



1 [Contract Amendment - San Francisco Study Center - Fiscal Intermediary Support – Not to  
2 Exceed \$13,451,201]

3 **Resolution approving an amendment to the agreement between the Department of**  
4 **Public Health and San Francisco Study Center for fiscal intermediary support of five**  
5 **programs providing services to adults and transitional aged youth, increasing the total**  
6 **contract amount by \$2,434,608 for a total contract amount not to exceed \$13,451,201**  
7 **for the period of July 1, 2010, through December 31, 2015.**

8  
9 WHEREAS, The Department of Public Health awarded a contract to the San Francisco  
10 Study Center under a Request for Proposals in 2009; and

11 WHEREAS, The Department established an agreement with San Francisco Study  
12 Center for these services in 2010 which provided an initial contract term of five and one half  
13 years; and

14 WHEREAS, This agreement supports five programs providing services to adults and  
15 transitional aged youth, including the Office of Self Help, San Francisco Mental Health Clients  
16 Rights Advocates, a Peer Intern Employment program, the Innovation program, and a  
17 program for Transitional Aged Youth; and

18 WHEREAS, The Department wishes to amend the contract, increasing the total  
19 contract amount by \$2,434,608 to \$13,451,201 in order to continue services through  
20 December 31, 2015; and

21 WHEREAS, Board of Supervisors' approval is required as the total contract amount is  
22 more than \$10,000,000; and

23 WHEREAS, A copy of this amendment is on file with the Clerk of the Board of  
24 Supervisors in File No. 150405, which is hereby declared to be a part of this resolution as if  
25 set forth fully herein; now, therefore, be it

1 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health  
2 and the Director of the Office of Contract Administration/Purchaser to execute an amendment  
3 to the contract with San Francisco Study Center to increase the contract by \$2,434,608 for an  
4 amount not to exceed \$13,451,201 for the period of July 1, 2010, through December 31,  
5 2015; and, be it

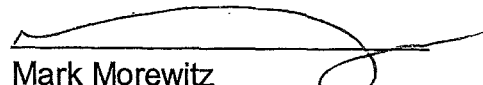
6 FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed  
7 by all parties, the Director of Health and/or the Director of the Office of Contract  
8 Administration/Purchaser shall provide the final contract to the Clerk of the Board for inclusion  
9 into the official file (File No. 150405).

10  
11  
12 RECOMMENDED:

13  for

14 \_\_\_\_\_  
15 Barbara A. Garcia  
16 Director of Health

17 APPROVED:

18   
19 \_\_\_\_\_  
20 Mark Morewitz  
21 Secretary, Health Commission

<b>Item 6</b> <b>File 15-0405</b>	<b>Department:</b> Department of Public Health (DPH)
<b>EXECUTIVE SUMMARY</b>	
<b>Legislative Objectives</b>	
<ul style="list-style-type: none"> <li>• The proposed resolution would approve the first amendment to the contract between DPH and the San Francisco Study Center, increasing the not-to-exceed amount by \$4,083,108, from \$11,016,593 to \$15,099,701. The first amendment does not extend the term of the contract end date of December 31, 2015.</li> </ul>	
<b>Key Points</b>	
<ul style="list-style-type: none"> <li>• On December 8, 2010, the Board of Supervisors retroactively approved the extension of 22 contracts, between the Department of Public Health and 19 non-profit organizations, including the San Francisco Study Center, for the provision of behavioral health services during the term of July 1, 2010 through December 31, 2015, following a competitive Request for Proposals process or an approval for sole source contracts to provide these services. Under the contract, the San Francisco Study Center provides peer-based support services to mental health clients, along with fiscal intermediary services for short-term pilot projects. This contract currently supports five programs that provide peer-based services to adults and transitional aged youth.</li> </ul>	
<b>Fiscal Impact</b>	
<ul style="list-style-type: none"> <li>• Based on DPH estimates of contract expenditures through June 30, 2015, and projected contract expenditures through December 31, 2015, including a 12 percent contingency, the requested not-to-exceed amount should be reduced for the period of July 1, 2015 to December 31, 2015 from \$15,109,701 to \$13,451,201, a reduction of \$1,658,500.</li> <li>• As estimated expenditures during FY 2014-15 may exceed the existing not-to-exceed amount, the requested increase should be retroactive to July 1, 2014</li> <li>• The sources of funds used to pay contract expenditures include <b>federal</b> Mental Health Services Act (MHSA) funding, along with and the State Realignment and the City's General Fund monies.</li> </ul>	
<b>Recommendations</b>	
<ul style="list-style-type: none"> <li>• Amend the proposed resolution to reduce the proposed not-to-exceed amount by \$1,658,500, from \$15,109,201 to \$13,451,201.</li> <li>• Amend the proposed resolution to specify retroactive expenditures effective as of July 1, 2014.</li> <li>• Approve the proposed resolution as amended.</li> </ul>	

**MANDATE STATEMENT / BACKGROUND****Mandate Statement**

City Charter section 9.118(b) requires approval by the Board of Supervisors for contracts or agreements entered into by a department, board or commission having a term in excess of ten years, or requiring anticipated expenditures by the City and County of ten million dollars, or the modification or amendments to such contract or agreement having an impact of more than \$500,000.

**BACKGROUND**

On December 8, 2010, the Board of Supervisors retroactively approved the extension of 22 contracts, between the Department of Public Health and 19 non-profit organizations, including the San Francisco Study Center, for the provision of behavioral health services during the term of July 1, 2010 through December 31, 2015, following a competitive Request for Proposals process or an approval for sole source contracts to provide these services (File 10-0927).

The contract extension between DPH and the non-profit San Francisco Study Center was approved for a not-to-exceed amount of \$11,016,593 for a term of five years and six months through December 31, 2015.

Under the contract, the San Francisco Study Center provides peer-based support services to mental health clients, along with fiscal intermediary services for short-term pilot projects. This contract currently supports five programs that provide peer-based services to adults and transitional aged youth including the:

1. Office of Self Help, which provides peer counseling, peer-facilitated support groups, as an early engagement center for consumers seeking behavioral health services;
2. San Francisco Mental Health Clients Rights Advocates, which advocates for the rights of mental health consumers throughout the Behavioral Health system;
3. Peer and Intern Employment Program, which provides stipends, wages, and employment to clients in DPH's Community Behavioral Health Program;
4. Innovation Program, which supports pilot projects; and
5. Transitional Aged Youth Program, which supports outreach and engagement activities.

**DETAILS OF PROPOSED LEGISLATION**

The proposed resolution would approve the first amendment to the contract between DPH and the San Francisco Study Center, increasing the not-to-exceed amount by \$4,083,108, from \$11,016,593 to \$15,099,701. The first amendment does not extend the term of the contract end date of December 31, 2015.

DPH has elected to increase this contract amount as opposed to issuing a new RFP at this time; as DPH is currently undergoing a planning process to determine how to optimize and integrate contracted community based services into DPH's San Francisco Health Network (integrated

delivery system) to meet the requirements of the Affordable Care Act. DPH plans to request two-year contract extensions for 21 behavioral health services contracts in approximately July 2015 to allow sufficient time to complete the planning process, develop a set of Request for Proposal documents, and award new contracts.

## FISCAL IMPACT

Based on DPH estimates of contract expenditures through June 30, 2015, and projected contract expenditures through December 31, 2015, the requested not-to-exceed amount should be reduced for the period of July 1, 2015 to December 31, 2015 from \$15,109,701 to \$13,451,201, a reduction of \$1,658,500, as shown in Table 1 below.

**Table 1. Actual and Projected Expenditures**

Year	Amount
<b>Actual and Estimated Expenditures</b>	
FY 2010-11	\$1,723,627
FY 2011-12	1,961,533
FY 2012-13	2,213,339
FY 2013-14	2,560,024
FY 2014-15 (estimated)	3,068,733
<b>Total Actual and Estimated Expenditures</b>	<b>\$11,527,256</b>
<b>Projected Expenditures</b>	
July 1, 2015 - December 31, 2015	\$1,717,808
Contingency (12%)	206,137
<b>Total</b>	<b>\$13,451,201</b>
<b>Requested Not-to-Exceed Contract Amount</b>	<b>\$15,109,701</b>
<b>Recommended Reduction by the Budget and Legislative Analyst's Office</b>	<b>\$1,658,500</b>

Source: Department of Public Health Staff.

As estimated expenditures during FY 2014-15 may exceed the existing not-to-exceed amount; the requested increase should be retroactive to July 1, 2014.

According to Ms. Jacquie Hale, DPH Director of Contracts Management and Compliance, the sources of funds used to pay contract expenditures include federal Mental Health Services Act (MHSA) funding, along with and the State Realignment and the City's General Fund monies.

## RECOMMENDATIONS

1. Amend the proposed resolution to reduce the proposed not-to-exceed amount by \$1,658,500, from \$15,109,201 to \$13,451,201.
2. Amend the proposed resolution to specify retroactive expenditures effective as of July 1, 2014.
3. Approve the proposed resolution as amended.



City and County of San Francisco

# San Francisco Department of Public Health

Barbara A. Garcia, MPA  
Director of Health

April 20, 2015

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

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2015 APR 16 PM 2:42

Dear Ms. Calvillo:

Enclosed please find two proposed resolutions for Board of Supervisors approval, for which the continuation of behavioral health services under two multi-year contracts previously approved by the Board under Resolution 563-10 will require amendments exceeding \$500,000:

- o Bayview Hunters Point Foundation for Community Improvement
- o San Francisco Study Center

Also enclosed please find proposed resolutions for Board of Supervisors approval, for two multi-year contracts for which the continuation of services requires an amendment resulting in contracts which exceed \$10,000,000, for fiscal intermediary and methadone treatment services, respectively:

- o Public Health Foundation Enterprises
- o Fort Help

These contract amendments require Board of Supervisors approval under San Francisco Charter Section 9.118. The following is a list of accompanying documents:

- o Draft resolution, signed by the Director of Health and Health Commission Secretary;
- o Proposed amendments to each contract;
- o Resolution 563-10;
- o Form SFEC-126 for each contract.

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](mailto:Jacquie.Hale@sfdph.org)). Thank you for your time and consideration.

Sincerely,

*Jacquie Hale*  
Jacquie Hale

Director  
DPH Office of Contracts Management and Compliance

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](mailto:Jacquie.hale@sfdph.org) – office 415-554-2509 fax 415 554-2555

101 Grove Street, Room 707 San Francisco, CA 94102

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

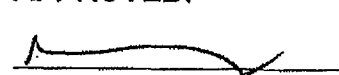
18 FURTHER RESOLVED, That the Board of Supervisors requires the Department of  
19 Public Health to submit a report each June with increases over the original contract amount,  
20 as additional funds become available during the term of contracts.

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, Dufty, 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.

Mayor Gavin Newsom

  
Angela Calvillo  
Clerk of the Board

December 8, 2010  
Date Approved

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

**First Amendment**

THIS AMENDMENT (this "Amendment") is made as of July 1, 2014, in San Francisco, California, by and between San Francisco Study Center ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

**RECITALS**

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

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

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

1. **Definitions.** The following definitions shall apply to this Amendment:

1a. **Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2010 between Contractor and City, as amended by this first amendment.

1b. **Contract Monitoring Division.** Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

1c. **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 amended as follows:

2a. **Section 2. Term of the Agreement is shown for reference only.**

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

2b. **Section 5. Compensation of the Agreement currently reads as follows:**

5. **Compensation.** Compensation shall be made in monthly payments on or before the 1st 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 **Eleven Million Sixteen Thousand Five Hundred Ninety Three Dollars (\$11,016,593)**. 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.

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

5. **Compensation.** Compensation shall be made in monthly payments on or before the 1st 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 **Fifteen Million Ninety Nine Thousand Seven Hundred One Dollars (\$15,099,701)**. 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.

**2c. Section 8. Submitting False Claims; Monetary Penalties is hereby replaced 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.

**2d. Section 15. Insurance is hereby replaced in its entirety to read as follows:**

**15. Insurance**

a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

(2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence, \$2,000,000 aggregate for bodily injury, property damage, contractual liability, personal injury, products and completed operations.

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

(4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors, or omissions in connection with professional services to be provided under this Agreement.

(5) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement.

b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

(1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents, and subcontractors.

d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section.

e. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

f. Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

g. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

h. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.

i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

2e. Replacing "Earned Income Credit (EIC) Forms" Section with "Consideration of Criminal History in Hiring and Employment Decisions" Section. Section 32 "Earned Income Credit (EIC) Forms," is hereby replaced in its entirety to read as follows:

**32. Consideration of Criminal History in Hiring and Employment Decisions.**

a. Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code (Chapter 12T), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at [www.sfgov.org/olse/fco](http://www.sfgov.org/olse/fco). A partial listing of some of Contractor's obligations under Chapter 12T is set forth in this Section. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

b. The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, shall apply only when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco, and shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant's or potential applicant for employment's, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection 32.(d), above. Contractor or

Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.

f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of \$50 for a second violation and \$100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.

2f. Section 58. is hereby replaced in its entirety to read as follows:

58. Not Used.

2g. Section 63. is hereby replaced in its entirety to read as follows:

63. **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. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

2h. Section 64 is hereby added.

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

2i. Appendices A and A-1 through A-5 dated 7/1/14 (i.e., July 1, 2014) are hereby added.

2j. Appendices B and B-1 through B-5 dated 7/1/14 (i.e., July 1, 2014) are hereby added.

2k. Appendix E to the Original Agreement dated July 1, 2010 is hereby deleted in its entirety and replaced with Appendix E dated July 1, 2014.

2l. Appendix F Invoices dated 2/12/15 (i.e., February 12, 2015) is hereby added.

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

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



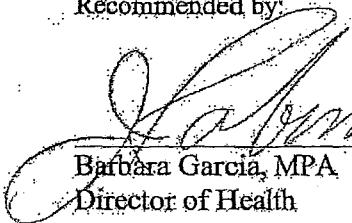
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

**CITY**

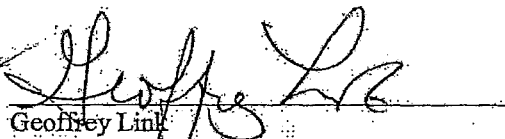
**CONTRACTOR**

Recommended by:

San Francisco Study Center

  
Barbara Garcia, MPA  
Director of Health

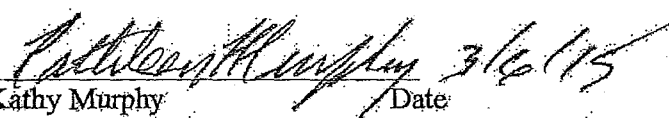
Date

  
Geoffrey Link  
Executive Director  
944 Market Street, 7<sup>th</sup> Floor  
San Francisco, CA 94103

Approved as to Form:

City vendor number: 16386

Dennis J. Herrera  
City Attorney

By:   
Kathy Murphy  
Deputy City Attorney

Date

Approved:

\_\_\_\_\_  
Jaci Fong  
Director of the Office of Contract Administration,  
and Purchaser

Appendices:

- Appendix A Description of Services
- Appendix B Calculation of Charges/Budget
- Appendix E Business Associate Addendum
- Appendix F Invoice

**Appendix A**  
**Community Behavioral Health Services**  
**Services to be provided by Contractor**

**I. Terms**

**A. Contract Administrator:**

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

**B. Reports:**

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

**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:**

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

**H. Grievance Procedure:**

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as

"DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

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

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

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

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such

documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

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, Medicare 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, but will be settled during the provider's settlement process.

M. CBHS Electronic Health Records System

Treatment Service Providers use the CBHS Electronic Health Records System and follow data reporting procedures set forth by SFPDPH Information Technology (IT), CBHS Quality Management and CBHS Program Administration.

N. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

O. 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.

P. Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

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

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Community Behavioral Health Services Policies and Procedures

In the provision of SERVICES under CBHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by CBHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health providers, including satellite sites, and used by CLIENTS or STAFF shall meet local fire codes. Providers shall undergo of fire safety.

inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request."

U. Clinics to Remain Open

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or termination of this Agreement.

V. 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.

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 - Office of Self Help

Appendix A-2 - San Francisco Mental Health Clients' Rights Advocates

Appendix A-3 - Peer and Intern Employment

Appendix A-4 - Mental Health Services Act Innovations

Appendix A-5 - TAYSF

Contractor: San Francisco Study Center  
 Program: Office of Self Help  
 City Fiscal Year: 14/15  
 CMS#: 7004

Appendix A-1  
 Term: 07/01/14 through 06/30/15

1. **Program Name:** Office of Self Help (OSH)  
**Program Address:** 1663 Mission Street, Suite 310  
**City, State, Zip Code:** San Francisco, CA 94103  
**Telephone:** (415) 575-1400  
**Facsimile:** (415) 575-1401  
**Program Code:** 38AA

2. **Nature of Document (check one)**

New  Renewal  Modification

3. **Goal Statement**

The primary goal of the Office of Self Help, (OSH) is to provide a range of services that enhance the perceived quality of life of consumers of Behavioral Health services.

4. **Target Population**

The Office of Self Help, (OSH) target population for these services are adult behavioral health consumers with mental health and co-occurring issues and their families and loved ones, including consumers who live in residential care facilities throughout San Francisco. Specifically targeted are consumers who are living in and around the Central City and the Tenderloin, with ZIP codes, 94102, 94103, 94110, and 94114. No client is turned away.

5. **Modality(ies)/Interventions:**

Service Description	UOS	Number of Clients	Unduplicated Client (UDC)
<b>Wellness Promotion, Mode 45, MHSA</b>			
Meditation Hour .05FTE X 40hrs X 48wks X 90% level of effort Half hour weekly groups facilitated by a Nurse Practitioner	86	20	
Amistad Project Hour .25 FTE X 40hrs X 48wks X 90% level of effort Two trips a month to out-of-county locked facilities in Vallejo and Novato hospitals with Peer Support Specialist driving the van or supporting the families.	432	10	
<b>Outreach and Engagement, Mode 45, MHSA</b>			
Warm Line Peer Counseling Hour .75 FTE X 40hrs X 48wks X 90% level of effort	1296	541	
Computer Lab Hour .10 FTE X 40hrs X 48wks X 90% level of effort	173	40	
<b>MHSA Sub Total</b>	<b>1987</b>	<b>611</b>	
<b>Mode 45</b>	<b>UOS</b>	<b>Number</b>	<b>Unduplicated</b>

Contractor: San Francisco Study Center  
 Program: Office of Self Help  
 City Fiscal Year: 14/15  
 CMS#: 7004

Appendix A-1  
 Term: 07/01/14 through 06/30/15

Mental Health Promotion, Outreach Services		of Clients	Client (UDC)
Mental Health Promotion, Outreach Services Hour 5.30 X 40hrs X 48wks X 90% level of effort These services are inclusive of the following: Self-Care, Wellness and Recovery Planning Peer Counseling Peer Facilitated Support Groups Computer Lab Alma Project, (Psychiatric Nurse Practitioner Consultation, Acupuncture, Reiki) Amistad Project, family visits to locked psychiatric facilities out-of-county of SF.	9,158	4877	120
Individual Peer Counseling Hour .35FTE X 40hrs X 48wks X 90% level of effort Individual Peer Counseling is defined as face-to-face counseling sessions	605	100	
Peer Support Group Hour .5 FTE X 40hrs X 48wks X 90% level of effort Support groups facilitated by Peer Support Self Help Specialist	864	500	
<b>CBHS Sub Total</b>	<b>10,627</b>	<b>5477</b>	<b>120</b>
Grand Total	12,614	6088	
Unduplicated Total			120

## 6. Methodology

### A. Outreach, Recruitment, Promotion, and Advertisement

The OSH hosts students and interns from various local programs and schools to share the self help experience such as: including residential care facilities, Hyde Street Services, Mission and Sunset Mental Health and colleges: SFSU School of Social Welfare, UCSF School of Nursing, & City College of SF. The Self-Help consumer staff has a level of life experience and, through training, enhances cultural competence. Most students and interns come to the program as observers to learn more about self-help and are referred by educators and professionals in the field of Behavioral Health.

The OSH Director makes presentations at events held by consumer and family member organizations, such as the Tenderloin Clinic, the Client Council and other facilities as requested. The OSH staff attends these events to provide valuable culturally appropriate information on the OSH services and how to access them for potential clients, their families and loved ones. The OSH is listed in the BHIS Provider Manual, the San Francisco Mental Health Guide, and local publications.

OSH hosts students and interns from various local programs and schools to share the self help experience and services.

While engaged in field work, Patients' Rights, in collaboration with OSH distributes our fliers and project description, to various agencies and board and care facilities.

The OSH Administrative Assistant e-mails flyers upon request with program information and a schedule of support groups to all Department of Public Health Behavioral Health Services (BHS) sites. Included is an advertisement for OSH that was published in the Central City Extra, produced by Study Center, a monthly newspaper covering the Tenderloin downtown area.

OSH's strongest recruitment strategy is word-of-mouth. Office of Self Help, with its 22 years of experience in community service, has a reputation among consumers as a safe place.

#### **B. Program admission, enrollment and/or intake criteria and process**

The OSH is an early engagement center for consumers seeking behavioral health services. It provides resources for adults who have achieved some measure of psychiatric stability, completed structured programs in the behavioral health system, and are looking for ongoing support on a drop-in basis. Past or current involvement in the behavioral health system is not a requirement for participation.

Clients are accepted by referrals from behavioral health service providers, central intake and OSH members. Clients can self-refer if they meet the basic program criteria. Intakes are conducted by peer self-help specialists and cover the client's employment history, housing situation, use of behavioral and medical services, health issues, substance use history, and the need for identity documents (such as driver's license or Social Security card) that are crucial for obtaining and maintaining public benefits. After intake, clients are given a membership card with their membership number. This provides clients access to the full complement of OSH services. Accept persons from S.F. Pretrial Diversion Project Inc., Project 20 and Community Service Project. Membership recommended/NT. required.

#### **C. Program Service Delivery Model**

All services provided by the Office of Self-Help, unless otherwise noted below, are located on the 3rd floor of 1663 Mission Street, Suite 310. OSH is open from 9 am-5 pm, Monday through Friday. All activities are designed to promote a sense of community and camaraderie. The center is staffed by a minimum of two peer counselors at all times. It serves as a reception area, a Community Interactive Space, and a space where clients may come and rest, utilize computers that build social skills and peer networks, watch a movie, or participate in daily morning warm-up exercises and meditation sessions. Coffee and cereal are served daily, and lunch is provided at least twice a week. Snacks are served to group participants after group when snacks are available. Some clients come for a quiet place to be and wish to be undisturbed, this behavior is acceptable when necessary or requested.

- 1. Self-Care and Wellness and Recovery Planning:** Once enrolled, members are offered a range of services tailored to meet their level of need, from basic



information and referrals to development of a Wellness Recovery Action Plan (WRAP) if requested.

2. **Individual Peer Counseling:** OSH uses empathy and empowerment to help support and inspire recovery; peer counseling is a cornerstone of this approach. One-on-one peer counseling services are offered in English, Spanish and Cantonese by peer self-help specialists daily from 10 a.m. to 4 p.m. A warm line phone service operates from 10 a.m. to 11 p.m. on Mondays thru Fridays. Peer counseling covers a broad range of needs, including care planning, referrals for housing assistance, substance abuse treatment, primary medical care and vocational services. Peer counselors also provide practical assistance, such as helping a client clear clutter from their apartment.

Through collaboration with the UCSF Citywide Case Management Program and the Department of Rehabilitation consumers are trained for possible employment as peer counselors or Self-Help Specialists.

3. **Peer-Facilitated Support Groups:** A key feature of the OSH services is its peer-facilitated support groups. OSH trains peers to lead groups for women and men covering a range of topics dealing with psychosocial and physical issues. Participants determine which issues will be discussed each day. The OSH groups are usually attended by 10 or more persons. Groups offered are:
  - **Community Interaction** — a client check-in group (Daily)
  - **Movie Groups** — (Daily)
  - **General Support Group** — (Tues.) \*\*
  - **Current Events** — a weekly group where clients discuss current events they have heard about in newspapers, magazines or on television (Mon.)
  - **Psych Nurse Practitioner group** — weekly groups in which clients can ask a Psych Nurse Practitioner questions related to physical and mental health. (Wed.)
  - **Women's Group** — a weekly group for women only (Thurs.) \*\*
  - **Men's Group** — a weekly group just for men (Thurs.) \*\*  
*(Women's and men's groups are broken down by gender only per request of the participants.)*
  - **Art Group** — a weekly two-hour art group based on traditional art is a vehicle for clients' nonverbal self-expression. Also daily sessions. Individual sessions per request.
  - **Self-Advocacy**, participants discuss individual experiences of navigating the mental health system, lessons learned in self promotion. This is in collaboration with CA State Disability RTS (Fri.)
  - **Co-Existing Issues** support available for clients who have more than one diagnosis. Following the harm reduction model, these services do not require that participants be clean and sober to participate. (Available per request)

\*\*Groups and their topics shift depending on consumer need and topic requests.

4. **Computer Lab:** OSH offers clients the opportunity to learn basic computer skills, such as how to use the Internet and set up e-mail accounts to stay connected to friends and family. OSH's computer lab is open five days (M-F) daily until 4:30 p.m. hours a day. A Self-Help Specialist will offer individualized assistance with tasks such as learning to access the Internet, how to conduct a search, how to set up an e-mail account, etc. Clients can also use the computers during lab hours for their own projects.
5. **Alma Project:** A holistic clinic provides opportunities for consumers to explore both medical modes and alternatives to traditional medically based mental health treatments. The goal of the Alma Project is to encourage clients to explore the full range of options available to them, including alternative and complimentary therapies to promote wellness and recovery. The clinic provides the following client-centered services:
  - **Psychiatric Nurse Practitioner Consultation:** Available every Wednesday from 9 a.m. to 5 p.m. with a psychiatric nurse practitioner versed in both traditional and nontraditional approaches to mental health and substance abuse services. No medications are prescribed nor are clients diagnosed. The psychiatric nurse practitioner role is to help them understand their diagnoses and provide them with resources to advocate for themselves with their clinicians and make informed choices about their mental health and substance abuse services. Although medications play a significant role in recovery for many who are diagnosed with mental issues, some are over or under-medicated or lack the support or information to explore options to traditional treatment approaches. The psychiatric nurse practitioner helps clients explore the full range of possibilities, from pharmaceuticals to complimentary therapies. She also ensures that clients address other health care needs, provides links to primary care providers, and helps them understand the importance of regular primary medical care in their overall recovery.
  - **Acupuncture:** OSH offers an acupuncture clinic from 11 a.m. to 5 p.m. on Tuesdays. The acupuncturist treats clients from a perspective of bringing their whole bodies back into balance, addressing overall wellness, including psychiatric symptoms and addiction issues. The goal of the program is to build bridges between Eastern and Western medical philosophies and to help clients engage in self-care. If clients have other health issues, the OSH director is alerted so they can be linked with their primary care provider for immediate medical attention.
  - **Reiki:** Reiki is an energy-based relaxation and healing source. The OSH has a Reiki Master and a clinical provider who is a practitioner. At minimum, clients enjoy a relaxed, meditative experience.

6. **Amistad Project**

This project is a major means of serving consumers' family members. Recognizing that connections with loved ones are essential to the wellness and recovery of behavioral health consumers, the OSH's Amistad Project provides transportation for family members and significant others of BHS clients in long-term mental health treatment facilities outside San Francisco. Many family members and significant others have no other way to get to these facilities. These trips are provided one Saturday each month to Napa and Novato and twice a month to Vallejo. The Amistad Project primarily serves family members regularly referred from the San Francisco Public Conservator's Office and other riders. Transportation is provided in vans owned by OSH.

#### **D. Exit criteria and process**

The Office of Self Help is available for the lifetime use by the Clients and Family members. Discharge does not apply to this program. However, OSH closes out clients after six months of nonattendance and requires a new intake after six months of absence.

**86 Policy:** We have the right to maintain control of our environment and refuse or end service to any person who refuses to comply with OSH membership rules, as agreed upon during intake.

#### **E. Trans woman group**

In May 2013 we were introduced to the trans woman group. As a courtesy we allow them to use space in our offices. Two days a week. As we engage in no formal contract with this group they continue reside as our guests.

It was always our intention, (when clarity regarding their contract and funding became apparent) to extend OSH membership to all of their membership.

It should be noted here that while only few have become OSH members, most have been assigned OSH numbers.

As they exist as a "stand alone" program we can only count them in our statistics if they participate in OSH groups.

It is also our objective to come to a reasonable fee for the use of our space for trans-women's meetings (to be negotiated).

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

#### **A. Required Objectives**

During the final quarter of the fiscal year (April, May, and June) 10% of active OSH clients each month will receive referrals to other community programs, including for vocational, mental health and other services as requested.

#### **Performance/Outcome Objective**

**80% of clients will report increased quality of life as a result of participating in the OSH programs.**

Increased quality of life: Three times annually, the OSH will conduct a sample survey developed by the OSH Director in collaboration with the Staff. The consumer survey will be administered to participating clients to determine their perception of their quality of life. OSH Self Help Specialists will administer the survey. The survey will be available in writing (English) and orally (English, Spanish, and Cantonese). Likert scale responses will be used to determine whether clients perceive their quality of life has increased as a result of participating in OSH's programs. The OSH Director with assistance from the Executive Assistant is responsible for data collection, analysis and evaluation.

**B. Individualized Program Objectives**

By June 30, 2014, 50% of the consumer members who participate in peer support groups as recorded in client statistics gleaned from sign-in sheets will report an increase in quality of life as measured by the quality of life survey.

During Fiscal Year 2014-2015, participants enrolled in peer support groups will participate in exercise sessions as recorded in client statistics gleaned from sign-in sheets and report increased well-being as measured by the annual quality of life survey and consumer files.

**Computer Lab:**

During Fiscal Year 2013-2014, 10% of consumers utilizing the computer lab will enhance their computer skills as measured by computer lab sign-in sheets, setup of email, and social networking accounts as reported through annual quality of life survey.

**Alma Project:**

During Fiscal Year 2013-2014, 60% of 100 consumers enrolled in program will have increased knowledge of their diagnoses and medications as reported through the annual quality of life survey.

**Increased knowledge about available community resources related to enhancing one's health and well-being.**

Individualized Performance Objective — By June 30, 2015, all participants of consumers enrolled in OSH programs will have increased knowledge of community resources and experience enhanced health and well-being, as evidenced by self report through the quality of life survey, and through the confirmation of receipt of a Community Resources listing for Peers developed by OSH peers and staff. The quality of life survey will be administered by the OSH Director who will evaluate the results.

**Improved social norms, attitudes and policies that promote the respect and dignity of people experiencing mental health challenges.**

Individualized Performance Objective — By June 30, 2015, 70% of participants enrolled in the OSH programs will have improved social norms, attitudes, as evidenced by

continued attendance of program activities and services, and in self-reporting in the annual quality of life survey.

**Increased problem-solving capacity and responsibility and accountability for one's wellness.**

Individualized Performance Objective — By June 30, 2015, 80% of participants enrolled in OSH programs will have enhanced problem-solving skills, and responsibility and accountability for their wellness, as evidenced by continued attendance of program activities and services, and in self-reporting in the annual quality of life survey.

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

Office of Self Help staff, after suffering two displacements in two years, uprooting clients and losing some as a result, will undertake a process to increase client load. Staff will make a presentation on OSH services to other providers to solicit referrals.

A new brochure portraying OSH's services and self-help approach will be produced by OSH staff. The brochure will show its quarters and describe the spectrum of services.

To promote Office of Self Help to recruit new members Central City Extra, the 8,000-circulation monthly newspaper of the Tenderloin published by the Study Center, will publish in each issue an advertisement depicting aspects of OSH to widely disseminate information of its offerings.

The OSH Director and Assistant Director will meet weekly with the SFSC Executive Director and other compliance staff to monitor progress and help guide the process of increasing members and better serving clients' needs. OSH will comply with S.F. 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.

In weekly meetings staff engage in discussions to evaluate the effectiveness of services. Input from consumers and their family members are reviewed at this time along with discussion of results from the annual quality of life survey.

The OSH CQI will be reflected in the questions within the annually administered OSH Quality of Life Survey, the results of which will be analyzed and presented to staff for discussion purposes to guide programmatic activities.

Evidence of CQI activities will be maintained in the OSH Administrative Binder maintained by the OSH Executive Assistant and Program Director for review by the Business Office of Contract Compliance.

The OSH Staff will monitor quarterly reports for achievement of objectives and adjust services to stay on target. Quarterly reports will be kept in the Administrative Binder along with staff plans of action regarding achievements.

Contractor: San Francisco Study Center  
Program: Office of Self Help  
City Fiscal Year: 14/15  
CMS#: 7004

Appendix A-1  
Term: 07/01/14 through 06/30/15

The OSH Administrative Binder will demonstrate compliance with CBHS Cultural Competence requirements including the Staff Cultural Competency Demographic Questionnaire.

The OSH weekly staff meetings and quarterly client membership meetings are to discuss aspects of services that are successful and identify areas of improvement.

Each activity has a sign-in sheet that is placed in a locked file cabinet until it is entered monthly into the database. These forms are available for review, however, the data are reported quarterly.

Staff have been trained to secure data sign-in sheets immediately after group so there is no mixing of sign-in sheets or other documents.

#### Client Satisfaction

The Office of Self Help will utilize the Quality of Life Survey to measure the impact of services in clients' lives. The OSH peer support staff will review results to make appropriate modifications to services as well as to determine other consumer needs as revealed in survey. A report generated from the survey will be included in the Administrative Binder for review and sent to the DPH-CBHS Program Managers/Directors, with comments from the peer support staff review.

9. Required Language: N/A

1. **Program Name:** San Francisco Mental Health Clients' Rights Advocates (MHCRA)  
**Program Address:** 1663 Mission Street, Suite 504  
**City, State, Zip Code:** San Francisco, CA 94103  
**Telephone:** (415) 552-8100  
**Facsimile:** (415) 552-8109  
**Program Code:** 38AA

2. **Nature of Document (check one)**

New       Renewal       Modification

3. **Goal Statement**

San Francisco Mental Health Clients' Rights Advocates (MHCRA) will advocate for the rights of mental health consumers throughout the Behavioral Health system and their families, and advocate for mental health consumers and family members in resolving complaints.

4. **Target Population**

1. MHCRA's target population is mental health consumers in the behavioral health system citywide and in out-of-county facilities and their families.
2. ZIP codes where citywide services will be delivered include but are not limited to: 94102, 94103, 94109 and 94110.

5. **Modality(ies)/Interventions**

**Outreach and Engagement**

The modality is Mental Health Clients' Rights Advocacy. MHCRA will provide 9,173 units of service to resolve a minimum of 516 cases from approximately 500 eligible clients, family members, or concerned third parties. A unit of service is equal to one hour of staff time. Each case is considered closed with the resolution of the client's formal request for advocacy.

6. **Service Delivery Methodology**

A. Primary to MHCRA's outreach to and engagement with clients is through its (800) 729-7727 telephone number, which is posted on all MHCRA materials, including its Patient's Rights Advocates poster. These posters are mandated by law to be prominently posted at all program locations. MHCRA's priority is to address the issues of clients in the most acute situations. Additionally, MHCRA provides trainings and advocacy throughout the year for providers and clients on hospital units and in other facilities, including but not limited to:

- Adult residential care homes. MHCRA collaborates with the Long Term Care Ombudsman to visit various board and care homes and provide trainings for the consumers and the providers.
- Adolescent psychiatric unit. MHCRA visits and conducts trainings on the unit.

- Residential hotels. MHCRA currently collaborates with the Ombudsman to visit various residential hotels and provide trainings for clients and providers.
  - Behavioral Health Facilities. MHCRA conducts monthly trainings for clients and visits the inpatient facility regularly throughout the month.
- B. MHCRA will respond to complaints and queries about mental health services from clients, clients' family members, or concerned third parties. Clients can contact MHCRA by telephone, fax, e-mail, or in person. All complaints will be investigated and, if possible, resolved.
- C. MHCRA is open 9 a.m. to 5 p.m., Monday-Friday. If resolution is not possible, clients will be referred to BHS's grievance procedures, and to appropriate legal counsel when necessary. All cases will be documented by date of initial contact, follow-up telephone and site visit contacts, and case resolution. A case is a client contact that results in information, advice, short-term assistance, referral, or an investigation by an advocate.

In addition to responding to direct requests from clients and their family members, MHCRA will conduct investigations of possible patients' rights violations when it receives a request from the director of San Francisco Department of Public Health's Behavioral Health Services (BHS). Investigation status will be reported to BHS within 60 days of initiation of the investigation. If an investigation cannot be completed in this timeframe, a report on the status of the investigation will be submitted every 30 days until completion. This report will then be submitted to the director of the program involved. A list of investigation reports will be included in each quarterly statistical report submitted to the director of San Francisco Department of Public Health's Behavioral Health Services (BHS).

MHCRA will close 43 cases per month on average, approximately 516 cases during the contract year. A case consists of a client intake and resolution of complaint or request. A case can range from advisement of rights to short-term assistance or a full-scale investigation.

- D. The advocate assists the client, within the scope of the office's practice, until the client is satisfied with the resolution or the issue has been addressed as far as it can be within the advocate's scope of authority.
- E. Program Staffing: MHCRA is staffed by a director, one senior advocate, and three advocates. All staff members participate in engaging and addressing the rights issues brought forth by the clients, family members, friends, and facility staff within the mental health system.

## 7. Objectives and Measurements



**A. CBHS Standard Objectives**

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

**B. Individualized Program Objectives**

**Performance/Outcome Objective 1**

During Fiscal Year 2014-2015, 516 MHCRA cases will be resolved by MHCRA staff, as measured by the client database "Apricot Techknowledge."

Methodology: All staff will provide intake of clients. Client intakes will be documented within the online database. Data will be collected as intakes occur and cases are closed. Data will be reviewed by senior staff and the San Francisco Study Center executive director and MHCRA's Community Advisory Committee on a quarterly basis.

**Performance/Outcome Objective 2**

During Fiscal Year 2014-2015, MHCRA staff will have reviewed four (4) behavioral health facilities for compliance.

Methodology: Advocates will plan and conduct four (4) reviews at MH facilities for compliance with patients' rights by providers of mental health services. Advocates will present the reviewing tool to the provider with a 14-day notice prior to the review. Advocates will evaluate records, inspect the facility, and interview staff and clients. The findings and corrective actions will be reported to the facility and to the director of San Francisco Department of Public Health's Behavioral Health Services (BHS) in a review report within 60 days of the conclusion of the review. Oversight of the review will be carried out by the MHCRA program director and senior advocate.

**Performance/Outcome Objective 3**

During Fiscal Year 2014-2015, MHCRA will conduct six (6) patients' rights checklist reviews for CCR Title 9 and W & I Code 5235 et. Seq. for compliance as required by BHS.

Methodology: Advocates will notify facilities of the review 14 days prior to the checklist review. Advocates will inspect the facility, interview staff and clients, and inspect records as needed. Reports of the findings and corrective actions will be submitted to the facility and to the director of San Francisco Department of Public Health's Behavioral Health Services (BHS). Oversight of the review will be carried out by the program director and senior advocate.

**Performance/Outcome Objective 4**

Contractor: San Francisco Study Center  
Program: Mental Health Clients' Rights Advocates  
City Fiscal Year: FY 2014-2015  
CMS#: 7004

Appendix A-2  
Term: 07/01/14 through 06/30/15

During Fiscal Year 2014-2015, MHCRA staff will have conducted 48 outreaches to clients in facilities and discuss patients' rights with consumers in licensed facilities. Advocates also conduct trainings for staff members within the mental health system.

Methodology: Advocates will contact facilities or programs and present to patients and staff members at the program. Advocates will schedule and plan presentations during team meetings. All advocates will conduct outreach presentations and report results in the client database.

**Performance/Outcome Objective 5**

MHCRA will continue to collect denial of rights data on behalf of BHS and maintain reporting duties to the State.

Methodology: Data will continue to be collected and reported to the State's Office of Patients Right. The director of San Francisco Department of Public Health's Behavioral Health Services (BHS) will be notified if any providers are non-compliant or late in the reporting.

**8. Continuous Quality Improvement**

The program has noticeably lost drop-in clients after being displaced from its offices on Market Street. To address the issue MHCRA shifted its primary practice for engaging clients by increasing outreach efforts.

The shift to contacting clients and disseminating information on involuntary psychiatric units has resulted in two weekly scheduled patient's rights meetings at Langlely Porter and St. Francis hospitals in addition to twice-weekly visits to the acute units at San Francisco General Hospital to discuss patient's rights with clients on hearing days. MHCRA also has patients' rights meeting at the Fort Miley VA involuntary unit two to four times a month and once a month at California Pacific Medical Center. MHCRA seeks other opportunities to increase its presence and availability and has recently connected with the transgender mental health community by participating in training events.

To gain visibility in the community, MHCRA will be featured in a promotional advertisement in each monthly issue of the Central City Extra published by San Francisco Study Center. This will regularly put MHCRA in front of an estimated 16,000 residents of inner-city neighborhoods.

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

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

Contractor: San Francisco Study Center  
Program: Peer and Intern Employment (PIE)  
City Fiscal Year: 2014-2015  
CMS#: 7004

Appendix A-3  
Term: 07/01/2014 through 06/30/2015

1. Program Name: Peer and Intern Employment

Program Address:  
1663 Mission Street, Suite 504  
San Francisco, CA 94103  
Telephone: (415) 626-1650  
Facsimile: (415) 626-7276  
Program Code : 38AA

2. Nature of Document (check one)

New       Renewal       Modification

3. Goal Statement

To provide Fiscal Intermediary and Human Resources functions

4. Target Population

Consumers of Mental and Behavioral Health Services and Family members recruited by BHS staff for employment through S.F. Study Center.

5. Modality(ies)/Interventions

Fiscal intermediary services, including administrative support, and employment and personnel services

**MHSA Goals**

**WORKFORCE DEVELOPMENT** — includes activities intended to develop a diverse and competent workforce; develop work readiness skills; and increase the number of consumers and family members in the behavioral health workforce.

This program is a collaborative effort between the Study Center and BHS. San Francisco Study Center's role in meeting this MHSA goal is to serve as fiscal intermediary, managing all BHS funding for this program, including personnel and benefits costs, bookkeeping and accounting, invoicing and budget reconciliation and administrative support including HR functions and program insurance needs from general liability through workers' comp.

Study Center also will handle a range of human resources functions from employing peers and interns to conducting HR trainings and meetings with site supervisors. Study Center will also work with BHS staff and site supervisors to resolve program-related personnel issues.

6. Methodology

Collaborative employment administration:

- New hire processing: Study Center handles the paperwork, explains employee policies and procedures, sets up direct deposit, and arranges for Livescan as needed.
- Employee changes: BHS specifies salary adjustments, promotions/changes, leaves of absence, etc.

Contractor: San Francisco Study Center  
Program: Peer and Intern Employment (PIE)  
City Fiscal Year: 2014-2015  
CMS#: 7004

Appendix A-3  
Term: 07/01/2014 through 06/30/2015

- BHS-designated separation processing; cause of termination review (BHS-SFSC collaboration, final pay arrangements by SFSC).
- SFSC benefits administration; benefits enrollment (new hire, annual open enrollment, and qualifying events), 403(b) plan administration, COBRA administration.

**Risk management and compliance:**

- Maintenance of employee personnel records and documentation
- Regulatory compliance (ERISA, FLSA, EEO, and other federal and state regulations)
- Compliance with local San Francisco ordinances, including MCO, HCAO, HCSO, HRC 12B AND C
- Collaborative compliance-related training for managers (EEO, sexual harassment, OSHA, etc.)

**Human resources policies:**

- Comprehensive Employee Handbook
- Grievance procedures and conflict resolution
- Workers' compensation, unemployment claims, personnel records, training (EEO, sexual harassment) and termination assistance

**A. Recruitment and placement:**

Recruitment and placement of peers and interns will be carried out by BHS staff.

**B. Hiring:**

Hiring decisions are made by BHS Peer-to-Peer and Vocational Services staff using BHS hiring guidelines. Clients approved for hire then are hired by Study Center. Study Center serves as the employer of record for all peer and intern staff, and the employment of these staff members is governed by Study Center's personnel policies. San Francisco Study Center will handle the orientation for all new hires and provide the hiring forms including: Personnel Handbook and Receipt Form, Employee Livescan Application, Employment Application, I-9, W-4, HCSO Form, Paycheck Instructions Form, Direct Deposit for the candidate to fill out and Job Description Template and New Hire Personnel Action Form that the BHS Peer-to-Peer Hiring Manager must complete. The Hiring Manager assists the candidate in completing hiring forms. After completing and submitting the Job Description, and New Hire Personnel Action Form and forms completed candidate, the Hiring Manager contacts the Study Center to schedule a welcome meeting and orientation. Study Center staff will review documents and schedule an orientation prior to the employment start date. After the orientation, the candidate is hired by the Study Center and given a Letter of Hire and formalized job description, which have been prepared by the Peer-to-Peer program. Hiring forms and required documents (e.g. expired identification) must be in order to conduct an orientation. All peer interns will be required to undergo a livescan background check, state law requires background checks for staff employed on school sites.

**C. Orientation:**

Study Center staff will conduct an individual or small group orientation for all new hires. Many peers and interns have limited employment experience. They need to know, up front, their rights as an employee and Study Center's role and expectations as their employer.

- At the Employee Orientation, the candidate is given a copy of the Employee Handbook and a folder containing all the necessary legal forms and notices required by state and federal laws and a set of forms customarily used by the Study Center.
- Peer employees' hours and schedules will be determined by the on-site supervisor in consultation with BHS Peer-to-Peer and Vocational Services staff. The pay rate will be determined by Peer-to-Peer staff in compliance with federal, state and city laws including San Francisco's Minimum Compensation Ordinance, which requires nonprofit agencies that contract with the city to pay employees a minimum of \$11.03 per hour.

**D. Supervision:**

The Peer & Intern Employment Program is highly collaborative in its structure, and nowhere more so than in the supervision of the peers. All peers are employees of the Study Center and their employment is governed by Study Center's personnel policies. However, day-to-day supervision of employees is provided by a designated staff member at the site to which the employee has been assigned. These on-site staff members know the program policies and procedures of their agency, and are in the best position to direct the peers in their daily work. The work of the on-site supervisors is, in turn, coordinated by BHS's Peer-to-Peer and Vocational Services staff, Hiring Managers, who are responsible for placing peers with sites around the city, re-assigning peers if their initial assignment proves unsuitable, and mediating conflict between peers and their on-site supervisors. Disciplinary actions and termination can be recommended to Study Center by Peer-to-Peer staff, provided such recommended actions comply with Study Center personnel policies and state and federal law. Study Center will conduct an annual meeting with site supervisors to go over grievance procedure paperwork.

**Placement:**

Peer employees will be engaged in a variety of duties to gain work experience and develop new job skills. BHS Hiring Managers are tasked with matching peers with jobs that suit their interests and temperaments to ensure they will stay employed.

**Employee Performance Reviews:**

Employee Performance Reviews are a vital tool for peer supervision. Peer employees' job performance is reviewed annually by the on-site supervisor, using a performance evaluation model supplied by Peer-to-Peer staff. This evaluation model will be collaborative and non-punitive, with a focus on the employee's strengths and opportunities for growth, including methods (such as additional training) to address potential performance issues. Study Center will prompt the site supervisor one month in advance, then follow up with the site supervisor to complete the evaluation in a timely manner. The performance reviews will be conducted each May. The site supervisor will complete the review. Completed evaluations are signed by the peer, the site supervisor, and delivered to the Study Center.

**E. Training:**

All peer employees will be trained on HR-related issues such as anti-harassment, anti-discrimination, anti-substance abuse in the workplace, etc. Peers will be required to attend

two trainings each year. Study Center staff will conduct these trainings. Hiring Managers will forward records of each employee's training completion to the Study Center to keep in the personnel files.

Training topics include:

- Workplace safety that will cover general workplace safety issues such as injury prevention, illness prevention and disaster preparedness.
- Sexual harassment prevention and a discussion of how to identify and report sexual harassment in the workplace;
- Cultural competency trainings touching on San Francisco's many different communities served by BHS's behavioral health services providers

**F. Termination:**

Employment may be terminated for three reasons: 1) resignation; 2) cause; 3) program completion. Study Center takes the following steps in response to terminations:

- **Resignation:** The site supervisor immediately notifies Study Center by phone of the peer's resignation and provides Study Center with the resignation letter, if the peer wrote one. And as soon as possible submits a Termination Personnel Action form and Final timesheet in order to comply with Federal and State Labor Laws final paycheck timelines.
- **Termination for cause:** Termination of employment for performance issues is a serious step, particularly for peers who are in recovery and for whom employment is a vital step in their recovery process. Prior to termination for cause, Study Center and BHS will make all reasonable efforts to identify a method to correct the problem including additional training, mediation of disagreements between peers and their site supervisors, and re-assignment of the peer to a different site. When termination is the only option, the site supervisor provides written documentation of the performance issues leading to the termination, a Termination Personnel Action form and a final timesheet. These documents are reviewed by Study Center and BHS staff and must be approved by Study Center for the termination to take effect. Peers are notified of the termination in writing and receive their final paycheck (including unused time-off) on the same day as their termination.
- **Program completion:** One month prior to project completion, peers are notified in writing by BHS Staff that they will soon complete the program and that their employment will be terminated. Study Center will have a final check ready for the peer's last day based on approved timesheets.

**G. Other Program Components and Procedures:**

**Regular Meetings:**

Regular meetings will be scheduled at least every six months to review program activities with Peer-to-Peer and Vocational Services and Hiring Managers.

**Changes in Status:**

BHS staff will provide instruction and follow-up regarding any changes to an employee's status. Changes to an employee's status will be noted and pay adjusted after Study Center receives a Personnel Action Change Form from the BHS hiring manager.

**Timesheets:**

- a) Study Center will provide the Timesheet and Pay Schedule quarterly and in advance of the next quarter to the BHS hiring manager and site supervisors for distribution to employees.
- b) Study Center will administer payroll and issue paychecks for employees.

**Site Supervisor Meetings:**

Study Center will work with BHS Hiring Managers to convene one annual site supervisor meeting to review procedures and communicate programmatic changes and discuss ongoing issues affecting the program. Among the topics will be office procedures and the importance of using forms such as timesheets and absence requests.

**Client Satisfaction Surveys:**

Study Center will develop in conjunction with Peer-to-Peer and Vocational Services staff a Client Satisfaction Survey and administer to all employees annually. The survey will ask consumer staff about their experience of working with Study Center on HR and fiscal intermediary functions.

**Performance Evaluation Assistance:**

Study Center will assist BHS hiring managers and site supervisors in Peer and Intern Performance appraisals, especially with reminders of the need for compliance.

**Benefits Administration:**

Study Center will administer appropriate benefits to employees dependent upon classification, including HCSO Payments, and Medical and ancillary coverage benefits when appropriate. And will meet individually to explain and enroll eligible employees in employee benefit programs. Study Center will provide COBRA Notification in cases where benefits are terminated due to change in status or termination of employment.

**7. Objectives and Measurements**

1. The San Francisco Study Center will administer annual performance reviews in May and provide instructions and documents to each site supervisor in April. The San Francisco Study Center will follow-up and track that each performance appraisal was completed by the end of the fiscal year. Performance appraisals will be kept in the employee's file at The San Francisco Study Center.
2. The San Francisco Study Center will conduct two trainings per year, as noted above, in agreement with BHS management staff.
3. The San Francisco Study Center will provide a comprehensive orientation to all new hires as described above.
4. The San Francisco Study Center will provide annual site supervisor meetings to review procedures and communicate programmatic changes and discuss ongoing issues affecting the program.

5. The San Francisco Study Center will administer annual peer staff satisfaction surveys. The survey will evaluate the experience of consumer staff working with Study Center on HR and fiscal intermediary functions.

**8. Continuous Quality Improvement**

The Peer and Intern Employment program in 2014 conducted a peer performance review of all peer employees with site supervisors providing the evaluations.

Of the 34 performance reviews completed and entered into peer employee personnel files, Study Center staff identified all employees who received a rating in any performance category of Needs to Improve (2 on a 5-point scale) or lower and will meet with each employee's site supervisor to plan how to help that employee improve in that aspect of their job.

SFSC also in 2014 administered an Employee Satisfaction Survey to all peer employees to learn whether we were satisfactorily meeting their front-office needs in terms of pay, benefits, leaves and grievances. Of the 33 peer employees who completed a survey, 90% rated SFSC as 4.5 on a 5-point scale.

SFSC staff will work with BHS staff to plan needed modifications to the service delivery.

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



Contractor: San Francisco Study Center  
Program: Fiscal intermediary for MHSAs Innovations

Appendix A-4  
Contract Term: 07/1/14-06/30/15  
Funding Source: MHSAs

CMS# 7004

**San Francisco Study Center  
MHSAs Innovations**

Address: 1663 Mission Street, Suite 504 San Francisco, CA 94103

Telephone: (415) 626-1650 Fax: (415) 626-7276

Contact Name: Geoff Link, Executive Director

Program Code: 38AA

**Nature of Document (check one)**

New       Renewal       Modification

**1. Goal Statement**

This Fiscal Intermediary contract provides funding for the administrative activities of SF-DPH Peer and Intern Employment Program. In concert with CBHS personnel, Study Center will work to ensure the success of the program.

**2. Target Population**

As a Fiscal Intermediary administrative contractor, Study Center has no target population.

**3. Modality and Program Description**

Study Center oversees contract implementation from a corporate standpoint and ensures the program is in compliance with SF-DPH contract standards and protocols and completes all city contracting activities. Study Center provides all fiscal management of contract funds including audits, invoicing, purchasing and budget reconciliation; and oversees and ensures payroll meets standard accounting practices. Study Center provides insurance for contract staff.

Study Center oversees the program facility and technical services (such as the phone, Internet and computer systems). Working closely with CBHS Peer-to-Peer and Vocational Services staff, Study Center provides contract staff personnel management such as hiring, employee development, disciplinary action and firing. Study Center maintains all contract staff personnel records.

**4. Methodology**

As this is a Fiscal Intermediary administrative contract, policies of both Study Center and SF-DPH apply.

**5. Objectives**

As a Fiscal Intermediary administrative contractor, objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements,
- 2) To maintain personnel files and provide appropriate personnel management oversight.

**6. Continuous Quality Improvement**

Contract evaluation is the joint responsibility of Study Center and SF-DPH administration.

**7. Required Language**

No required language at this time.

Contractor: San Francisco Study Center  
Program: Fiscal intermediary for TAYSF

Appendix A-5  
Contract Term: 07/1/14-06/30/15  
Funding Source: HSA Workorder

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**Program Name: TAYSF**

**Address:** 1663 Mission Street, Suite 504 San Francisco, CA 94103

**Telephone:** (415) 626-1650 **Fax:** (415) 626-7276

**Contact Name:** Geoff Link, Executive Director

**Nature of Document (check one)**

New       **Renewal**       Modification

**1. Goal Statement**

This Fiscal Intermediary contract provides funding for the administrative activities of TAYSF. In concert with TAYSF personnel, Study Center will work to ensure the success of the program.

**2. Target Population**

As a Fiscal Intermediary administrative contractor, Study Center has no target population.

**3. Modality and Program Description**

Study Center oversees contract implementation from a corporate standpoint and ensures the program is in compliance with SF-DPH contract standards and protocols and completes all city contracting activities. Study Center provides all fiscal management of contract funds including audits, invoicing, purchasing and budget reconciliation; and oversees and ensures payroll meets standard accounting practices. Study Center provides insurance for contract staff.

Working closely with TAYSF staff, Study Center provides contract staff personnel management such as hiring, employee development, disciplinary action and firing. Study Center maintains all contract staff personnel records. Working closely with TAYSF to ensure payment and fulfillment of advertising contract to provide outreach to transitional age youth through Muni bus advertisements, as well as processing invoices and payments related to presentations at conferences on work of TAYSF and San Francisco's Policy Priorities for Transitional Age Youth.

**4. Methodology**

As this is a Fiscal Intermediary administrative contract, policies of both Study Center and SF-DPH apply.

**5. Objectives**

As a Fiscal Intermediary administrative contractor, objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements,
- 2) To maintain personnel files and provide appropriate personnel management oversight.

**6. Continuous Quality Improvement**

Contract evaluation is the joint responsibility of Study Center and SF-DPH administration.

**7. Required Language**

No required language at this time.

**Appendix B**  
**Calculation of Charges**  
**Term: 7/1/2014-6/30/2015**

**I. Method of Payment**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

**(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)**

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges 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) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):**

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the 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.

**B. Final Closing Invoice**

**(1) Fee For Service Reimbursement:**

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year 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 Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

**(2) 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 each fiscal year 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.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each

fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA funds portion of the CONTRACTOR'S allocation for the applicable fiscal year.

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

## 2. Program Budgets and Final Invoice

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

#### Budget Summary

Appendix B-1 Office of Self Help (OSH)

Appendix B-2 San Francisco Mental Health Clients Rights Advocates (SFMHCRA)

Appendix B-3(a,b,c) Peer Intern Employment (PIE)

Appendix B-4 Fiscal Intermediary for Innovation (MHSA)

Appendix B-5 Fiscal Intermediary - Transitional Aged Youth

### B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Fifteen Million Ninety Nine Thousand Seven Hundred One Dollars (\$15,099,701) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$409,874 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. 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 the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget

and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through June 30, 2011	\$1,819,615
July 1, 2011 through June 30, 2012	\$2,291,736
July 1, 2012 through June 30, 2013	\$2,414,791
July 1, 2013 through June 30, 2014	\$3,040,262
July 1, 2014 through June 30, 2015	\$3,415,615
July 1, 2015 through December 31, 2015	\$1,717,808
Sub-Total July 1, 2010 through December 31, 2015	<u>\$14,689,827</u>
Contingency	\$409,874
Total - July 1, 2010 through December 31, 2015	<u>\$15,099,701</u>

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR further understands that, \$50,000 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM04000090 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM04000090 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in 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. No costs or 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 the DIRECTOR 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.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number (MH): 00363		Prepared By/Phone #: Kevin Walsh/415.857.9204		FY14-15	
S Legal Entity Name (MH)/Contractor Name (SA): San Francisco Study Center				7/1/2014	
Contract CMS # (CDTA use only): 7004				Appendix B page 4	
Contract Appendix Number:	B-1	B-2	B-3	B-4	B-5
Appendix A/Program Name:	OSH	SFMHCRA	PIE	FIJ	TAY SF
Provider Number:	38AA	38AA	38AA	38AA	38AA
Program Code(s):	N/A	N/A	N/A	N/A	N/A
<b>FUNDING TERM:</b>	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries & Employee Benefits:	403,260	294,948	1,588,968	424,620	20,000
Operating Expenses:	144,260	55,632	88,370	50,180	2,500
Capital Expenses:	0	0	0	0	0
<b>Subtotal Direct Expenses:</b>	<b>547,520</b>	<b>350,580</b>	<b>1,677,338</b>	<b>474,800</b>	<b>22,500</b>
Indirect Expenses:	60,836	38,953	187,852	52,736	2,500
Indirect %:	11%	11%	11%	11%	11%
<b>TOTAL FUNDING USES</b>	<b>608,356</b>	<b>389,533</b>	<b>1,865,190</b>	<b>527,536</b>	<b>25,000</b>
				Employee Fringe Benefits %:	26.29%
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
MH STATE - MH Realignment:	221,871	221,871	0	0	\$ 443,742
MH COUNTY - General Fund:	245,780	167,682	54,917	0	\$ 468,359
MH STATE - MHSA	0	0	50,000	0	\$ 50,000
MH STATE - MHSA	140,705	0	1,227,162	0	\$ 1,367,867
MH STATE - MHSA	0	0	208,075	0	\$ 208,075
MH STATE - MHSA	0	0	0	462,536	\$ 462,536
MH STATE - MHSA	0	0	0	65,000	\$ 65,000
MH STATE - SAMHSA	0	0	150,266	0	\$ 150,266
MH STATE - SAMHSA	0	0	174,770	0	\$ 174,770
MH WORK ORDER - Human Services Agency	0	0	0	0	\$ 25,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>608,356</b>	<b>389,533</b>	<b>1,865,190</b>	<b>527,536</b>	<b>\$ 3,415,615</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>					
<b>COMMUNITY PROGRAMS FUNDING SOURCES</b>					
<b>TOTAL DPH FUNDING SOURCES</b>	<b>608,356</b>	<b>389,533</b>	<b>1,865,190</b>	<b>527,536</b>	<b>25,000</b>
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 608,356</b>	<b>\$ 389,533</b>	<b>\$ 1,865,190</b>	<b>\$ 527,536</b>	<b>\$ 25,000</b>
					<b>\$ 3,415,615</b>

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**DPH 7: Contract-Wide Indirect Detail**

Contractor Name: San Francisco Study Center

Document Date:	07/01/14
Fiscal Year:	FY14-15 page 5

**1. SALARIES & BENEFITS**

Position Title	FTE	Salaries
Executive Director	0.6793	\$ 47,548
Finance Director	0.6793	\$ 38,430
Accountant	0.6793	\$ 40,755
Contracts Administrator	0.6793	\$ 33,964
Administrative Assistant	0.6793	\$ 24,453
EMPLOYEE FRINGE BENEFITS		\$ 50,025
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 235,175</b>

**2. OPERATING COSTS**

Expenditure Category	Amount
Audit	\$ 27,170
Bank Fees and Payroll Services	\$ 8,830
Consultant - Balance Sheet Accountant	\$ 11,209
Consultant - IT	\$ 5,095
Equipment Rental & Maintenance	\$ 5,095
Liability Insurance	\$ 8,151
Office Supplies	\$ 5,434
Postage	\$ 1,358
Rent	\$ 27,208
Staff Training	\$ 6,793
Telephone	\$ 1,359
<b>TOTAL OPERATING COSTS</b>	<b>\$ 107,702</b>

**TOTAL INDIRECT COSTS** \$ 342,877  
(Salaries & Benefits + Operating Costs)

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):		San Francisco Study Center		Appendix/Page.#:	B-1 page 1
Provider Name:		San Francisco Study Center		Document Date:	7/1/2014
Provider Number:		38AA		Fiscal Year:	FY14-15
Program Name:		Office of Self-Help			
Program Code (formerly Reporting Unit):		N/A	N/A		
Mode/SFC (MH) or Modality (SA)		45/10-19	45/10-19		
Service Description:		MH Promotion	MH Promotion	0	0
<b>FUNDING TERM:</b>		07/01/13-06/30/14	07/01/13-06/30/14		<b>TOTAL</b>
<b>FUNDING USES</b>					
Salaries & Employee Benefits:		304,018	99,242		403,260
Operating Expenses:		116,868	27,392		144,260
Capital Expenses (greater than \$5,000):		0	0		0
<b>Subtotal Direct Expenses:</b>		<b>420,886</b>	<b>126,634</b>	0	0
Indirect Expenses:		46,765	14,071		60,836
<b>TOTAL FUNDING USES:</b>		<b>467,651</b>	<b>140,705</b>	0	0
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#:					
MH STATE - MH Realignment	HMHMCC730515	221,871			221,871
MH COUNTY - General Fund	HMHMCC730515	245,780			245,780
MH STATE - MHSA	HMHMPROP63-PMHS63-1405	0	140,705		140,705
					0
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>467,651</b>	<b>140,705</b>	-	608,356
<b>TOTAL DPH FUNDING SOURCES</b>		<b>467,651</b>	<b>140,705</b>	-	<b>608,356</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>467,651</b>	<b>140,705</b>	-	<b>608,356</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	CR		
DPH Units of Service:		10,627	1,987		
Unit Type:		Staff Hour	Staff Hour	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		44.01	70.81	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		44.01	70.81	0.00	0.00
Published Rate (Medi-Cal Providers Only):		n/a	n/a		
Unduplicated Clients (UDC):		n/a	n/a		<b>Total UDC:</b>
					120

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DPH 3: Salaries & Benefits Detail

Program Code: N/A  
 Program Name: Office of Self-Help  
 Document Date: 7/1/14

Appendix/Page #: B-1 page 2

Index Code:	TOTAL		MH STATE - MH Realignment and MH COUNTY - General Fund		MH STATE - MHSA		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Term:	07/01/14-06/30/15		07/01/14-06/30/15		07/01/14-06/30/15			
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.00	\$ 71,820	0.95	68,232	0.05	3,588		
Self-Help Specialists	4.89	\$ 162,781	2.77	92,084	2.12	70,697		
Driver	0.40	\$ 12,230	0.40	12,230				
Administrative Assistant	0.80	\$ 27,555	0.64	22,044	0.16	5,511		
Peers	0.09	\$ 2,172	0.09	2,172				
Acupuncturist	0.15	\$ 17,784	0.15	17,784				
Nurse Practitioner	0.20	\$ 18,986	0.20	18,986				
<b>Totals:</b>	<b>7.53</b>	<b>\$ 313,328</b>	<b>5.20</b>	<b>\$ 233,532</b>	<b>2.33</b>	<b>\$ 79,796</b>	<b>0.00</b>	<b>\$ 0</b>
Employee Fringe Benefits:	29%	\$ 88,932	30%	\$ 70,488	24%	\$ 19,446	#DIV/0!	
<b>TOTAL SALARIES &amp; BENEFITS:</b>		<b>\$ 403,260</b>		<b>\$ 304,018</b>		<b>\$ 99,242</b>		<b>\$ 0</b>

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DPH 4: Operating Expenses Detail

Program Code: N/A

Appendix/Page #: B-1 page 3

Program Name: Office of Self-Help

Document Date: 7/1/14

Expenditure Category	TOTAL	MH STATE - MH Realignment and MH COUNTY - General Fund	MH STATE - MESA	Funding Source 3: (Include Funding Source Name and Index Code/Project Detail/CFDA#)
Index Code:		HMHMCC730515	HMHMPROP63- PMHS63-1405	
Term:	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	
<b>Occupancy:</b>				
Rent	\$ 85,260	71,618	13,642	
Utilities (telephone, electricity, water, gas)	\$ 7,000	6,000	1,000	
Building Repair/Maintenance	\$ 500	250	250	
<b>Materials &amp; Supplies:</b>				
Office Supplies	\$ 4,500	3,000	1,500	
Photocopying	\$ -	-	-	
Printing	\$ -	-	-	
Program Supplies	\$ 19,000	14,000	5,000	
Computer hardware/software	\$ -	-	-	
<b>General Operating:</b>				
Training/Staff Development	\$ 1,000	1,000	-	
Insurance	\$ 3,000	3,000	-	
Professional License	\$ -	-	-	
Permits	\$ -	-	-	
Equipment Lease & Maintenance	\$ -	-	-	
<b>Staff Travel:</b>				
Local Travel	\$ -	-	-	
Out-of-Town Travel	\$ 6,000	5,000	1,000	
Field Expenses	\$ -	-	-	
<b>Consultant/Subcontractor:</b>				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	-	-	
(add more Consultant lines as necessary)				
<b>Other:</b>				
Van Expenses (gas, supplies, registration fees, tires, tolls, and other expenses associated with the legal and safe operation of the client services van)	\$ 18,000	13,000	5,000	
	\$ -	-	-	
	\$ -	-	-	
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 144,260</b>	<b>116,868</b>	<b>27,392</b>	<b>\$0</b>
<b>Indirect</b>	<b>\$ 80,836</b>	<b>46,765</b>	<b>14,071</b>	

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): San Francisco Study Center		Appendix/Page #: B-2 page 1	
Provider Name: San Francisco Study Center		Document Date: 7/1/2014	
Provider Number: 38AA		Fiscal Year: FY14-15	
Program Name:		San Francisco Mental Health Clients Rights Advocates	
Program Code (formerly Reporting Unit):		N/A	
Mode/SFC (MH) or Modality (SA):		45/10-19	
Service Description:		MH Promotion	TOTAL
FUNDING TERM:		07/01/14-06/30/15	
<b>FUNDING USES</b>			
Salaries & Employee Benefits:		294,948	294,948
Operating Expenses:		55,632	55,632
Capital Expenses (greater than \$5,000):		0	0
Subtotal Direct Expenses:		350,580	350,580
Indirect Expenses:		38,953	38,953
TOTAL FUNDING USES:		389,533	389,533
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>		
MH STATE - MH Realignment	HMHMCC730515	221,871	221,871
MH COUNTY - General Fund	HMHMCC730515	167,662	167,662
			0
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>389,533</b>	<b>389,533</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>389,533</b>	<b>389,533</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>389,533</b>	<b>389,533</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>			
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	
DPH Units of Service:		9,173	
Unit Type:		Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		42.47	0.00
Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		42.47	0.00
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC):			500

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DPH 3: Salaries & Benefits Detail

Program Code: N/A

Appendix/Page #: B-2, page 2

Program Name: San Francisco Mental Health Clients Rights Advocates

Document Date: 7/1/14

Position Title	TOTAL		MH STATE - MH Realignment and MH COUNTY - General Fund		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Index Code:			HMHMCC730515					
Term:	07/01/14-06/30/15		07/01/14-06/30/15					
Executive Director	0.10	9,333	0.10	9,333				
Program Director	1.00	60,100	1.00	60,100				
Senior Advocate	1.00	49,100	1.00	49,100				
Advocates	2.80	132,100	2.80	132,100				
	0.00	\$						
<b>Totals:</b>	<b>4.90</b>	<b>\$ 250,633</b>	<b>4.90</b>	<b>250,633</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>
<b>Employee Fringe Benefits:</b>	<b>18%</b>	<b>\$ 44,315</b>	<b>18%</b>	<b>44,315</b>	<b>#DIV/0!</b>		<b>#DIV/0!</b>	
<b>TOTAL SALARIES &amp; BENEFITS:</b>		<b>\$ 294,948</b>		<b>294,948</b>		<b>\$0</b>		<b>\$0</b>

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DPH 4: Operating Expenses Detail

Program Code: N/A Appendix/Page #: B-2 page 3  
 Program Name: San Francisco Mental Health Clients Rights Advocates  
 Document Date: 7/1/14

Expenditure Category	TOTAL	MH STATE - MH Realignment and MH COUNTY - General Fund	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
Index Code:		HMHMCC730515		
Term:	07/01/14-06/30/15	07/01/14-06/30/15		
<b>Occupancy:</b>				
Rent	\$ 35,484	35,484		
Utilities (telephone, electricity, water, gas)	\$ 4,200	4,200		
Building Repair/Maintenance	\$ -			
<b>Materials &amp; Supplies:</b>				
Office Supplies	\$ 10,000	10,000		
Photocopying	\$ -			
Printing	\$ -			
Program Supplies	\$ -			
Computer hardware/software	\$ -			
<b>General Operating:</b>				
Training/Staff Development	\$ 1,948	1,948		
Insurance	\$ 1,500	1,500		
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
<b>Staff Travel:</b>				
Local Travel	\$ 2,500	2,500		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
<b>Consultant/Subcontractor:</b>				
CONSULTANT/SUBCONTRACTOR (Consultant to be selected, IT and web consulting; hourly rate to be determined) (add more Consultant lines as necessary)	\$ -			
<b>Others:</b>				
	\$ -			
	\$ -			
	\$ -			

TOTAL OPERATING EXPENSE \$ 55,632 55,632 \$0 \$0

Indirect 38,953 38,953

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): San Francisco Study Center		Appendix/Page #: B-3, page 1					
Provider Name: San Francisco Study Center		Document Date: 7/1/2014					
Provider Number: 38AA		Fiscal Year: FY14-15					
Program Name:		Peer & Intern Employment (PIE)					
Program Code (formerly Reporting Unit):	N/A	N/A	N/A	N/A	N/A	N/A	
Mode/SFC (MH) or Modality (SA):	60/78	60/78	60/78	60/78	60/78	60/78	
Service Description:	Other Non-Med/Cal Client Support Exp.	Other Non-Med/Cal Client Support Exp.	Other Non-Med/Cal Client Support Exp.	Other Non-Med/Cal Client Support Exp.	Other Non-Med/Cal Client Support Exp.	Other Non-Med/Cal Client Support Exp.	TOTAL
FUNDING TERM:	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	
<b>FUNDING USES</b>							
Salaries & Employee Benefits:	47,655	45,000	1,027,114	182,267	132,039	154,893	\$ 1,588,968
Operating Expenses:	1,770	0	76,000	5,000	3,200	2,400	\$ 88,370
Capital Expenses (greater than \$5,000):	0	0	0	0	0	0	\$ 0
Subtotal Direct Expenses:	49,425	45,000	1,103,114	187,267	135,239	157,293	\$ 1,677,338
Indirect Expenses:	5,492	5,000	124,048	20,808	15,027	17,477	\$ 187,852
<b>TOTAL FUNDING USES:</b>	<b>54,917</b>	<b>50,000</b>	<b>1,227,162</b>	<b>208,075</b>	<b>150,266</b>	<b>174,770</b>	<b>\$ 1,865,190</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>						
MH COUNTY - General Fund	HMHMCC730515	54,917					\$ 54,917
MH STATE - MHSA	HMHMPROP63-PMHS63-1508		50,000				\$ 50,000
MH STATE - MHSA	HMHMPROP63-PMHS63-1505			1,227,162			\$ 1,227,162
MH STATE - MHSA	HMHMPROP63-PMHS63-1512				208,075		\$ 208,075
MH STATE - SAMHSA	HMHMRCGRANTS-HMM007-1505					150,266	\$ 150,266
MH STATE - SAMHSA	HMHMRCGRANTS-HMM007-1501					174,770	\$ 174,770
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>54,917</b>	<b>50,000</b>	<b>1,227,162</b>	<b>208,075</b>	<b>150,266</b>	<b>\$ 1,865,190</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>54,917</b>	<b>50,000</b>	<b>1,227,162</b>	<b>208,075</b>	<b>150,266</b>	<b>\$ 1,865,190</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>54,917</b>	<b>50,000</b>	<b>1,227,162</b>	<b>208,075</b>	<b>150,266</b>	<b>\$ 1,865,190</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	CR	CR	CR	
DPH Units of Service:	3,388	1,872	42,010	6,065	7,469	8,162	
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	16.21	26.71	29.21	34.31	20.12	21.41	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	16.21	26.71	29.21	34.31	20.12	21.41	
Published Rate (Medi-Cal Providers Only):							Total UDC:
Unduplicated Clients (UDC):	n/a	n/a	n/a	n/a	n/a	n/a	

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DPH 3: Salaries & Benefits Detail

Program Code: N/A  
 Program Name: Peer & Intern Employment (PIE)  
 Document Date: 7/1/14

Appendix/Page #: B-3 page 2

Index Code	TOTAL		MH COUNTY - General Fund		MH STATE - MESA		MH STATE - MESA		MH STATE - MESA		MH STATE - SAMESA		MH STATE - SAMESA	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Term:	07/01/14-06/30/15		07/01/14-06/30/15		07/01/14-06/30/15		07/01/14-06/30/15		07/01/14-06/30/15		07/01/14-06/30/15		07/01/14-06/30/15	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Peers	36.65	\$ 1,256,589	1.81	\$ 41,426	1.00	\$ 37,500	22.25	\$ 807,919	3.24	\$ 141,344	3.99	\$ 103,786	4.36	\$ 124,594
	0.00	\$												
	0.00	\$												
<b>Totals:</b>	<b>36.65</b>	<b>\$ 1,256,589</b>	<b>1.81</b>	<b>\$ 41,426</b>	<b>1.00</b>	<b>\$ 37,500</b>	<b>22.25</b>	<b>\$ 807,919</b>	<b>3.24</b>	<b>\$ 141,344</b>	<b>3.99</b>	<b>\$ 103,786</b>	<b>4.36</b>	<b>\$ 124,594</b>
Employee Fringe Benefits:	26%	\$332,399	15%	\$6,229	20%	\$7,500	27%	\$219,195	29%	\$40,923	27%	\$28,253	24%	\$30,299
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 1,588,988</b>		<b>\$47,655</b>		<b>\$45,000</b>		<b>\$1,027,114</b>		<b>\$182,267</b>		<b>\$132,039</b>		<b>\$154,893</b>

1845

DPH 4: Operating Expenses Detail

Program Code: N/A  
 Program Name: Peer & Intern Employment (PIE)  
 Document Date: 7/1/14

Appendix/Page #: B-3 page 3

Expenditure Category	TOTAL	MH COUNTY - General Fund	MH STATE - MHBA	MH STATE - MHBA	MH STATE - SAMHSA	MH STATE - SAMHSA	MH STATE - MHBA
Index Code:		HMMCC730515	HMMPROP63-PMH83-1508	HMMPROP63-PMH83-1505	HMMPROP63-PMH83-1512	HMMRCGRANTB-HMM007-1505	HMMRCGRANTB-HMM007-1501
Term:	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15	07/01/14-06/30/15
<b>Occupancy:</b>							
Rent	\$ 0	0					
Utilities (telephone, electricity, water, gas)	\$ 0	0					
Building Repair/Maintenance	\$ 0	0					
<b>Materials &amp; Supplies:</b>							
Office Supplies	\$ 1,400	0				1,000	400
Photocopying	\$ -						
Printing	\$ -						
Program Supplies	\$ 3,700	0		2,500		1,200	
Computer hardware/software	\$ -						
<b>General Operating:</b>							
Training/Staff Development	\$ 9,000	0		8,000			1,000
Insurance	\$ -	0					
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>Staff Travel:</b>							
Local Travel	\$ 1,770	1,770					
Out-of-Town Travel	\$ 2,500			2,500			
Field Expenses	\$ -						
<b>Consultant/Subcontractor:</b>							
Program Consultants TBD	\$ 1,000					1,000	
Asian Neighborhood Design, Dates: 10/1/14-8/30/15, Hourly Rates and Amounts: various hourly rates and amounts for staff (\$85-\$150 based on need but not to exceed \$3800 Total), and the purchase of furniture for the Behavioral Health Wellness Center: \$14,200 - see copy of MOU	\$ 18,000			18,000			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
<b>Other:</b>							
Program Expenses (meals for consumers to encourage participation in groups and events, incentives for consumer participation in community planning activities, and miscellaneous items such as fliers, buttons, pens, books, etc. for use at community-based wellness activities/events)	\$ 21,000			15,000	5,000		1,000
Peer Stipends	\$ 30,000			30,000			
	\$ -						
<b>TOTAL OPERATING EXPENSE</b>	\$ 88,870	1,770	0	76,000	5,000	3,200	2,400
<b>Indirect:</b>	\$ 187,852	5,492	5,000	124,048	20,808	15,027	17,477

1846



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

DHCS Legal Entity Name (MH)/Contractor Name (SA): San Francisco Study Center		Appendix/Page #: B-4 page 1	
Provider Name: San Francisco Study Center		Document Date: 7/1/2014	
Provider Number: 38AA		Fiscal Year: FY14-15	
Program Name:	Fiscal Intermediary for Innovation	Fiscal Intermediary for Innovation:	
Program Code (formerly Reporting Unit):	N/A	N/A	
Mode/SFC (MH) or Modality (SA):	60/78	60/78	
Service Description:	Other Non-Medi-Cal Client Support Exp	Other Non-Medi-Cal Client Support Exp	TOTAL
FUNDING TERM:	07/01/14-06/30/15	07/01/14-06/30/15	
<b>FUNDING USES</b>			
Salaries & Employee Benefits:	394,620	30,000	\$ 424,620
Operating Expenses:	21,680	28,500	\$ 50,180
Capital Expenses (greater than \$5,000):	0		
<b>Subtotal Direct Expenses:</b>	<b>416,300</b>	<b>58,500</b>	<b>0 \$ 474,800</b>
Indirect Expenses:	46,236	6,500	\$ 52,736
<b>TOTAL FUNDING USES:</b>	<b>462,536</b>	<b>65,000</b>	<b>0 \$ 527,536</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#</b>		
MH STATE - MSA	HMHMPROP63-PMHS63-1513	462,536	\$ 462,536
MH STATE - MSA	HMHMPROP63-PMHS63-1510		\$ 65,000
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>462,536</b>	<b>\$ 527,536</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>462,536</b>	<b>\$ 527,536</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>462,536</b>	<b>\$ 527,536</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR		
DPH Units of Service:	12,318	936	
Unit Type:	Staff Hour	Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	37.55	69.44	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	37.55	69.44	0.00
Published Rate (Medi-Cal Providers Only):	n/a		<b>Total UDC:</b>
Unduplicated Clients (UDC):	n/a		

1847

DPH-3: Salaries & Benefits Detail

Program Code: N/A  
 Program Name: Fiscal Intermediary for Innovations  
 Document Date: 7/1/14

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Index Code:	TOTAL		General Fund (Include all Funding Sources with this Index Code)		MH STATE - MHSA		MH STATE - MHSA		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Term:	07/01/13-06/30/14		07/01/13-06/30/14		07/01/13-06/30/14					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Peers	6.58	\$ 300,995			6.58	300,995				
TAY-SF Staff	0.50	\$ 25,000					0.50	25,000		
	0.00	\$ -								
	0.00	\$ -								
<b>Totals:</b>	<b>7.08</b>	<b>\$ 325,995</b>	<b>0.00</b>	<b>\$ 0</b>	<b>6.58</b>	<b>\$300,995</b>	<b>0.50</b>	<b>\$25,000</b>	<b>0.00</b>	<b>\$0</b>
<b>Employee Fringe Benefits:</b>	30%	\$98,625		\$0	31%	\$93,625	20%	\$5,000		
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 424,620</b>		<b>\$0</b>		<b>\$394,620</b>		<b>\$30,000</b>		<b>\$0</b>

1848

DPH 4: Operating Expenses Detail

Program Code: N/A  
 Program Name: Fiscal Intermediary for Innovations  
 Document Date: 7/1/14

Appendix/Page #: B-4 page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	MH STATE - MHSA	MH STATE - MHSA	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
Index Code:			HMHPROP63- PMH563-1513	HMHPROP63- PMH563-1510	
Term:	07/01/14-06/30/15		07/01/14-06/30/15	07/01/14-06/30/15	
<b>Occupancy:</b>					
Rent \$					
Utilities (telephone, electricity, water, gas) \$					
Building Repair/Maintenance \$					
<b>Materials &amp; Supplies:</b>					
Office Supplies \$					
Photocopying \$					
Printing \$					
Program Supplies \$					
Computer hardware/software \$					
<b>General Operating:</b>					
Training/Staff Development \$	500		500		
Insurance \$					
Professional License \$					
Permits \$					
Equipment Lease & Maintenance \$					
<b>Staff Travel:</b>					
Local Travel \$					
Out-of-Town Travel \$					
Field Expenses \$					
<b>Consultant/Subcontractor:</b>					
Innovation Grants Contractors TBD	\$ 15,000		15,000		
Program Consultants TBD	\$ 1,180		1,180		
Arab Cultural and Community Center (12 monthly disbursements at \$1,875 each to cover service expenses associated with the Arab Cultural Festival, the Arab Women's Conference, the Screening and Services given to Arab clients by ACCC staff members)	\$ 22,500			22,500	
(add more Consultant lines as necessary)					
<b>Other:</b>					
Program Expenses (meals for consumers to encourage participation in groups and events, incentives for consumer participation in community planning activities, and miscellaneous items such as files, buttons, pens, books, etc. for use at community-based wellness activities/events)	\$ 11,000		5,000	6,000	
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 50,180</b>	<b>0</b>	<b>21,680</b>	<b>28,500</b>	<b>0</b>
<b>Indirect</b>	<b>\$ 52,736</b>	<b>0</b>	<b>48,238</b>	<b>6,500</b>	<b>0</b>

1849

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

DHCS Legal Entity Name (MH)/Contractor Name (SA):		San Francisco Study Center	Appendix/Page #:	B-5 page 1
Provider Name:		San Francisco Study Center	Document Date:	7/1/2014
Provider Number:		38AA	Fiscal Year:	FY14-15
Program Name:	Transitional Aged Youth SF			
Program Code (formerly Reporting Unit):	N/A			
Mode/SFC (MH) or Modality (SA)	60/78			
Service Description:	Other Non-Med/Cal Client Support Exp		0	<b>TOTAL</b>
FUNDING TERM:	07/01/14-06/30/15			
<b>FUNDING USES</b>				
Salaries & Employee Benefits:	20,000			\$ 20,000
Operating Expenses:	2,500			\$ 2,500
Capital Expenses (greater than \$5,000):	0			
Subtotal Direct Expenses:	22,500	0	0	\$ 22,500
Indirect Expenses:	2,500			\$ 2,500
<b>TOTAL FUNDING USES:</b>	<b>25,000</b>	<b>0</b>	<b>0</b>	<b>\$ 25,000</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>		Index Code/Project Detail/CFDA#:		
MH WORK ORDER - Human Services Agency:	HMHMATAYSFWO	25,000		\$ 25,000
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		25,000		\$ 25,000
<b>TOTAL DPH FUNDING SOURCES</b>		25,000		\$ 25,000
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		25,000		\$ 25,000
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>				
Cost Reimbursement (CR) or Fee-For-Service (FFS):		CR		
DPH Units of Service:		618		
Unit Type:		Staff Hour	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		40.45	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		40.45	0.00	0.00
Published Rate (Medi-Cal Providers Only):		n/a		<b>Total UDC:</b>
Unduplicated Clients (UDC):		n/a		

1850

DPH 3: Salaries & Benefits Detail

Program Code: N/A  
 Program Name: Fiscal Intermediary for Transitional Aged Youth SF  
 Document Date: 7/1/14

Appendix/Page #: B-5 page 2

Position Title	TOTAL		General Fund (Include all Funding Sources with this Index Code)	MH WORK ORDER - Human Services Agency	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	FTE	Salaries	FTE	Salaries	FTE	Salaries
Peers	0.33	\$ 16,667				
	0.00	\$ -				
	0.00	\$ -				
	0.00	\$ -				
<b>Totals:</b>	<b>0.33</b>	<b>\$ 16,667</b>	<b>0.00</b>	<b>\$0</b>	<b>0.33</b>	<b>\$16,667</b>
<b>Employee Fringe Benefits:</b>	<b>20%</b>	<b>\$3,333</b>		<b>\$0</b>	<b>20%</b>	<b>\$3,333</b>
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 20,000</b>		<b>\$0</b>		<b>\$20,000</b>

1851

DPH 4: Operating Expenses Detail

Program Code: N/A  
 Program Name: Fiscal Intermediary for Transitional Aged Youth SF  
 Document Date: 7/1/14

Appendix/Page #: B-5 page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	MH WORK ORDER - Human Services Agency		
Index Code:			HMMMATAYSPWO		
Term:	07/01/13-06/30/14	07/01/13-06/30/14	07/01/13-06/30/14	07/01/13-06/30/14	
<b>Occupancy:</b>					
Rent	\$ -				
Utilities (telephone, electricity, water, gas)	\$ -				
Building Repair/Maintenance	\$ -				
<b>Materials &amp; Supplies:</b>					
Office Supplies	\$ -				
Photocopying	\$ -				
Printing	\$ -				
Program Supplies	\$ -				
Computer hardware/software	\$ -				
<b>General Operating:</b>					
Training/Staff Development	\$ -				
Insurance	\$ -				
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ -				
<b>Staff Travel:</b>					
Local Travel	\$ -				
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
<b>Consultant/Subcontractor:</b>					
	\$ -				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -				
<b>Other:</b>					
Meeting Expenses	\$ 2,000		2,000		
Membership Fees	\$ 500		500		
<b>TOTAL OPERATING EXPENSE</b>	\$ 2,500	0	2,500	0	0
<b>Indirect</b>	\$ 2,500	0	2,500		0

1852

## Appendix E

### BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum ("Addendum") supplements and is made a part of the contract ("Contract") by and between the City and County of San Francisco, Covered Entity ("CE") and Contractor, Business Associate ("BA").

#### RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§ 5328, et seq., and the regulations promulgated there under (the "California Regulations").
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

#### 1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402].
- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.
- h. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (1) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past,

present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].

- l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
  - m. **Security Incident** shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
  - ni. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
  - o. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall use Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2) and 164.504(e)(4)(i)].
  - b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, suspected breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. m. of the Addendum, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)].
  - c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Addendum, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.



- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards to prevent the use or disclosure of Protected Information other than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.308, 164.310, and 164.312. [45 C.F.R. Section 164.504(e)(2)(i)(B); 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316. [42 U.S.C. Section 17931]
- e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such Protected Information and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. If a patient submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.
- g. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- h. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- i. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- j. **Notification of Possible Breach.** BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of Protected Information; any use or disclosure of

Protected Information not permitted by the Contract or Addendum; any security incident (i.e., any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system) related to Protected Information, and any actual or suspected use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual who unsecured Protected Information has been, or is reasonably believed by the business associate to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. (This provision should be negotiated.) [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

- k. **Breach Pattern or Practice by Business Associate's Subcontractors and Agents.** Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(ii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or Addendum or other arrangement within five (5) days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. **Termination**

- a. **Material Breach.** A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the Contract, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. **Effect of Termination.** Upon termination of the Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Addendum to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(ii)(2)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.
- d. **Disclaimer**  
CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law

provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

#### **4. Amendment to Comply with Law.**

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

#### **5. Reimbursement for Fines or Penalties**

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

**Appendix F  
Invoice**

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

Appendix F  
PAGE A

Control Number: \_\_\_\_\_

INVOICE NUMBER:	M01 JL 14
CL Blanket No.: BPHM	TBD
CL PO No.: POHM	TBD
Fund Source:	General Fund, MH Realignment
Invoice Period:	July 2014
Final Invoice:	(Check if Yes)
ACE Control Number:	

Contractor: San Francisco Study Center  
 Address: 944 Market Street, 7th Floor, San Francisco, CA 94102  
 Tel No.: (415) 626-1660  
 Fax No.: (415) 626-7278  
 Funding Term: 07/01/2014 - 06/30/2016  
 DPH Division: Community Behavioral Health Services



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

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Fund (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
1 Office of Self Help - HMMCC730515												
45/ 10 - 19 MH Promotion	10,627				\$ 44.01	\$	0.000		0.00%		10,627.000	\$ 467,694.27
B-2 SF Mental Health Clients Rights Advocates PC# - 38AASC												
45/ 10 - 19 MH Promotion	9,173				\$ 42.47	\$	0.000		0.00%		9,173.000	\$ 389,577.31
<b>TOTAL</b>	<b>19,800</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>19,800.000</b>	<b>\$ 857,271.58</b>
	Budget Amount				\$ 857,184.00		Expenses To Date		% of Budget		Remaining Budget	\$ 857,184.00
SUBTOTAL AMOUNT DUE \$							NOTES:					
Less: Initial Payment Recovery (for bonus) Other Adjustments												
NET 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 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:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment	
_____ Authorized Signatory	_____ Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276



Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M02 JL 14

Cl. Blanket No.: BPHM TBD

User Cd

Cl. PO No.: POHM TBD

Fund Source: MH State - MHSA

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-3 Peer &amp; Intern Employment (PIE) - HMMPROP63-PMHS63-1508</b>												
60/78 Other Non-Medical Client Support Exp.	1,872						0%		1,872		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 37,500.00	\$ -	\$ -	0.00%	\$ 37,500.00
Fringe Benefits	\$ 7,500.00	\$ -	\$ -	0.00%	\$ 7,500.00
<b>Total Personnel Expenses</b>	<b>\$ 45,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 45,000.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Peer Stipends	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 45,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 45,000.00</b>
Indirect Expenses	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
<b>TOTAL EXPENSES</b>	<b>\$ 50,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 50,000.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276



Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M03 JL 14

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH State - MHSA

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Fiscal Intermediary for Innovation - HHMPROP63-PMHS63-1513												
60/78 Other Non-Medical	12,318						0%		12,318		100%	
Client Support Exp												

Unduplicated Counts for AIDS Use Only:

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 300,995.00	\$ -	\$ -	0.00%	\$ 300,995.00
Fringe Benefits	\$ 93,625.00	\$ -	\$ -	0.00%	\$ 93,625.00
<b>Total Personnel Expenses</b>	<b>\$ 394,620.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 394,620.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 500.00	\$ -	\$ -	0.00%	\$ 500.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 16,180.00	\$ -	\$ -	0.00%	\$ 16,180.00
Other Program Expenses	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 21,680.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 21,680.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 416,300.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 416,300.00</b>
Indirect Expenses	\$ 46,236.00	\$ -	\$ -	0.00%	\$ 46,236.00
<b>TOTAL EXPENSES</b>	<b>\$ 462,536.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 462,536.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

Jul 1st Amendment 102-12

Prepared: 2/12/2015

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA, 94102

Tel. No.: (415) 626-1650  
Fax No.: (415) 626-7276



Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M04 JL 14

Ct. Blanket No.: BPHM. TBD

Ct. PO No.: POHM. TBD

Fund Source: MH State - MHSA

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Fiscal Intermediary for Innovation - HMMPROP63-PMHS63-1510												
60/78 Other Non-Medical Client	936						0%		936		100%	
Support Exp												

Unduplicated Counts for AIDS Use Only:

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 25,000.00	\$ -	\$ -	0.00%	\$ 25,000.00
Fringe Benefits	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
<b>Total Personnel Expenses</b>	<b>\$ 30,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 30,000.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 22,500.00	\$ -	\$ -	0.00%	\$ 22,500.00
Other Program Expenses	\$ 6,000.00	\$ -	\$ -	0.00%	\$ 6,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 28,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 28,500.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 58,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 58,500.00</b>
Indirect Expenses	\$ 6,500.00	\$ -	\$ -	0.00%	\$ 6,500.00
<b>TOTAL EXPENSES</b>	<b>\$ 65,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 65,000.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

Send to:  
Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

INVOICE NUMBER:	M05 JL 14
Ct. Blanket No.: BPHM	TBD
Ct. PO No.: POHM	TBD
Fund Source:	MH State - MHSA
Invoice Period:	July 2014
Final Invoice:	(Check if Yes)
ACE Control Number:	

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650  
Fax No.: (415) 626-7276



Funding Term: 07/01/2014 - 06/30/2015

PHF Division: Community Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-3 Peer &amp; Intern Employment (PIE) - HMHMPROP63-PMHS63-1505</b>												
60/78 Other Non-Medical Client Support Exp	42,010						0%		42,010		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 807,919.00	\$ -	\$ -	0.00%	\$ 807,919.00
Fringe Benefits	\$ 219,195.00	\$ -	\$ -	0.00%	\$ 219,195.00
<b>Total Personnel Expenses</b>	<b>\$ 1,027,114.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,027,114.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 2,500.00	\$ -	\$ -	0.00%	\$ 2,500.00
General Operating	\$ 8,000.00	\$ -	\$ -	0.00%	\$ 8,000.00
Staff Travel	\$ 2,500.00	\$ -	\$ -	0.00%	\$ 2,500.00
Consultant/Subcontractor	\$ 18,000.00	\$ -	\$ -	0.00%	\$ 18,000.00
Other: Peer Stipends, Program Expenses	\$ 45,000.00	\$ -	\$ -	0.00%	\$ 45,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 76,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 76,000.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 1,103,114.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,103,114.00</b>
Indirect Expenses	\$ 124,048.00	\$ -	\$ -	0.00%	\$ 124,048.00
<b>TOTAL EXPENSES</b>	<b>\$ 1,227,162.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,227,162.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Send to:

Community Programs Budget/ Invoices Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650  
Fax No.: (415) 626-7276



Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M06 JL 14

GL Blanket No.: BPHM TBD

Ct. PO No.: FOHM TBD

Fund Source: General Fund

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3. Peer & Intern Employment (PIE) - HMHMCC730515												
60/ 78 Other Non-Medical Client Support Exp	3,388						0%		3,388		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 41,426.00	\$ -	\$ -	0.00%	\$ 41,426.00
Fringe Benefits	\$ 6,229.00	\$ -	\$ -	0.00%	\$ 6,229.00
<b>Total Personnel Expenses:</b>	<b>\$ 47,655.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 47,655.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ 1,770.00	\$ -	\$ -	0.00%	\$ 1,770.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Brochures, Moving Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 1,770.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,770.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 49,425.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 49,425.00</b>
Indirect Expenses	\$ 5,492.00	\$ -	\$ -	0.00%	\$ 5,492.00
<b>TOTAL EXPENSES</b>	<b>\$ 54,917.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 54,917.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Community Programs Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103.

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650  
Fax. No.: (415) 626-7276



INVOICE NUMBER: M07 JL 14

CL Blanket No.: BPHM TBD

CL PO No.: POHM TBD

Fund Source: MH State - SAMHSA

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-3 Peer &amp; Inform Employment (PIE) - HMHMRGRANTS-HMM007-1505</b>												
60/ 78 Other Non-Medical	7,469						0%		7,469		100%	
Client Support Exp												

Unduplicated Counts for AIDS Use Only:

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 103,786.00	\$ -	\$ -	0.00%	\$ 103,786.00
Fringe Benefits	\$ 28,253.00	\$ -	\$ -	0.00%	\$ 28,253.00
<b>Total Personnel Expenses</b>	<b>\$ 132,039.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 132,039.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 2,200.00	\$ -	\$ -	0.00%	\$ 2,200.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
Other Program Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 3,200.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 3,200.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 135,239.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 135,239.00</b>
Indirect Expenses	\$ 15,027.00	\$ -	\$ -	0.00%	\$ 15,027.00
<b>TOTAL EXPENSES</b>	<b>\$ 150,266.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 150,266.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:  
\_\_\_\_\_

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

Send to:  
Community Programs Budget/ Invoice Analyst  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650  
Fax No.: (415) 626-7276



Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:	M09 JL 14
Cl. Blanket No.: BPHM	TBD
Cl. PO No.: POHM	TBD
Fund Source:	MH State - MHSA
Invoice Period:	July 2014
Final Invoice:	(Check if Yes)
ACE Control Number:	

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Peer & Intern Employment (PIE) - HMHMPROP63-PMHS63-1512												
60/ 78 Other Non-Medical Client Support Exp	6,065						0%		6,065		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 141,344.00	\$ -	\$ -	0.00%	\$ 141,344.00
Fringe Benefits	\$ 40,923.00	\$ -	\$ -	0.00%	\$ 40,923.00
<b>Total Personnel Expenses</b>	<b>\$ 182,267.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 182,267.00</b>
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other Program Expenses	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 5,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 5,000.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 187,267.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 187,267.00</b>
Indirect Expenses	\$ 20,808.00	\$ -	\$ -	0.00%	\$ 20,808.00
<b>TOTAL EXPENSES</b>	<b>\$ 208,075.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 208,075.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

Send to:  
Community Programs Budget/ Invoice Analyst  
1380 Howard St, 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

INVOICE NUMBER:	M13 JL 14
Ct. Blanket No.: BPHM	TBD
Ct. PO No.: POHM	TBD
Fund Source:	MH State - SAMHSA
Invoice Period:	July 2014
Final Invoice:	(Check if Yes)
ACE Control Number:	

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

**CBHS**

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3b Peer & Intern Employment - HMMHRCGRANTS-HMM007-1501												
60/ 78 Other Non-Medical	8,162						0%		8,162		100%	
Client-Support Exp.												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 124,594.00	\$ -	\$ -	0.00%	\$ 124,594.00
Fringe Benefits	\$ 30,299.00	\$ -	\$ -	0.00%	\$ 30,299.00
<b>Total Personnel Expenses</b>	<b>\$ 154,893.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 154,893.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 400.00	\$ -	\$ -	0.00%	\$ 400.00
General Operating	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other Program Expenses	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 2,400.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 2,400.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 157,293.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 157,293.00</b>
Indirect Expenses	\$ 17,477.00	\$ -	\$ -	0.00%	\$ 17,477.00
<b>TOTAL EXPENSES</b>	<b>\$ 174,770.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 174,770.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:

Community Programs Budget/ Invoice Analyst  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: **San Francisco Study Center**

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276



Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M15 JL 14

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: MH State - MHSA

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Office of Self-Help - HMHMPROP63-PMHS63-1505												
45/10 - 19 MH Promotion	1,987						0%	#DIV/0!	1,987		100%	#DIV/0!

Unduplicated Counts for AIDS Use Only:

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 79,796.00	\$ -	\$ -	0.00%	\$ 79,796.00
Fringe Benefits	\$ 19,446.00	\$ -	\$ -	0.00%	\$ 19,446.00
<b>Total Personnel Expenses</b>	<b>\$ 99,242.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 99,242.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ 14,892.00	\$ -	\$ -	0.00%	\$ 14,892.00
Materials and Supplies	\$ 6,500.00	\$ -	\$ -	0.00%	\$ 6,500.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
Other: Van Expenses	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 27,392.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 27,392.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 126,634.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 126,634.00</b>
Indirect Expenses	\$ 14,071.00	\$ -	\$ -	0.00%	\$ 14,071.00
<b>TOTAL EXPENSES</b>	<b>\$ 140,705.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 140,705.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Community Program Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number: \_\_\_\_\_

Contractor: San Francisco Study Center

Address: 944 Market Street, 7th Floor, San Francisco, CA 94102

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7278

**CBHS**

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M16 JL 14

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH Work Order - HSA

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-5 Transitional Aged Youth SF - HHMMATAYSEFWO												
60/ 78 Other Non-Medical Client Supp Exp	618						0%	#DIV/0!	618		100%	#DIV/0!

Unduplicated Counts for AIDS Use Only

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 16,667.00	\$ -	\$ -	0.00%	\$ 16,667.00
Fringe Benefits	\$ 3,333.00	\$ -	\$ -	0.00%	\$ 3,333.00
<b>Total Personnel Expenses</b>	<b>\$ 20,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 20,000.00</b>
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Meeting Expenses and Membership Fee	\$ 2,500.00	\$ -	\$ -	0.00%	\$ 2,500.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 2,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 2,500.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES:</b>	<b>\$ 22,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 22,500.00</b>
Indirect Expenses	\$ 2,500.00	\$ -	\$ -	0.00%	\$ 2,500.00
<b>TOTAL EXPENSES</b>	<b>\$ 25,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 25,000.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Community Program Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/29/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed, if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

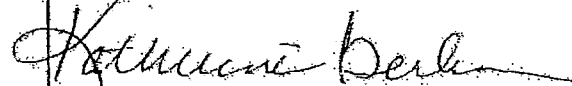
<b>PRODUCER</b> Calender-Robinson Company, Inc. FB0267063 300 Montgomery St., Suite 888 San Francisco CA 94104	<b>CONTACT NAME:</b> Katherine Berkman <b>PHONE (A/C No. Ext):</b> (415) 978-3800 <b>FAX (A/C No.):</b> (415) 978-3825 <b>E-MAIL ADDRESS:</b> kberkman@calrob.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> San Francisco Study Center, Inc. 1663 Mission Street Suite 504 San Francisco CA 94103	<b>INSURER A:</b> Nonprofits' Insurance Alliance	
	<b>INSURER B:</b> United Financial Casualty Co.	
	<b>INSURER C:</b> North American Elite Insurance 29700A	
	<b>INSURER D:</b> Hartford Fire Insurance Co.	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL1442910652      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		2014-03427-NPO Includes severability of Interest clause	4/22/2014	4/22/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 20,000
	<input checked="" type="checkbox"/> Liquor Liability @ \$1M					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Professional Lia @ \$1M					GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
B	AUTOMOBILE LIABILITY		04471075-9	5/11/2014	5/11/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,00
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A			WG STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
C	Primary Fidelity		CWB0000495-12	4/22/2014	4/22/2015	Each claim - primary \$ 100,000
D	Excess Fidelity		57BDDAR9215	4/10/2014	4/10/2015	Each claim - excess \$ 300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Certificate holder is included as additional insured as per the attached endorsement

<b>CERTIFICATE HOLDER</b>  City & Co. of San Francisco, its officers agents & employees Attn: Derek Smith 30 Van Ness Avenue \$2300 San Francisco, CA 94102	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  



Named Insured: San Francisco Study Center

Policy: 2014-03427-NPO

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

Name of Person or Organization:

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**WHO IS AN INSURED** (Section II) is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your on-going operations; or
- B. In connection with your premises owned by or rented to you

CALENDER ROBINSON CO  
300 MONTGOMERY STE888  
SAN FRANCISCO, CA 94104

**PROGRESSIVE®**

CONTRACTS OFFICE  
1380 HOWARD ST  
SAN FRANCISCO, CA 94102

**Policy number: 04471075-6**

Underwritten by:  
United Financial Casualty Company  
Insured: SAN FRANCISCO STUDY CTR  
May 9, 2014  
Policy Period: May 11, 2014 - May 11, 2015.

**Mailing Address**

United Financial Casualty Company  
PO-Box 94739  
Cleveland, OH 44101

## Additional insured endorsement

**1-800-444-4487**

For customer service: 24 hours a day,  
7 days a week

**Name of Person or Organization**

CONTRACTS OFFICE  
1380 HOWARD ST  
SAN FRANCISCO, CA 94102

The person or organization named above is an insured with respect to such liability coverage as is afforded by the policy, but this insurance applies to said insured only as a person liable for the conduct of another insured and then only to the extent of that liability. We also agree with you that insurance provided by this endorsement will be primary for any power unit specifically described on the Declarations Page.

**Limit of Liability**

Bodily Injury	Not applicable
Property Damage	Not applicable
Combined Liability	\$1,000,000 each accident

**All other terms, limits and provisions of this policy remain unchanged.**

This endorsement applies to Policy Number: 04471075-6

Issued to (Name of Insured): SAN FRANCISCO STUDY CTR

Effective date of endorsement: 05/11/2014

Policy expiration date: 05/11/2015

Form: 1198 (01/04)



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 02-04-2015

GROUP:  
POLICY NUMBER: 1847718-2014  
CERTIFICATE ID: 37  
CERTIFICATE EXPIRES: 11-28-2015  
11-28-2014/11-28-2015

CITY & COUNTY OF SAN FRANCISCO  
OFFICE OF CONTRACT MANAGEMENT  
1380 HOWARD ST RM 442  
SAN FRANCISCO CA 94103-2628

NA

JOB: ALL CALIFORNIA OPERATIONS

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE

ENDORSEMENT #2570 ENTITLED WAIVER OF SUBROGATION EFFECTIVE 2015-02-04 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. THIRD PARTY NAME: CITY & COUNTY OF SAN FRANCISCO

EMPLOYER

SAN FRANCISCO STUDY CENTER, INC. AND (A NA  
NON-PROFIT CORP.)  
1663 MISSION ST STE 504  
SAN FRANCISCO CA 94103

[FBC,NB]

PRINTED : 02-04-2015

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## WAIVER OF SUBROGATION NOTICE

Enclosed is your copy of a certificate of insurance on which the certificate holder required a waiver of subrogation:

1. Please be advised that a waiver of subrogation requires that a 3% surcharge will be applied by State Fund ONLY to the premium assessed on the payroll of your employees earned while engaged in work for that certificate holder who requested the waiver. (Note: if you have no employee payroll on that job, then there is no charge.)
2. To apply the 3% surcharge, you must also agree to maintain accurately segregated payroll records for employees engaged in work on job/s for the certificate holder who has the waiver. The payroll records are subject to verification by an auditor.

### Example:

Payroll for job:	\$5,000.00
Sample Rate:	13.30%
	-----
Regular Premium equals:	\$ 665.00
Surcharge:	3.00%
	-----
Additional Waiver charge:	\$ 19.95
Total premium equals:	\$ 684.95 (665.00 + 19.95)

**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  
San Francisco Study Center**

This Agreement is made this 1st day of July, 2010, in the City and County of San Francisco, State of California, by and between: San Francisco Study Center, 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, Population Health and Prevention, Community Health Services, ("Department") wishes to provide Mental Health and Substance Abuse Services; and,

WHEREAS, a Request for Proposal ("RFP") was issued on 7/31/2009, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the services required by City as set forth under this Contract; and,

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 4151-09/10 on 6/21/2010;

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.
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 1st 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 **Eleven Million Sixteen Thousand Five Hundred Ninety Three Dollars (\$11,016,593)**. 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.
6. **Guaranteed Maximum Costs.** 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. 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. 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. 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 or any other 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 terms of the Agreement.

**10. Taxes.** Payment 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. 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 granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

**12. Qualified Personnel.** Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. 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.** City shall not be responsible for any damage to persons or property as 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.

**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 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.

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, 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 so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

## 15. Insurance

a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

- 1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- 2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- 3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- 4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.
- 5) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement

b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

- 1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- 2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section:

e. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

f. Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

g. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

h. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.

i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

## 16. Indemnification

Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such

claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

**17. Incidental and Consequential Damages.** Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

**18. Liability of City.** CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

**19. Left blank by agreement of the parties. (Liquidated damages)**

**20. Default; Remedies.** Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

(1) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

- |   |                                       |
|---|---------------------------------------|
| 8. Submitting False Claims; Monetary Penalties.     | 37. Drug-free workplace policy,       |
| 10. Taxes   | 53. Compliance with laws              |
| 15. Insurance                                       | 55. Supervision of minors             |
| 24. Proprietary or confidential information of City | 57. Protection of private information |
| 30. Assignment                                      | 58. Graffiti removal                  |

And, item 1 of Appendix D attached to this Agreement

2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

3) Contractor (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 Contractor or of any substantial part of Contractor'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 Contractor or with respect to any substantial part of Contractor'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 Contractor.

b. On and after any Event of Default, City 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. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other 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. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

b. Upon receipt of the notice, 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 a total of 10% of Contractor's direct costs for services or other work. 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. 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 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, 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; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

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

**22. Rights and Duties upon Termination or Expiration.** This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

- |   |   |
|---|---|
| 8. Submitting false claims                                      | 26. Ownership of Results                                |
| 9. Disallowance   | 27. Works for Hire                                      |
| 10. Taxes   | 28. Audit and Inspection of Records                     |
| 11. Payment does not imply acceptance of work                   | 48. Modification of Agreement.                          |
| 13. Responsibility for equipment                                | 49. Administrative Remedy for Agreement Interpretation. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 50. Agreement Made in California; Venue                 |
| 15. Insurance   | 51. Construction  |
| 16. Indemnification   | 52. Entire Agreement                                    |
| 17. Incidental and Consequential Damages                        | 56. Severability  |
| 18. Liability of City   | 57. Protection of private information                   |
| 24. Proprietary or confidential information of City             | And, item 1 of Appendix D attached to this Agreement.   |

Subject to the immediately preceding sentence, 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. 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 in connection with the performance of 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. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of

care shall extend to confidential information contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the 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 Department of Public Health 1380 Howard Street, Room 442 San Francisco, California 94102	FAX: (415) 252-3088 e-mail: Carolyn.mckenney@sfdph.org
And:	RUDY AGUILAR CBHS, Business Office 1380 HOWARD STREET SAN FRANCISCO, CA 94103	FAX: (415) 255-3567 e-mail: Rudy.Aguilar@sfdph.org
To CONTRACTOR:	SAN FRANCISCO STUDY CENTER 1095 Market Street SAN FRANCISCO, CA. 94013	FAX: (415) 626-7276 e-mail: Geoff@studycenter.org

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 in connection with services to be performed

under this Agreement, shall become the property of and will be transmitted to City. 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 under this Agreement, Contractor 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 the City. If it is ever determined that any works created by Contractor or its subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

**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 one hundred eighty (180) calendar days following Contractor's fiscal year end date. 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 this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

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.



applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

**b. Compliance and Enforcement**

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Human Rights Commission or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of HRC") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of HRC will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17.

By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the HRC shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City.

Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of HRC or the Controller upon request.

**34. Nondiscrimination; Penalties**

**a. Contractor Shall Not Discriminate.** In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

**b. Subcontracts.** Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

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.** Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. 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.

**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 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.** Administrative Code section 12O requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 12O of the San Francisco Administrative Code.

**33. Local Business Enterprise Utilization; Liquidated Damages**

a. **The LBE Ordinance.** Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any

**c. Nondiscrimination in Benefits.** Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

**d. Condition to Contract.** As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.

**e. Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

**35. MacBride Principles—Northern Ireland.** Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

**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.** Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

**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.** If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make-good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

**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**

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at [www.sfgov.org/olse/mco](http://www.sfgov.org/olse/mco). A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

**44. Requiring Health Benefits for Covered Employees.** Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at [www.sfgov.org/olse](http://www.sfgov.org/olse). Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission..

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement, City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving

City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements

that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

#### 45. First Source Hiring Program

a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

b. **First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs maybe certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence



thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

6) Set the term of the requirements.

7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.

8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.

9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

c. **Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

d. **Exceptions.** Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

e. **Liquidated Damages.** Contractor agrees:

1) To be liable to the City for liquidated damages as provided in this section;

2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;

3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this

community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.

4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;

5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

(a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

(b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

Therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

6) That the failure of contractors to comply with this Chapter, except property contractors, may be subject to the debarment and monetary penalties set forth in Sections 6.80 et seq. of the San Francisco Administrative Code, as well as any other remedies available under the contract or at law; and

Violation of the requirements of Chapter 83 is subject to an assessment of liquidated damages in the amount of \$5,000 for every new hire for an Entry Level Position improperly withheld from the first source hiring process. The assessment of liquidated damages and the evaluation of any defenses or mitigating factors shall be made by the FSHA.

f. **Subcontracts.** Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

**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.** Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

**48. Modification of Agreement.** 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.

**49. Administrative Remedy for Agreement Interpretation – *DELETED BY MUTUAL AGREEMENT OF THE PARTIES***

**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 contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."

**53. Compliance with Laws.** Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

**54. Services Provided by Attorneys.** Any services to be provided by a law firm or attorney 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 and request from the Department of Justice records of all convictions or any arrest pending adjudication involving the offenses specified in Welfare and Institution Code section 15660(a) of any person who applies for employment or volunteer position with Contractor, or any subcontractor, in which he or she would have supervisory or disciplinary power over a minor under his or her care. If Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach (separately and collectively, "Recreational Site"), Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or volunteer position to provide those services if that person has been convicted of any offense that was listed in former Penal Code section 11105.3 (h)(1) or 11105.3(h)(3). If Contractor, or any of its subcontractors, hires an employee or volunteer to provide services to minors at any location other than a Recreational Site, and that employee or volunteer has been convicted of an offense specified in Penal Code section 11105.3(c), then Contractor shall comply, and cause its subcontractors to comply with that section and provide written notice to the parents or guardians of any minor who will be supervised or disciplined by the employee or volunteer not less than ten (10) days prior to the day the employee or volunteer begins his or her duties or tasks. Contractor shall provide, or cause its subcontractors to provide City with a copy of any such notice at the same time that it provides notice to any parent or guardian. Contractor shall expressly require any of its subcontractors with supervisory or disciplinary power over a minor to comply with this section of the Agreement as a condition of its contract with the subcontractor. Contractor acknowledges and agrees that failure by Contractor or any of its subcontractors to comply with any provision of this section of the Agreement shall constitute an Event of Default. Contractor further acknowledges and agrees that such Event of Default shall be grounds for the City to terminate the Agreement, partially or in its entirety, to recover from Contractor any amounts paid under this Agreement, and to withhold any future payments to Contractor. The remedies provided in this Section shall not limited any other remedy available to the City hereunder, or in equity or law for an Event of Default, and each remedy may be exercised individually or in combination with any other available remedy. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

**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.

**58. Graffiti Removal.** Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

Any failure of Contractor to comply with this section of this Agreement shall constitute an Event of Default of this Agreement.

**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. Left blank by agreement of the parties. (Slavery era disclosure)**

**61. 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.

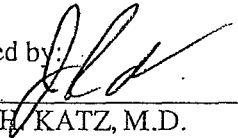
**62. Dispute Resolution Procedure.** A Dispute Resolution Procedure is attached under the Appendix G to address issues that have not been resolved administratively by other departmental remedies.

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

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

CITY

Recommended by:



MITCHELL H. KATZ, M.D.  
Director of Health

/ Date

11-2-10

CONTRACTOR

San Francisco Study Center

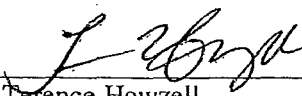
Approved as to Form:

Dennis J. Herrera  
City Attorney

By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

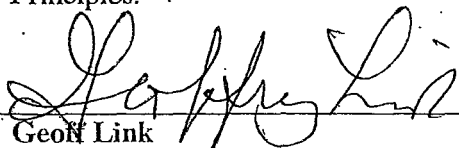
Terence Howzell  
Deputy City Attorney



/ Date

11/5/10

Geoff Link  
Executive Director  
1095 Market Street, Room 602  
San Francisco, CA 94103



10-28-10  
Date

Approved:

Naomi Kelly  
Director of the Office of  
Contract Administration and  
Purchaser

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: N/A (Insurance Waiver) Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: Private Policy Compliance
- I: Emergency Response
- J: MHSA

City vendor number: 16386

12/15/10  
Date

RECEIVED  
PURCHASING DEPARTMENT

10 NOV 12 AM 11:12

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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 Rudy Aguilar, Contract Administrator for the City, or his / her designee.

B. Reports:

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

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:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that

has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

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

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

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

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

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

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

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

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

J. 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. 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.

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.

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(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.

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. Under-Utilization Reports:

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

N. Quality Assurance:

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

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

O. Compliance With Grant Award Notices:

Contractor recognizes that funding for this Agreement is provided to the City through federal, state or private foundation awards. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

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.

P. Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures

In the provision of SERVICES under Community Mental Health Services or Community Substance Abuse Services contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by Community Mental Health Services or Community Substance Abuse Services, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

2. **Description of Services**

Detailed description of services are listed below and are attached hereto

Appendix A-1 Office of Self Help

Appendix A-2 San Francisco Mental Health Clients Rights Advocates (SFMHCRA)

Appendix A-3 Peer Intern Employment

Appendix A-4 Peer Intern Employment (Dual Diagnosis)

Appendix A-5 Peer Intern Employment (SAMHSA SOC)

Appendix A-6 Peer Intern Employment (MHSA)



Contractor: San Francisco Study Center

Program: Office of Self Help

City Fiscal Year (CBHS only):2010-2011

Appendix A-1 OSH

Contract Term (MM/DD/YY)

07/01/2010 through 06/30/2011

Funding Source (MHSA, General Fund & Realignment):

**1. Program Name: Office of Self Help (OSH)**

**Program Address 1095 Market Street, Suite 601**

**San Francisco CA 94103:**

**Telephone: (415) 626-1650**

**Facsimile: (415) 626-7276**

**2. Nature of Document (check one)**

New       Renewal       Modification

**3. Goal Statement**

The primary goal of OSH services is to lead the target population to greater involvement in their own recovery to help them achieve the highest quality of life possible.

**4. Target Population**

OSH's target population is behavioral health consumers with mental health, substance abuse or co-occurring diagnoses, as well as their families and loved ones. They are adults who are current, former and/or prospective clients of the behavioral health system. The target population also includes behavioral health clients who live in residential care facilities throughout San Francisco. The OSH Drop-in Center addresses the needs of clients living in and around the central Tenderloin. In FY2010, OSH will serve 200 unduplicated clients through its on-site.

**5. Modality(ies)/Interventions**

Peer-Based Wellness and Recovery Centers is the Modality

OSH proposes to provide 15,349 units of service annually to 200 unduplicated clients. This unit-of-service objective is based on the standard unit-of-service measure in OSH's current CBHS contract, in which one hour of staff time equals one unit of service

**6. Methodology**

*For direct client services (e.g. case management, treatment, prevention activities)*

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

- ✓ OSH makes presentations at events held by consumer and family member organizations, such as Family Service Organization, and through the National Alliance for the Mentally Ill (NAMI) Family Night, and the Client Council. OSH staff attend these events and provide valuable culturally appropriate information on OSH services and how to access them to potential clients, their families and loved ones.

- ✓ OSH conducts 6 in-services per year with health service providers throughout San Francisco, including one for residential care operators. The goal of the in-services is to inform clinically based behavioral-treatment staff about OSH programs and how to refer their clients.
- ✓ We mail fliers twice a year with our program information and schedule of support groups to all CBHS sites. This may sound like a low-level marketing strategy, but it's effective for clients who don't have Internet access but who do read bulletin boards.
- ✓ We regularly include an advertisement for OSH in the *Central City Extra*, a monthly newspaper covering the Tenderloin that is produced by Study Center.

But OSH's strongest recruitment strategy is word-of-mouth. OSH has a reputation among consumers as a safe place to go based on its 17 years of service to the community.

*B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.*

OSH is an early engagement center for consumers seeking behavioral health services. It is also a resource for adults who have achieved some measure of psychiatric stability, completed structured programs in the behavioral health system, and are looking for ongoing support on a drop-in basis. Past or current involvement in the behavioral health system is not a requirement for participation.

Clients are accepted by referrals from other behavioral health service providers and from central intake. They can also self-refer, and many do. Intakes are conducted by peer self-help specialists and cover the client's employment history, housing situation, use of behavioral and medical services, health issues, substance abuse history, need for identity documents (such as drivers license or Social Security card) that are crucial for obtaining other benefits, and any public benefits the client may be currently receiving. After intake, clients are given a membership card with their photograph and a membership number. This provides them with access to the full complement of OSH services, from use of the drop-in center to the Alma Project's holistic wellness services.

*C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.*

**All services provided by the Office of Self-Help, unless otherwise noted below, occur at the Offices of OSH located on the 2<sup>nd</sup> and 6<sup>th</sup> floors of 1095 Market Street, Suites 201-203 or 607-614.**

**Self-Care and Wellness and Recovery Planning:** Once members are enrolled, they are offered a range of services that can be tailored to meet their level of need, from basic information and referrals up to and including development of a Wellness Recovery Action Plan (WRAP).

**OSH Drop-In Center** is the staging area for all OSH's programs and services. All activities are designed to promote a sense of community and camaraderie. The center is open daily from 9a.m. to 5 p.m. and is staffed by a minimum of two peer counselors at all times. It serves as both a reception area and as a socialization and activity center where clients may come in and rest, play games that build social skills and peer networks, watch a movie, or participate in daily morning warm-up exercises and



Contractor: San Francisco State

Appendix A-1 OSH

Program: Office of Self Help

Contract Term : (MM/DD/YY)

07 / 01 / 2010 through 06 / 30 / 2011

City Fiscal Year (CBHS only):

Funding Source (MHSA, General Fund & Realignment only):

meditation sessions. Coffee is served daily, and lunch is provided once a week. The center has a limited food pantry – accessible to members — stocked with instant soups, candy bars, granola bars and sodas.

**Peer Counseling:** OSH uses empathy and empowerment to help support and inspire recovery, and peer counseling is a cornerstone of this approach. One-on-one peer counseling sessions are offered in English, Spanish, and Cantonese on a drop-in basis by trained peer self-help specialists daily between 9 a.m. and 5 p.m. and through a warm line that operates from 10 a.m. to 5 p.m. on Mondays and Tuesdays and from 10 a.m. to 5 p.m., Wednesday through Sunday. Sessions cover a broad range of needs, including care planning and referrals to providers for housing assistance, substance abuse treatment, primary medical care, legal services and vocational services. Peer counselors also provide practical assistance, such as, for example, helping clients clear clutter from their apartments.

**Peer-Facilitated Support Groups:** A key feature of OSH's self-help services is its peer-facilitated support groups. OSH trains peers to lead groups for women and men covering a range of topics dealing with psychosocial and physical issues. Participants determine which issues will be discussed that day; OSH's groups are attended by 15 to 20 people each. OSH offers the following one-hour support groups:

- *Dual Diagnosis Groups* – Held twice weekly, these groups are for clients who are dually diagnosed with mental illness and substance abuse issues. Following the harm reduction model, this group does not require that participants be clean and sober to attend.
- *Ask Nurse Dana* – Weekly groups in which clients can ask a nurse practitioner questions related to physical and mental health.
- *African American* – a bi-monthly culturally specific group for African American men and women
- *Asian Pacific Islander* – a bi-monthly weekly culturally specific group for Asians and Pacific Islanders
- *Women's Group* – a weekly group for women only
- *Men's Group* – a weekly men's group
- *General Support Group* – a weekly group where clients discuss current events they have heard about in newspapers, magazines or on television.
- *Art Group* - a weekly two-hour art group based on traditional art therapy practices that provides clients with a vehicle for non-verbal self-expression.
- *Education Group* – a bi-monthly peer-led group on a variety of topics, such as the importance of routine primary medical care and how to sign up for Healthy San Francisco.

**Computer Lab:** OSH offers clients the opportunity to learn basic computer skills, such as how to use the Internet and set up e-mail accounts to stay connected to friends and family. OSH's computer lab is open four days a week for four hours a day. Self-help specialists offer individualized assistance with tasks such as learning to access the Internet, how to conduct a search, how to set up an e-mail account, etc. Clients can also use the computers during lab hours for their own projects.

Contractor: San Francisco State University

Program: Office of Self Help

City Fiscal Year (CBHS only):

Appendix A-1 OSH

Contract Term : (MM/DD/YY)

07 / 01 / 2010 through 06 / 30 / 2011

Funding Source (MHSA, General Fund & Realignment only):

**Alma Project:** A holistic clinic that provides opportunities for consumers to explore both medical modes and alternatives to traditional medically based mental health treatments. The goal of the Alma Project is to encourage clients to explore the full range of options available to them, including alternative and complimentary therapies to promote wellness and recovery. The clinic provides the following client-centered services:

- **Psychiatric Nurse Practitioner Consultation:** Every Wednesday from 9 a.m. to 5 p.m., OSH offers on-site consultations with a psychiatric nurse practitioner versed in both traditional and nontraditional approaches to mental health and substance abuse treatments. She does not prescribe medications or diagnose clients; her role is to help them understand their diagnoses and provide them with resources to advocate with their clinicians and make informed choices about their mental health and substance abuse treatments. Although medications play a significant role in recovery for many who are diagnosed with mental illness, some are over- or under-medicated or lack the support or information to explore options to traditional treatment approaches. The psychiatric nurse practitioner helps clients explore the full range of possibilities, from pharmaceuticals to complimentary therapies. She also ensures that clients address other health care needs, provides links to primary care providers, and helps them understand the importance of regular primary medical care in their overall recovery.
- **Acupuncture:** OSH offers an acupuncture clinic from 11 a.m. to 5 p.m. one day a week. The acupuncturist treats clients to bring their whole bodies back into balance, addressing overall wellness, including psychiatric symptoms and addiction issues. His goal is to build bridges between Eastern and Western medical philosophies to help clients engage in self-care. If clients have other health issues, he alerts OSH's director so they can be linked with their primary care provider for immediate medical attention.

**Medication Management through Family Service Agency:** Since cuts have been so severe OSH is currently renegotiating with Family Service Agency (FSA) to station an FSA Clinician at OSH for three to four hours a week to provide medication monitoring in a safe, non-threatening environment for FSA clients who use OSH's services.

**Amistad Project:** This is a major means of OSH serving consumers' family members. Recognizing that connections with loved ones are essential to the wellness and recovery of behavioral health consumers, OSH's Amistad Project provides transportation to family members and significant others of CBHS clients in long-term mental health treatment facilities outside San Francisco. Many family members and significant others have no other way to get to these facilities, which are located in Novato, Vallejo and San Jose. We have found that clients who remain in contact with their families and loved ones are able to reduce their time in locked facilities, providing they are not there for forensic reasons. The Amistad Project primarily serves family members regularly referred from the San Francisco Public Conservator's Office. Transportation is provided in vans owned by OSH.

- D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

Contractor: San Francisco State

Program: Office of Self Help

Contract Term : (MM/DD/YY)

07/01/ 2010 through 06/30 /2011

City Fiscal Year (CBHS only):

Funding Source (MHSA, General Fund & Realignment only):

N/A. The Office of Self Help is available for the lifetime of use by the Client or Family member. Discharge does not apply to this program. However OSH closes clients out after six months of nonattendance and requires a new intake after six months of absence.

E. See Appendix B

[. Note: For CBHS, Appendix B is sufficient.]

**7. Objectives and Measurements**

Note: Some sections have other specific requirements for objectives. See section instructions for additional information.

Each objective should be followed by a section for evaluation which addresses the following elements:

- Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- Data Collection Tools: specify the data collection tool(s) to be used.
- Data: list which data are being collected.
- Frequency: indicate how often the data will be collected and analyzed.
- Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.

**A. Performance/Outcome Objectives**

OSH anticipates the following outcomes:

1. 80% of clients will report increased quality of life as a result of participating in OSH programs

OSH will devote 10% of each staff member's time to the support of evaluation activities, which will include the following:

Performance/Outcome Objective 1

80% of clients who do not have primary medical care will be linked with a primary medical care provider

Percent of clients who are linked with a primary medical care provider: At intake, self-help specialists will note whether a client currently has primary care and will make a referral at that time and offer to accompany clients to the clinic for their first appointment. The referral will be documented in the client's file. The client's insurance status will also be noted, and if necessary, a referral to a Healthy San Francisco enrollment site will be made and noted as well. Six months later, a convenient sample group of clients will be asked if they now have a primary medical care provider, and their responses will be compared to the intake responses recorded in their files to verify an \*0% increase as mentioned above.

Contractor: San Francisco County Center  
Program: Office of Self Help

Appendix A-1 OSH

Contract Term : (MM/DD/YY)  
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City Fiscal Year (CBHS only):

Funding Source (MHSA, General Fund & Realignment only):

### Performance/Outcome Objectives 2

80% of clients will report increased quality of life as a result of participating in OSH programs

Increased quality of life: Once annually, OSH will conduct a convenient sample survey with at least 50 clients to determine their perception of their quality of life. The survey will be available in writing (English) and orally (English, Spanish, Vietnamese and Cantonese). Likert-scale responses will be used to determine whether clients perceive that their quality of life has increased as a result of participating in OSH's programs.

### Performance/Outcome Objective 3

Each program will complete a new self-assessment with the revised COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).

### Performance/Outcome Objective 4

Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

### Performance/Outcome Objective 5

Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

### Performance/Outcome Objective 5

Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

### Performance/Outcome Objective 6

During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness

### Performance/Outcome Objective 7

Contractor: San Francisco State, Jenner  
 Program: Office of Self Help

Contract Term : (MM/DD/YY)  
 07 / 01 / 2010 through 06 / 30 / 2011

City Fiscal Year (CBHS only):

Funding Source (MHSA, General Fund & Realignment only):

Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years

Performance/Outcome Objective 8

Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2010-11 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2011. Reports should be sent to both program managers and the DPH/EEO.

Performance/Outcome Objective 9

If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data

**B. Other Measurable Objectives**

Activities	Outcomes
Activity 1: OSH Drop-in Center activities (movies, warm-up exercises, meditation, socialization)	15-20 individuals per day will increase peer engagement & socialization & reduce stigma
Activity 2: Peer Counseling (face-to-face/phone) including referrals, linkages & care/WRAP plans; 50 client contacts per month	Increase quality of life, increase number of people in primary care, reduce use of emergency services, increase linkages to social services, behavioral health treatment
Activity 3: 10 Peer-led Support and Education Groups per week; 10-20 individuals per group	Increase quality of life, reduce substance abuse, reduce stigma, increase knowledge
Activity 4: Peer counselor training for 10 individuals per year	Increase quality of life
Activity 5: Self-help Specialist Training for 10-15 individuals per year	Increase quality of life
Activity 6: Computer Lab for 3-5 individuals per week	Increase skills
Activity 7: Alma Project – 100 individuals will receive services through the clinic	Increase quality of life, decrease psychiatric symptoms, Increase number of individuals receiving routine primary medical care
Activity 8: Amistad Project – 25 families & loved ones to in-patient facilities each month	Increase quality of life decrease stigma

**8. Continuous Quality Improvement**

Contractor: San Francisco Study Center

Appendix A-1 OSH

Program: Office of Self Help

Contract Term : (MM/DD/YY)

07 / 01 / 2010 through 06 / 30 / 2011

City Fiscal Year (CBHS only):

Funding Source (MHSA, General Fund & Realignment only):

**Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered.**

Program evaluation at OSH is a staff-driven and staff-led activity, and all staff members at OSH are consumers. Study Center and OSH are committed to working collaboratively with CBHS evaluation and CQI staff in the design and implementation of continuous quality improvement activities as appropriate for a self-help program. As longtime partners and collaborators, we will work with CBHS staff to identify a mutually agreed upon focus for evaluation OSH will 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.

Contractor: San Francisco Study Center  
Program: San Francisco Mental Health Clients Rights  
Advocates (SFMHCRA)  
City Fiscal Year (CBHS only): 2010-2011

Appendix A-2 SFMHCRA  
Contract Term (MM/DD/YY)  
07/01/2010 through 06/30/2011  
Funding Source :General Fund and Realignment

1. **Program Name:** San Francisco Mental Health Clients Rights Advocates (SFMHCRA)  
**Program Address (list primary program site address):** 1095 Market Street, Suite 602  
**City, State, Zip Code:** San Francisco, CA 94103  
**Telephone:** (415) 626-1650  
**Facsimile:** (415) 626-7276

2. **Nature of Document (check one)**

New       Renewal       Modification

3. **Goal Statement**

San Francisco Mental Health Clients Rights Advocates (SFMHCRA) will advocate for the rights of mental health consumers throughout the Behavioral Health system and their families.

4. **Target Population**

SFMHCRA's target population is mental health consumers in the behavioral health system citywide and their families.

5. **Modality(ies)/Interventions**

The modality is Mental Health Patients Rights Advocacy. SFMHCRA will provide 9,682 units of service to 600 unduplicated clients.

6. **Methodology**

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Primary to SFMHCRA's outreach to and engagement with clients is its (800) 729-7727 telephone number, which is posted on all SFMHCRA materials, including its Patient's Rights Advocates poster, which is mandated by law to be posted at all program providers. Additionally, SFMHCRA provides trainings throughout the year for providers and clients on hospital units and in other facilities including:

- Adult residential care homes. SFMHCRA collaborates with the Ombudsman to visit various board and care homes and provide trainings for the consumers and the providers.
- Adolescent psychiatric unit. SFMHCRA visits and conducts trainings on the unit.
- Residential hotels. SFMHCRA currently collaborates with the Ombudsman to visit various residential hotels and provide trainings for clients and providers.
- Behavioral Health Center. SFMHCRA conducts monthly trainings for clients and visits the facility regularly throughout the month.

B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

Contractor: San Francisco Superior Court  
Program: San Francisco Mental Health Clients Rights  
Advocates (SFMHCRA)  
City Fiscal Year (CBHS only): 2010-2011

Appendix A-2 SFMHCRA  
Contract Term (MM/DD/YY)  
07 / 01 / 2010 through 06 / 30 / 2011  
Funding Source : General Fund and Realignment

SFMHCRA will respond to complaints and queries about mental health services from clients, members of clients' families, or concerned third parties. Clients can contact SFMHCRA by telephone (we have a toll-free line), fax, e-mail or in person. All complaints will be investigated and resolved if possible.

\*C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

SFMHCRA will respond to complaints and queries about mental health services from clients, members of clients' families, or concerned third parties. Clients can contact SFMHCRA by telephone (we have a toll-free line), fax, e-mail or in person. All complaints will be investigated and resolved if possible. If resolution is not possible, clients will be referred to CBHS's grievance procedures, and to appropriate legal counsel when necessary. All cases will be documented by date of initial contact, follow-up telephone and site visit contacts and case resolution. A case is a client contact that results in information, advice, short-term assistance, referral or an investigation by an advocate.

In addition to responding to direct requests from clients and their family members, SFMHCRA will conduct investigations of possible patients' rights violations when it receives a request for such an investigation from the director of CBHS, or when it receives a report of a death, serious injury, possible sexual abuse or misconduct, or allegations of other possible patients' rights violations involving individuals who are or were involuntarily detained. Investigation status will be reported to CBHS within 60 days of initiation of the investigation. If an investigation cannot be completed in this timeframe, a report on the status of the investigation will be submitted every 30 days until completion. This report will then be submitted to the director of the program involved. A list of investigation reports will be included in each quarterly statistical report submitted to CBHS.

SFMHCRA will close 50+ cases per month, approximately 600+ cases during the contract year. A case is a client intake and resolution of complaint or request. Cases can range from advisement of rights to short-term assistance and full-scale investigations. The short-term outcomes for cases in 2008-2009 were:

- Client Issue Resolved = 189 (28%)
- Issue Addressed by Advocate = 238 (36%)
- Issue Addressed/Refer Legal = 60 (9%)
- Issue Addressed/Refer Other = 129 (19%)
- Referral = 13 (2%)
- Client Withdrew Request = 16 (2%)
- Referred to Other County = 17 (3%)
- No Contact = 7 (1%)

In addition to investigating client complaints, SFMHCRA will monitor four behavioral health providers during the fiscal year. Providers are defined as organizational providers of mental health services, support or housing to clients with mental illness within the City and County of San Francisco. Monitoring may include evaluating compliance with standards for documentation of advisement of



Contractor: San Francisco Study  
Program: San Francisco Mental Health Clients Rights  
Advocates (SFMHCRA)  
City Fiscal Year (CBHS only): 2010-2011

Appendix A-2 SFMHCRA  
Contract Term (MM/DD/YY)  
07 / 01 / 2010 through 06 / 30 / 2011  
Funding Source : General Fund and Realignment

patient rights, use of seclusion/restraint, posting of patients' rights information, informed consent for medication, provision of prompt medical care, after-care summaries and others. Each monitoring report will include SFMHCRA's findings from interviews and data collection as well as recommendations for corrections if needed. Reports will be filed with CBHS and with the provider. Follow-up to ensure compliance will be conducted.

SF MHCRA also will continue to liaison with the State Office of Multicultural Service and Office of Patients' Rights, as well as the statewide patients' rights advocates organizations for translations of patients' rights materials. SFMHCRA will format patients' rights information for distribution to clients in San Francisco in the CBHS threshold languages. SFMHCRA will meet with CBHS Office of Cultural Competence and Client Relations to confer about practicable and available translation resources. This process will begin with the development of consumer-friendly patients' rights materials in English to use as a prototype so as to develop a "family" of printed materials, beginning with a poster listing patients' rights in English to determine the desired look and tone that will be carried out in the production of patient's rights materials in the CBHS threshold languages of Russian, Chinese, Vietnamese, Spanish and Tagalog. This is a complex graphic undertaking and it is preferable to have a consistent look so that diverse materials are recognizable as being from a consistent source, SFMHCRA.

SF MHCRA advocates will provide regular training about patients' rights as expressed in Section 5320 of the state Welfare and Institutions Code. Trainings will be prioritized by SF MHCRA and be based on specific and relevant aspects of applicable federal and state laws and regulations. Included will be outreach presentations for two to three bilingual, bicultural community providers/groups regarding patients rights.

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

The advocate assists the client, within the scope of the office's practice, until the client is satisfied with the resolution or the issue has been addressed as far as it can be within the advocate's scope of authority.

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.

Note: For CBHS, Appendix B is sufficient.

See Appendix B.

## 7. Objectives and Measurements

*Note: Some sections have other specific requirements for objectives. See section instructions for additional information.*

Each objective should be followed by a section for evaluation which addresses the following elements:

- Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- Data Collection Tools: specify the data collection tool(s) to be used.
- Data: list which data are being collected.
- Frequency: indicate how often the data will be collected and analyzed.
- Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.

### A. Performance/Outcome Objectives

List the program's performance/outcome objectives. Outcome objectives are a statement about the expected changes, results, impacts or benefits of programs for individuals or groups served. These objectives should be specific, measurable, achievable, realistic and time-framed (SMART objectives). State the objective, how it will be measured, who it is applicable to, clients included, and data source.

#### Performance/Outcome Objective

By June 30, 2011, 600 SFMHCRA cases will be resolved by SFMHCRA staff, as measured by the client database.

#### Performance/Outcome Objective

By June 30, 2011, 10 behavioral health providers will have been monitored and brought into compliance by SFMHCRA staff, as measured by staff activity logs.

#### Performance/Outcome Objective

By June 30, 2011, all CBHS-requested investigations will have been conducted, as measured by the client database.

#### Performance/Outcome Objective

By June 30, 2011, SFMHCRA staff will have conducted 12 outreach presentations on patients' rights to consumers in licensed facilities.

#### Performance/Outcome Objective

By June 30, 2011, SFMHCRA staff will have re-designed SFMHCRA's quarterly reports to CBHS for greater utility.

Contractor: San Francisco State University  
 Program: San Francisco Mental Health Clients Rights Advocates (SFMHCRA)  
 City Fiscal Year (CBHS only): 2010-2011

Appendix A-2 SFMHCRA  
 Contract Term (MM/DD/YY)  
 07/01/2010 through 06/30/2011  
 Funding Source : General Fund and Realignment

**B. Other Measurable Objectives**

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

Activity	Outcomes
Collect denial of rights data on behalf of CBHS and maintain reporting responsibilities	Data will continue to be collected and reported to the State's Office of Patients Right. CBHS will be notified if any providers are non-compliant or late in the reporting
Create consumer-friendly patients' rights materials	SFMHCRA will review and create patients' rights material in various languages to better serve the clients

Performance/Outcome Objective

Each program will complete a new self-assessment with the revised COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).

Performance/Outcome Objective

Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Performance/Outcome Objective

Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

Performance/Outcome Objective

During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to

Contractor: San Francisco State Center  
Program: San Francisco Mental Health Clients Rights  
Advocates (SFMHCRA)  
City Fiscal Year (CBHS only): 2010-2011

Appendix A-2 SFMHCRA  
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Funding Source : General Fund and Realignment

increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Performance/Outcome Objective

Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years.

Performance/Outcome Objective

Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2010-11 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2011. Reports should be sent to both program managers and the DPH/EEO.

Performance/Outcome Objective

If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

**8. Continuous Quality Improvement**

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance 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.

SFMHCRA's data is kept on a computer using File Maker Pro. SFMHCRA has always recorded extensive data on its clients. This data is reflected in the quarterly reports and in the annual reports that SFMHCRA sends to CBHS. SFMHCRA also collects data for the State Department of Mental Health. This is data on involuntary psychiatric holds in San Francisco, data on recipients of ECT, and data on denial of rights on the inpatient units. This data has allowed SFMHCRA to conduct investigations of practices on in-patient psychiatric units that could violate the rights of clients. SFMHCRA monitors psychiatric facilities, board and care homes, and community programs for compliance with patient's rights. These types of investigations produce data about practices in facilities and community programs. The data is used to improve practice in facilities and in the communities, as well as to improve SFMHCRA advocacy for clients. The data that SFMHCRA collect reflects how programs in the public mental health system are operating. SFMHCRA is often documenting the gaps in the public mental health system that lead to poor outcomes for clients. Outcomes for SFMHCRA are based upon how this gap is closed to the satisfaction of the client.

Contractor: San Francisco Study Center  
Program: Peer Intern Employment

Appendix A-3 PATH

Contract Term (MM/DD/YY)  
07/01/2010 through 06/30/2011

City Fiscal Year (CBHS only): 20010-2011

Funding Source:

1. **Program Name: Peer and Intern Employment (PATH)**  
**Program Address: 1095 Market Street #601**  
**City, State, Zip Code: San Francisco, CA 94103**  
**Telephone: (415) 626-1650**  
**Facsimile: (415) 626-1650**

2. **Nature of Document** (check one)

**New**       **Renewal**       **Modification**

3. **Goal Statement.**

Community Behavioral Health Services, through its contracted services and directly operated services, serves as the mental health safety net for San Franciscans. To fulfill its mission, the system must adhere to the guiding principles of being consumer guided, community based and culturally competent.

Since July 1, 1993, Community Behavioral Health Services has made significant system changes in keeping with State Medi-Cal Reform, fiscal issues and changing client needs.

The main system changes that are in force include:

- a. Implementation of the Rehabilitation Option starting in July 1, 1993, which modified the range of services reimbursable by the Short-Doyle/Medi-Cal system.
- b. Implementation of a Care Management system in order to improve continuity of care for clients.
- c. Implementation of the Mental Health Managed Care Plan for San Francisco, consolidating the Medi-Cal-Fee-For-Service psychiatric inpatient and outpatient systems with the Short-Doyle/Medi-Cal system under San Francisco Community Behavioral Health Services.

For adult and older adult services, adoption of a dual diagnosis policy requiring mental health providers to treat psychiatric illness regardless of the presence or absence of substance abuse. Adoption of a harm reduction model of services, in recognition of the need to integrate the delivery of mental health and substance abuse treatment services for clients who have both issues.

- d. The development of an integrated system of care, with emphasis on easy and timely access to needed services upon entry into the system and when moving from one part of the system to the other (e.g. from acute inpatient to community services).

Community Behavioral Health Services (CBHS) has a need for a fiscal sponsor for implementing

certain clinical and administrative managed care functions within its Behavioral Health Services System. The PATH Peer Internship Project will provide peer stipends and wages to clients in the CBHS system who are placed as Peer support staff/counselors at programs serving the mentally ill, those with co-occurring mental health and substance abuse disorders and who are homeless or at risk for homelessness.

Fiscal management services include working collaboratively with the CBHS Director, Office of Cultural Competence and Consumer Relations.

#### 4. Target Population

The target population for Study Center's PATH Peer and Intern Employment Program are consumers of behavioral health services, with or in recovery from mental illness and/or co-occurring mental and substance abuse disorders and individuals who are homeless or at risk for homelessness.

#### 5. Modality(ies)/Interventions

Specify the modality(ies) of service/interventions to be provided in the program (*for CBHS-MH, CRDC is sufficient*). If applicable, define billable service unit(s) or deliverables.

The Modality is Peer and Intern Employment.

Units of Service are N/A.

#### 6. Methodology

*For direct client services (e.g. case management, treatment, prevention activities)*

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

##### A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

The CBHS Office of Cultural Competence and Client Relations has a network of contacts to outreach, recruit, promote, and advertise potential behavioral health consumers interested in enrollment in the peer internship program. The network sites and activities include:

- ~ Monthly behavioral health advisory council meetings that is attended by over 30 individuals from various community behavioral health programs,
- ~ Monthly Vocational Task Force Meeting which is attended by over 10 community and self-help program representatives,
- ~ Direct outreach to contract and civil service programs via telephone and email system and distribution of flyers/memos, and
- ~ Via recruitment by peer interns who are in the program.

##### B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

Contractor: San Francisco Study Center  
Program: Peer and Intern Employment (PATH)

Appendix A-3 PATH

Contract Term (MM/DD/YY)  
07/01/2011 through 06/30/2011

City Fiscal Year (CBHS only): 2010-2011

Funding Source : PATH

All potential and interested consumers are scheduled an initial introduction meeting with the Peer Internship Program Coordinator and given the overview of the program and informed of the various employment capacities throughout the CBHS program system. Intake documentations are completed to garner all necessary information and contact information. Individual will be matched with a program in the CBHS program system as they become available based on their interest, skills, and availability. Each program will also interview each of the potential peer interns as part of the hiring process.

- C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

The peer support program hours of operation (when peer interns are on-the-job) generally are during regular work hours between 9am-5pm. Each of the peer interns will be placed at the various sites through out the CBHS program system and will be supported by a "job coach" and on-site supervisor, as well as the peer internship program coordinator. Most of the peer interns will work no more than 20 hours per week. Additionally, each peer interns will attend a weekly peer intern support meeting to provide support in the employment process.

- D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

The peer internship program is essentially a 12-month program from the time the peer intern is "hired" and placed in a work site. It is part of the peer internship "program plan" to begin supporting them in transitioning into a temporary, permanent, full-time, or part-time employee within the 12-month period.

- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.

*Note: For CBHS, Appendix B is sufficient.*

**See Appendix B**

## 7. Objectives and Measurements

*Note: Some sections have other specific requirements for objectives. See section instructions for additional information.*

*Each objective should be followed by a section for evaluation which addresses the following elements:*

- *Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.*

Contractor: San Francisco Center  
Program: Peer and Intern Employment (PATH)

Appendix A-3 PATH

Contract Term (MM/DD/YY)  
07/01/2011 through 06/30/2011

City Fiscal Year (CBHS only): 2010-2011

Funding Source : PATH

- *Data Collection Tools: specify the data collection tool(s) to be used.*
- *Data: list which data are being collected.*
- *Frequency: indicate how often the data will be collected and analyzed.*
- *Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.*

#### **A. Performance/Outcome Objectives**

List the program's performance/outcome objectives. Outcome objectives are a statement about the expected changes, results, impacts or benefits of programs for individuals or groups served.

##### **A. Performance/Outcome Objectives**

1. CBHS Office of Cultural Competence and Client Relations will outreach, recruit, and provide one-one program orientation to four behavior health consumers for each of the 12-months for consumers who are interested in the peer support program.

Measurement: The CBHS Office of Cultural Competence and Client Relations Peer Internship Program Coordinate will maintain a contact listing for each month and entered into a confidential data file for tracking and monitoring.

2. CBHS Office of Cultural Competency and Client Relations will hire, orient, and train six peer interns for the Peer Support Program, who will be placed at various CBHS program sites during the 12-months, where each will develop and implement a peer-facilitate Wellness and Recovery group and/or activity.

Measurement: The CBHS Office of Cultural Competence and Client Relations Peer Internship Program Coordinator will maintain an employment and performance evaluation file for each of the peer interns, which will be kept in a lock file.

3. CBHS Office of Cultural Competence and Client Relations will provide active community outreach, recruitment, and advertisement at four community health fairs, street fairs, behavioral health forums, and Project Homeless Connect information fairs during the 12-month period.

Measurement: The CBHS Office of Cultural Competence and Client Relations Peer Internship Program Coordinator will utilize a "Outreach Contact" form that will be completed all persons contacted to document outreach efforts.

##### **Responsibilities of City and County:**

Provide the facility, facility management, maintenance and telephone services for the PATH Peer Support Program.

Provide management and supervision of the program in the performance of tasks associated with the program.

Provide supervision in the performance of the following activities conducted by staff: utilization review, grievance mediation, planning and analysis, and provide report on the successes or problems of these activities.



Contractor: San Francisco Study Center  
Program: Peer and Intern Employment (PATH)

Appendix A-3 PATH

Contract Term (MM/DD/YY)  
07/01/2011 through 06/30/2011

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Funding Source : PATH

Sets the program's protocol and policies and procedures that govern the PATH Peer Support Program.

Provide assurance that the program's protocols, policies and procedures, other than the fiscal management matters under the control of SFSC, comply with all applicable requirements of law. These include protocols, policies and procedures applicable to clients.

### **B. Other Measurable Objectives**

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

By June 30, 2011, the Peer Intern Employment Program staff, using the results of the most recently completed COMPASS (which must be completed every 2 years), will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

By June 30, 2011, the Peer Intern Employment Program staff will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

By June 30, 2011, the Peer Intern Employment Program staff will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

By June 30, 2011, the Peer Intern Employment Program staff will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

By June 30, 2011, the Peer Intern Employment Program staff will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self

Contractor: San Francisco Study Center  
Program: Peer and Intern Employment (PATH)

Appendix A-3 PATH

Contract Term (MM/DD/YY)  
07/01/2011 through 06/30/2011

City Fiscal Year (CBHS only): 2010-2011

Funding Source : PATH

assessment of integration practices using the CODECAT. This self assessment must be updated every two years

By June 30, 2011, the Peer Intern Employment Program staff, working with their CBHS program managers, will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

By June 30, 2011, the Peer Intern Employment Program staff, if applicable, shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data

#### 8. Continuous Quality Improvement

Study Center Path Peer and Intern Employment Program is committed to working collaboratively with CBHS evaluation and CQI staff in the design and implementation of continuous quality improvement activities. As long-time partners and collaborators, we will work with CBHS staff to identify a mutually agreed upon focus for evaluation. Study Center will 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.

Contractor: San Francisco Study Center

Appendix A-4 Dual Diagnosis

Program: Peer and Intern Employment (Dual Diagnosis)

Contract Term (MM/DD/YY)

07/01/2010 through 06/30/2011

City Fiscal Year (CBHS only): 2010-2011

Funding Source: SAMHSA Dual Diagnosis

**1. Program Name: Peer and Intern Employment (Dual Diagnosis)**

**Program Address: 1095 Market Street #601**

**City, State, Zip Code: San Francisco, CA 94103**

**Telephone: (415) 626-1650**

**Facsimile: (415) 626-1650**

**2. Nature of Document (check one)**

**New**       **Renewal**       **Modification**

**3. Goal Statement.**

Community Behavioral Health Services, through its contracted services and directly operated services, serves as the mental health safety net for San Franciscans. To fulfill its mission, the system must adhere to the guiding principles of being consumer guided, community based and culturally competent.

Community Behavioral Health Services (CBHS) has a need for a fiscal sponsor for implementing certain clinical and administrative managed care functions within its programs funded by the SAMHSA Dual Diagnosis Set Aside Funds. These funds are utilized to support the SAMHSA Dual Diagnosis Peer Internship Project, which trains and places consumers in recovery to work at CBHS Programs serving clients with co-occurring mental health and abuse disorders. Project expenses include, but are not limited to, stipends and wages for peer support interns, consultant fees, peer training, travel expenses, materials, supplies and client related program expenses. Peers participating in this program are placed at CBHS Programs that have program components that are based on principles of Wellness and Recovery.

Fiscal management services include working collaboratively with the CBHS Director, Office of Cultural Competence and Consumer Relations.

**4. Target Population**

The target population for Study Center's Peer & Intern Employment Program is consumers of behavioral health services, who are diagnosed or in recovery from severe mental illness, and/or with co-occurring mental health and substance abuse disorders.

**5. Modality(ies)/Interventions**

Specify the modality(ies) of service/interventions to be provided in the program (*for CBHS-MH, CRDC is sufficient*). If applicable, define billable service unit(s) or deliverables.

The Modality is Peer and Intern Employment.

Units of Service are N/A.

Contractor: San Francisco State University  
Program: Peer and Intern Employment (Dual  
Diagnosis)  
City Fiscal Year (CBHS only): 2010-2011

Appendix A-4 Dual Diagnosis  
Contract Term (MM/DD/YY)  
07/01/2010 through 06/30/2011  
Funding Source : SAMHSA Dual Diagnosis

## 6. Methodology

*For direct client services (e.g. case management, treatment, prevention activities)*

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

### A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

- The CBHS Office of Cultural Competence and Client Relations has a network of contacts to outreach, recruit, promote, and advertise potential behavioral health consumers interested in enrollment in the peer internship program. The network sites and activities include:
- ~ Monthly behavioral health advisory council meetings that is attended by over 30 individuals from various community behavioral health programs,
  - ~ Monthly Vocational Task Force Meeting which is attended by over 10 community and self-help program representatives,
  - ~ Direct outreach to contract and civil service programs via telephone and email system and distribution of flyers/memos, and
  - ~ Via recruitment by peer interns who are in the program.

### B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

All potential and interested consumers are scheduled an initial introduction meeting with the Peer Internship Program Coordinator and given the overview of the program and informed of the various employment capacities throughout the CBHS program system. Intake documentations are completed to garner all necessary information and contact information. Individual will be matched with a program in the CBHS program system as they become available based on their interest, skills, and availability. Each program will also interview each of the potential peer interns as part of the hiring process.

### C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

The peer internship program hours of operation (when peer interns are on-the-job) generally are during regular work hours between 9am-5pm. Each of the peer interns will be placed at the various sites through out the CBHS program system and will be supported by a "job coach" and on-site supervisor, as well as the peer internship program coordinator. Most of the peer interns will work no more than 20 hours per week. Additionally, each peer interns will attend a weekly peer intern support meeting to provide support in the employment process.

Contractor: San Francisco Stud  
Program: Peer and Intern Employment (Dual  
Diagnosis)  
City Fiscal Year (CBHS only): 2010-2011

Appendix A-4 Dual Diagnosis  
Contract Term (MM/DD/YY)  
07/01/2010 through 06/30/2011  
Funding Source : SAMHSA Dual Diagnosis

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

The peer internship program is essentially a 12-month program from the time the peer intern is "hired" and placed in a work site. It is part of the peer internship "program plan" to begin supporting them in transitioning into a temporary, permanent, full-time, or part-time employee within the 12-month period.

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.  
*Note: For CBHS, Appendix B is sufficient.*

See Appendix B

## 7. Objectives and Measurements

*Note: Some sections have other specific requirements for objectives. See section instructions for additional information.*

*Each objective should be followed by a section for evaluation which addresses the following elements:*

- *Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.*
- *Data Collection Tools: specify the data collection tool(s) to be used.*
- *Data: list which data are being collected.*
- *Frequency: indicate how often the data will be collected and analyzed.*
- *Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.*

### A. Performance/Outcome Objectives

*List the program's performance/outcome objectives. Outcome objectives are a statement about the expected changes, results, impacts or benefits of programs for individuals or groups served.*

1. CBHS Office of Cultural Competence and Client Relations will outreach, recruit, and provide one-one program orientation to four behavior health consumers for each of the 12-months for consumers who are interested in the peer internship program.

Measurement: The CBHS Office of Cultural Competence and Client Relations Peer Internship Program Coordinate will maintain a contact listing for each month and entered into a confidential data file for tracking and monitoring.

2. CBHS Office of Cultural Competency and Client Relations will hire, orient, and train six peer interns for the Peer Internship Program, who will be placed at various CBHS program sites during the 12-months.

Measurement: The CBHS Office of Cultural Competence and Client Relations Peer Internship Program Coordinator will maintain an employment and performance evaluation file for each of

Contractor: San Francisco State Center  
Program: Peer and Intern Employment (Dual  
Diagnosis)  
City Fiscal Year (CBHS only): 2010-2011

Appendix A-4 Dual Diagnosis  
Contract Term (MM/DD/YY)  
07/01/2010 through 06/30/2011  
Funding Source : SAMHSA Dual Diagnosis

the peer interns, which will be kept in a lock file.

3. CBHS CCCR Peer Internship Program Coordinator will provide support in developing and implementing three Wellness and Recovery support group at two CBHS contract or civil service program sites during this funding year (one might be a WRAP group), and will be facilitated by a peer intern. 80% of the participants will be "satisfied" with the Well and Recovery groups.

Measurement: The CBHS Office of Cultural Competence and Client Relations Peer Internship Program will implement a two weekly support group at two CBHS contract or civil service programs and will be evaluated by number participation (collected each month) and the annual consumer satisfaction survey.

#### **B. Other Measurable Objectives**

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

By June 30, 2011, the Peer Intern Employment Program staff will complete a new self-assessment with the revised COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).

By June 30, 2011, the Peer Intern Employment Program staff, using the results of the most recently completed COMPASS (which must be completed every 2 years), will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

By June 30, 2011, the Peer Intern Employment Program staff will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

By June 30, 2011, the Peer Intern Employment Program staff will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

By June 30, 2011, the Peer Intern Employment Program staff will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary

Contractor: San Francisco Study Center  
Program: Peer and Intern Employment (Dual  
Diagnosis)  
City Fiscal Year (CBHS only): 2010-2011

Appendix A-4 Dual Diagnosis  
Contract Term (MM/DD/YY)  
07/01/2010 through 06/30/2011  
Funding Source : SAMHSA Dual Diagnosis

Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness

By June 30, 2011, the Peer Intern Employment Program staff will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years

By June 30, 2011, the Peer Intern Employment Program staff, working with their CBHS program managers, will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

By June 30, 2011, the Peer Intern Employment Program staff, if applicable, shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data

#### 8. Continuous Quality Improvement

Study Center SAMSHA Dual Diagnosis Program is committed to working collaboratively with CBHS evaluation and CQI staff in the design and implementation of continuous quality improvement activities. As long-time partners and collaborators, we will work with CBHS staff to identify a mutually agreed upon focus for evaluation. Study Center will 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.

Contractor: San Francisco Study Center  
Program: Peer and Intern Employment (SAMHSA  
SOC)  
City Fiscal Year (CBHS only): 2010-2011

Appendix A-5 SAMHSA SOG  
Contract Term (MM/DD/YY)  
07/01/2010 through 06/30/2011  
Funding Source: SAMHSA SOC

1. **Program Name: Peer Intern Employment**  
**Program Address: 1095 Market Street #601**  
**City, State, Zip Code: San Francisco, CA 94103**  
**Telephone: (415) 626-1650**  
**Facsimile: (415) 626-1650**

2. **Nature of Document (check one)**

**New**       **Renewal**       **Modification**

3. **Goal Statement.**

Community Behavioral Health Services (CBHS) has a need for a fiscal sponsor for implementing certain clinical and administrative managed care functions within its Behavioral Health, SAMHSA System of Care Peer Internship Project and its programs that outreach to clients, families and diverse communities.

This fund will train mental health consumers in recovery to provide peer counseling and peer support services in the Community Behavioral Health Services System of Care. Project costs include, but are not limited to, monthly peer stipends, consultant training fees, peer training travel expenses, project operating expenses and other materials and supplies. Additional funds support System of Care client and family related activities aimed at wellness and recovery, linguistic services, and outreach to diverse cultural and linguistic populations in need of mental health services.

Fiscal management services include working collaboratively with the CBHS Director, Office of Cultural Competence and Consumer Relations.

4. **Target Population**

The target population for Study Center's Peer & Intern Employment Program is consumers of behavioral health services in recovery from serious mental illness and difficult to reach populations that are in need of mental health services.

5. **Modality(ies)/Interventions**

*Specify the modality(ies) of service/interventions to be provided in the program (for CBHS-MH, CRDC is sufficient). If applicable, define billable service unit(s) or deliverables.*

The Modality is Peer and Intern Employment.

The service is Mental Health Promotion. Units of Service are N/A.



## 6. Methodology

*For direct client services (e.g. case management, treatment, prevention activities)*

Describe how services are delivered and what activities will be provided, addressing how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

- A. Describe how your program conducts outreach, recruitment, promotion, and advertisement. The CBHS Office of Cultural Competence and Client Relations has a network of contacts to outreach, recruit, promote, and advertise potential behavioral health consumers interested in enrollment in the peer internship program. The network sites and activities include:
- ~ Monthly behavioral health advisory council meetings that is attended by over 30 individuals from various community behavioral health programs,
  - ~ Monthly Vocational Task Force Meeting which is attended by over 10 community and self-help program representatives,
  - ~ Direct outreach to contract and civil service programs via telephone and email system and distribution of flyers/memos, and
  - ~ Via recruitment by peer interns who are in the program.

- B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

All potential and interested consumers are scheduled an initial introduction meeting with the Peer Internship Program Coordinator and given the overview of the program and informed of the various employment capacities throughout the CBHS program system. Intake documentations are completed to garner all necessary information and contact information. Individual will be matched with a program in the CBHS program system as they become available based on their interest, skills, and availability. Each program will also interview each of the potential peer interns as part of the hiring process.

- C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.

The peer internship program hours of operation (when peer interns are on-the-job) generally are during regular work hours between 9am-5pm. Each of the peer interns will be placed at the various sites through out the CBHS program system and will be supported by a "job coach" and on-site supervisor, as well as the peer internship program coordinator. Most of the peer interns will work no more than 20 hours per week. Additionally, each peer interns will attend a weekly peer intern support meeting to provide support in the employment process.

Contractor: San Francisco Study Center  
Program: Peer and Intern Employment  
(SAMHSA SOC )  
City Fiscal Year (CBHS only): 2010-2011

Appendix A-5 SAMHSA SOC  
Contract Term (MM/DD/YY)  
07/01/2010 through 06/30/2011  
Funding Source : SAMHSA SOC

- D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

The peer internship program is essentially a 12-month program from the time the peer intern is "hired" and placed in a work site. It is part of the peer internship "program plan" to begin supporting them in transitioning into a temporary, permanent, full-time, or part-time employee within the 12-month period.

- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.  
*Note: For CBHS, Appendix B is sufficient.*

**See Appendix B**

## 7. Objectives and Measurements

*Note: Some sections have other specific requirements for objectives. See section instructions for additional information.*

*Each objective should be followed by a section for evaluation which addresses the following elements:*

- *Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.*
- *Data Collection Tools: specify the data collection tool(s) to be used.*
- *Data: list which data are being collected.*
- *Frequency: indicate how often the data will be collected and analyzed.*
- *Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.*

### A. Performance/Outcome Objectives

List the program's performance/outcome objectives. Outcome objectives are a statement about the expected changes, results, impacts or benefits of programs for individuals or groups served.

**This program adheres to the requirements of MHA and embraces the Harm Reduction Policy and the Wellness and Recovery service delivery model promoted by MHA.**

1. CBHS Office of Cultural Competence and Client Relations will outreach, recruit, and provide one-one program orientation to four behavior health consumers for each of the 12-months for consumers who are interested in the peer internship program.

Measurement: The CBHS Office of Cultural Competence and Client Relations Peer Internship Program Coordinate will maintain a contact listing for each month and entered into a confidential data file for tracking and monitoring.

Contractor: San Francisco Student

Program: Peer and Intern Employment  
(SAMHSA SOC)

City Fiscal Year (CBHS only): 2010-2011

Appendix A-5 SAMHSA SOC

Contract Term (MM/DD/YY)

07/01/2010 through 06/30/2011

Funding Source : SAMHSA SOC

2. CBHS Office of Cultural Competency and Client Relations will hire, orient, and train six peer interns for the Peer Internship Program, who will be placed at various CBHS program sites during the 12-months.

Measurement: The CBHS Office of Cultural Competence and Client Relations Peer Internship Program Coordinator will maintain an employment and performance evaluation file for each of the peer interns, which will be kept in a lock file.

3. CBHS Office of Cultural Competence and Client Relations will provide active community outreach, recruitment, and advertisement at four community health fairs, street fairs, behavioral health forums, and Project Homeless Connect information fairs during the 12-month period.

Measurement: The CBHS Office of Cultural Competence and Client Relations Peer Internship Program Coordinator will utilize a "Outreach Contact" form that will be completed for all persons contacted to document outreach efforts.

#### B. Other Measurable Objectives

*Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.*

By June 30, 2011, the Peer Intern Employment Program staff will complete a new self-assessment with the revised COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).

By June 30, 2011, the Peer Intern Employment Program staff, using the results of the most recently completed COMPASS (which must be completed every 2 years), will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

By June 30, 2011, the Peer Intern Employment Program staff will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

By June 30, 2011, the Peer Intern Employment Program staff will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Contractor: San Francisco Study Center

Program: Peer and Intern Employment  
(SAMHSA SOC)

City Fiscal Year (CBHS only): 2010-2011

Appendix A-5 SAMHSA SOC

Contract Term (MM/DD/YY)

07/01/2010 through 06/30/2011

Funding Source : SAMHSA SOC

By June 30, 2011, the Peer Intern Employment Program staff will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness

By June 30, 2011, the Peer Intern Employment Program staff will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years

By June 30, 2011, the Peer Intern Employment Program staff, working with their CBHS program managers, will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

By June 30, 2011, the Peer Intern Employment Program staff, if applicable, shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data

## 8. Continuous Quality Improvement

Study Center's SAMSHA System of Care Peer Intern Project is committed to working collaboratively with CBHS evaluation and CQI staff in the design and implementation of continuous quality improvement activities. As long-time partners and collaborators, we will work with CBHS staff to identify a mutually agreed upon focus for evaluation. Study Center will 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.

Contractor: San Francisco Study Center  
Program: Peer Intern Employment (MHSA)

Appendix A-6 MHSA

Contract Term (MM/DD/YY)  
07/01/2010 through 06/30/2011

City Fiscal Year (CBHS only): 2010-2011

Funding Source: MHSA

**1. Program Name: Peer Intern Employment (MHSA)**

**Program Address: 1095 Market Street #601**

**City, State, Zip Code: San Francisco, CA 94103**

**Telephone: (415) 626-1650**

**Facsimile: (415) 626-1650**

**2. Nature of Document (check one)**

**New**       **Renewal**       **Modification**

**3. Goal Statement.**

Community Behavioral Health Services, through its contracted services and directly operated services, serves as the mental health safety net for San Franciscans. To fulfill its mission, the system must adhere to the guiding principles of being consumer guided, community based and culturally competent.

Community Behavioral Health Services (CBHS) has a need for a fiscal sponsor for implementing a Peer Leadership Internship Program funded by the Mental Health Services Act (MHSA). This Program is an enhancement of the existing Internship Program in that the focus will be on developing administrative skills to complement the clinical or program skills previously developed. Specifically, this will provide 5-7 behavioral health consumers in recovery with a supervised 12-20 hour internship that has a specialty focus on administration, training and operations. Project costs include, but are not limited to, monthly peer stipends, consultant training fees, peer training travel expenses, project operating expenses and other materials and supplies.

Fiscal management services include working collaboratively with the CBHS Director, Office of Cultural Competence and Consumer Relations.

**4. Target Population**

Behavioral health clients in recovery from serious mental illness, who are interested in advancing their education and skills in the areas of program development, budgeting, training, and operations.

**5. Modality(ies)/Interventions**

*Specify the modality(ies) of service/interventions to be provided in the program (for CBHS-MH, CRDC is sufficient). If applicable, define billable service unit(s) or deliverables.*

The Modality is Peer and Intern Employment.

This program adheres to the requirements of MHSA and embraces the Harm Reduction Policy and the Wellness and Recovery service delivery model promoted by MHSA.

UOS is N/A.

## 6. Methodology

*For direct client services (e.g. case management, treatment, prevention activities)*

*Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.*

### A. *Describe how your program conducts outreach, recruitment, promotion, and advertisement.*

The CBHS Office of Cultural Competence and Client Relations Health Educator has a network of contacts to outreach, recruit, promote, and advertise potential behavioral health consumers interested in enrollment in the peer internship program. The network sites and activities include:

- ~ Monthly behavioral health advisory council meetings that is attended by over 30 individuals from various community behavioral health programs,
- ~ Monthly Vocational Task Force Meeting which is attended by over 10 community and self-help program representatives,
- ~ Direct outreach to contract and civil service programs via telephone and email system and distribution of flyers/memos, and
- ~ Via recruitment by peer interns who are in the peer internship and support programs.

### B. *Describe your program's admission, enrollment and/or intake criteria and process where applicable.*

All potential and interested consumers are scheduled an initial introduction meeting with the Office of Cultural Competence and Client Relations Health Educator and given the overview of the program and informed of the various employment capacities throughout the CBHS program system. Intake documentations are completed to garner all necessary information and contact information. Individual will be interviewed by peers interns once again before being hired and trained.

### C. *Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.*

The Peer Leadership Internship program hours of operation (when peer interns are on-the-job) generally are during regular work hours between 9am-5pm. Each of the peer interns will be placed at the various sites through out the CBHS program system and will be supported by a "job coach" and on-site supervisor, as well as the peer internship program coordinator. Most of the peer interns will work no more than 20 hours per week. Additionally, each peer interns will attend a weekly peer intern support meeting to provide support in the employment process.

D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

The Peer Leadership Internship program is essentially a 12-month program from the time the peer intern is "hired" and placed in a work site. It is part of the peer internship "program plan" to begin supporting them in transitioning into a temporary, permanent, full-time, or part-time employee within the 12-month period.

E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.

### See Appendix B

## 7. Objectives and Measurements

Note: Some sections have other specific requirements for objectives. See section instructions for additional information.

Each objective should be followed by a section for evaluation which addresses the following elements:

- *Staff Issues:* list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- *Data Collection Tools:* specify the data collection tool(s) to be used.
- *Data:* list which data are being collected.
- *Frequency:* indicate how often the data will be collected and analyzed.
- *Data Reporting:* indicate who will receive and analyze these data and how the evaluation data will be used.

### A. Performance/Outcome Objectives

List the program's performance/outcome objectives. Outcome objectives are a statement about the expected changes, results, impacts or benefits of programs for individuals or groups served.

1. CBHS Office of Cultural Competence and Client Relations Peer Leadership Internship Staff will outreach, recruit, and provide one-one program orientation to four behavioral health consumers for each of the 12-months for consumers who are interested in the Pathways to Discovery (Peer Leadership Internship Program) and processed into program membership Measurement: The CBHS Office of Cultural Competence and Client Relations Peer Leadership Internship staff and CBHS-CCCR Health Educator will complete and Intake Form for each individual contacted, and entered into a confidential data file for tracking and monitoring.

Develop student manual (information and navigation through the system). CCSF and Formal with at least one...outreach to for colleges, universities.

Measurement: The CBHS Office of Cultural Competence and Client Relations Peer Internship Program Coordinate will maintain a contact listing for each month and entered into a confidential data file for tracking and monitoring.

2. CBHS Office of Cultural Competency and Client Relations Peer Leadership Internship staff will develop and implement three Wellness and Recovery peer support programs (WRAP group, Peer Support Groups, and Cultural Arts Group) during the 12-month period. Each of these groups will be facilitated on a weekly basis.

Measurement: The CBHS Office of Cultural Competence and Client Relations Peer Leadership Internship staff and CCCR Health Educator will maintain a weekly contact form that will be signed by each participant and a client satisfaction survey will be completed at least one time through out the year.

3. CBHS Office of Cultural Competence and Client Relations Peer Leadership Internship staff and CCCR Health Educator will develop and manualize a Peer Education Support and Navigation Manual by the end of 08-09 funding year; that will include all information necessary and helpful to any consumers who may be going back to school or ready to go back to school

Measurement: The CBHS Office of Cultural Competence and Client Relations Peer Leadership Internship Staff and CCCR will develop a Peer Education Support and Navigation Manual.

4. CBHS Office of Cultural Competence and Client Relations Peer Leadership Internship staff and CCCR Health Educator will provide outreach to four colleges and university in the SF Bay Area during the funding year 08-09, to develop collaborative coordination of support system of consumers who are back in school or will be going back to school.

Measurement: One formal Memorandum of Understanding will be established with one college or university to facilitate a more structured and coordinated development of student support system during this funding.

**Responsibilities of City and County:**

Provide the facility, facility management, maintenance and telephone services for the SAMHSA System of Care Peer Internship Project.

Provide management and supervision of the program in the performance of tasks associated with the program.

Provide supervision in the performance of the following activities conducted by staff: utilization review, grievance mediation, planning and analysis, and provide report on the successes or problems of these activities.

Sets the program's protocol and policies and procedures that govern the SAMHSA System of Care Peer Internship Project.



Contractor: San Francisco Stud  
Program: Peer and Intern Employment (MHSA)  
City Fiscal Year (CBHS only): 2010-2011

Appendix A-6 MHSA  
Contract Term (MM/DD/YY)  
07/01/2010 through 06/30/2011  
Funding Source : MHSA

Provide assurance that the program's protocols, policies and procedures, other than the fiscal management matters under the control of SFSC, comply with all applicable requirements of law. These include protocols, policies and procedures applicable to clients

**B. Other Measurable Objectives**

N/A ?

By June 30, 2011, the Peer Intern Employment Program staff will complete a new self-assessment with the revise COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).

By June 30, 2011, the Peer Intern Employment Program staff, using the results of the most recently completed COMPASS (which must be completed every 2 years), will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

By June 30, 2011, the Peer Intern Employment Program staff will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

By June 30, 2011, the Peer Intern Employment Program staff will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

By June 30, 2011, the Peer Intern Employment Program staff will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to

Contractor: San Francisco Study Center  
Program: Peer and Intern Employment (MHSA)

Appendix A-6 MHSA

Contract Term (MM/DD/YY)  
07/01/2010 through 06/30/2011

City Fiscal Year (CBHS only): 2010-2011

Funding Source : MHSA

increase joint referrals, or mutual open house events to promote cross-staff education and program awareness

By June 30, 2011, the Peer Intern Employment Program staff will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years

By June 30, 2011, the Peer Intern Employment Program staff, working with their CBHS program managers, will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

By June 30, 2011, the Peer Intern Employment Program staff, if applicable, shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data

## 8. Continuous Quality Improvement

San Francisco Study Center's MHSA Peer Leadership Internship Program agrees to abide by the most current, state approved Quality Management Plan as it pertains to this program and be in compliance 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.

## Appendix B Calculation of Charges

### 1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

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

#### (1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges 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) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the 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.

### B. Final Closing Invoice

#### (1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year 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 Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

#### (2) 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 each fiscal year 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.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.



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

**2. Program Budgets and Final Invoice**

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

Budget Summary

Appendix B-1 Office of Self Help

Appendix B-2 San Francisco Mental Health Clients Rights Advocates (SFMHCRA)

Appendix B-3 Peer Intern Employment

Appendix B-4 Peer Intern Employment (Dual Diagnosis)

Appendix B-5 Peer Intern Employment (SAMHSA SOC)

Appendix B-6 Peer Intern Employment (MHSA)

**B. COMPENSATION**

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Eleven Million Sixteen Thousand Five Hundred Ninety Three Dollars (\$11,016,593) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$1,180,349 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. 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 the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is, as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.



July 1, 2010 through June 30, 2011	\$1,788,408
July 1, 2011 through June 30, 2012	\$1,788,408
July 1, 2012 through June 30, 2013	\$1,788,408
July 1, 2013 through June 30, 2014	\$1,788,408
July 1, 2014 through June 30, 2015	\$1,788,408
July 1, 2015 through December 31, 2015	\$894,204
<b>Total July 1, 2010 through December 31, 2015</b>	<b>\$9,836,244</b>

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR further understands that, \$894,204 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM04000090 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM04000090 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in 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. No costs or 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 the DIRECTOR 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.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.





**DPH 1: Department of Public Health Contract Budget Summary**

CONTRACT TYPE - This contract is: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification								
If modification, Effective Date of Mod.:			# of Mod:			VENDOR ID (DPH USE ONLY):		
LEGAL ENTITY NUMBER: 00363								
LEGAL ENTITY/CONTRACTOR NAME: San Francisco Study Center								
APPENDIX NUMBER	B-1	B-2	B-3	B-4	B-5	B-6	TOTAL	
PROVIDER NUMBER	8986	8843						
PROVIDER NAME:	SFSC/OSH	SFSC/MHCRA	SF/PIE	SF/PIE	SF/PIE	SF/PIE		
CBHS FUNDING TERM:	7/1/10-6/31/11	7/1/10-6/31/11	7/1/10-6/31/11	7/1/10-6/31/11	7/1/10-6/31/11	7/1/10-6/31/11		
<b>FUNDING USES:</b>								
SALARIES & EMPLOYEE BENEFITS	384,749	268,261	30,495	86,037	149,940	423,784	1,343,266	
OPERATING EXPENSE	200,610	108,888	21,771	20,963	33,714	59,196	445,142	
CAPITAL OUTLAY (COST \$5,000 AND OVER)							0	
<b>SUBTOTAL DIRECT COSTS</b>	<b>585,359</b>	<b>377,149</b>	<b>52,266</b>	<b>107,000</b>	<b>183,654</b>	<b>482,980</b>	<b>1,788,408</b>	
INDIRECT COST AMOUNT							0	
INDIRECT %	0%	0%	0%	0%	0%	0%	0%	
<b>TOTAL FUNDING USES:</b>	<b>585,359</b>	<b>377,149</b>	<b>52,266</b>	<b>107,000</b>	<b>183,654</b>	<b>482,980</b>	<b>1,788,408</b>	
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>								
FEDERAL REVENUES - click below								
STATE REVENUES - click below								
MHSA	133900					-482,980	616,880	
GRANTS - click below								
PATH			52,266				52,266	
SAMHSA				107,000	183,654		290,654	
PRIOR YEAR ROLL OVER - click below								
WORK ORDERS - click below								
Please enter other funding source here if not in pull down								
3RD PARTY PAYOR REVENUES - click below								
Please enter other funding source here if not in pull down								
REALIGNMENT FUNDS	221871	221,871					443,742	
COUNTY GENERAL FUND	229588	155278					384,866	
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>585,359</b>	<b>377,149</b>	<b>52,266</b>	<b>107,000</b>	<b>183,654</b>	<b>482,980</b>	<b>1,788,408</b>	
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>								
FEDERAL REVENUES - click below								
STATE REVENUES - click below								
County Other							-	
GRANTS/PROJECTS - click below								
Please enter other funding source here if not in pull down								
WORK ORDERS - click below								
Please enter other funding source here if not in pull down								
3RD PARTY PAYOR REVENUES - click below								
Please enter other funding source here if not in pull down								
COUNTY GENERAL FUND							-	
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>TOTAL DPH REVENUES</b>	<b>585,359</b>	<b>377,149</b>	<b>52,266</b>	<b>107,000</b>	<b>183,654</b>	<b>482,980</b>	<b>1,788,408</b>	
NON-DPH REVENUES - click below								
<b>TOTAL NON-DPH REVENUES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>585,359</b>	<b>377,149</b>	<b>52,266</b>	<b>107,000</b>	<b>183,654</b>	<b>482,980</b>	<b>1,788,408</b>	

Prepared by/Phone #: Kevin Walsh/415.626.1650 x 304

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

FISCAL YEAR:	July 1, 2010 to June 30, 2011		APPENDIX #: B-1			
LEGAL ENTITY NAME:	San Francisco Study Center		PROVIDER #: 8986			
PROVIDER NAME:	San Francisco Study Center/Office of Self Help					
REPORTING UNIT NAME:						
REPORTING UNIT:						
MODE OF SVCS / SERVICE FUNCTION CODE	45/10-19	45/10-19				
SERVICE DESCRIPTION	MH Promotion	MH Promotion	#N/A	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11				
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	296,916	87,833				384,749
OPERATING EXPENSE	154,543	46,067				200,610
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	451,459	133,900	0	0	0	585,359
INDIRECT COST AMOUNT						0
TOTAL FUNDING USES:	451,459	133,900	0	0	0	585,359
CBHS MENTAL HEALTH FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA		133,900				133,900
GRANTS - click below	CFDA #:					
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS	221871					221,871
COUNTY GENERAL FUND	229588					229,588
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:	451,459	133,900				585,359
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
TOTAL DPH REVENUES	451,459	133,900				585,359
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	451,459	133,900				585,359
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE <sup>1</sup>		N/A				
UNITS OF TIME <sup>2</sup>	11,026	4,308				
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	40.94	CR	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	40.94	CR	0.00	0.00	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)		N/A				
UNDUPLICATED CLIENTS	200					

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

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

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

FISCAL YEAR:		July 1, 2010 to June 30, 2011				APPENDIX #: B-2
LEGAL ENTITY NAME:		San Francisco Study Center				PROVIDER #: 8843
PROVIDER NAME:		San Francisco Study Center/San Francisco Mental Health Clients Rights Advocates				
REPORTING UNIT NAME:						
REPORTING UNIT:						
MODE OF SVCS / SERVICE FUNCTION CODE		45/10-19				
SERVICE DESCRIPTION		MH Promotion	#N/A	#N/A	#N/A	#N/A
CBHS FUNDING TERM:		7/1/10-6/30/11				
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS		268,261				268,261
OPERATING EXPENSE		108,888				108,888
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS		377,149	0	0	0	377,149
INDIRECT COST AMOUNT						0
TOTAL FUNDING USES:		377,149	0	0	0	377,149
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHTSA						
GRANTS - click below						
CFDA #:						
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS		221871				221,871
COUNTY GENERAL FUND		155278				155,278
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:		377,149				377,149
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
TOTAL DPH REVENUES:		377,149				377,149
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES		0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)		377,149				377,149
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>		9,682				
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		38.95	0.00	0.00	0.00	0.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		38.95	0.00	0.00	0.00	0.00
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS		600				

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

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

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

FISCAL YEAR:		July 1, 2010 to June 30, 2011			APPENDIX #: B-3	
LEGAL ENTITY NAME:		San Francisco Study Center			PROVIDER #:	
PROVIDER NAME: San Francisco Study Center/Peer & Intern Employment						
REPORTING UNIT NAME:						
REPORTING UNIT:						
MODE OF SVCS / SERVICE FUNCTION CODE		60/78				
SERVICE DESCRIPTION		Other Non-MediCal Client Support Exp	#/A	#/A	#/A	#/A
CBHS FUNDING TERM:		7/1/10-6/30/11				
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS		30,495				30,495
OPERATING EXPENSE		21,771				21,771
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS		52,266	0	0	0	52,266
INDIRECT COST AMOUNT						0
TOTAL FUNDING USES:		52,266	0	0	0	52,266
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA						
GRANTS - click below						
CFDA #:						
PATH		52266				
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		52,266				
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES		52,266				
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES		0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)		52,266				
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		CR	0.00	0.00	0.00	0.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		CR	0.00	0.00	0.00	0.00
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS						

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

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

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

FISCAL YEAR: July 1, 2010 to June 30, 2011		APPENDIX #: B-4				
LEGAL ENTITY NAME: San Francisco Study Center		PROVIDER #:				
PROVIDER NAME: San Francisco Study Center/Peer & Intern Employment						
REPORTING UNIT NAME:						
REPORTING UNIT:						
MODE OF SVCS / SERVICE FUNCTION CODE	60/78					
SERVICE DESCRIPTION	Other Non-Medical Client Support Exp	#N/A	#N/A	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11					
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	86,037					86,037
OPERATING EXPENSE	20,963					20,963
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	107,000	0	0	0	0	107,000
INDIRECT COST AMOUNT						0
TOTAL FUNDING USES:	107,000	0	0	0	0	107,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA						
GRANTS - click below						
PATH						
CFDA #:						
SAMHSA Dual Diagnosis	93,958	107,000				107,000
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	107,000					107,000
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	107,000					107,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	107,000					107,000
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	0.00	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR	0.00	0.00	0.00	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS						

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

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

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

FISCAL YEAR: July 1, 2010 to June 30, 2011		APPENDIX #: B-5				
LEGAL ENTITY NAME: San Francisco Study Center		PROVIDER #:				
PROVIDER NAME: San Francisco Study Center/Peer & Intern Employment						
REPORTING UNIT NAME:						
REPORTING UNIT:						
MODE OF SVCS / SERVICE FUNCTION CODE: 60/78						
SERVICE DESCRIPTION	Other Non-MediCal Client Support Exp	#/N/A	#/N/A	#/N/A	#/N/A	TOTAL
<b>CBHS FUNDING TERM:</b>						
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	149,940					149,940
OPERATING EXPENSE	33,714					33,714
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	183,654	0	0	0	0	183,654
INDIRECT COST AMOUNT						0
<b>TOTAL FUNDING USES:</b>	<b>183,654</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>183,654</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHTSA						
GRANTS - click below CFDA #:						
PATH						
SAMHSA System of Care	93,958	183,654				183,654
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:</b>		<b>183,654</b>				<b>183,654</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
<b>TOTAL DPH REVENUES:</b>		<b>183,654</b>				<b>183,654</b>
NON-DPH REVENUES - click below						
<b>TOTAL NON-DPH REVENUES:</b>		0	0	0	0	0
<b>TOTAL REVENUES (DPH AND NON-DPH):</b>		<b>183,654</b>				<b>183,654</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	0.00	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR	0.00	0.00	0.00	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS						

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

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

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

FISCAL YEAR: July 1, 2010 to June 30, 2011		APPENDIX #: B-6				
LEGAL ENTITY NAME: San Francisco Study Center		PROVIDER #:				
PROVIDER NAME: San Francisco Study Center/Peer & Intern Employment						
REPORTING UNIT NAME:						
REPORTING UNIT:						
MODE OF SVCS / SERVICE FUNCTION CODE: 60/78						
SERVICE DESCRIPTION	Other Non-Medical Client Support Exp	#/A	#/A	#/A	#/A	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11					
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	423,784					423,784
OPERATING EXPENSE	59,196					59,196
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	482,980	0	0	0	0	482,980
INDIRECT COST AMOUNT						0
TOTAL FUNDING USES:	482,980	0	0	0	0	482,980
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA	482,980					482,980
GRANTS - click below						
CFDA #:						
PATH						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	482,980					482,980
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	482,980					482,980
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	482,980					482,980
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	0.00	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR	0.00	0.00	0.00	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS						

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

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

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-1  
 Document Date: 9.27.10

Provider Number (same as line 7 on DPH 1): 8986  
 Provider Name (same as line 8 on DPH 1): San Francisco Study Center/Office of Self-Help

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: MESA (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7.1.10 - 6.30.11		Proposed Transaction Term: 7.1.10 - 6.30.11		Proposed Transaction Term: 7.1.10 - 6.30.11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	1.00	\$ 62,880.00	1.00	62,880								
Self-Help Specialists	5.50	\$ 165,624.00	3.32	100,077	2.18	65,547						
Administrative Assistant	0.35	\$ 10,625.00	0.35	10,625								
Driver	0.20	\$ 4,992.00	0.20	4,992								
Nurse Practitioner	0.20	\$ 18,092.00	0.20	18,092								
Acupuncturist	0.20	\$ 16,952.00	0.20	16,952								
Peer Counselors	0.31	\$ 7,500.00	0.31	7,500								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
<b>TOTALS</b>	<b>7.76</b>	<b>\$286,665</b>	<b>5.58</b>	<b>\$221,118</b>	<b>2.18</b>	<b>\$65,547</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>

EMPLOYEE FRINGE BENEFITS	34%	\$98,084	34%	\$75,798	34%	\$22,286	#DIV/0!		#DIV/0!		#DIV/0!	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$384,749</b>		<b>\$296,916</b>		<b>\$87,833</b>		<b>\$0</b>		<b>\$0</b>		<b>\$0</b>

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## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 8986

Provider Name (same as line 8 on DPH 1): San Francisco Study Center/Office of Self-Help

Date: 9.27.10

Fiscal Year: 10-11

Salaries and Benefits	Salaries	FTE
Program Director: Responsible for supervising staff, program planning, and program evaluation. Minimum qualifications are high school diploma or equivalent. 1.00 FTE x \$62,880 per year = \$62,880	\$62,880	1.00
Self-Help Specialists: Responsible for providing client services. Minimum qualifications are high school diploma or equivalent. 5.50 FTE x \$30,113 per year = \$165,624	\$165,624	5.50
Administrative Assistant: Responsible for providing administrative support to accomplish program goals. Minimum qualifications are high school diploma or equivalent. .50 FTE x \$2,500 per month x 8.5 months = \$10,625	\$10,625	0.35
Driver: Responsible for driving clients on field trips. Minimum qualifications are high school diploma or equivalent and California driver's license with clean driving record. .20 FTE x \$24,960 per year = \$4,992	\$4,992	0.20
Nurse Practitioner: Responsible for providing on-site primary medical care. Minimum qualifications are appropriate degrees and licensure. .20 FTE x \$90,460 per year = \$18,092	\$18,092	0.20
Acupuncturist: Responsible for providing on-site primary medical care. Minimum qualifications are appropriate degrees and licensure. .20 FTE x \$84,760 per year = \$16,952	\$16,952	0.20
Peer Counselors: Responsible for providing client services. Minimum qualifications are high school diploma or equivalent. .31 FTE x \$24,193 per year = \$7,500	\$7,500	0.31
<b>TOTAL SALARIES</b>	<b>\$286,665</b>	

FICA/Medicare, State Unemployment Insurance, Workers Compensation Insurance, Health Insurance, Dental Insurance, Life Insurance, Employee Assistance Program, Health Savings Account Contribution	\$98,084	
<b>TOTAL BENEFITS</b>	<b>\$98,084</b>	

**TOTAL SALARIES & BENEFITS \$384,749**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Office Rent inclusive of client drop-in space and client meeting space.

\$11,277 per FTE x 7.76 FTE = \$87,511

\$87,511

Utilities:

PG&E and telephone.  $\$1,160$  per FTE x 7.76 FTE =  $\$9,000$   $\$9,000$

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Building Maintenance:

Miscellaneous repairs.  $\$64$  per FTE x 7.76 FTE =  $\$500$   $\$500$

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**Total Occupancy:  $\$97,011$**

**Materials and Supplies:**

Office Supplies:

Office Supplies and Postage.  $\$580$  per FTE x 7.76 FTE =  $\$4,500$   $\$4,500$

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Printing/Reproduction:

---

Program/Medical Supplies:

$\$17,093$

Program supplies for client activities.  $\$2,203$  per FTE x 7.76 FTE =  $\$17,093$

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**Total Materials and Supplies:  $\$21,593$**

**General Operating:**

Insurance:

Liability insurance.  $\$612$  per FTE x 7.76 FTE =  $\$4,750$   $\$4,750$

---

Staff Training:

Training fees and conference registrations.  $\$129$  per FTE x 7.76 FTE =  $\$1,000$   $\$1,000$

---

Rental of Equipment:

---

**Total General Operating:  $\$5,750$**

**Staff Travel (Local & Out of Town):**

Local and out of town travel.  $\$129$  per FTE x 7.76 FTE =  $\$1,000$   $\$1,000$

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**$\$1,000$**

**Other:**

Van expenses including gas, maintenance, garage, and insurance.  $\$2,155$  per FTE x 7.76 FTE =  $\$16,720$   $\$16,720$

Fiscal Sponsor Fee at 10% of total program revenue.  $\$585,359$  x 10% =  $\$58,536$   $\$58,536$

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Total Other: \$75,256

TOTAL OPERATING COSTS: \$200,610

CAPITAL EXPENDITURES: *(If needed - A unit valued at \$5,000 or more)* \$0

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$585,359**

**CONTRACT TOTAL: \$585,359**

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8843  
 Provider Name (same as line 8 on DPH 1): San Francisco Study Center/SF Mental Health Clients Rights Advocates

APPENDIX #: B-2  
 Document Date: 9.27.10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #2: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7.1.10 - 6.30.11		Proposed Transaction Term: 7.1.10 - 6.30.11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Executive Director	0.10	\$ 6,000.00	0.10	\$ 6,000.00								
Program Director	1.00	\$ 50,000.00	1.00	\$ 50,000.00								
Senior Advocate	1.00	\$ 42,000.00	1.00	\$ 42,000.00								
Advocates	2.80	\$ 114,800.00	2.80	\$ 114,800.00								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
TOTALS	4.90	\$212,800	4.90	\$212,800	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS	26%	\$55,461	26%	\$55,461	#DIV/0!	\$22,286	#DIV/0!		#DIV/0!		#DIV/0!	
TOTAL SALARIES & BENEFITS		\$268,261		\$268,261		\$22,286		\$0		\$0		\$0

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DPH 4: Operating Expenses Detail

APPENDIX #: B-2  
 Document Date: 9.27.10

Provider Number (same as line 7 on DPH 1): 8843

Provider Name (same as line 8 on DPH 1): San Francisco Study Center/SF Mental Health Clients Rights Advocates

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Expenditure Category

Rental of Property  
 Utilities(Elec, Water, Gas, Phone, Scavenger)  
 Office Supplies, Postage  
 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)  
 Database Consultant  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 OTHER  
 Computers and Software  
 Furniture  
 Fiscal Sponsor Fee  
 \_\_\_\_\_  
 \_\_\_\_\_

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #2: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
7.1.10 - 6.30.11	7.1.10 - 6.30.11	Term: _____	Term: _____	Term: _____	Term: _____
\$ 28,680.00	28,680				
\$ 15,500.00	15,500				
\$ 3,000.00	3,000				
\$ 500.00	500				
\$ -					
\$ 1,750.00	1,750				
\$ 3,000.00	3,000				
\$ 3,743.00	3,743				
\$ -					
\$ -					
\$ 3,000.00	3,000				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 8,000.00	8,000				
\$ 4,000.00	4,000				
\$ 37,715.00	37,715				
\$ -					
\$ -					

TOTAL OPERATING EXPENSE

\$108,888      \$108,888      \$0      \$0      \$0      \$0

## CBHS BUDGET JUSTIFICATION

**Provider Number (same as line 7 on DPH 1): 8843**

**Provider Name (same as line 8 on DPH 1): San Francisco Study Center/SFMHCRA**

**Date: 9.27.10**

**Fiscal Year: 10-11**

**Salaries and Benefits**

	Salaries	FTE
Executive Director: Responsible for supervising the Program Director and program evaluation. Minimum qualifications are bachelor's degree. .10 FTE x \$60,000 per year = \$6,000	\$6,000	0.10
Program Director: Responsible for supervising staff, program planning, and program evaluation. Minimum qualifications are high school diploma or equivalent. 1.00 FTE x \$50,000 per year = \$50,000	\$50,000	1.00
Senior Advocate: Responsible for providing advocacy to behavioral health clients. Minimum qualifications are high school diploma or equivalent. 1.00 FTE x \$42,000 per year = \$42,000	\$42,000	1.00
Advocates: Responsible for providing advocacy to behavioral health clients. Minimum qualifications are high school diploma or equivalent. 2.80 FTE x \$41,000 per year = \$114,800	\$114,800	0.20
<b>TOTAL SALARIES</b>	<b>\$212,800</b>	

FICA/Medicare, State Unemployment Insurance, Workers Compensation Insurance, Health Insurance, Dental Insurance, Life Insurance, Employee Assistance Program, Health Savings Account Contribution	\$55,461	
<b>TOTAL BENEFITS</b>	<b>\$55,461</b>	

**TOTAL SALARIES & BENEFITS \$268,261**

**Operating Expenses**

**Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:**

Rent:

Office Rent for program staff. \$5,975 per FTE x 4.80 FTE = \$28,680 \$28,680

Utilities:

PG&E and telephone. \$3,229 per FTE x 4.80 FTE = \$15,500 \$15,500

Building Maintenance:

Miscellaneous repairs. \$104 per FTE x 4.80 FTE = \$500 \$500

Total Occupancy: \$44,680

**Materials and Supplies:**

Office Supplies:

Office Supplies and Postage. \$625 per FTE x 4.80 FTE = \$3,000 \$3,000

Printing/Reproduction:

Program/Medical Supplies:

Total Materials and Supplies: \$3,000

**General Operating:**

Insurance:

Liability insurance. \$365 per FTE x 4.80 FTE = \$1,750 \$1,750

Staff Training:

Training fees and conference registrations. \$625 per FTE x 4.80 FTE = \$3,000 \$3,000

Rental of Equipment:

Total General Operating: \$4,750

**Staff Travel (Local & Out of Town):**

Local and out of town travel. \$780 per FTE x 4.80 FTE = \$3,743 \$3,743

\$3,743

**Other:**

Database Consultant. \$625 per FTE x 4.80 FTE = \$3,000 \$3,000

Computers and Software. \$1,667 per FTE x 4.80 FTE = \$8,000 \$8,000

Furniture including desks and chairs. \$833 per FTE x 4.80 FTE = \$4,000 \$4,000

Fiscal Sponsor Fee at 10% of total program revenue. \$377,149 x 10% = \$37,715 \$37,715

Total Other: \$52,715

**TOTAL OPERATING COSTS: \$108,888**

**CAPITAL EXPENDITURES:** (If needed - A unit valued at \$5,000 or more) \$0



**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$377,149**

**CONTRACT TOTAL: \$377,149**

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-3  
 Document Date: 9.27.10

Provider Number (same as line 7 on DPH 1):  
 Provider Name (same as line 8 on DPH 1): San Francisco Study Center/Peer, & Intern Employment

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #2: PATH (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7.1.10 - 6.30.11		Proposed Transaction Term: _____		Proposed Transaction Term: 7.1.10 - 6.30.11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Peers	1.12	\$ 25,626.00			1.12	25,626						
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	1.12	\$25,626	0.00	\$0	1.12	\$25,626	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS      19%    \$4,869    #DIV/0!    \$0      19%    \$4,869    #DIV/0!    \$0      #DIV/0!    \$0      #DIV/0!    \$0

TOTAL SALARIES & BENEFITS      \$30,495      \$0      \$30,495      \$0      \$0      \$0

1968



## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 8843

Provider Name (same as line 8 on DPH 1): San Francisco Study Center/PIE PATH

Date: 9.27.10

Fiscal Year: 10-11

**Salaries and Benefits**

	Salaries	FTE
Peers: Responsible for providing peer-based services at behavioral health sites throughout the city. Minimum qualifications: behavioral health consumer or family member of behavioral health consumer. 1.12 FTE x \$22,880 per year = \$25,626	\$25,626	1.12
<b>TOTAL SALARIES</b>	<b>\$25,626</b>	

FICA/Medicare, State Unemployment Insurance, Workers Compensation Insurance, HCSO payment	\$4,869	
<b>TOTAL BENEFITS</b>	<b>\$4,869</b>	

**TOTAL SALARIES & BENEFITS     \$30,495**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

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Utilities:

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Building Maintenance:

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Total Occupancy:     \$0

**Materials and Supplies:**

Office Supplies:

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Printing/Reproduction:

Program/Medical Supplies:

**Total Materials and Supplies: \$0**

**General Operating:**

Insurance:

Staff Training:

Rental of Equipment:

**Total General Operating: \$0**

**Staff Travel (Local & Out of Town):**

**\$0**

**Other:**

Program Supplies such as office items and meeting expenses. \$1,063 per FTE x 1.12 FTE = \$1,190	\$1,190
Stipends for interns. Average \$1,280 per intern x 12 interns = \$15,354	\$15,354
Fiscal Sponsor Fee at 10% of total program revenue. \$52,266 x 10% = \$5,227	\$5,227

**Total Other: \$21,771**

**TOTAL OPERATING COSTS: \$21,771**

**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$52,266**

**CONTRACT TOTAL: \$52,266**

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-4  
 Document Date: 9.27.10

Provider Number (same as line 7 on DPH 1):  
 Provider Name (same as line 8 on DPH 1): San Francisco Study Center/Peer & Intern Employment

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #2: SAMHSA Dual Diagnosis (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7.1.10 - 6.30.11		Proposed Transaction Term: _____		Proposed Transaction Term: 7.1.10 - 6.30.11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Peers	3.15	\$ 72,300.00			3.15	72,300						
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	3.15	\$72,300	0.00	\$0	3.15	\$72,300	0.00	\$0	0.00	\$0	0.00	\$0

1972

EMPLOYEE FRINGE BENEFITS	19%	\$13,737	#DIV/0!	\$0	19%	\$13,737	#DIV/0!		#DIV/0!		#DIV/0!	
TOTAL SALARIES & BENEFITS		\$86,037		\$0		\$86,037		\$0		\$0		\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-4  
 Document Date: 9.27.10

Provider Number (same as line 7 on DPH 1):  
 Provider Name (same as line 8 on DPH 1): San Francisco Study Center/Peer & Intern Employment

1973

Expenditure Category

Rental of Property  
 Utilities(Elec, Water, Gas, Phone, Scavenger)  
 Office Supplies, Postage  
 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)  
 Program Consultants  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 OTHER  
 Program Supplies  
 Fiscal Sponsor Fee  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #2: SAMHSA Dual Diagnosis (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
7.1.10 - 6.30.11	Term: _____	7.1.10 - 6.30.11	Term: _____	Term: _____	Term: _____
\$ -					
\$ -					
\$ 1,000.00		1,000			
\$ -					
\$ -					
\$ -					
\$ -					
\$ 1,523.00		1,523			
\$ -					
\$ -					
\$ 6,240.00		6,240			
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 1,500.00		1,500			
\$ 10,700.00		10,700			
\$ -					
\$ -					
\$ -					
\$ -					
<b>\$20,963</b>	<b>\$0</b>	<b>\$20,963</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 8843

Provider Name (same as line 8 on DPH 1): San Francisco Study Center/PIE SAMHS DD

Date: 9.27.10

Fiscal Year: 10-11

Salaries and Benefits	Salaries	FTE
Peers: Responsible for providing peer-based services at behavioral health sites throughout the city. Minimum qualifications: behavioral health consumer or family member of behavioral health consumer. 3.15 FTE x \$22,952 per year = \$72,300	\$72,300	3.15
<b>TOTAL SALARIES</b>	<b>\$72,300</b>	

FICA/Medicare, State Unemployment Insurance, Workers Compensation Insurance, HCSO payment	\$13,737	
<b>TOTAL BENEFITS</b>	<b>\$13,737</b>	

**TOTAL SALARIES & BENEFITS      \$86,037**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as

**Occupancy:**

Rent:

\_\_\_\_\_

\_\_\_\_\_

Utilities:

\_\_\_\_\_

\_\_\_\_\_

Building Maintenance:

\_\_\_\_\_

\_\_\_\_\_

Total Occupancy:      \$0

**Materials and Supplies:**

Office Supplies:

Office Supplies. \$317 per FTE x 3.15 FTE = \$1,000      \$1,000

\_\_\_\_\_



Printing/Reproduction:

\_\_\_\_\_

Program/Medical Supplies:

\_\_\_\_\_

**Total Materials and Supplies: \$1,000**

**General Operating:**

Insurance:

\_\_\_\_\_

Staff Training:

\_\_\_\_\_

Rental of Equipment:

\_\_\_\_\_

**Total General Operating: \$0**

**Staff Travel (Local & Out of Town):**

Travel locally and out of town. \$483 per FTE x 3.15 FTE = \$1,523 \$1,523

**\$1,523**

**Other:**

Program Consultants. \$1,980 per FTE x 3.15 FTE = \$6,240 \$6,240

Program Supplies such as meeting expenses. \$476 per FTE x 3.15 FTE = \$1,500 \$1,500

Fiscal Sponsor Fee at 10% of total program revenue. \$107,000 x 10% = \$10,700 \$10,700

**Total Other: \$18,440**

**TOTAL OPERATING COSTS: \$20,963**

**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$107,000**

**CONTRACT TOTAL: \$107,000**

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-5  
 Document Date: 9.27.10

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1): San Francisco Study Center/Peer & Intern Employment

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #2: SAMHSA System of Care (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7.1.10 - 6.30.11		Proposed Transaction Term: _____		Proposed Transaction Term: 7.1.10 - 6.30.11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Peers	5.49	\$ 126,000.00			5.49	126,000						
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	5.49	\$126,000	0.00	\$0	5.49	\$126,000	0.00	\$0	0.00	\$0	0.00	\$0

1976

EMPLOYEE FRINGE BENEFITS      19%    \$23,940    #DIV/0!    \$0      19%    \$23,940    #DIV/0!    #DIV/0!    #DIV/0!    #DIV/0!    #DIV/0!

TOTAL SALARIES & BENEFITS      \$149,940      \$0      \$149,940      \$0      \$0      \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-5  
 Document Date: 9.27.10

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1): San Francisco Study Center/Peer & Intern Employment

1977

Expenditure Category

Rental of Property  
 Utilities(Elec, Water, Gas, Phone, Scavenger)  
 Office Supplies, Postage  
 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)  
 Program Consultants  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 OTHER  
 Training  
 Program Expenses  
 Fiscal Sponsor Fee  
 \_\_\_\_\_  
 \_\_\_\_\_

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #2: SAMHSA System of Care (grant title)	GRANT #2: _____ (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
7.1.10 - 6.30.11	Term: _____	7.1.10 - 6.30.11	Term: _____	Term: _____	Term: _____
\$ -					
\$ -					
\$ 2,000.00		2,000			
\$ -					
\$ -					
\$ -					
\$ 1,219.00		1,219			
\$ -					
\$ -					
\$ 7,330.00		7,330			
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 2,400.00		2,400			
\$ 2,400.00		2,400			
\$ 18,365.00		18,365			
\$ -					
\$ -					
<b>\$33,714</b>	<b>\$0</b>	<b>\$33,714</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

TOTAL OPERATING EXPENSE



Printing/Reproduction:

Program/Medical Supplies:

**Total Materials and Supplies: \$2,000**

**General Operating:**

Insurance:

Staff Training:

Rental of Equipment:

**Total General Operating: \$0**

**Staff Travel (Local & Out of Town):**

Travel locally and out of town. \$222 per FTE x 5.49 FTE = \$1,219 **\$1,219**

**\$1,219**

**Other:**

Program Consultants. \$1,335 per FTE x 5.49 FTE = \$7,330 **\$7,330**

Training including training supplies and conference registration. \$437 per FTE x 5.49 FTE = \$2,400 **\$2,400**

Program Expenses such as meeting expenses. \$437 per FTE x 5.49 FTE = \$2,400 **\$2,400**

Fiscal Sponsor Fee at 10% of total program revenue. \$183,654 x 10% = \$18,365 **\$18,365**

**Total Other: \$30,495**

**TOTAL OPERATING COSTS: \$33,714**

**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$183,654**

**CONTRACT TOTAL: \$183,654**

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-6  
 Document Date: 9.27.10

Provider Number (same as line 7 on DPH 1):  
 Provider Name (same as line 8 on DPH 1): San Francisco Study Center/Peer & Intern Employment

1980

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #2: MHA (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7.1.10 - 6.30.11		Proposed Transaction Term: _____		Proposed Transaction Term: 7.1.10 - 6.30.11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Peers	5.07	\$ 172,000.00			5.07	\$ 172,000.00						
Pathway Peers	2.08	\$ 65,000.00			2.08	\$ 65,000.00						
Systems Analyst	0.50	\$ 52,000.00			0.50	\$ 52,000.00						
Implementation Specialist	0.80	\$ 27,123.00			0.80	\$ 27,123.00						
Administrative Support	0.25	\$ 8,476.00			0.25	\$ 8,476.00						
Garden Manager	0.25	\$ 8,476.00			0.25	\$ 8,476.00						
Garden Educators	0.75	\$ 17,160.00			0.75	\$ 17,160.00						
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	9.70	\$350,235	0.00	\$0	9.70	\$350,235	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS	21%	\$73,549	#DIV/0!	\$0	21%	\$73,549	#DIV/0!		#DIV/0!		#DIV/0!	
TOTAL SALARIES & BENEFITS		\$423,784		\$0		\$423,784		\$0		\$0		\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-6  
 Document Date: 9.27.10

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1): San Francisco Study Center/Peer & Intern Employment

1981

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #2: MHPA (grant title)	GRANT #2: _____ (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
7.1.10 - 6.30.11	Term: _____	7.1.10 - 6.30.11	Term: _____	Term: _____	Term: _____	
Rental of Property	\$ -					
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -					
Office Supplies, Postage	\$ -					
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)	\$ -					
Program Consultants	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
OTHER	\$ -					
Training	\$ 5,898.00		5,898			
Program Expenses	\$ 5,000.00		5,000			
Fiscal Sponsor Fee	\$ 48,298.00		48,298			
	\$ -					
	\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$59,196</b>	<b>\$0</b>	<b>\$59,196</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 8843

Provider Name (same as line 8 on DPH 1): San Francisco Study Center/PIE MHSA

Date: 9.27.10

Fiscal Year: 10-11

Salaries and Benefits	Salaries	FTE
Peers: Responsible for providing peer-based services at behavioral health sites throughout the city. Minimum qualifications: behavioral health consumer or family member of behavioral health consumer. 5.07 FTE x \$33,925 per year = \$172,000	\$172,000	5.07
Pathway Peers: Responsible for providing peer-based services at behavioral health sites throughout the city. Minimum qualifications: behavioral health consumer or family member of behavioral health consumer. 2.08 FTE x \$31,250 per year = \$65,000	\$65,000	2.08
Systems Analyst: Responsible for information technology. Minimum qualifications: behavioral health consumer or family member of behavioral health consumer. .50 FTE x \$104,000 per year = \$52,000	\$52,000	0.50
Implementation Specialist: Responsible for program implementation. Minimum qualifications: behavioral health consumer or family member of behavioral health consumer. .80 FTE x \$33,904 per year = \$27,123	\$27,123	0.80
Administrative Support: Responsible for providing administrative assistance to the program. Minimum qualifications: behavioral health consumer or family member of behavioral health consumer. .25 FTE x \$33,904 per year = \$8,476	\$8,476	0.25
Garden Manager: Responsible for managing the Garden Educators. Minimum qualifications: behavioral health consumer or family member of behavioral health consumer. .25 FTE x \$33,904 per year = \$8,476	\$8,476	0.25
Garden Educators: Responsible for providing garden education. Minimum qualifications: behavioral health consumer or family member of behavioral health consumer. .75 FTE x \$22,880 per year = \$17,160	\$17,160	0.75
<b>TOTAL SALARIES</b>	<b>\$350,235</b>	

FICA/Medicare, State Unemployment Insurance, Workers Compensation Insurance, HCSO payment	\$73,549	
<b>TOTAL BENEFITS</b>	<b>\$73,549</b>	

**TOTAL SALARIES & BENEFITS \$423,784**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

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Utilities:

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Building Maintenance:

**Total Occupancy: \$0**

**Materials and Supplies:**

Office Supplies:

Printing/Reproduction:

Program/Medical Supplies:

**Total Materials and Supplies: \$0**

**General Operating:**

Insurance:

Staff Training:

Rental of Equipment:

**Total General Operating: \$0**

**Staff Travel (Local & Out of Town):**

**\$0**

**Other:**

Training including training supplies and conference registration. \$608 per FTE x 9.70 FTE = \$5,898 \$5,898

Program Expenses such as meeting expenses. \$515 per FTE x 9.70 FTE = \$5,000 \$5,000

Fiscal Sponsor Fee at 10% of total program revenue. \$482,980 x 10% = \$48,298 \$48,298

Total Other: \$59,196

TOTAL OPERATING COSTS: \$59,196

CAPITAL EXPENDITURES: *(if needed - A unit valued at \$5,000 or more)* \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$482,980
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CONTRACT TOTAL:	\$482,980
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**Appendix C  
Insurance Waiver**

**RESERVED**

**THIS PAGE IS LEFT BLANK AND IS NOT BEING USED**



**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 Standard Form-111, "Disclosure Form to Report Lobbying," 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**

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays.



## Appendix E

### BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

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#### RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

#### 1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.

- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
  - h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
  - i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
  - j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
  - k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
  - l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
  - m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
  - b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from



such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).
- h. **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected

Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

- i.* **Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.
- j.* **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- k.* **Minimum Necessary.** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- l.* **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.

- m. **Business Associate's Insurance.** BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.
- n. **Notification of Breach.** During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p. **Audits, Inspection and Enforcement.** Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

### 3. Termination

- a. **Material Breach.** A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the

Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

- c. **Effect of Termination.** Upon termination of the Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA or its agents or subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections of Section 2 of this Addendum to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible [45 C.F.R. Section 164.504(e)(ii)(2)(D)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed.

#### 4. **Limitation of Liability**

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

#### 5. **Disclaimer**

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

#### 6. **Certification**

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

#### 7. **Amendment**

- a. **Amendment to Comply with Law.** The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the

HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Contract upon thirty (30) calendar days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this Section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

#### **8. Assistance in Litigation or Administrative Proceedings**

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

#### **9. No Third-Party Beneficiaries**

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

#### **10. Effect on Contract**

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

#### **11. Interpretation**

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

#### **12. Replaces and Supersedes Previous Business Associate Addendums or Agreements**

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.



**Appendix F**  
**Invoice**

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

Appendix F  
 PAGE A

Control Number

\_\_\_\_\_

Contractor : San Francisco Study Center

Address: 1095 Market St., Rm. 602, San Francisco, CA 94103

Tel No.: (415) 626-1650  
 Fax No.: (415) 626-7276

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER : M01 JL 0

Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD User Cd

Fund Source: General Fund

Invoice Period : July 2010

Final Invoice: \_\_\_\_\_ (Check if Yes)

ACE Control Number: \_\_\_\_\_

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
<b>B-1 Office of Self Help</b>												
45/ 10 - 19 MH Promotion	11,837				\$ 38.14	\$ -	0.000		0.00%		11,837.000	\$ 451.46
<b>B-2 SF Mental Health Clients Rights Advocates</b>												
45/ 10 - 19 MH Promotion	9,683				\$ 38.95	\$ -	0.000		0.00%		9,683.000	377,152.85
<b>TOTAL</b>	<b>21,520</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>21,520.000</b>	<b>\$ 828,616.03</b>

**SUBTOTAL AMOUNT DUE** \$ \_\_\_\_\_  
 Less: Initial Payment Recovery \_\_\_\_\_  
 (For DPH Use) Other Adjustments \_\_\_\_\_  
**NET REIMBURSEMENT** \$ \_\_\_\_\_

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Send to:  
 DPH Fiscal/Invoice Processing  
 1380 Howard St. - 4th Floor  
 San Francisco, CA 94103

DPH Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: San Francisco Study Center

Address: 1095 Market St., San Francisco, CA 94103

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M07 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: SAMHSA - Dual Diagnosis

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Peer & Interim Employment												
60/ 78 Other Non-Medical							#DIV/0!					#DIV/0!
Client Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 72,300.00	\$ -	\$ -	0.00%	\$ 72,300.00
Fringe Benefits	\$ 13,737.00	\$ -	\$ -	0.00%	\$ 13,737.00
<b>Total Personnel Expenses</b>	<b>\$ 86,037.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 86,037.00</b>
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ 1,523.00	\$ -	\$ -	0.00%	\$ 1,523.00
Consultant/Subcontractor	\$ 6,240.00	\$ -	\$ -	0.00%	\$ 6,240.00
Other: Program Supplies	\$ 1,500.00	\$ -	\$ -	0.00%	\$ 1,500.00
Fiscal Sponsor Fee	\$ 10,700.00	\$ -	\$ -	0.00%	\$ 10,700.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 20,963.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 20,963.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 107,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 107,000.00</b>
Indirect Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL EXPENSES</b>	<b>\$ 107,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 107,000.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

**Contractor:** San Francisco Study Center  
**Address:** 1095 Market St., San Francisco, CA 94103  
**Tel. No.:** (415) 626-1650  
**Fax No.:** (415) 626-7276  
**Contract Term:** 07/01/2010 - 06/30/2011  
**PHP Division:** Community Behavioral Health Services

**INVOICE NUMBER:** M13 JL 0  
**Ct. Blanket No.:** BPHM TBD  
**Ct. PO No.:** POHM TBD  
**Fund Source:** SAMHSA - System of Care  
**Invoice Period:** July 2010  
**Final Invoice:** (Check if Yes)  
**ACE Control Number:** \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-5 Peer & Intern Employment												
60/ 78 Other Non-Medical												
Client Support Exp							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 126,000.00	\$ -	\$ -	0.00%	\$ 126,000.00
Fringe Benefits	\$ 23,940.00	\$ -	\$ -	0.00%	\$ 23,940.00
<b>Total Personnel Expenses</b>	<b>\$ 149,940.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 149,940.00</b>
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 2,000.00	\$ -	\$ -	0.00%	\$ 2,000.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ 1,219.00	\$ -	\$ -	0.00%	\$ 1,219.00
Consultant/Subcontractor	\$ 7,330.00	\$ -	\$ -	0.00%	\$ 7,330.00
Other: Training	\$ 2,400.00	\$ -	\$ -	0.00%	\$ 2,400.00
Program Expenses	\$ 2,400.00	\$ -	\$ -	0.00%	\$ 2,400.00
Fiscal Sponsor Fee	\$ 18,365.00	\$ -	\$ -	0.00%	\$ 18,365.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 33,714.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 33,714.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 183,654.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 183,654.00</b>
<b>Indirect Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL EXPENSES</b>	<b>\$ 183,654.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 183,654.00</b>
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

**NOTES:**  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
 1380 Howard St 4th Floor  
 San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory Date

**D. DEPARTMENT OF PUBLIC HEALTH CONTRA  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

INVOICE NUMBER: M15 JL 0

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

**Contractor: San Francisco Study Center**

Address: 1095 Market St., San Francisco, CA 94103

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 Office of Self Help												
45/ 10 - 19 MH Promotion							#DIV/0!					#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 65,547.00	\$ -	\$ -	0.00%	\$ 65,547.00
Fringe Benefits	\$ 22,286.00	\$ -	\$ -	0.00%	\$ 22,286.00
<b>Total Personnel Expenses</b>	<b>\$ 87,833.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 87,833.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ 22,313.00	\$ -	\$ -	0.00%	\$ 22,313.00
Materials and Supplies	\$ 1,035.00	\$ -	\$ -	0.00%	\$ 1,035.00
General Operating	\$ 1,322.00	\$ -	\$ -	0.00%	\$ 1,322.00
Staff Travel	\$ 230.00	\$ -	\$ -	0.00%	\$ 230.00
Other: Van Expenses	\$ 3,846.00	\$ -	\$ -	0.00%	\$ 3,846.00
Program Supplies	\$ 3,931.00	\$ -	\$ -	0.00%	\$ 3,931.00
Vehicle Expense	\$ -	\$ -	\$ -	0.00%	\$ -
Vehicle Insurance	\$ -	\$ -	\$ -	0.00%	\$ -
Programming Expense	\$ -	\$ -	\$ -	0.00%	\$ -
Fiscal Sponsor Fee	\$ 13,390.00	\$ -	\$ -	0.00%	\$ 13,390.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 46,067.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 46,067.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 133,900.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 133,900.00</b>
<b>Indirect Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL EXPENSES</b>	<b>\$ 133,900.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 133,900.00</b>

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
<b>REIMBURSEMENT</b>	<b>\$ -</b>	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: San Francisco Study Center

Address: 1095 Market St., San Francisco, CA 94103

Tel. No.: (415) 626-1650

Fax No.: (415) 626-7276

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M16 JL 0

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop 63

Invoice Period: July 2010

Final Invoice:  (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-6 Peer & Intern Employment												
60/ 78 Other Non-Medical												
Client Support Exp							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 350,235.00	\$ -	\$ -	0.00%	\$ 350,235.00
Fringe Benefits	\$ 73,549.00	\$ -	\$ -	0.00%	\$ 73,549.00
<b>Total Personnel Expenses</b>	<b>\$ 423,784.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 423,784.00</b>
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Training Expenses	\$ 5,898.00	\$ -	\$ -	0.00%	\$ 5,898.00
Fiscal Sponsor Fee	\$ 48,298.00	\$ -	\$ -	0.00%	\$ 48,298.00
Program Expenses	\$ 5,000.00	\$ -	\$ -	0.00%	\$ 5,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 59,196.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 59,196.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 482,980.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 482,980.00</b>
Indirect Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL EXPENSES</b>	<b>\$ 482,980.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 482,980.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date



## Appendix G

### Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors

9-06

#### Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270). The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to [purchasing@sfgov.org](mailto:purchasing@sfgov.org).

#### Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The

Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.

- Step 2      Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
  
- Step 3      Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270).

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to [purchasing@sfgov.org](mailto:purchasing@sfgov.org). This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.



## Appendix H

### **San Francisco Department of Public Health Privacy Policy Compliance Standards**

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

**Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.**

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

**Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.**

As Measured by: Documentation showing individual was trained exists

**Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.**

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

**Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.**

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

**Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.**

As Measured by: Documentation exists.

**Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.**

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

## Appendix I

### Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

**Appendix J**

**MENTAL HEALTH SERVICES ACT**

**(PROPOSITION 63)**

CONTRACTOR agrees to fully comply with all laws, regulations, policies and procedures related to the Mental Health Services Act (MHSA) or as defined in the Request for Proposal (RFP) 20-2009 – Mental Health Services Act Community Services and Supports.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/27/2010

PRODUCER (415) 978-3800 FAX: (415) 978-3825

Sunderland-Robinson Company, Inc.

BO067063

100 Montgomery St., Suite 888

San Francisco CA 94104

INSURED

San Francisco Study Center

1095 Market St.

Suite 601

San Francisco CA 94103

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Nonprofits' Insurance

INSURER B: United Financial Casualty Co.

INSURER C: Hartford Fire Insurance Co. 19682

INSURER D: North American Elite Ins. Co.

INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR ADD'L TR. INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	2010-03427-NPO Includes \$ 250,000 for sexual misconduct lia	4/22/2010	4/22/2011	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> Professional Lia				PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> @ \$ 1,000,000				GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 3,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY	04471075-9	4/22/2010	4/22/2011	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N			E.L. EACH ACCIDENT	\$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
C	OTHER Excess Fidelity	57BDDAR9215	4/10/2010	4/10/2011	Each Claim - Excess	\$ 175,000
D	Primary Fidelity	CWB000495-08	4/22/2010	4/22/2011	Primary Limit	\$ 100,000

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder is included as additional insured as per the attached endorsement - NOTE: 10 days notice of cancellation for non-payment of premium

## CERTIFICATE HOLDER

## CANCELLATION

City & Co. of San Francisco, its officers  
agents & employees  
San Francisco Dept. of Public Health  
1380 Howard Street  
4th Floor  
San Francisco, CA 94102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)  
INS025 (200901)

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The ACORD name and logo are registered marks of ACORD

Named Insured: San Francisco Study Center

Policy: 2010-03427-NPO

---

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name of Person or Organization:

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**WHO IS AN INSURED** (Section II) is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your on-going operations; or
- B. In connection with your premises owned by or rented to you

CALENDER ROBINSON CO  
300 MONTGOMERY STE888  
SAN FRANCISCO, CA 94104  
415-978-3800

**PROGRESSIVE**

**Policy number: 04471075-6**

Underwritten by:  
United Financial Casualty Company

July 19, 2010

Page 1 of 2

## Certificate of Insurance

Certificate Holder	Insured	Agent
Additional Insured CITY AND COUNTY OF SAN FRANCISCO 1380 HOWARD ST SAN FRANCISCO, CA 94102	SAN FRANCISCO STUDY CTR 1095 MARKET ST #601 SAN FRANCISCO, CA 94103	CALENDER ROBINSON CO 300 MONTGOMERY STE888 SAN FRANCISCO, CA 94104

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Apr 22, 2010

Policy Expiration Date: Apr 22, 2011

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit
Uninsured/Underinsured Motorist	\$1,000,000 Combined Single Limit
Employer's Non-Owned Auto BIPD	\$1,000,000 Combined Single Limit
Hired Auto Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit

### Description of Location/Vehicles/Special Items

#### Scheduled autos only

2000 NISSAN MINI VAN 4N2XN11T6YD846178	
Medical Payments	\$1,000
Comprehensive	\$500 Ded
Collision	\$500 Ded
2007 HONDA ODYSSEY EXL 5FNRL38707B088898	
Medical Payments	\$1,000
Comprehensive	\$500 Ded
Collision	\$500 Ded

City and County of San Francisco, San Francisco Department of Public Health, Office of Contract Management & Compliance

  
Continued

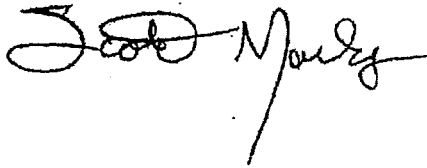
Policy number: 04471075-6

Page 2 of 2

**Certificate number**

20010JFO075

**Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.**

A handwritten signature in black ink, appearing to read "Scott Mandy". The signature is written in a cursive style with a large, sweeping initial "S".

Form 5241 (10/02)





P.O. E 420807, SAN FRANCISCO, CA 94142 07

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 11-28-2009

GROUP: 000562  
POLICY NUMBER: 0000346-2009  
CERTIFICATE ID: 12  
CERTIFICATE EXPIRES: 11-28-2010  
11-28-2009/11-28-2010

CITY & COUNTY OF SAN FRANCISCO  
DEPT OF PUBLIC HEALTH CONTRACTS DEPT.  
101 GROVE ST  
SAN FRANCISCO CA 94102

NA

JOB: SOCIALIZATION PROJ OSH  
SFMHCRA CSP 2 SPIRIT  
MENDERS

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

*James Neary*  
AUTHORIZED REPRESENTATIVE

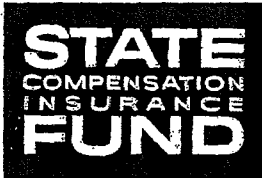
*Janet Frank*  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 11-28-2003 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

SAN FRANCISCO STUDY CENTER, INC. (A NON-PROFIT CORP.) DBA: SENIOR THEATER EDUCATION PROJECT  
1095 MARKET ST STE 601  
SAN FRANCISCO CA 94103



P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 11-28-2010

GROUP: 000562  
 POLICY NUMBER: 0000346-2010  
 CERTIFICATE ID: 33  
 CERTIFICATE EXPIRES: 11-28-2011  
 11-28-2010/11-28-2011

CITY & COUNTY OF SAN FRANCISCO  
 DEPT OF PUBLIC HEALTH CBHS  
 1380 HOWARD ST FL 4  
 SAN FRANCISCO CA 94103-2651

NA

JOB: SOCIALIZATION PROJ OSH  
 SFMHCRA CSP 2 SPIRIT  
 MENDERS

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

*James Neary*  
 Authorized Representative

*Douglas V Stewart*  
 Interim President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 11-28-2003 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

SAN FRANCISCO STUDY CENTER, INC. (A NON-PROFIT  
 CORP.) DBA: SENIOR THEATER EDUCATION PROJECT  
 1095 MARKET ST STE 601  
 SAN FRANCISCO CA 94103

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

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors

<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: <b>San Francisco Study Center</b>	
<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>	
1) See attached list of Board of Directors 2) Geoffrey Link, Executive Director 3) N/A 4) N/A 5) N/A	
Contractor address: 1663 Mission Street, Suite 504, San Francisco, Ca 94103	
Date that contract was approved:	Amount of contract: \$15,099,701
Describe the nature of the contract that was approved: Fiscal intermediary support of five programs providing services to adults and transitional aged youth	
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

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer: Clerk of the San Francisco Board of Supervisors	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

