expectations. The intake process includes a description of consultation and related services.
 - i. Within each childcare 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.
- C. The aim of Daycare Consultants' is to improve the quality of relationships within a childcare program, thereby positively impacting the mental health of all the children. Particular attention is paid to children in the childcare setting who evidence behavioral, developmental or emotional difficulties. When a specific child is the focus, the aim of the clinical services is to engage all of the adults in that child's life to understand and sensitively respond to the child's needs and where possible to ameliorate the concerns. Daycare Consultants will accomplish these goals through provision of the following services:
 - i. Mental Health Consultation services to childcare providers
 - ii. Direct Clinical Services including case consultation, direct treatment and on-site therapeutic groups
 - iii. Linkage/Coordination/Case Management for mental health professionals in the provision of consultation in childcare settings; and training for childcare providers and parents.

The services are:

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 center. Consultation occurs at the childcare 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 will meet together with the provider and parents of the child. With the parents' permission, the consultant/clinician will observe the child in the program (a minimum of 2 observations per child). He/She will assess the match between the child's needs and the particular childcare setting and assess the child's functioning. The consultants will then meet with the childcare staff to help them understand the child's behavior, offer ideas regarding intervention appropriate to a group setting, and support childcare staff. The average length of this intervention is 6 months.

Case consultation at this level entails intervention through the child's existing relationships with their 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 will bring information back to the childcare providers so that their interactions with the child are informed by a more extensive understanding of the child's current and past experiences. The consultation with the childcare staff is on going.

II. Direct Clinical Services

- **Direct Intervention with 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.
- **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 home to enhance the likelihood of the families sustained involvement.
- **Therapeutic Groups:** Therapeutic groups will provide an opportunity to serve children on their childcare 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 childcare site provides intensive training for the teacher. Therapeutic groups will meet on average for two hours, two times per week on-site at the childcare 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:** An intensive clinical support group at Good Samaritan for depressed mothers that meets weekly will help to ameliorate the effects of maternal depression on young children. The consultant will also help staff understand the needs of these clients and families.

III. Linkage/Coordination/Case Management

- **Case Management:** 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, 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.

- **Training for Mental Health Professionals:** All mental health consultants participate in a training program combining clinical case conference and individual clinical supervision. New consultants and masters or pre-doctoral level interns receive this training plus additional supervision and a twice-monthly didactic seminar.

- **Training/Parent Support Groups:** In response to requests from childcare staff, training on various topics related to child development, mental health issues and childcare would be provided to staff and/or parents. An ongoing group will be offered for parents to address their needs for affiliation, support and discussion of topics of common interest and concern. One of the parent support groups will be expressly intended to address culturally specific child rearing values and needs of Latino families. The group will be conducted in Spanish. All of the parent group forums are offered on the childcare site and typically take place in the early evening hours to accommodate the parent's work schedules, thereby enhancing the likelihood of their participation.
- D. Consultation is typically ongoing 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, childcare staff and consultant when the referring concern is ameliorated. Since the child remains in the childcare center and because of the consultants' ongoing presence, monitoring is possible post termination.
- E. Thirteen 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, Thai, Hindi and Gujarati. While all the consultants' time will be funded through this grant, programmatic and administrative oversight will be supplemented by other funding sources.
- F. **Client Confidentiality and HIPAA Compliance**
The UCSF Infant Parent Program complies with all privacy and client confidentiality rules and regulations in accordance with UCSF policies and procedures regarding HIPAA.

7. Objectives and Measurements

A. Performance/Outcome Objectives (FY 2010/2011)

Objective #1 (Understanding emotional and development needs)

A minimum of 75% of staff at each site receiving consultation services will report that meeting with a consultant increased their understanding of a child's emotional and developmental needs, helping them to more effectively respond to the child's behavior.

Objective #2 (Communication with parents)

A minimum of 75% of staff at each site receiving consultation services will report that consultation helped them learn to communicate more effectively with parents of children where there were concerns about the child's behavior.

Objective #3 (Response to children's behavior)

A minimum of 75% of staff at each site receiving consultation services will report that the consultant helped them to respond more effectively to children's behavior.

Objective #4 (Overall satisfaction)

Of those staff who received consultation and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the consultant.

Objective #5 (Responsiveness to Needs)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that the consultant was attentive and responsive to their needs.

Objective #6 (Linkage to Resources)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that consultant assisted them in linking to needed resources.

Objective #7 (Understanding of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that they have a better understanding of their child's behavior.

Objective #8 (Improvement of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that their child's behavior has improved.

DATA SOURCE: Early Childhood Mental Health Consultation Initiative provider and parent surveys to be administered by CBHS during the third quarter of Fiscal Year 2010-2011 and will be used in the Program Monitoring Report for 2010-2011.

B. CBHS Compliance Objectives

D.4b. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors.

Early Childhood Mental Health Consultation Initiative contractors shall comply with outcome data collection requirements.

Data source: Program Evaluation Unit Compliance Records and Charting Requirements for the Provision of Direct Services

Program Review Measurement: Objective will be evaluated based on 6-months period from July 1, 2010 to December 31, 2010.

C.6a. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

Early Childhood Mental Health Consultation Initiative contractors shall comply with satisfaction data requirements.

Data source: Surveys distributed and submitted to CBHS.

Program Review Measurement: Objective will be evaluated based on 6-month period from July 1, 2010 to December 31, 2010.

8. CONTINUOUS QUALITY IMPROVEMENT

The Infant-Parent Program/Daycare Consultants ensures continuous quality improvement by providing clinical supervision to all staff and intensive clinical supervision to interns. Additional group forums including clinical case review, culture and community issues, in-service training and clinical supervisors meetings are mechanisms for monitoring and enhancing service provision. Staff members are licensed clinicians at the masters and doctorate level who must also comply with the training requirements of their respective licensing boards. Because IPP/DCC is a UCSF program at San Francisco General Hospital, it follows the training requirements, standards and updates of both the University of California and Community Behavioral Health Services.

IPP/DCC agrees to comply with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

1. Program Name: UCSF Infant-Parent Program Daycare Consultants
 Mental Health Consultation Services to Childcare

Program Address: See Appendix A-1 Attached

2. Nature of Document: New

Cost Reimbursement

This cost reimbursement allocation will be used to offset start up expenses incurred in expanding mental health consultation services to four new settings: SFUSD (San Francisco Unified School District) Bessie Carmichael Child Development Center, SFUSD Sheridan Child Development Center, SFUSD San Francisco Montessori (formerly William Cobb), and Homeless Prenatal Services.

Site Preparation and Introduction

The DCC Coordinator and consultants will set-up and convene introductory meetings with each site and their administrators. Mutual expectations and agreements for service delivery will be determined over several meetings with staff, management teams, and, in the case of SFUSD, district leaders.

Recruit, Hire, and Train Mental Health Consultants

Bilingual and bi-cultural staff will be hired and assigned to sights. Mental health consultation training will be provided to all new hires. All staff receives clinical supervision to support new endeavors and participates in clinical conferences. New hires participate in didactic trainings based on senior staff's book, *Mental Health Consultation in Child Care: Transforming Relationships among Directors, Staff, and Families*.

Equipment/Materials/Supplies

The increase in program staff requires equipment, material, and supply purchases. In order to ensure quality of the off-site work, additional cell phone and parking expenditures are necessary. Additional consultation services also require an increase in shared supplies and equipment.

3. Goal Statement

The goal of this project is to establish a relationship fostering mental health consultation and related direct mental health services to constituents of child care and family resource programs in four new settings in San Francisco serving children birth through five years of age.

4. Target Population

The Daycare Consultants component of the Infant-Parent Program will establish mental health consultation to four new programs serving 130 children. The programs served under this funding appear below:

HSA FUNDING	Consultant	No.of Children (UDC)	Classes	Staff
SFUSD Bessie Carmichael	Miriam Silverman	50	3	8
SFUSD Sheridan	Kim Redemer	20	1	2
SFUSD San Francisco Montessori (Formerly William Cobb)	Amee Jaiswal	40	2	5
Homeless Pre-Natal	Lea Brown	20	1	3
HSA TOTAL		130	7	18

5. Modalities/Interventions

The Infant-Parent Program will establish written Memorandum of Agreement with each site served.

- Site information to which the MOA applies
- The term of the MOA
- Number of on-site consultation hours per week
- Agreed upon services that the consultant will provide
- Agreed upon client/site roles and responsibilities
- Agreed upon day and time for regular group consultation meeting
- Schedule of planned review of MOA document
- Signature lines for Consultant, Site Director/Manager, Contractor Program Director

Once the MOA is completed and signed by all parties, a copy of the document will be sent to the ECMHCI Program Director, Rhea H. Bailey, at CBHS by November 15th of each fiscal year.

6. Methodology

- A. Since 1988 Daycare Consultants has provided and expanded the delivery of high quality mental health consultation and related direct clinical services to the San Francisco childcare community. There are four new sites included this year. The additional sites (Sheridan, SF Montessori (formerly William Cobb), Bessie Carmichael, and Homeless Prenatal) that will be receiving mental health consultation have all had consultation experience before.
- B. Any childcare program (center or family childcare) serving primarily low-income families whose children are birth through five years of age are eligible to receive consultation. Programs serving a significant proportion of CALWORKS families and PFA sites are prioritized to receive services.
 - The aim of Daycare Consultants' is to improve the quality of relationships within a childcare program, thereby positively impacting the mental health of all the children.
- C. Consultation is typically ongoing 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.
- D. Four Infant-Parent Program/Daycare Consultant clinicians will provide mental health consultation. The DCC Coordinator will establish initial relationships with management of each site. Each member of the current staff has over a decade of experience as a consultant.
- E. Client Confidentiality and HIPAA Compliance: The UCSF Infant Parent Program complies with all privacy and client confidentiality rules and regulations in accordance with UCSF policies and procedures regarding HIPAA.

7. Objectives and Measurements

A. Performance/Outcome Objectives (FY 2010/2011)

Objective #1 (Understanding emotional and development needs)

A minimum of 75% of staff at each site receiving consultation services will report that meeting with a consultant increased their understanding of a child's emotional and developmental needs, helping them to more effectively respond to the child's behavior.

Objective #2 (Communication with parents)

A minimum of 75% of staff at each site receiving consultation services will report that consultation helped them learn to communicate more effectively with parents of children where there were concerns about the child's behavior.

Objective #3 (Response to children's behavior)

A minimum of 75% of staff at each site receiving consultation services will report that the consultant helped them to respond more effectively to children's behavior.

Objective #4 (Overall satisfaction)

Of those staff who received consultation and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the consultant.

Objective #5 (Responsiveness to Needs)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that the consultant was attentive and responsive to their needs.

Objective #6 (Linkage to Resources)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that consultant assisted them in linking to needed resources.

Objective #7 (Understanding of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that they have a better understanding of their child's behavior.

Objective #8 (Improvement of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that their child's behavior has improved.

DATA SOURCE: Early Childhood Mental Health Consultation Initiative provider and parent surveys to be administered by CBHS during the third quarter of Fiscal Year 2010-2011 and will be used in the Program Monitoring Report for 2010-2011.

B. CBHS Compliance Objectives

D.4b. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

Early Childhood Mental Health Consultation Initiative contractors shall comply with outcome data collection requirements.

Data source: Program Evaluation Unit Compliance Records and Charting Requirements for the Provision of Direct Services

Program Review Measurement: Objective will be evaluated based on 6-months period from July 1, 2010 to December 31, 2010.

C.6a. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

Early Childhood Mental Health Consultation Initiative contractors shall comply with satisfaction data requirements.

Data source: Surveys distributed and submitted to CBHS.

Program Review Measurement: Objective will be evaluated based on 6-month period from July 1, 2010 to December 31, 2010.

8. Continuous Quality Improvement

See Appendix A-1 Attached

1. **Program Name:** UCSF Infant-Parent Program/Daycare Consultants
Mental Health Consultation Services

Program Address: See Appendix A-1 Attached

2. **Nature of Document:** New

Cost Reimbursement

This is the first full year of the contract for mental health consultation services. These funds will support the on-going process of establishment and expansion of services in these settings.

Site Preparation and Introduction

The DCC Coordinator has met with each program. Seasoned consultants have been introduced to these new programs. Parameters of the consultation are continuing to be established and expanded as consultants familiarize themselves with their consultees.

Recruit, Hire, and Train Mental Health Consultants

Services will be provided by a combination of seasoned staff and new hires. We have made efforts to match the language capacity of consultants to the first language of families primarily served in each program. Two staff, one recently hired and a second to be hired, will receive intensive training in consultation including: didactic trainings using the book written by the IPP Director and DCC Coordinator, *Mental Health Consultation in Child Care: Transforming Relationships among Directors, Staff and Families*; monthly clinical conferences; and weekly supervision by senior staff.

Equipment/Materials/Supplies

The increase in program staff requires equipment, material, and supply purchases. In order to ensure quality of the off-site work, additional cell phone and parking expenditures are necessary.

This Cost Reimbursement contract allows for us to begin establishing the services at the level and intensity of service described in the following pages.

3. **Goal Statement**

The goal of this project is to provide mental health consultation and related mental health services to constituents of child care programs, family resource centers, and substance abuse residential treatment homes in San Francisco serving children birth through five years of age.

4. **Target Population**

The Daycare Consultants component of the Infant-Parent Program will provide consultation to approximately 44 providers. Over 700 children, birth through five years of age, in 2 San Francisco childcare programs, 3 family resource centers, 2 residential substance abuse centers, and 1 family child care network serving primarily low-income, multi-ethnic families, will benefit from consultation to their providers.

Consultation is the nexus from which all other interventions emanate. The range of clinical interventions integrated in the programs includes case consultation with parents and service providers, parent-child interaction groups, facilitate referrals, and parent education/support groups. Service providers and a consultant/clinician will mutually agree upon inclusion in any of these services. The authority and final decision for involvement resides solely with the child's parents. Clinical consideration is based on the service providers and/or parent concern about a child's behavioral, developmental, and/or emotional difficulties. Approximately, 20 children and their families will benefit from case consultation.

Site Name:	Consultant	No. of Children (UDC)	Class-rooms	Staff	Hrs/Wk
Kids Kollege Preschool and Child Care	Miriam Silverman	30	3	6	4
Lutheran Christ Our Savior Child Care	Amea Jaiswal	30	3	3	4
Epiphany Residential Program	Abby Waldstein	20	NA	5	6
Walden House - Female Offenders Treatment and Education Program	Miriam Silverman	20	NA	5	6
Florence Crittenton – Family Child Care Network	Camille Moreno	100	NA	10	5
Support for Families w Children w Disabilities	Adriana Taranta	100	NA	5	5
APA Family Support Services (FRC) –Neighborhood Center	Kim Redemer	200	NA	5	5
API – Family Resources Network (20 agencies in network)	Kim Redemer	200	NA	5	5
TOTALS		700	NA	NA	40

5. Modalities/Interventions

The Infant-Parent Program will establish written Memorandum of Agreement with each site served.

- Site information to which the MOA applies
- The term of the MOA
- Number of on-site consultation hours per week
- Agreed upon services that the consultant will provide
- Agreed upon client/site roles and responsibilities
- Agreed upon day and time for regular group consultation meeting
- Schedule of planned review of MOA document
- Signature lines for Consultant, Site Director/Manager, Contractor Program Director

Once the MOA is completed and signed by all parties, a copy of the document will be sent to the ECMHCI Program Director, Rhea H. Bailey, at CBHS.

The Infant-Parent Program ensures that the following standards of practice are complied with through regular supervision of each consultant and tri-monthly staff meetings.

Modalities

- **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.
- **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.
- **Direct Services - Individual:** Activities directed to a child, parent, or caregiver. Activities may include, but are not limited individual child interventions, collaterals with parents/caregivers, developmental assessment, and referrals to other agencies. Can also include talking to a parent/caregiver about their child and any concerns they may have about their child's development.
- **Direct Services - Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children.

Case Consultation

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

- Direct Treatment services occur within the program as allowed by the established MOU and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.
- All direct treatment providers follow federal HIPPA regulations pertaining to the provisions of services and the maintenance of records.

6. Methodology

- A. Since 1988 Daycare Consultants has provided and expanded the delivery of high quality mental health consultation and related direct clinical services to the San Francisco early childhood service community. Outreach and recruitment have already occurred. Funding will allow Daycare Consultants to solidify the relationships and establish the parameters of the relationship with each of the agencies above.
- B. These 8 programs serving primarily low-income families whose children are birth through five years of age are eligible to receive consultation. Programs that serve a significant proportion of CALWORKS families and/or are PFA sites are prioritized to receive services. The DCC Coordinator has had extensive conversation with the site directors to ascertain need and discuss expectations. The intake process included a description of consultation and related services.

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.

- C. The aim of Daycare Consultants' is to improve the quality of relationships within a program, thereby positively impacting the mental health of all the children. Particular attention is paid to children in the setting who evidence behavioral, developmental or emotional difficulties. When a specific child is the focus, the aim of the clinical services is to engage all of the adults in that child's life to understand and sensitively respond to the child's needs and where possible to ameliorate the concerns. Daycare Consultants will accomplish these goals through provision of the following services:
 - i. Mental Health Consultation services to providers;
 - ii. Clinical Services including case consultation, parent education and support, and parent-child interaction groups;
 - iii. Linkage/Coordination/Case Management for mental health professionals in the provision of consultation in the program's settings; and training for service providers and parents.

Client Confidentiality and HIPAA Compliance

The UCSF Infant Parent Program complies with all privacy and client confidentiality rules and regulations in accordance with UCSF policies and procedures regarding HIPAA.

The services are:

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 site, knowledge of and experience with children in groups, and a growing understanding of the network of relationships involved in the center. 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 program staff is troubled about a particular child, consultants will meet together with the provider and parents of the child. With the parents' permission, the consultant/clinician will observe the child in the program (a minimum of 2 observations per child). He/She will assess the match between the child's needs and the particular program setting and assess the child's functioning. The consultants will 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 program staff. The average length of this intervention is 6 months.

Case consultation at this level entails intervention through the child's existing relationships with their 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 program's milieu. With parental permission, the consultant/clinician will bring information back to the service providers so that their 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. Clinical Services

- Case Consultation with 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.
- Parent/Child Interaction Groups: When there are concerns about a child's development or struggles in the parent-child relationship, parent-child dyads will be offered an interaction group that hopes to encourage social support among the adults, provide builds parenting and relationship skills, and offers opportunity for pleasure between parent-child. This is a preventative intervention. Given that young children's relationships both contribute to and ameliorate social-emotional difficulties, it is optimal to treat children in this relational context. Treatment will be offered on the program site.

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 program 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 Services Children's Protective Services, Department of Public Health; Community Behavioral 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 providers returns to parents and the 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 will be offered for parents to address their needs for affiliation, support and discussion of topics of common interest and concern. One of the parent support groups will be expressly intended to address culturally specific child rearing values and needs of Latino families. The group will be conducted in Spanish. 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.

D. Consultation is typically ongoing 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 the child remains in the program and because of the consultants' ongoing presence, monitoring is possible post termination.

Six of our 13 Infant-Parent Program/Daycare Consultant clinicians will provide mental health consultation in this contract. On average, each has nearly a decade of experience as a consultant. Four consultants are bilingual and three are bicultural. Therefore, services will be able to be delivered in Spanish, Thai, Hindi 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

A. Performance/Outcome Objectives

Objective #1 (Understanding emotional and development needs)

A minimum of 75% of staff at each site receiving consultation services will report that meeting with a consultant increased their understanding of a child's emotional and developmental needs, helping them to more effectively respond to the child's behavior.

Objective #2 (Communication with parents)

A minimum of 75% of staff at each site receiving consultation services will report that consultation helped them learn to communicate more effectively with parents of children where there were concerns about the child's behavior.

Objective #3 (Response to children's behavior)

A minimum of 75% of staff at each site receiving consultation services will report that the consultant helped them to respond more effectively to children's behavior.

Objective #4 (Overall satisfaction)

Of those staff who received consultation and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the consultant.

Objective #5 (Responsiveness to Needs)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that the consultant was attentive and responsive to their needs.

Objective #6 (Linkage to Resources)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that consultant assisted them in linking to needed resources.

Objective #7 (Understanding of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that they have a better understanding of their child's behavior.

Objective #8 (Improvement of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that their child's behavior has improved.

DATA SOURCE: Early Childhood Mental Health Consultation Initiative provider and parent surveys to be administered by CBHS during the third quarter of Fiscal Year 2010-2011 and will be used in the Program Monitoring Report for 2010-2011.

B. Compliance Objectives

D.4b. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

Early Childhood Mental Health Consultation Initiative contractors shall comply with outcome data collection requirements.

Data source: Program Evaluation Unit Compliance Records and Charting Requirements for the Provision of Direct Services

Program Review Measurement: Objective will be evaluated based on 6-months period from July 1, 2010 to December 31, 2010.

C.6a. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

Early Childhood Mental Health Consultation Initiative contractors shall comply with satisfaction data requirements.

Data source: Surveys distributed and submitted to CBHS.

Program Review Measurement: Objective will be evaluated based on 6-month period from July 1, 2010 to December 31, 2010.

8. Continuous Quality Improvement

See Appendix A-1 Attached

1. Program Name: UCSF Infant-Parent Program / Psychotherapy

Program Address: See Appendix A-1 Attached

2. Nature of Document: New

3. Goal Statement

The Infant-Parent Program is an outpatient mental health clinic devoted to serving children birth to five years of age and their families with a combination of prevention and early intervention work for those at imminent risk for social and emotional difficulties as well as those already manifesting emotional problems.

4. Target Population

The children described below receive services at the Infant-Parent Program when concerns about their functioning meet the medical necessity criteria for specialty Mental Health services as described in the CA Code of Regulations, Title 9. To determine eligibility, Infant-Parent Program convenes a bi-weekly Program Utilization Review Quality Committee (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. Children under three years of age and their families who are deemed to be medically indigent, and are identified as having serious difficulties in their relationship(s) are part of this population.

5. Modalities/Interventions

Please refer to CRDC.

Mental Health Services

"Mental Health Service" 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.

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

For prevention and intervention services to children 0 – 3 years old, treatment is provided primarily through weekly visits in the home in order to gain a better understanding of the child's daily circumstances and to be available to those most in need. This treatment 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 8 to 12 intensively supervised doctoral trainees in psychology as well as master's level trainees. Many referrals come from pediatric providers at SFGH, DPH health centers, or public health nurses, and ongoing collaborative work with the primary care provider is central to the Infant-Parent Program mental health intervention. SFGH departments of Psychiatry, Pediatrics and OB/GYN are also major collaborators in our work on behalf of young children and their parents. 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 around clarifying the needs of the child and family, and a close working relationship is then often forged with the DHS worker to identify and pursue the child's best interests in complicated dependency situations. In addition, a psychologist at the Infant-Parent Program provides linkage with DPH/S.F.G.H. units within the Departments of Pediatrics and Psychiatry. An Infant-Parent Program psychologist is part of two ongoing meetings: one in which she consults around screening and disposition for infants born at S.F.G.H. and the other in which she works with the UCSF Child Trauma Program, CASARC and Child and Adolescent Services at S.F.G.H. to review referrals, capacity, criteria for eligibility for treatment and to secure appropriate services for these children.

Treatment outcome is mutually determined by assessing progress made toward treatment goals and by rating change on the CANS based Reassessment every six months and on goals in the CANS based Plan of Care. These along with services that are necessary (ongoing psychiatric involvement) or desirable (support groups) begin weeks or months prior to discharge and are incorporated into the treatment planning when goals are established.

Client Confidentiality and HIPAA Compliance

The UCSF Infant Parent Program complies with all privacy and client confidentiality rules and regulations in accordance with UCSF policies and procedures regarding HIPAA.

7. Objectives

Objective A.1: Reduced Psychiatric Symptoms

- A.1.a The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010.

Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Data Source: Avatar – CBHS will compute.

- A.1.e 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.

Data Source: Avatar – CBHS will compute

- A.1.f Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire.
Data Source: CANS certificates of completion with a passing score or an e-mail with the same information will be obtained in order to measure this objective.
- A.1.g Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. *For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.*
Data Source: Avatar – CBHS will compute
- A.1.h CYF agency representatives attend regularly scheduled SuperUser calls. *For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score*
Data Source: This will be measured by conference call sign in sheets kept by CBHS.
- A.1.i Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. *For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.*
Data Source: Avatar – CBHS will compute
- A.1.j Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. *For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.*
Data Source: Avatar – CBHS will compute
- A.1.l Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths Assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire.
Data Source: CBHS records of completion and passing scores (Program keeps a copy).
- A.1.m Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. *For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.*
Data Source: Avatar – CBHS will compute

Objective A.3: Increase Stable Living Environment

- A.3.a 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.
Data Source: Avatar – CBHS will compute

Objective B.3: Access to Services

- B.1.a 75% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, that are open in the program as of July 1, 2010, will have SSI linked Medi-Cal applications submitted by June 30, 2011. Programs are also strongly encouraged to refer eligible clients to Health San Francisco.
Data Source: Avatar – CBHS will compute
- B.2.a During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.
Data Source: Avatar – CBHS will compute

Objective F.1: Health Disparity in African Americans

F.1.b Primary Care provider and health care information

All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

Data Source: Avatar – CBHS will compute

F.1.c Active engagement with primary care provider

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Data Source: Avatar – CBHS will compute

Objective G.1: Alcohol Use/Dependency

G.1.a For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. *Cultural Competency Unit will compile the informing material on self-help Recovery groups and make it available to all contractors and civil service clinics by September 2010*

Data Source: Progress notes as services are home based and there are no "sites."

G.1.b All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Data Source: Publications in progress as well as published work addressing this will be provided to Program Manager.

Objective H.1: Planning for Performance Objectives FY 2011-2012

H.1.a Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. *System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions.. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.*

H.1.b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. *Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.*

8. Continuous Quality Improvement

See Appendix A-1 Attached

**Appendix B
Calculation of Charges**

1. Method of Payment

FFS Option

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

Actual Cost

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, *Pages 1-3*

Appendix B-1 A Mental Health Consultation Services-Childcare, *Pages 1-3*

Appendix B-1 B Mental Health Consultation Services-Homeless, *Pages 1-3*

Appendix B-1 C Mental Health Consultation Services-Family Resource Centers, *Pages 1-3*

Appendix B-2 Daycare Consultation Childcare, *Pages 1-4*

Appendix B-3 Daycare Consultation Childcare, *Pages 1-6*

Appendix B-4 IPP Psychotherapy, *Pages 1-2*

Appendix B-5a Neuropsychological Assessment, *Pages 1-2*

Appendix B-5b Homeless Mental Health Services, *Pages 1-2*

Appendix B-5c Childcare Mental Health Services, *Pages 1-2*

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$997,044 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:

	Term	Funding Source	Amount
Original Agreement	07/01/2010-06/30/2011		\$1,510,672
Year 2	07/01/2011-06/30/2012		\$1,510,672
Year 3	07/01/2012-06/30/2013		\$1,510,672
Year 4	07/01/2013-06/30/2014		\$1,510,672
Year 5	07/01/2014-06/30/2015		\$1,510,672
Year 5.5	07/01/2015-12/31/2015		\$755,336
		Contingency	\$997,044
		(This equals the total NTE)Total	\$9,305,740

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.

FFS option

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.

Actual Cost Option

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 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.

DF Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New X					VENDOR ID (DPH USE ONLY)
LEGAL ENTITY NUMBER: 00117							
LEGAL ENTITY/CONTRACTOR NAME: UCSF /SFGH Psychiatry, Infant-Parent Program							
APPENDIX NUMBER	B-1a	B-1b	B-1c	B-2	B-3	B-4	
PROVIDER NUMBER	38C8	38C8	38C8	38C8	38C8	38C8	
PROVIDER NAME:	Daycare Consultants - Mental Hlth Consultation Services to Childcare	Daycare Consultants - Mental Hlth Consultation Services to Homeless	Daycare Consultants - Mental Hlth Consultation Services to Family Resource Centers	Daycare Consultants - Mental Hlth Consultation Services to Childcare (CR)	Daycare Consultants - Mental Hlth Consultation Services (CR)	Infant Parent Psychotherapy	
GBHS FUNDING TERM:		July 1, 2010 through June 30, 2011					
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	588,237	51,158	55,310	33,706	239,778	270,481	
OPERATING EXPENSE	8,315	3,631	890	669	5,150	2,539	
SUBTOTAL DIRECT COSTS	596,552	54,789	56,200	34,375	244,928	273,020	
INDIRECT COST AMOUNT	71,586	6,575	6,744	4,125	29,391	32,762	
INDIRECT %	0	0	0	0	0	0	
TOTAL FUNDING USES:	668,138	61,364	62,944	38,500	274,319	305,782	
GBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)						92,999	
ARRA SDMC FFP (11.59)						21,557	
STATE REVENUES - click below							
EPSDT State Match						62,142	
GRANTS - click below							
MHSA (Prop 63)					178,000		
PRIOR YEAR ROLL OVER - click below							
MHSA					96,320		
WORK ORDERS - click below							
HSA (Human Svcs Agency)	205,877			38,500			
DCYF	124,573						
SFCFC - ECMHI	139,940						
SFCFC - Preschool for All	197,748						
SFCFC - Shelter		61,364					
SFCFC - Family Resource Center			62,944				
Please enter other funding source here if not in pull down							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND						129,084	
TOTAL GBHS MENTAL HEALTH FUNDING SOURCES	668,138	61,364	62,944	38,500	274,319	305,782	
TOTAL DPH REVENUES	668,138	61,364	62,944	38,500	274,319	305,782	
TOTAL REVENUES (DPH AND NON-DPH)	668,138	61,364	62,944	38,500	274,319	305,782	

DPH 1, part 2: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New X			VENDOR ID (DPH USE ONLY)	
LEGAL ENTITY NUMBER: 00117						
LEGAL ENTITY/CONTRACTOR NAME: UCSF /SFGH Psychiatry, Infant-Parent Program (IPP)						
APPENDIX NUMBER	B-5a	B-5b	B-5c			
PROVIDER NUMBER	38C8	38C8	38C8			
PROVIDER NAME:	Neuropsychological Assessment	Homeless Mental Health Services	Childcare Mental Health Services			TOTAL
CBHS FUNDING TERM:	07/01/10 - 06/30/11	07/01/10 - 06/30/11	07/01/10 - 06/30/11			
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	20,140	36,201	31,339			1,326,350
OPERATING EXPENSE	366	654	250			22,464
CAPITAL OUTLAY (COST \$5,000 AND OVER)						-
SUBTOTAL DIRECT COSTS	20,506	36,855	31,589			1,348,814
INDIRECT COST AMOUNT	2,461	4,423	3,791			161,858
INDIRECT %	12%	12%	12%			
TOTAL FUNDING USES:	22,967	41,278	35,380			1,510,672
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	11,484	20,639	17,690			142,811
ARRA SDMC FFP (11.59)	2,662	4,784	4,101			33,104
STATE REVENUES - click below						
EPSDT State Match	7,673	13,791	11,820			95,426
GRANTS - click below						
MHSA (Prop 63)						178,000
PRIOR YEAR ROLL OVER - click below						
MHSA						96,320
WORK ORDERS - click below						
HSA (Human Svcs Agency)						244,377
DCYF						124,573
SFCFC - ECMHI						139,940
SFCFC - Preschool for All						197,748
SFCFC - Shelter						61,364
SFCFC - Family Resource Center						62,944
COUNTY GENERAL FUND	1,148	2,064	1,769			134,065
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE	22,967	41,278	35,380			1,510,672
TOTAL DPH REVENUES	22,967	41,278	35,380			1,510,672
TOTAL REVENUES (DPH AND NON-DPH)	22,967	41,278	35,380			1,510,672
Prepared by/Phone #: B. Valle 206-5290 P0037666/115446						

DPH 2: Department of Public Health Cost Reporting/Data Collec. (CRDC)

APPENDIX B-1a, Pg 1

FISCAL YEAR:	10/11								
LEGAL ENTITY NAME:	UCSF /SFGH Psychiatry, Infant-Parent Program (IPP)							PROVIDER #:	38C8
PROVIDER NAME:	Day Care Consultants - Childcare - Mental Health Consultation Service								
REPORTING UNIT NAME::	Consultation Individual	Consultation Group	Classroom Observation	Training-Parent Support Group	Direct Individual	Direct Group	Outreach & Linkage	Program Evaluation	
REPORTING UNIT:	N/A Not Medi-Cal Eligible								
MODE OF SVCS / SERVICE FUNCTION CODE	45	45	45	45	45	45	45	45	
SERVICE DESCRIPTION	CI	CG	CO	TPG	DI	DG	O/L	EVAL	TOTAL
CBHS FUNDING TERM:	July 1, 2010 through June 30, 2011								
FUNDING USES:									
SALARIES & EMPLOYEE BENEFITS	155,173	158,474	90,000	53,617	12,843	30,109	58,701	29,318	588,237
OPERATING EXPENSE	2,193	2,240	1,272	758	182	426	830	414	8,315
SUBTOTAL DIRECT COSTS	157,366	160,714	91,272	54,375	13,025	30,535	59,531	29,732	596,552
INDIRECT COST AMOUNT	18,884	19,286	10,953	6,525	1,563	3,664	7,144	3,568	71,586
TOTAL FUNDING USES:	176,250	180,000	102,225	60,900	14,587	34,199	66,675	33,300	668,138
CBHS MENTAL HEALTH FUNDING SOURCES									
YEAR ROLL OVER - click below									
WORK ORDERS - click below									
HSA (Human Svcs Agency)	54,309	55,464	31,499	18,765	4,495	10,538	20,545	10,261	205,876
DCYF	32,861	33,561	19,060	11,355	2,720	6,376	12,431	6,209	124,573
SFCFC - ECMHI	36,915	37,701	21,411	12,755	3,055	7,163	13,965	6,975	139,940
SFCFC - Preschool for All	52,164	53,274	30,255	18,024	4,317	10,122	19,734	9,856	197,747
SFCFC - Shelter									-
SFCFC - Family Resource Center									-
COUNTY GENERAL FUND									-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE	176,250	180,000	102,225	60,900	14,587	34,199	66,675	33,300	668,138
TOTAL DPH REVENUES	176,250	180,000	102,225	60,900	14,587	34,199	66,675	33,300	668,138
TOTAL REVENUES (DPH AND NON-DPH)	176,250	180,000	102,225	60,900	14,587	34,199	66,675	33,300	668,138
CBHS UNITS OF SVCS/TIME AND UNIT COST:									
UNITS OF SERVICE ¹	2,350	2,400	1,363	812	195	311	889	444	8,763
UNITS OF TIME ²	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours
PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	\$75	\$75	\$75	\$75	\$75	\$110	\$75	\$75	NA
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	\$75	\$75	\$75	\$75	\$75	\$110	\$75	\$75	NA
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	\$75	\$75	\$75	\$75	\$75	\$110	\$75	\$75	NA
UNDUPLICATED CLIENTS	1,497	1,497	1,497	35	12	12	NA	NA	4,550

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

APPENDIX B-1a, Pg 2
 Document Date: 10/07/10

Provider Number: 38C8

Provider Name: UCSF IPP Daycare Consultants - Childcare

POSITION TITLE	TOTAL		WORK ORDER SFCFC Preschool for All		WORK ORDER SFCFC - ECMHI		WORK ORDER HSA		WORK ORDER DCYF	
	Proposed Transaction 07/01/10 - 06/30/11		Proposed Transaction 07/01/10 - 06/30/11		Proposed Transaction 07/01/10 - 06/30/11		Proposed Transaction 07/01/10 - 06/30/11		Proposed Transaction 07/01/10 - 06/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
	0.01	0								
Mental Health Consultant	0.42	\$ 28,688					0.42	28,688		
Coordinator	0.35	\$ 28,766					0.35	28,766		
Mental Health Consultant	0.20	\$ 17,572					0.10	8,786	0.10	8,786
Director	0.45	\$ 45,993					0.45	45,993		
Mental Health Consultant	0.35	\$ 21,659					0.35	21,659		
Administrative Assistant	0.24	\$ 9,233	0.10	3,847			0.14	5,386		
Mental Health Consultant	0.70	\$ 52,282							0.70	52,282
Mental Health Consultant	0.35	\$ 23,906			0.01	683			0.34	23,223
Mental Health Consultant	0.50	\$ 31,758			0.50	31,758				
Mental Health Consultant	0.23	\$ 17,816			0.23	17,816				
Mental Health Consultant	0.63	\$ 38,678			0.63	38,678				
Mental Health Consultant	0.30	\$ 21,535	0.22	15,792	0.08	5,743				
Mental Health Consultant	0.75	\$ 50,238	0.75	50,238						
Administrative Assistant Manager	0.15	\$ 8,298	0.15	8,298						
Administrative Assistant	0.40	\$ 16,085	0.40	16,085						
Mental Health Consultant	0.20	\$ 17,798	0.20	17,798						
Post-Doc	0.50	\$ 18,870	0.50	18,870						
Mental Health Consultant	0.05	\$ 3,316	0.05	3,316						
TOTALS	6.77	\$ 452,491	2.37	\$134,244	1.45	\$94,678	1.81	\$139,278	1.14	\$84,291

EMPLOYEE FRINGE BENEFITS	30%	\$ 135,746	30%	\$40,273	30%	\$28,403	30%	\$41,783	30%	\$25,287
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TOTAL SALARIES & BENEFITS	\$ 588,237	\$174,517	\$123,081	\$181,061	\$109,578
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DPH 4: Operating Expenses Detail

APPENDIX #: B-1a, Pg 3

Document Date: 10/07/10

Provider Number: 38C8

Provider Name : UCSF IPP Daycare Consultants - Childcare

Expenditure Category	TOTAL	WORK ORDER SFCFC Preschool for All	WORK ORDER SFCFC -ECMHI	WORK ORDER HSA	WORK ORDER DCYF
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
07/01/10 - 06/30/11					
Rental of Property	-				
Utilities(Elect, Water, Gas, Phone, Scavenger)	-				
Office Supplies, Postage	3,076	338	757	1,260	721
Building Maintenance Supplies and Repair	-				
Printing and Reproduction	-				
Insurance	-				
Staff Training	-				
Staff Travel-(Local & Out of Town)	-				
Rental of Equipment	-				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	-				
	-				
	-				
	-				
OTHER	-				
GAEL	2,398	711	502	738	447
Network	2,841	995	607	760	479
	-				
	-				
	-				
TOTAL OPERATING EXPENSE	8,315	\$2,044	\$1,866	\$2,758	\$1,647

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

FISCAL YEAR:	2010/2011						APPENDIX: B-1b, Page 1			
LEGAL ENTITY NAME:	UCSF / SFGH Psychiatry, Infant-Parent Program						PROVIDER #: 38C8			
PROVIDER NAME:	Daycare Consultants - Homeless - Mental Health Consultation Services									
REPORTING UNIT NAME:	Consultation Individual	Consultation Group	Classroom Observation	Training-Parent Support Group	Direct Individual	Direct Group	Outreach & Linkage	Program Evaluation		
REPORTING UNIT:	N/A Not Medi-Cal Eligible									
MODE OF SVCS / SERVICE FUNCTION CODE	45	45	45	45	45	45	45	45		
SERVICE DESCRIPTION	CI	CG	CO	TPG	DI	DG	O/L	EVAL	TOTAL	
CBHS FUNDING TERM:	July 1, 2010 through June 30, 2011									
FUNDING USES:										
SALARIES & EMPLOYEE BENEFITS	\$ 10,629	\$ 20,946	\$ 3,126	\$ 625	\$ 1,563	\$ 6,702	\$ 5,065	\$ 2,501	\$ 51,158	
OPERATING EXPENSE	\$ 754	\$ 1,487	\$ 222	\$ 44	\$ 111	\$ 476	\$ 359	\$ 177	\$ 3,631	
SUBTOTAL DIRECT COSTS	\$ 11,384	\$ 22,433	\$ 3,348	\$ 670	\$ 1,674	\$ 7,177	\$ 5,424	\$ 2,679	\$ 54,789	
INDIRECT COST AMOUNT	\$ 1,366	\$ 2,692	\$ 402	\$ 80	\$ 201	\$ 861	\$ 651	\$ 321	\$ 6,575	
TOTAL FUNDING USES:	\$ 12,750	\$ 25,125	\$ 3,750	\$ 750	\$ 1,875	\$ 8,039	\$ 6,075	\$ 3,000	\$ 61,364	
CBHS MENTAL HEALTH FUNDING SOURCES:										
FEDERAL REVENUES - click below										
WORK ORDERS - click below										
HSA (Human Svcs Agency)										
DCYF										
SFCFC - ECMHI										
SFCFC - Preschool for All										
SFCFC - Shelter	\$ 12,750	\$ 25,125	\$ 3,750	\$ 750	\$ 1,875	\$ 8,039	\$ 6,075	\$ 3,000	\$ 61,364	
SFCFC - Family Resource Center										
COUNTY GENERAL FUND										
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	\$ 12,750	\$ 25,125	\$ 3,750	\$ 750	\$ 1,875	\$ 8,039	\$ 6,075	\$ 3,000	\$ 61,364	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:										
FEDERAL REVENUES - click below										
TOTAL DPH REVENUES	\$ 12,750	\$ 25,125	\$ 3,750	\$ 750	\$ 1,875	\$ 8,039	\$ 6,075	\$ 3,000	\$ 61,364	
TOTAL REVENUES (DPH AND NON-DPH)	\$ 12,750	\$ 25,125	\$ 3,750	\$ 750	\$ 1,875	\$ 8,039	\$ 6,075	\$ 3,000	\$ 61,364	
CBHS UNITS OF SVCS/TIME AND UNIT COST:										
UNITS OF SERVICE ¹	170	335	50	10	25	73	81	40	784	
UNITS OF TIME ²	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	
UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	\$75	\$75	\$75	\$75	\$75	\$110	\$75	\$75	NA	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	\$75	\$75	\$75	\$75	\$75	\$110	\$75	\$75	NA	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	\$75	\$75	\$75	\$75	\$75	\$110	\$75	\$75	NA	
UNDULICATED CLIENTS	40	40	40	5	3	3	NA	NA	131	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

APPENDIX B-1b, Page 2

Provider Number: 38C8

Document Date: 10/07/10

Provider Name: UCSF IPP Daycare Consultants - Homeless

POSITION TITLE	TOTAL		WORK ORDER SFCFC Shelter	
	Proposed Transaction		Proposed Transaction	
	07/01/10 - 06/30/11			
	FTE	SALARIES	FTE	SALARIES
	0.01	0	0.01	0
Mental Health Consultant	0.30	20,491	0.30	20,491
Director	0.05	5,110	0.05	5,110
Coordinator	0.10	8,219	0.10	8,219
Administrative Assistant Manager	0.10	5,532	0.10	5,532
TOTALS	0.55	39,352	0.55	\$39,352

EMPLOYEE FRINGE BENEFITS

30% \$ 11,806

30% \$11,806

TOTAL SALARIES & BENEFITS

\$51,158

\$51,158

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

FISCAL YEAR:	2010/2011								APPENDIX: B-1c, Page 1
LEGAL ENTITY NAME:	UCSF /SFGH Psychiatry, Infant-Parent Program								PROVIDER #: 38C8
PROVIDER NAME:	Family Resource Center - Mental Health Consultation Service								
REPORTING UNIT NAME::	Consultation Individual	Consultation Group	Classroom Observation	Training-Parent Support Group	Direct Individual	Direct Group	Outreach & Linkage	Program Evaluation	
REPORTING UNIT:	N/A Not Medi-Cal Eligible								
MODE OF SVCS / SERVICE FUNCTION CODE	45	45	45	45	45	45	45	45	
SERVICE DESCRIPTION	CI	CG	CO	TPG	DI	DG	O/L	EVAL	TOTAL
CBHS FUNDING TERM:	July 1, 2010 through June 30, 2011								
FUNDING USES:									
SALARIES & EMPLOYEE BENEFITS	\$ 16,476	\$ 16,476	\$ 4,943	\$ 6,261	\$ 1,049	\$ 1,933	\$ 5,470	\$ 2,702	\$ 55,310
OPERATING EXPENSE	\$ 265	\$ 265	\$ 80	\$ 101	\$ 17	\$ 31	\$ 88	\$ 44	\$ 890
SUBTOTAL DIRECT COSTS	\$ 16,741	\$ 16,741	\$ 5,022	\$ 6,362	\$ 1,066	\$ 1,964	\$ 5,558	\$ 2,746	\$ 56,200
INDIRECT COST AMOUNT	\$ 2,009	\$ 2,009	\$ 603	\$ 763	\$ 128	\$ 236	\$ 667	\$ 329	\$ 6,744
TOTAL FUNDING USES:	\$ 18,750	\$ 18,750	\$ 5,625	\$ 7,125	\$ 1,194	\$ 2,200	\$ 6,225	\$ 3,075	\$ 62,944
CBHS MENTAL HEALTH FUNDING SOURCES									
PRIOR YEAR ROLL OVER - click below									
WORK ORDERS - click below									
HSA (Human Svcs Agency)									
DCYF									
SFCFC - ECMHI									
SFCFC - Preschool for All									
SFCFC - Shelter									
SFCFC - Family Resource Center	\$ 18,750	\$ 18,750	\$ 5,625	\$ 7,125	\$ 1,194	\$ 2,200	\$ 6,225	\$ 3,075	\$ 62,944
COUNTY GENERAL FUND									
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE	\$ 18,750	\$ 18,750	\$ 5,625	\$ 7,125	\$ 1,194	\$ 2,200	\$ 6,225	\$ 3,075	\$ 62,944
CBHS SUBSTANCE ABUSE FUNDING SOURCES									
Please enter other here if not in pull down									
COUNTY GENERAL FUND									
TOTAL DPH REVENUES	\$ 18,750	\$ 18,750	\$ 5,625	\$ 7,125	\$ 1,194	\$ 2,200	\$ 6,225	\$ 3,075	\$ 62,944
TOTAL REVENUES (DPH AND NON-DPH)	\$ 18,750	\$ 18,750	\$ 5,625	\$ 7,125	\$ 1,194	\$ 2,200	\$ 6,225	\$ 3,075	\$ 62,944
CBHS UNITS OF SVCS/TIME AND UNIT COST:									
UNITS OF SERVICE ¹	250	250	75	95	16	20	83	41	830
UNITS OF TIME ²	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours
PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	\$75	\$75	\$75	\$75	\$75	\$110	\$75	\$75	NA
COST PER UNIT- DPH RATE (DPH REVENUES ONLY)	\$75	\$75	\$75	\$75	\$75	\$110	\$75	\$75	NA
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	\$75	\$75	\$75	\$75	\$75	\$110	\$75	\$75	NA
UNDULICATED CLIENTS	170	170	170	20	3	3	NA	NA	536

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

APPENDIX B-1c, Page 2

Provider Number: 38C8

Document Date: 10/07/10

Provider Name: UCSF IPP Family Resource Center

POSITION TITLE	TOTAL		WORK ORDER SFCFC FRC			
	Proposed Transaction 07/01/10 - 06/30/11		Proposed Transaction 07/01/10 - 06/30/11			
	FTE	SALARIES	FTE	SALARIES		
	0.01	0	0.01	0		
Mental Health Consultant	0.30	20,491	0.30	20,491		
Mental Health Consultant	0.25	17,946	0.25	17,946		
Coordinator	0.05	4,109	0.05	4,109		
TOTALS	0.60	\$42,546	0.60	\$42,546		

EMPLOYEE FRINGE BENEFITS 30% \$ 12,764 30% \$12,764

TOTAL SALARIES & BENEFITS \$ 55,310 \$55,310 \$0

DPH 4: Operating Expenses Detail

APPENDIX B-1c, Page 3

Document Date: 10/07/10

Provider Number: 38C8

Provider Name: UCSF IPP Family Resource Center

	TOTAL	WORK ORDER SFCFC FRC	
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	
<u>Expenditure Category</u>	<u>07/01/10 - 06/30/11</u>	<u>07/01/10 - 06/30/11</u>	
Rental of Property			
Utilities(Elec, Water, Gas, Phone, Scavenger)			
Office Supplies, Postage	413	413	
Building Maintenance Supplies and Repair			
Printing and Reproduction			
Insurance			
Staff Training			
Staff Travel-(Local & Out of Town)			
Rental of Equipment			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)			
OTHER			
GAEL	225	225	
Network	252	252	

TOTAL OPERATING EXPENSE \$890 \$890 \$0

FISCAL YEAR:	2010/2011		APPENDIX B-2 - B-3 -B4 - B5a - B5b - B5c, Page 1				
LEGAL ENTITY NAME:	UCSF					PROVIDER #:	38C8
PROVIDER NAME:	UCSF /SFGH Psychiatry, Infant-Parent Program (IPP)						
Appendix	B-2	B-3	B-4	B-5a	B-5b	B-5c	
REPORTING UNIT NAME::	Daycare Consultants - Mental Health Consultation Services to Childcare	Daycare Consultants - Mental Health Consultation Services	Psychotherapy	Neuropysch Assessment	Homeless Mental Health Services	Childcare Mental Hlth Services	
REPORTING UNIT:	NIA Not Medi-Cal Eligible		38C84	38C82	38C81	38C83	
MODE OF SVCS / SERVICE FUNCTION CODE	45	45	15 / 10-19	15 / 10-19	15 / 10-19	15 / 10-19	
SERVICE DESCRIPTION	Mental Health Consultation Services to Childcare	Mental Health Consultation Services	Infant Parent Psychotherapy	Neuropyscho logical Assessment	Homeless Mental Health Services	Childcare Mental Health Services	TOTAL
CBHS FUNDING TERM:	July 1, 2010 through June 30, 2011						
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	33,706	239,778	270,481	20,140	36,201	31,339	631,645
OPERATING EXPENSE	669	5,150	2,539	366	654	250	9,628
CAPITAL OUTLAY (COST \$5,000 AND OVER)							0
SUBTOTAL DIRECT COSTS	34,375	244,928	273,020	20,506	36,855	31,589	641,273
INDIRECT COST AMOUNT	4,125	29,391	32,762	2,461	4,423	3,791	76,953
TOTAL FUNDING USES:	38,500	274,319	305,782	22,967	41,278	35,380	718,226
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)			92,999	11,484	20,639	17,690	142,811
ARRA SDMC FFP (11.59)			21,557	2,662	4,784	4,101	33,104
STATE REVENUES - click below							
EPSDT State Match			62,142	7,673	13,791	11,820	95,426
MHSA (Prop 63)		178,000					178,000
PRIOR YEAR ROLL OVER - click below							
MHSA		96,320					96,320
WORK ORDERS - click below							
HSA (Human Svcs Agency)	38,500						38,500
REALIGNMENT FUNDS							
COUNTY GENERAL FUND			129,084	1148	2064	1769	134,065
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE	38,500	274,319	305,782	22,967	41,278	35,380	718,226
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	38,500	274,319	305,782	22,967	41,278	35,380	718,226
TOTAL REVENUES (DPH AND NON DPH)	38,500	274,319	305,782	22,967	41,278	35,380	718,226
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE ¹	150	1,100	142,224	10,682	19,199	16,456	1,250 Hrs 188,561 Mins
UNITS OF TIME ²	Hours	Hours	Minutes	Minutes	Minutes	Minutes	Hrs/Mins
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	CR	2.15	2.15	2.15	2.15	NA
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR	CR	2.15	2.15	2.15	2.15	NA
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	NA	NA	2.15	2.15	2.15	2.15	NA
UNDUPLICATED CLIENTS	130	700	72	10	8	6	926

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

APPENDIX B-2, Page 2

Provider Number: 38C8

Document Date: 10/07/10

Provider Name: UCSF IPP Daycare Consultants Childcare

POSITION TITLE	TOTAL		WORK ORDER - HSA			
	Proposed Transaction 07/01/10 - 06/30/11		Proposed Transaction 07/01/10 - 06/30/11			
	FTE	SALARIES	FTE	SALARIES		
	0.01	0	0.01	0		
Mental Health Consultant	0.15	\$ 9,283	0.15	9,283		
Mental Health Consultant	0.15	\$ 9,947	0.15	9,947		
Mental Health Consultant	0.10	\$ 6,698	0.10	6,698		
TOTALS	0.40	\$ 25,928	0.40	\$25,928		

EMPLOYEE FRINGE BENEFITS 30% \$7,778 30% \$7,778

TOTAL SALARIES & BENEFITS

DPH 4: Operating Expenses Detail

APPENDIX B-2, Page 3

Document Date: 10/07/10

Provider Number: 38C8

Provider Name: UCSF/IPP/Daycare Consultants/Mental Health Consultation Services to Childcare

Expenditure Category	TOTAL	WORK ORDER Human Service Agency		
	PROPOSED TRANSACTION	PROPOSED TRANSACTION		
	07/01/10 - 06/30/11	07/01/10 - 06/30/11		
Rental of Property				
Utilities(Elec, Water, Gas, Phone, Scavenger)				
Office Supplies, Postage	364	364		
Building Maintenance Supplies and Repair				
Printing and Reproduction				
Insurance				
Staff Training				
Staff Travel-(Local & Out of Town)				
Rental of Equipment				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)				
OTHER				
GAEL	137	137		
Network	168	168		
TOTAL OPERATING EXPENSE	\$669	\$669	\$0	\$0

CBHS BUDGET JUSTIFICATION

Provider Number: 38C8

Provider Name: UCSF IPP Daycare Consultants Mental Health Consultation to Childcare (CR)

Date: 10/07/10

Fiscal Year: 2010-11

Salaries and Benefits	Salaries	FTE
Patricia Van Horn, PhD serves as the Principal Investigator of this contract and devotes 1% (.01 FTE) effort to the project, at no cost to the contract. She oversees the program's activities and has ultimate responsibility for the conduct of the program. She directly supervises the Director.	\$0	0.01
Amee Jaiswal will initiate a new consultation relationship with a SFUSD Child Development site through assessment of site needs, expectations and capacities and begin to provide a continuum of mental health promotion, prevention and intervention services integrated in the child care setting. Participate regularly in case conference and clinical supervision. Complete comprehensive and timely charting, activity forms and demographic data collection and evaluation measures as requested. Annual Salary 61,884 x .15	9,283	15%
Camille Moreno will initiate a new consultation relationship with a CDE site through assessment of site needs, expectations and capacities and begin to provide a continuum of mental health promotion, prevention and intervention services integrated in the child care setting. Participate regularly in case conference and clinical supervision. Complete comprehensive and timely charting, activity forms and demographic data collection and evaluation measures as requested. Annual Salary 66,312 x .15	9,947	15%
Samsrio Redemer will initiate a new consultation relationship with a SFUSD Child Development site through assessment of site needs, expectations and capacities and begin to provide a continuum of mental health promotion, prevention and intervention services integrated in the child care setting. Participate regularly in case conference and clinical supervision. Complete comprehensive and timely charting, activity forms and demographic data collection and evaluation measures as requested. Annual Salary 66,984 x .10	6,698	10%
TOTAL SALARIES	25,928	
Benefits are 30% for Staff Personnel	7,778	
TOTAL SALARIES & BENEFITS	33,706	
Operating Expenses		
Program/Medical Supplies: Project-dedicated supplies	364	
Total Materials and Supplies:	364	
General Operating:		
GAEL Expense: Calculated on a percentage basis of .0053 of total salaries.	137	
UCSF campus network equipment upgrade: \$35. x FTE x 12 months	168	
Total General Operating:	305	
TOTAL OPERATING COSTS:	669	
TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	34,375	
INDIRECT COST	4,125	
APPENDIX TOTAL:	38,500	

DPH 3: Salaries & Benefits Detail

APPENDIX B-3, Page 2

Provider Number: 38C8

Document Date: 10/07/10

Provider Name: Daycare Consultants - Mental Health Consultation Services (CR)

POSITION TITLE	TOTAL		WORK ORDER MHSA (Prop 63) one time rollover		WORK ORDER MHSA (Prop 63)			
	Proposed Transaction 07/01/10 - 06/30/11		Proposed Transaction 07/01/10 - 06/30/11		Proposed Transaction 07/01/10 - 06/30/11			
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES		
	0.01	0	0.01	0				
Mental Health Consultant	0.30	18,565	0.30	18,565				
Mental Health Consultant	0.15	10,048	0.15	10,048				
Mental Health Consultant	0.15	10,246	0.15	10,246				
Director	0.05	5,110	0.05	5,110				
Administrative Assistant	0.20	7,694	0.20	7,694				
Mental Health Consultant	0.05	3,734	0.05	3,734				
DCC Coordinator	0.20	16,438	0.12	9,863	0.08	6,575		
Administrative Assistant	0.05	2,011			0.05	2,011		
Mental Health Consultant	0.75	29,012			0.75	29,012		
TBH (DA)	0.17	8,670			0.17	8,670		
TBH (CSWII)	1.00	30,336			1.00	30,336		
TBH (Psychologist)	1.00	42,581			1.00	42,581		
TOTALS	3.77	\$184,445	0.72	\$65,260	3.05	\$119,185		

EMPLOYEE FRINGE BENEFITS	30%	\$55,333	30%	\$19,578	30%	\$35,755	
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TOTAL SALARIES & BENEFITS	\$239,778	\$84,838	\$154,940	\$0
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DPH 4: Operating Expenses Detail

APPENDIX #: B-3, Page 3

Document Date: 10/07/10

Provider Number: 38C8

Provider Name: UCSF / IPP / Daycare Consultants / Mental Health Consultation Services (CR)

	TOTAL	WORK ORDER MHSA (Prop 63) one time rollover	WORK ORDER MHSA (Prop 63)	
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	
Expenditure Category	07/01/10 - 06/30/11	07/01/10 - 06/30/11	07/01/10 - 06/30/11	
Rental of Property				
Utilities(Elec, Water, Gas, Phone, Scavenger)				
Office Supplies, Postage	2,463	387	2,076	
Building Maintenance Supplies and Repair				
Printing and Reproduction				
Insurance				
Staff Training				
Staff Travel-(Local & Out of Town)				
Rental of Equipment				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)				
OTHER				
GAEL	978	346	632	
Network	1,709	428	1,281	
TOTAL OPERATING EXPENSE	5,150	\$1,161	\$3,989	

CBHS BUDGET JUSTIFICATION

Provider Number: 38C8**Provider Name: UCSF / IPP / Daycare Consultants / Mental Health Consultation Services (CR)****Date: 10/07/10****Fiscal Year: 2010-11**

Salaries and Benefits	Salaries	FTE
Patricia Van Horn, PhD serves as the Principal Investigator of this contract and devotes 1% (.01 FTE) effort to the project, at no cost to the contract. She oversees the program's activities and has ultimate responsibility for the conduct of the program. She directly supervises the Director.	\$ -	
Ameé Jaiswal will initiate a new consultation relationship with a SFUSD Child Development site through assessment of site needs, expectations and capacities and begin to provide a continuum of mental health promotion, prevention and intervention services integrated in the child care setting. Participate regularly in case conference and clinical supervision. Complete comprehensive and timely charting, activity forms and demographic data collection and evaluation measures as requested. Annual Salary 61,884 x .30	\$ 18,565	0.30
Somsrie Redemer will provide a continuum of mental health promotion, prevention and intervention services integrated in early care settings- center based and family childcare, substance abuse treatment programs and Family Resource Centers throughout San Francisco. Services will include observation and case and program consultation to all sites. When needed and able to be supported by the programs parent support groups; parent or staff training and direct individual or group treatment may be offered. Participate regularly in case conference and clinical supervision. Complete comprehensive and timely charting, activity forms and demographic data collection and evaluation measures as requested. Annual Salary 66,984 x .15	\$ 10,048	15%
Adriana Taranta will provide a continuum of mental health promotion, prevention and intervention services integrated in early care settings- center based and family childcare, substance abuse treatment programs and Family Resource Centers throughout San Francisco. Services will include observation and case and program consultation to all sites. When needed and able to be supported by the programs parent support groups; parent or staff training and direct individual or group treatment may be offered. Participate regularly in case conference and clinical supervision. Complete comprehensive and timely charting, activity forms and demographic data collection and evaluation measures as requested. Annual Salary 68,304 x .15	\$ 10,246	15%
Kadija Johnston will provide programmatic direction and administrative and clinical oversight to the ECMH Consultants; convene a monthly supervisors and a regular case conference and clinical discussion forum; Respond to local, regional and national requests to present on mental health consultation to childcare and related topics. Ms. Johnston will also provide clinical as well as administrative supervision of all project staff. She is responsible for and oversees contractual, clinical, fiscal, administrative and evaluation efforts. She acts as the liaison between City Department and the University. Represent program quarterly in Network Meeting. Annual Salary 102,207 x .05	\$ 5,110	5%
Rena Hong will assist in supporting consultation activities by coping, filing, managing data and corespondance ,reception and scheduling various tasks. Annual Salary 38,472 x .20	\$ 7,694	20%

Miriam Silverman will provide a continuum of mental health promotion, prevention and intervention services integrated in early care settings- center based and family childcare, substance abuse treatment programs and Family Resource Centers throughout San Francisco. Services will include observation and case and program consultation to all sites . When needed and able to be supported by the programs parent support groups; parent or staff training and direct individual or group treatment may be offered .Participate regularly in case conference and clinical supervision. Complete comprehensive and timely charting, activity forms and demographic data collection and evaluation measures as requested. Annual Salary 74,688 x	\$ 3,734	5%
Charles Brinamen will initiate consultation arrangements and agreements with new consultative sites. He will provide and/or clinically supervise a continuum of mental health promotion, prevention and intervention services integrated in early care settings- center based and family childcare, substance abuse treatment programs and Family Resource Centers throughout San Francisco. Oversees the consultation training program and teaches seminar on consultation principles and practice. Develops and implements systems for collecting demographic data and fiscal invoicing. Responsible for writing narrative portion of renewal contracts and reports to funder. Represent program in community through participating in ECMHCI Network Meeting. Annual Salary 82,188 x .20	\$ 16,438	20%
Pilar Ruiz will complete all case and program consultation intakes; assemble and upkeep direct treatment charts; input demographic and evaluative data for the project, complete monthly activity records and quarterly demographic report as well as handle communication and client contact. Will assist consultants with IT needs. Annual Salary 40,212 x .05	\$ 2,011	5%
Camille Moreno will provide a continuum of mental health promotion, prevention and intervention services integrated in early care settings- center based and family childcare, substance abuse treatment programs and Family Resource Centers throughout San Francisco. Services will include observation and case and program consultation to all sites . When needed and able to be supported by the programs parent support groups; parent or staff training and direct individual or group treatment may be offered . Participate in consultation training and receive weekly clinical supervision. Participate regularly in case conference Complete comprehensive and timely charting, activity forms and demographic data collection and evaluation measures as requested. Annual Salary 66,312 x .75 (1 month @ .30% & 11 months @ .45%)	\$ 29,012	75%
TBH (DA) oversees the administrative and financial operations of the Division of Infancy, Child and Adolescent Psychiatry including assistance to program faculty and staff around pre and post contract issues, human resource, program management and coordination, and facilities operations. Annual Salary 68,004 x .17 x 9 months	\$ 8,670	17%

<p>TBH (CSWII) will provide a continuum of mental health promotion, prevention and intervention services integrated in early care settings- center based and family childcare, substance abuse treatment programs and Family Resource Centers throughout San Francisco. Services will include observation and case and program consultation to all sites . When needed and able to be supported by the programs parent support groups; parent or staff training and direct individual or group treatment may be offered . Particiapte in consultation training and receive weekly clinical supervision. Participate regularly in case conference Complete comprehensive and timely charting, activity forms and demographic data collection and eveluation measures as requested. Annual Salary 60,672 x 1.0 x 6 months</p>	\$ 30,336	100%
<p>TBH (Psychologist) will provide a continuum of mental health promotion, prevention and intervention services integrated in early care settings- center based and family childcare, substance abuse treatment programs and Family Resource Centers throughout San Francisco. Services will include observation and case and program consultation to all sites . When needed and able to be supported by the programs parent support groups; parent or staff training and direct individual or group treatment may be offered . Particiapte in consultation training and receive weekly clinical supervision. Participate regularly in case conference Complete comprehensive and timely charting, activity forms and demographic data collection and eveluation measures as requested. Annual Salary 72,996 x 1.0 x 7 months</p>	\$ 42,581	100%
TOTAL SALARIES		\$ 184,445 2.00
Benefits are 30% for Staff Personnel	\$ 55,333	
TOTAL SALARIES & BENEFITS		\$ 239,778 2.00

Materials and Supplies:

<u>Program/Medical Supplies: Project-dedicated supplies</u>	2,463
Total Materials and Supplies:	2,463

General Operating:

GAEL Expense: Calculated on a percentage basis of .0053 of total salaries.	978
UCSF campus network equipment upgrade: \$35. x FTE x 12 months	1,709
Total General Operating:	2,687
TOTAL OPERATING COSTS:	5,150

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	244,928
INDIRECT COST	29,391
APPENDIX TOTAL:	274,319

DPH 3: Salaries & Benefits Detail

APPENDIX B-4, Page 2

Provider Number: 38C8

Document Date: 10/07/10

Provider Name: UCSF/ IPP / Infant-Parent Psychotherapy

POSITION TITLE	TOTAL		GENERAL FUND	
	Proposed Transaction 07/01/10 - 06/30/11		Proposed Transaction 07/01/10 - 06/30/11	
	FTE	SALARIES	FTE	SALARIES
	0.01	0	0.01	0
Director	0.10	10,221	0.10	10,221
Director of Outpatient Services	0.90	86,699	0.90	86,699
Supervisor	0.20	17,798	0.20	17,798
Supervisor	0.65	54,873	0.65	54,873
Supervisor	0.25	19,365	0.25	19,365
Administrative Assistant Manager	0.20	11,064	0.20	11,064
Administrative Assistant	0.20	8,042	0.20	8,042
TOTALS	2.50	208,062	2.50	\$208,062

EMPLOYEE FRINGE BENEFITS

30%	\$62,419	30%	\$62,419
-----	----------	-----	----------

TOTAL SALARIES & BENEFITS

\$270,481

\$270,481



CITY AND COUNTY OF
SAN FRANCISCO

RISK MANAGEMENT
PROGRAM

WILLIE L. BROWN, JR.
MAYOR

MEMORANDUM

RECEIVED
03 OCT 21 AM 9:37
SF DPH
OFFICE OF CONTRACTS
& COMPLIANCE

TO: Galen Leung, Director
DPH Office of Contract Management

FROM: Nancy Johnston-Bellard
Deputy Risk Manager

DATE: October 22, 2003

RE: Request for Approval to Waive Requirement for Proof of Insurance
for Regents of the University of California

In response to your request, Risk Management hereby grants authorization to use the following language in lieu of the Certificate of Insurance and Endorsements for contracts between the City and County of San Francisco and Regents of the University of California.

CONTRACTOR and CITY agree that each party will maintain in force, throughout the term of this Agreement, a program of insurance and/or self-insurance of sufficient scope and amount to permit each party to discharge promptly any obligations each incurs by operation of this agreement. A certificate of insurance is not required from either party.

We ask the Office of Contract Administration, Purchasing to share this information with their staff.

cc: Enrol Fitzpatrick
Risk Management Staff
Judith Blackwell
Mike Ward

City Hall, Room 370
1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102
Telephone (415) 554-6278; Fax (415) 554-6168

**Appendix D
Additional Terms**

1. HIPAA

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that Contractor falls within the following definition under the HIPAA regulations:

- A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- A Business Associate subject to the terms set forth in Appendix E;
- Not Applicable, Contractor will not have access to Protected Health Information.

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.

3. CERTIFICATION REGARDING LOBBYING

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

A. 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.

B. 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..

C. 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.

D. 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.

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.

5. CALIFORNIA STATE ENTITY

Notwithstanding anything to the contrary in this Agreement, the provisions of Sections 8, 23, 36, 38, 42, 46, 57, and 59 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.

Appendix E
Omitted By Agreement of the Parties

**Appendix F
Invoice**

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 MONTHLY FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

CONTRACTOR: Regents of the University of California
Address: Mail Remittance Cashier
 UCSF Accounting Office
 1855 Folsom Street, Suite 425
 San Francisco, CA 94143-0815
Telephone: (415) 476-2977
FAX # (415) 476-8158
CONTRACT NAME: IPP

Control Number
 HP#11-06907

Invoice Number
 (ACE #) _____ 060

Contract Direct Purchase (DP) No. _____

Fund Source: HAS/DCYF/SFCFC

Grant Code/Detail: _____

Invoicing Period: July 1, 2010 - June 30, 2011

FINAL invoice (check if Yes)

ACE Control No. _____

APPENDIX TERM: July 1, 2010 - June 30, 2011

PROGRAM EXHIBIT: Day Care Childcare MH Consultation Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% OF TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:	4,550				4,550

Deliverables	Total Contracted UOS & Clients		Delivered THIS PERIOD UOS & Clients	UNIT RATE	AMOUNT DUE	Delivered to Date UOS & Clients	% OF TOTAL UOS & Clients	Remaining Deliverables UOS & Clients
Consultation Individual	2,350	1,497		\$75.00				
Consultation Group	2,400	1,497		\$75.00				
Classroom Observation	1,363	1,497		\$75.00				
Training-Parent Support Group	812	35		\$75.00				
Direct Individual	195	12		\$75.00				
Direct Group	311	12		\$110.00				
Outreach & Linkage	889	N/A		\$75.00				
Program Evaluation	444	N/A		\$75.00				
Totals	8,763	4,550						

TOTAL EXPENSES
LESS: Initial Payment Recovery
Other Adjustments
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: SF Department of Public Health
 1380 Howard Street, 4th Floor
 San Francisco, CA 94103
 CBHS Contract Payments

By: _____ **Date:** _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
STATEMENT OF DELIVERABLES AND INVOICE**

EXHIBIT F 2
PAGE A

Regents of the University of California

CONTRACTOR:

Address: **Mail Remittance Cashier
UCSF Accounting Office
1855 Folsom Street, Suite 425
San Francisco, CA 94143-0815**

Telephone

FUND SOURCE: **MHSA/HSA**

CONTRACT TERM: **7-1-2010-6-30-11**

INVOICING PERIOD: **7-1-2010-6-30-11**

CONTRACT NAME: **IPP**

Contract PO Number

PROGRAM / EXHIBIT: **MH Consultation Childcare**

DELIVERABLES	TOTAL CONTRACTED UOS	UOS DELIVERED THIS PERIOD	UOS DELIVERED TO DATE	% OF TOTAL	REMAINING DELIVERABLES
Consultation	150				

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$25,928				
Fringe Benefits	\$7,778				
Total Personnel Expenses	\$33,706				
Operating Expenses:	\$669				
Program/Educational Supplies					
Other					
Insurance					
Staff Training					
Other:					
Total Operating Expenses	\$669				
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$34,375				
Indirect Expenses @ 10%	\$4,125				
TOTAL EXPENSES	\$38,500				
LESS: Initial Payment Recovery					
Other Adjustments					
REIMBURSEMENT					

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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup for those claims are in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

INVEX01.XLS

Send to: SFDPH	SFDPH / Authorization For Payment:
By: _____	Date: _____
Attn:	

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
STATEMENT OF DELIVERABLES AND INVOICE**

EXHIBIT F 3
PAGE A

Regents of the University of California

CONTRACTOR:

Address: Mail Remittance Cashier
UCSF Accounting Office
1855 Folsom Street, Suite 425
San Francisco, CA 94143-0815

Telephone:

FUND SOURCE:

CONTRACT TERM:

INVOICING PERIOD:

CONTRACT NAME: IPP

Contract PO Number

PROGRAM / EXHIBIT: Consultation Services

DELIVERABLES	TOTAL CONTRACTED UOS	UOS DELIVERED THIS PERIOD	UOS DELIVERED TO DATE	% OF TOTAL	REMAINING DELIVERABLES
Consultation	1,100				

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$184,445				
Fringe Benefits	\$55,333				
Total Personnel Expenses	\$239,778				
Operating Expenses:	\$5,150				
Program/Educational Supplies					
Other					
Insurance					
Staff Training					
Other:					
Total Operating Expenses	\$5,150				
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$254,976				
Indirect Expenses @ 10%	\$29,391				
TOTAL EXPENSES	\$284,366				
LESS: Initial Payment Recovery					
Other Adjustments					
REIMBURSEMENT					

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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup for those claims are in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

INEXC1.XLS	SFDPH / Authorization For Payment:
Send to: SFDPH	
By: _____	Date: _____
Attn:	

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

CONTRACTOR: Regents of the University of California
 Address: Mail Remittance Cashier
 UCSF Accounting Office
 1855 Folsom Street, Suite 425
 San Francisco, CA 94143-0815
 Telephone: (415) 476-2977
 FAX # (415) 476-8158
CONTRACT NAME: IPP

Control Number
 HP#11-06907

Invoice Number
 (ACE #) 060

Contract Direct Purchase (DP) No. _____

Fund Source: HAS/DCYF/SFCFC

Grant Code/Detail: _____

Invoicing Period: July 1, 2010 - June 30, 2011

FINAL invoice (check if Yes)

ACE Control No. _____

APPENDIX TERM: July 1, 2010 - June 30, 2011

PROGRAM EXHIBIT: Psychotherapy

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% OF TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:	72				72

Deliverables	Total Contracted UOS & Clients		Delivered THIS PERIOD UOS & Clients	UNIT RATE	AMOUNT DUE	Delivered to Date UOS & Clients	% OF TOTAL UOS & Clients	Remaining Deliverables UOS & Clients
Minutes of therapy	142,224	72		\$2.15				
Totals	142,224	72		\$2.15				

TOTAL EXPENSES _____
LESS: Initial Payment Recovery _____
Other Adjustments _____
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: SF Department of Public Health
 1380 Howard Street, 4th Floor
 San Francisco, CA 94103
CBHS Contract Payments

By: _____ **Date:** _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 MONTHLY FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

CONTRACTOR: Regents of the University of California
 Address: Mail Remittance Cashier
 UCSF Accounting Office
 1855 Folsom Street, Suite 425
 San Francisco, CA 94143-0815
 Telephone: (415) 476-2977
 FAX # (415) 476-8158
CONTRACT NAME: IPP

Control Number
 HP#11-06907

Invoice Number
 (ACE #) _____ 060

Contract Direct Purchase (DP) No. _____

Fund Source: HAS/DCYF/SFCFC

Grant Code/Detail: _____

Invoicing Period: July 1, 2010 - June 30, 2011

FINAL invoice (check if Yes)

ACE Control No. _____

APPENDIX TERM: July 1, 2010 - June 30, 2011

PROGRAM EXHIBIT: Neuropsych Assessment

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% OF TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:	10				10

Deliverables	Total Contracted UOS & Clients		Delivered THIS PERIOD UOS & Clients	UNIT RATE	AMOUNT DUE	Delivered to Date UOS & Clients		% OF TOTAL UOS & Clients		Remaining Deliverables UOS & Clients	
Minutes of assessment	10,662	10		\$2.15							
Totals	10,662	10		\$2.15							

TOTAL EXPENSES _____
LESS: Initial Payment Recovery _____
Other Adjustments _____
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: SF Department of Public Health
 1380 Howard Street, 4th Floor
 San Francisco, CA 94103
 CBHS Contract Payments

By: _____ **Date:** _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 MONTHLY FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

CONTRACTOR: Regents of the University of California
Address: Mail Remittance Cashier
 UCSF Accounting Office
 1855 Folsom Street, Suite 425
 San Francisco, CA 94143-0815
Telephone: (415) 476-2977
FAX # (415) 476-8158
CONTRACT NAME: IPP

Control Number
 HP#11-06907

Invoice Number
 (ACE #) _____ 060

Contract Direct Purchase (DP) No. _____

Fund Source: HAS/DCYF/SFCFC

Grant Code/Detail: _____

Invoicing Period: July 1, 2010 - June 30, 2011

FINAL invoice (check if Yes)

ACE Control No. _____

APPENDIX TERM: July 1, 2010 - June 30, 2011

PROGRAM EXHIBIT: Homeless MH Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% OF TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:	8				8

Deliverables	Total Contracted UOS & Clients		Delivered THIS PERIOD UOS & Clients		UNIT RATE	AMOUNT DUE	Delivered to Date UOS & Clients	% OF TOTAL UOS & Clients	Remaining Deliverables UOS & Clients
Minutes of assessment	19,199	8			\$2.15				
Totals	19,199	8			\$2.15				

TOTAL EXPENSES _____
LESS: Initial Payment Recovery _____
Other Adjustments _____
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: _____
Title: _____

Date: _____

Send to: SF Department of Public Health
 1380 Howard Street, 4th Floor
 San Francisco, CA 94103
 CBHS Contract Payments

By: _____ **Date:** _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 MONTHLY FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

CONTRACTOR: Regents of the University of California
 Address: Mail Remittance Cashier
 UCSF Accounting Office
 1855 Folsom Street, Suite 425
 San Francisco, CA 94143-0815
 Telephone: (415) 476-2977
 FAX # (415) 476-8158
CONTRACT NAME: IPP

Control Number HP#11-06907 **Invoice Number** (ACE #) 060

Contract Direct Purchase (DP) No. _____

Fund Source: HAS/DCYF/SFCFC

Grant Code/Detail: _____

Invoicing Period: July 1, 2010 - June 30, 2011

FINAL invoice (check if Yes)

ACE Control No. _____

APPENDIX TERM: July 1, 2010 - June 30, 2011

PROGRAM EXHIBIT: Childcare MH Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% OF TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:	6				6

Deliverables	Total Contracted UOS & Clients		Delivered THIS PERIOD UOS & Clients	UNIT RATE	AMOUNT DUE	Delivered to Date UOS & Clients	% OF TOTAL UOS & Clients	Remaining Deliverables UOS & Clients
Minutes of assessment	16,456	6		\$2.15				
Totals	16,456	6		\$2.15				

TOTAL EXPENSES _____
LESS: Initial Payment Recovery _____
Other Adjustments _____
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: SF Department of Public Health
 1380 Howard Street, 4th Floor
 San Francisco, CA 94103
CBHS Contract Payments

By: _____ **Date:** _____

1 [Contract Approval - 18 Non-Profit Organizations and the University of California of San
2 Francisco - Behavioral Health Services - \$674,388,406]

3 **Resolution retroactively approving \$674,388,406 in contracts between the Department**
4 **of Public Health and 18 non-profit organizations and the University of California at San**
5 **Francisco, to provide behavioral health services for the period of July 1, 2010 through**
6 **December 31, 2015.**

7
8 WHEREAS, The Department of Public Health has been charged with providing needed
9 behavioral health services to residents of San Francisco; and,

10 WHEREAS, The Department of Public Health has conducted Requests for Proposals
11 or has obtained appropriate approvals for sole source contracts to provide these services; and

12 WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10
13 million to be approved by the Board of Supervisors; and

14 WHEREAS, Contracts with providers will exceed \$10 million for a total of
15 \$674,388,406, as follows:

16 Alternative Family Services, \$11,057,200;

17 Asian American Recovery Services, \$11,025,858;

18 Baker Places, \$69,445,722;

19 Bayview Hunters Point Foundation for Community Improvement, \$27,451,857;

20 Central City Hospitality House, \$15,923,347;

21 Community Awareness and Treatment Services (CATS), \$12,464,714;

22 Community Vocational Enterprises (CVE), \$9,705,509;

23 Conard House, \$37,192,197;

24 Edgewood Center for Children and Families, \$29,109,089;

25 Family Service Agency, \$45,483,140;

1 Hyde Street Community Service, \$17,162,210;
2 Instituto Familiar de la Raza, \$14,219,161;
3 Progress Foundation, \$92,018,333;
4 Richmond Area Multi-Services, \$34,773,853;
5 San Francisco Study Center, \$11,016,593;
6 Seneca Center, \$63,495,327;
7 Walden House, \$54,256,546;
8 Westside Community Mental Health Center, \$43,683,160;
9 Regents of the University of California, \$74,904,591; and

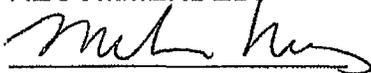
10 WHEREAS, The Department of Public Health estimates that the annual payment of
11 some contracts may be increased over the original contract amount, as additional funds
12 become available between July 2010 and the end of the contract term; now, be it

13 RESOLVED, That the Board of Supervisors hereby retroactively approves these
14 contracts for the period of July 1, 2010, through December 31, 2015; and, be it

15 FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director
16 of the Department of Public Health and the Purchaser, on behalf of the City and County of
17 San Francisco, to execute agreements with these contractors, as appropriate; and, be it

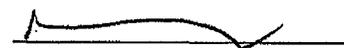
18 FURTHER RESOLVED, That the Board of Supervisors requires the Department of
19 Public Health to submit a report each June with increases over the original contract amount,
20 as additional funds become available during the term of contracts.

21
22 RECOMMENDED:

23 

24 Mitchell Katz, M.D.
25 Director of Health

APPROVED:



Mark Morewitz, Secretary to the
Health Commission



City and County of San Francisco
Tails
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 100927

Date Passed: December 07, 2010

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco, to provide behavioral health services for the period of July 1, 2010, through December 31, 2015.

December 01, 2010 Budget and Finance Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE

December 01, 2010 Budget and Finance Committee - RECOMMENDED AS AMENDED

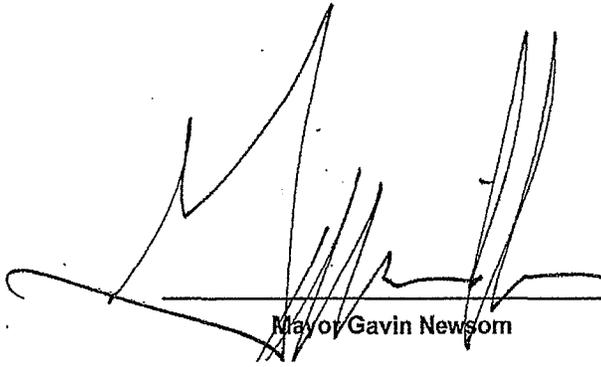
December 07, 2010 Board of Supervisors - ADOPTED

Ayes: 11 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Duffy, Elsbernd, Mar, Maxwell and Mirkarimi

File No. 100927

I hereby certify that the foregoing Resolution was ADOPTED on 12/7/2010 by the Board of Supervisors of the City and County of San Francisco.


Angela Calvillo
Clerk of the Board


Mayor Gavin Newsom

December 8, 2010
Date Approved

October 05, 2015

**Regents of the University of California-
San Francisco – Infant Parent Program
\$12,316,517**

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) : Members, Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Regents of the University of California San Francisco	
<p><i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i></p> <p>(1) Members of the contractor's board of directors (Board of Regents) http://regents.universityofcalifornia.edu/about/committees.html</p> <p>Appointed Regents: Richard C. Blum, William De La Peña, M.D., Gareth Elliott, Russell Gould, Eddie Island, George Kieffer, Sherry L. Lansing, Monica Lozano, Hadi Makarechian, Eloy Ortiz Oakley, Abraham (Avi) Oved, Norman J. Pattiz, John A. Pérez, Bonnie Reiss, Fred Ruiz, Richard Sherman, Bruce D. Varner, Paul Wachter, and Charlene Zettel</p> <p>Ex Officio Regents: Jerry Brown, Gavin Newsom, Toni Atkins, Tom Torlakson, Janet Napolitano, Rodney Davis, Yolanda Gorman</p> <p>(2) The contractor's chief executive officer, chief financial officer and chief operating officer</p> <p>Janet Napolitano, President, University of California http://www.ucop.edu/president/about/index.html Nathan Brostrom, Executive Vice President — Chief Financial Officer http://www.ucop.edu/finance-office/staff/bios/nathan-brostrom.html Rachael Nava, Executive Vice President — Chief Operating Officer http://www.ucop.edu/business-operations/staff/bios/rachael-nava.html</p> <p>(3) any person who has an ownership of 20 percent or more in the contractor – No</p> <p>(4) any subcontractor listed in the bid or contract - No</p> <p>(5) any political committee sponsored or controlled by the contractor - No</p>	
Contractor address: 3333 California, St 315, San Francisco, CA 94143	
Date that contract was approved:	Amount of contract: Not to exceed \$12,316,517
Describe the nature of the contract that was approved:	
To provide mental health services to constituents of childcare programs, homeless shelters, and family resource centers in San Francisco serving children ages birth through five years of age	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

S:\ALL FORMS\2008\Form SFEC-126 Contractors doing business with the City 11.08.doc