

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

FIRST Amendment

This AMENDMENT (this "Amendment") is made as of October, 2011, in San Francisco, California, by and between **Regents of the University of California San Francisco** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and
WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to add funding and additional programmatic information;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract Number 4151-09/10, on June 21, 2010;

NOW THEREFORE, Contractor and the City agree as follows:

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

a. **Agreement.** The term "Agreement" shall mean the Agreement dated October 1, 2010 (BPHM11000058/DPHM11000308), between Contractor and City, as amended by this First Amendment;

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

2. **Modifications to the Agreement.** The Agreement is hereby modified as follows:

a. **Section 05. Section 05 Compensation, of the Agreement currently reads as follows:**

5. **Compensation.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Thirty Six Million, Six Hundred Forty Four Thousand, and Three Hundred and Thirty One DOLLARS (\$36,644,331)**. 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 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Thirty Seven Million, One Hundred Thirty Eight Thousand, and Eighty DOLLARS (\$37,138,080)**. 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.

The following Appendices are being added to or substituted for the Exhibits and/or Appendices, as indicated, in the "Original Agreement" and any subsequent "Amendments", and are titled to support the period of 07/01/2011-06/30/2012.

- b. **Delete** Appendix A 07/01/2010-12/31/2015, Pages 1-4, and **substitute** Appendix A 07/01/2010-12/31/2015, Pages 1-5.
- c. **Add** Appendix A-1, 07/01/2011-06/30/2012 Pages 1-3.
- d. **Add** Appendix A-2, 07/01/2011-06/30/2012 Pages 1-3.
- e. **Add** Appendix A-3, 07/01/2011-06/30/2012 Pages 1-4.
- f. **Add** Appendix A-4, 07/01/2011-06/30/2012 Pages 1-3.
- g. **Add** Appendix A-5, 07/01/2011-06/30/2012 Pages 1-5.
- h. **Add** Appendix A-6, 07/01/2011-06/30/2012 Pages 1-5.
- i. **Delete** Appendix B, 07/01/2010-12/31/2015, Pages 1-6, and **substitute** Appendix B, 07/01/2010-12/31/2015, Pages 1-6
- j. **Add** Appendix B-1, 07/01/2011-06/30/2012 Pages 1-3.
- k. **Add** Appendix B-2, 07/01/2011-06/30/2012 Pages 1-3.
- l. **Add** Appendix B-3, 07/01/2011-06/30/2012 Pages 1-3.
- m. **Add** Appendix B-4, 07/01/2011-06/30/2012 Pages 1-3.
- n. **Add** Appendix B-5, 07/01/2011-06/30/2012 Pages 1-3.
- o. **Add** Appendix B-6, 07/01/2011-06/30/2012 Pages 1-3.
- j. **Add** Appendix F-1, 07/01/2011-06/30/2012 .
- k. **Add** Appendix F-2, 07/01/2011-06/30/2012 .
- l. **Add** Appendix F-3, 07/01/2011-06/30/2012
- m. **Add** Appendix F-4, 07/01/2011-06/30/2012 .
- n. **Add** Appendix F-5, 07/01/2011-06/30/2012
- o. **Add** Appendix F-6, 07/01/2011-06/30/2012 Page 1-2.

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

CITY

CONTRACTOR

Recommended by:

Regents of the University of California



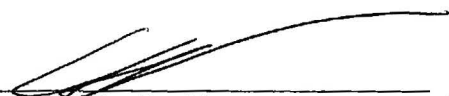
BARBARA A. GARCIA, M.P.A. / Date
Director of Health

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.


Approved as to Form:

Dennis J. Herrera
City Attorney

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.



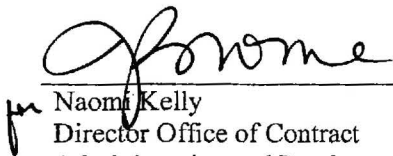
By: Aleeta Van Runkle / 10.29.11
Deputy City Attorney / Date



NAVJOT MAHAL-GILL / 10/19/11
CONTRACTS & GRANTS OFFICER / Date

Approved:

3333 California Street #315
San Francisco, CA 94143



Naomi Kelly / 11/1/11
Director Office of Contract / Date
Administration and Purchaser

City vendor number: 44467

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: Reserved
- D: Additional Terms
- E: Business Associate Addendumt
- F: Invoice

11 OCT 28 AM 8:03

RECEIVED

RECEIVED
PURCHASING DEPARTMENT
11 OCT 28 AM 9:09

Appendix A
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Barbara Garcia**, 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. 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.

I. 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."

J. 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.

K. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

L. 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.

M. Quality Assurance:

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

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

Other Miscellaneous Optional Provisions:

N. 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 Citywide Case Management (fee for service)

Appendix A-2 Citywide Linkage Team (fee for service)

Appendix A-3 STOP (fee for service)

Appendix A-4 NOVA

Appendix A-5 Citywide Roving Team (fee for service)

A-6 -Supportive Housing

CMS Contract #: 6906

SUMMARY

<p>Service Providers: Fiscal Agency: Total Contract Amount: System of Care</p> <p>Provider Address:</p> <p>Provider Phone: Contact Person:</p>	<p>Regents of UC/UCSF Regents of UC/UCSF \$6,442,504 CBHS-Adult (includes some MHSA)</p> <p>Citywide Case Management 982 Mission Street, 2nd Floor, San Francisco, CA 94103</p> <p>(415) 597-8000 Provider Fax #: (415) 597-8004</p> <p>David Fariello 982 Mission Street, 2nd Floor, San Francisco, CA 94103 Ph: (415) 597-8065 Fax: (415) 597-8004 David.fariello@ucsf.edu</p>
<p>Appendix A-1 Program Name: Amount : Term : Definition of Services: Number of UDC/NOC: Target Population Description of services</p>	<p>Citywide Case Management/Forensics \$4,229,533 Funding Source: GF, Medi-Cal, MHA 07/01/11-06/30/12 Mode 15 MH-OP/Units are Minutes: Case Management Brokerage, MH services, Medication Support, Crisis Intervention</p> <p>434 Total UOS: See CRDC for details.</p> <p>Severely Mentally Ill (SMI) Adults, including Forensic population Intensive Case Management (ICM) services to SMI adults.</p>
<p>Appendix A-2 Program Name: Amount : Term : Definition of Services: Number of UDC/NOC: Target Population Description of services</p>	<p>Citywide Linkage Team \$854,472 Funding Source: GF, Medi-Cal 07/01/11-06/30/12 Mode 15 MH-OP/Units are Minutes: Case Management Brokerage, MH services, Medication Support, Crisis Intervention</p> <p>315 Total UOS: See CRDC for details.</p> <p>Severely Mentally Ill (SMI) Adults from PES or those discharged from inpatient psychiatric hospitalization. Intensive Case Management (ICM) services to link client to community follow-up care (usually OP).</p>
<p>Appendix A-3 Program Name: Amount : Term : Definition of Services: Number of UDC/NOC: Target Population Description of services</p>	<p>Citywide STOP \$48,000 Funding Source: GF, Drug Medi-Cal 07/01/11-06/30/12 Substance Abuse Non-Residential Individual (34) & Group (33) services.</p> <p>55 Total UOS: See CRDC for details.</p> <p>Citywide Case Management clients who need OP-SA services. Services to Citywide Case Management clients who need OP-SA services.</p>

CMS Contract #: 6906

Appendix A-4

Program Name: Citywide Case Management -NOVA
Amount : \$162,000 **Funding Source:** Sheriff's WO
Term : 07/01/11-06/30/12
Definition of Services: Mode 15 MH-OP: Case Management Brokerage, MH services, Medication Support, Crisis Intervention (Cost Reimbursement)
Number of UDC/NOC: 30 **Total UOS:** See CRDC for details.
Target Population SF Jail residents who need CBHS Services.
Description of services Services to SF jail residents to help their transition back into the community.

Appendix A-5

Program Name: Citywide Case Management Roving Team
Amount : \$648,500 **Funding Source:** HSA WO, Medi-Cal
Term : 07/01/11-06/30/12
Definition of Services: Mode 15 MH-OP/Units are Minutes: Case Management Brokerage, MH services, Medication Support, Crisis Intervention
Number of UDC/NOC: 120 **Total UOS:** See CRDC for details.
Target Population Formerly homeless individuals living in the Human Services Agency's Housing First Master Lease Program residential hotels.
Description of services CBHS services to help residents maintain their housing.

Appendix A-6

Program Name: Citywide-Services for Supportive Housing
Amount : \$499,999 **Funding Source:** HUH-GF, Medi-Cal
Term : 07/01/11-06/30/12
Definition of Services: Mode 15 MH-OP/Units are Minutes: Case Management Brokerage, MH services, Medication Support, Crisis Intervention
Number of UDC/NOC: 120 **Total UOS:** See CRDC for details.
Target Population Residents at the DAH funded Drs. Julian & Raye Richardson Apartments.
Description of services Behavioral health and other onsite support services to assist tenants at the Drs. Julian & Raye Richardson Apartments maintain housing stability and improve access to resources.

1. Program Name: Citywide Case Management/ Forensics

Program Address: 982 Mission Street, 2nd Floor

City, State, Zip Code: San Francisco, CA 94103

Telephone: (415) 597-8000

Facsimile: (415) 597-8004

Program Code: Citywide Case Management-89113/ Citywide Forensics-89119

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

Citywide Case Management/Forensics reduces unnecessary institutional care (hospitals, IMD, MRF and/or jail) of high risk, seriously mentally ill transitional aged youth, adults, and older adults.

4. Target Population

Citywide Case Management renews a full-service integrated outpatient behavioral health center treating 434 transitional age youth, adult, and/or older-adult consumers identified by CBHS. We focus on San Francisco adult residents with the highest mental health and social service needs. Over 75% are diagnosed with complicating substance abuse problems, over 65% have been homeless, and many will also have criminal justice involvement. Approximately 64% will be men, 36% women, 32% will be white, 35% African-American, 24% Asian, and 9% Latino. We treat consumers in every district of the city, but the largest numbers are in the Tenderloin, South of Market, Bayview and Inner-Mission and Chinatown areas. Many consumers live in SROs, but a significant number (especially Asian and Latino consumers) live with families of origin and others in Residential Care group homes.

5. Modalities/Interventions

See CRDC.

6. Methodology

- Consumers are assertively engaged and followed throughout the system, as they transition through hospitals, jail, IMDs, shelters, or residential facilities. High-risk consumers in Board & Care are seen at their home regardless of the facility's location. Over 50% of services are delivered in the community. Medication services can be delivered in the community. Case managers (referred to, in RFP 23-2009 as a Personal Service Coordinator-PSC) accompany consumers on public transportation or use the Division van to access the community.

- The programs engage family and informal resources in the community to support consumers: for example, restaurant owners to provide prepaid meal plans, hotel owners to help monitor consumer functioning, store owners to support grocery budgeting, etc.
- Hands-on, case management activities to address both the immediate support system issue and the acquisition of problem-solving skills, building independence.
- Treatment team members are quick to intervene in the community when a consumer is headed toward a crisis. Daily medications, supportive counseling, and on-call phone support can help consumers avoid a hospitalization or arrest.

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

Referrals for the programs come from hospitals, jails, Sheriff's Department, Behavioral Health Court, and CBHS.

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

Consumers are referred to a central intake staff by phone and fax that screens referrals to make sure they meet Target Population criteria. Within 72 hours a case manager will conduct a face-to-face interview with the consumer to begin a treatment alliance and to make sure the consumer's behavior will be safe for staff and consumers. The case manager will accompany the consumer on the day of discharge to his/her residence and first appointments. Program will adhere to the guidelines, definitions and services as described in the intensive case management guidelines. The Program will accept consumers authorized by CBHS.

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, residential bed capacity, etc.

Citywide Case Management Master's level clinicians provide comprehensive case management, crisis, family, and individual therapy services. Medical staff work closely with case managers to provide psychotropic medications including drop-in, at consumer's home, or daily medications if needed. Treatment is provided continuously, wherever the consumer is located. Thus home or hotel visits, outreaches to community agencies and businesses, visits in custody or in the hospital, are all routine modes of delivery of services. The programs incorporate the principles of the "Wellness and Recovery" model of services. Consumers work with case managers to develop a Wellness and Recovery Action Plan, specifying goals for increased skills, increased

functioning, increased personal resources and illness management. We maintain a special emphasis on helping consumers locate and maintain productive activity including education, prevocational training, volunteer work and paid employment. Involving consumers in group therapy, dual diagnosis groups, pre-vocational training and stipend jobs, as well as social activities is a central aspect of Division programs. Consumers are seeing as often as is clinically indicated, which may be daily for consumers in crisis or bi-weekly for stable consumers transitioning to a lower level of care. Program hours are 8:30 am to 5:00 pm, Monday through Friday and 10:00 am to 1:00 pm on Saturdays. After hours and weekends are covered by on-call staff who provide phone consultation and support top consumers, support members or other agencies.

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

1. Treatment engagement sufficient to manage acute symptoms and sustained MORS score of 6 and above coupled with decreased staff intervention levels.
2. No psychiatric inpatient stays for 18 months
3. No more than one PES visit in the last year
4. Stable housing, entitlements, health care
5. No pending criminal justice charges, and consumer demonstrates 6 months of unassisted management of probation or BHC involvement
6. Some productive use of time activities; hobbies, clubs. Work, school, etc. Many Division high-risk consumers will not need intensive services, but be unable to negotiate usual outpatient clinic structure. These consumers will be transitioned to our step-down program in which can continue to receive medications, group therapy and case management at a much reduced level [see Section 3 above]. Additionally consumers will transition to primary care providers, neighborhood clinics, or private health care plans and providers as they engage with the larger community and increase their ability to manage usual health care providers.

E. Describe your program's staffing: **See Appendix B.**

7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 11-12.

8. Continuous Quality Assurance and Improvement

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

1. Program Name: Citywide Linkage Team

Program Address (primary program site address): 982 Mission Street, 2nd Floor

City, State, Zip Code: San Francisco, CA 94103

Telephone: (415) 597-8000

Facsimile: (415) 597-8004

Program Code: 89114/89114MH

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The program helps consumers recover emotional stability and functioning outside of institutional care, while linking to primary care, entitlements, housing, legal advocacy, payee services, and other resources to craft a stable support system. Finally, consumers are transitioned to ongoing mental health and/or substance abuse services within 60 to 90 days.

4. Target Population

CLT treats San Francisco transitional-aged youth, adult, and older adult residents who, facing discharge from Inpatient Units or PES, are identified as being at risk of failure to link with necessary support services in the community. Consumers are about 56% male, 43% female, 40% white, 25% African American, 19% Asian, and 16% Latino. 90% are homeless and 80% are trauma survivors.

5. Modality(ies)/Interventions

See CRDC.

6. Methodology

Engagement and assessment of referrals from the Inpatient Units usually occurs on the day of the referral. Each CLT consumer's Plan of Care is based on his/her stated goal, with the consumer dictating the goal CLT's services will help him/her achieve. CLT staff are imaginative and persistent in their determination to tailor services to meet consumer's immediate goals and most basic needs, using the Stages of Change model to tailor interventions appropriate for "where the client is at." With the consumer's expressed consent, his/her natural supports are also engaged in support of the consumer's recovery process: friends, loved ones, hotel managers, store clerks, payee services, etc. These natural

supports serve as a way to re-link with consumers, who have fallen out of treatment, or to reinforce and support the relationship with the case manager.

The Citywide Linkage Team provides a full range of services to its enrolled consumers:

- Assessment and diagnosis with a focus on the development of a specific, measurable, time-limited, client-centered treatment plan.
- Psychoeducation with consumers and family members about diagnoses, symptoms, medications, stress reduction, and treatment options.
- Crisis intervention for consumers and family members, in the community they live. PSCs use natural and agency resources to shore up a consumer's support system, and also provide on-site consultation with PES and hospital staff. On-call access to our clinical staff is available 24 hours/7 days a week to all consumers, family members and collaborating programs.
- Short-term, solution-focused therapy including CBT, DBT, Harm Reduction/Relapse Prevention, Motivational Interviewing, and supportive counseling.
- Medication assessment, prescription, and monitoring.
- Assistance with finding appropriate long-term housing options.
- Placement of the client in residential treatment programs or short-term housing options, with assistance and coaching to maintain stability in placement.
- Routine and frequent outreach to clients in the community providing individualized support and engagement as needed.
- Linkage and advocacy to needed services including: primary health care, SSI advocacy, GA, support groups, self-help organizations, vocational services, payee services, socialization options, and basic needs.
- Staff to client ratio is 1:13, with services available in English, Spanish, and Cantonese, (provided by bi-cultural staff) and with expertise in services for transitional age youth and geriatric consumers. Clinical staff at 982 Mission Street can additionally provide services or translation in Russian, Tagalog, Mandarin, Toisanese, Fukinese, and Vietnamese.
- Linkage to the appropriate level of ongoing mental health, substance abuse, and/or primary care providers, including accompanying consumers to initial appointments to ensure secure linkage to ongoing services.

Within 60 to 90 days, CLT works to securely link clients to long-term clinic based services, ICM services, substance abuse services, and/or primary care providers for mental health care. By accurately accessing what the lowest appropriate level of care is for a client, we are able to support clients' highest levels of functioning, while dramatically reducing clients' long-term cost to the system. With staff at Mission Mental Health, Chinatown North Beach, and South of Market Mental Health, we can provide a clinical assessment and intake, open the chart in the outpatient modality and expedite a medication evaluation. When clients are

referred to long-term ICM services we overlap our services with the new provider for a brief time, to insure that the client is securely linked before being closed with CLT.

Describe your program's staffing:

See Appendix B.

7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 11-12.

8. Continuous Quality Assurance and Improvement

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

1. **Program Name: UCSF Citywide-STOP**
(Substance [aka Stimulant] Treatment Outpatient Program)
Program Address: 982 Mission 2nd Floor
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 597-8000
Facsimile: (415) 597-8004
Program Code: 38321

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

New Renewal Modification

3. **Goal Statement**

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

4. **Target Population**

STOP provides outpatient substance abuse treatment to clients of the Citywide and Community Focus mental health programs. The location just south of Market Street is easily accessible to residents of the South of Market and Tenderloin areas, and is easily accessible by public transportation from other low-income areas of the City, including the Bayview and the Mission.

- Primary target population: Drug of choice – Methamphetamine, cocaine, marijuana, or alcohol, often in conjunction with other substances.
- Secondary target population: Co-occurring disorders – chronic mental illness, often in conjunction with chronic health problems.
- Tertiary target population: Low economic status – General Assistance, SSI, low income.
- The target population includes a large proportion of African American, Latino, gay, lesbian, bisexual, and transgender individuals.

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

See CRDC.

6. **Methodology**

A. Outreach, Recruitment

Information about STOP services is posted throughout the Citywide/Community Focus facility, including the client activities room, the lunch room, group rooms, etc. Clients may sign up for orientation times available several days a week.

B. Admission criteria and process

Admission Criteria

STOP serves adults who abuse or are dependent on cocaine or methamphetamine, alcohol or marijuana, with or without problematic use of other substances.

Potential clients whose substance use related, mental health, or medical problems are of sufficient severity as to need a higher level of care than outpatient treatment are referred to a program providing an appropriate level of care.

No individual shall be admitted who, on the basis of staff judgment, is in imminent danger of harming themselves or others, or who needs emergency medical evaluation.

Readmission Criteria

Any person previously admitted to and discharged from the program may apply for readmission. Staff assess whether the conditions that resulted in their previous discharge have changed sufficiently to warrant readmission to the program.

Admission Process

1. Orientation: The counselor provides information about the program, and collects information about current substance use and prior treatment experiences to determine whether outpatient counseling at STOP can meet their needs. Clients needing other services (e.g. medical detox or methadone maintenance) are given information or assisted with phone calls as appropriate. Clients who may benefit from STOP services are seen for intake assessment.

2. Intake Assessment: Intake assessment includes

a) Assessment of substance use problems (admission, CALOMS, assessment of DSM criteria met for substance abuse or dependence, health questionnaire),

b) Consent forms, release of information forms, fee assessment if applicable, and client rights (privacy practices and grievance procedures are covered at their agency intake prior to their intake at STOP).

c) Development of treatment plan with client.

3. Start of Group or Individual Counseling

Most clients will receive group counseling, supplemented with as needed individual counseling for reassessment, treatment planning, etc. For a limited number of clients unable to tolerate group, individual counseling is available.

If medically authorized as appropriate, clients who are unable to participate in group will receive only individual counseling for a specified period of time.

C. Service delivery model

Substance abuse treatment integrated in a mental health agency

STOP provides outpatient substance abuse counseling in coordination with mental health services provided by Citywide/Community Focus staff, who provide case management, psychiatric medication management, outreach and home visits, socialization activities, independent living skills training, and vocational services. For clients for whom urine drug testing is clinically indicated, it is conducted by the Citywide/Community Focus case manager, and shared with STOP staff. Clients must consent to exchange of information between STOP and Citywide/Community Focus staff in order to participate in STOP.

Support of both harm reduction and abstinence goals

STOP respects the different treatment needs of individuals who want to stop using drugs as well as the treatment needs of individuals who want to reduce the harm resulting from use. Abstinence focused treatment helps clients work toward a drug free life style by developing the motivation, coping skills, and support systems needed to put together longer and longer drug free periods. Harm reduction treatment helps clients identify what is needed to reduce the harmful effects of drug use in their lives, assess what options are realistic for them at this time in their drug use history, and develop the skills and support systems needed to reduce the harmful effects of drug use.

Types and locations of services

STOP provides primarily group counseling, supplemented as needed by individual, couples or family counseling. Services are provided at Citywide Case Management/Community Focus. Home visits may be scheduled as needed, after consultation with the client's Citywide/Community Focus case manager. Counseling focuses on clients' drug use and relates this to other important issues in clients' lives, such as mental health, health, legal, economic, identity, sexual orientation, sexual, relationship, cultural, or spiritual issues.

Length of stay

Intended: 12 months

Average: 6 months

D. Completion, discharge planning, linkages

Criteria for Successful Completion:

2 months of consistent adherence to client's individual treatment plan and goals (e.g. sustained abstinence or minimal use).

Discharge planning

Clients who complete or are otherwise discharged from STOP may continue to participate in mental health services at Citywide Case Management/Community Focus, including their drop-in harm reduction and dual diagnosis groups. Clients whose treatment needs change and need a different kind or level of substance abuse treatment are referred as appropriate, and may return in the future.

Linkages

As part of the CBHS integration process, STOP is integrated onsite at Citywide Case Management/Community Focus, and has partnered with a number of mental health and primary care clinics.

E. Staffing

STOP counselors include a licensed psychologist, and CAS-registered pre- and postdoctoral psychology interns supervised by the psychologist, as well as other licensed mental health staff. This meets the criteria of Section 13015 of the California Alcohol and Drug Programs counselor certification and licensure law. In addition, the licensed psychologist provides direct services as needed.

The STOP program director reports to David Fariello, LCSW, Director of Community Services, and to Stephen Dominy, MD, Director of the Division of Substance Abuse and Addiction Medicine, both in the UCSF/SFGH Department of Psychiatry.

Administrative support is provided by Citywide/Community Focus staff, including the Division Administrator.

7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 11-12.

Individualized Program Objectives

#1. During FY 2011-2012, 100% of unduplicated clients in attendance at the program on the targeted satisfaction survey days will be encouraged to complete the citywide client satisfaction survey.

8. Continuous Quality Assurance and Improvement

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

1. **Program Name: Citywide Case Management-NOVA**

Program Address (primary program site address): 982 Mission Street, 2nd Floor

City, State, Zip Code: San Francisco, CA 94103

Telephone: (415) 597-8000

Facsimile: (415) 597-8004

Program Code : 8911NO

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

New **Renewal** **Modification**

3. **Goal Statement**

The goal of the program is to provide treatment to the whole person that will allow him or her to exit the criminal justice system and re-integrate into the community. Clients remain in the program as long as they continue to need services.

4. **Target Population**

The target population is the mentally ill offender population which makes up approximately 18% of the average daily jail population. CWCM-NOVA clients- are 69% Male, 31% female, 43.6% African American, 43.6% White, 8.8 % Latino, 6% Asian, 11.6 suffer a mood disorder, 77.9% a psychotic disorder, 23.8% a personality disorder and 95% have a co-occurring substance abuse disorder.

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

See CRDC.

6. **Methodology**

Referral/Assessment and Engagement: Upon referral, a clinical case manager assesses the client in-custody, explain the program services, and allows the client to voluntarily enroll in the program. Every former inmate faces obstacles in finding work, re-establishing family relationships, developing a social network and avoiding further criminal activity, but the challenges faced by individuals with psychiatric disabilities – who require specialized services and supports – can be even greater and more complex. In addition to grappling with their illness, they are more likely than other inmates to have been unemployed or homeless when incarcerated. The therapist works closely with the **CWCM-NOVA** case manager regarding the clients' needs, barriers, and course of mental illness. The therapist conducts a comprehensive biopsychosocial assessment, short-term therapy and referrals to community mental health programs as needed.

Supported Employment: The CWCM-NOVA Supported Employment Team was created to address the discrimination and stigma our clients face for their mental health issues and criminal justice histories by promoting recovery through employment. CWCM-NOVA clients are eligible for referral to our Support Employment Team through the Department of Rehabilitation.

Integrated Mental Health and Substance Abuse Treatment: It is estimated that 90% of enrolled participants will have substance abuse disorders in addition to his or her mental illness. SAMHSA identifies integrated mental health and substance abuse treatment as the best practice in working with clients with Co-Occurring Disorders. Simply put, it is "the application of knowledge, skills, and techniques by providers to comprehensively address both mental health and substance abuse issues in persons with co-occurring disorders."

Gender Focused and Trauma Informed Treatment: SFSD internal studies among female inmates one housing unit (SISTER) conducted in 2003 and 2004 found that 7% of women identified themselves as having a mental disability. In 2004, 57% of these women reported their mental health as poor or fair. In 2003, 84% indicated their mental health was poor or fair.

CWCM-NOVA has developed an array of specialized services addressing the ever-increasing needs of an ever-increasing female mentally ill offender population. Specifically, the program has developed a women-only Grief and Loss Group and Seeking Safety Group located at the Women's Resource Center.

The unduplicated number of individuals serves: 30 clients are served at any one time. Current client retention averages 6 months.

Program hours are Monday through Friday 8:30 am to 5:00 pm. Clients are referred by their CWCM-NOVA Case Manager for therapy services. CWCM-NOVA staff also visits clients in jails to introduce available therapy services.

Program Staffing: See Appendix B.

7. Objectives and Measurements

Rather than the standardized CBHS program objectives in "Performance Objectives FY 11-12", the following individualized objectives will apply.

Goal I: Provide high quality, culturally competent mental health services to participants of the CWCM-NOVA program.

Objective 1: Have at least 30 active CWCM-NOVA therapy clients

Objective 2: Increase engagement and linkage with CWCM-NOVA therapy clients

Objective 3: Link CWCM-NOVA therapy clients to Department of Rehabilitation and Citywide Supported Employment Program

GOAL II: Provide education and support to the CWCM-NOVA case managers regarding mental health issues

Objective 1: Attend CWCM-NOVA Case Manager meetings and provide clinical assistance as well as present on behavioral health topics as needed.

GOAL III: PROMOTE A COMPREHENSIVE SERVICE DELIVERY SYSTEM BY CREATING AND MAINTAINING PARTNERSHIPS AND COALITIONS BETWEEN CRIMINAL JUSTICE, MENTAL HEALTH AND SUBSTANCE ABUSE PROFESSIONALS.

Objective 1: Work collaboratively with CWCM-NOVA case management programs, the Sheriff's Department, Behavioral Health Court, Jail Psychiatric Services, and other collateral agencies.

8. Continuous Quality Assurance and Improvement

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

Contractor: UC Regents/UCSF
Program: CWCM Roving Team
City Fiscal Year: 11/12
CMS#: 6906

Appendix A-5
Contract Term: 07/01/11/ through 06/30/12

- 1. Program Name: Citywide Case Management Roving Team**
Program Address: 982 Mission Street, 2nd Floor
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 597-8000
Facsimile: (415) 597-8004
Program Code (*formally known as Reporting Unit*): 8911RT

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The purpose of this contract is to provide behavioral health case management for formerly homeless individuals living in the Human Services Agency's Housing First Master Lease Program. The goal of these services is to maximize housing retention within the Housing First Master Lease Program by addressing the unmet behavioral health needs of residents.

4. Target Population

The contractor will serve residents of the Housing First Master Lease Program identified by on-site staff as having significant unmet behavioral health needs that could, if not addressed, lead to eviction and future episodes of homelessness.

5. Modality(ies)/Interventions

CRDC

6. Methodology

Services will be provided on-site at designated Housing First Master Lease sites funded by the Human Services Agency and operated by contracted housing providers. The team funded under this contract will outreach and provide behavioral health services, linkage and referral and crisis assessment and intervention on-site at the Housing First Master Lease Program supportive housing sites. Work hours for all staff will be 8:30 a.m. to 5:00 p.m., Monday through Friday.

7. Services to be Provided

The Housing First Master Lease Program provides housing for formerly homeless individuals and provides on-site services designed to help residents achieve long-term housing stability. The Housing First Master Lease Program currently offers more than 2,200 units of housing in twenty-two sites.

The team funded by this contract will consist of two Licensed Clinical Supervisors (LCSW or MFT), four senior level Case Managers (MSW or MA/MS), and a Substance Abuse Specialist (B.A. level). The team will augment the work of on-site staff by working with residents who require intensive short-term case management intervention due to unmet behavioral health needs that could pose a threat to housing stability. The team will also work in tandem with staff at the Department of Public Health (DPH)'s Housing and Urban Health Primary Care Clinic to provide comprehensive primary and behavioral health care to residents of the Housing First Master Lease Program. In addition, the team will refer residents as needed to an array of treatment resources.

Through this contract, contractor will:

- A. Work with on-site staff to identify residents in need of intensive short-term behavioral health treatment.
- B. Perform comprehensive psycho-social and substance abuse assessments completed in conjunction with medical assessments by the DPH primary care staff.
- C. Formulate short-term treatment plans to address difficult behaviors and preserve housing stability.
- D. Provide a full range of treatment intervention to individual clients, including (but not limited to): crisis intervention (including 5150 services as needed); supportive individual, family or group psychotherapy; substance abuse counseling (including harm reduction strategies); intensive case management, and daily living skill building.
- E. Offer transitional dual diagnosis groups in various Housing First Master Lease sites aimed at introducing harm reduction principles, strategies and resources to residents who are not yet willing or able to access drug treatment.
- F. Provide referrals and linkages to appropriate entitlements and resources to enhance and strengthen residents' support systems on a long-term basis.
- G. Provide discharge planning and termination as the resident is either no longer in need of intensive services or leaves the hotel.
- H. Participate in individual case conferences, team coordination meetings and in-service trainings with DPH medical staff as necessary.
- I. Track all client interactions and outcome data.
- J. Ensure completion of required time-keeping documentation for CSBG (Title XIX) reimbursement.

Program Staffing:
See Appendix B.

8. Objectives and Measurements

Rather than the standardized CBHS program objectives in "Performance Objectives FY 11-12", the following will apply.

Service Objectives and Measurements

- A. Behavioral Health Roving Team, staff will perform outreach and/or provide direct services to at least 400 unduplicated Housing First Master Lease Program residents per contract year.
- B. Staff will perform behavioral health and substance abuse assessments for at least 85% of clients referred.
- C. Based on treatment plans, provide a full range of mental health treatment intervention to at least 30 unduplicated clients per quarter.
- D. Staff will coordinate at least 100 referral and linkage episodes per year.
- E. Staff will facilitate dual diagnosis pre-treatment/early recovery and social skills groups at least twice per week, for a total of at least 150 groups per year.
- F. 100% of residents seeking assistance with SSI applications or appeals will be assisted by staff or linked with DECU (Disability Evaluation Consultation Unit).

Outcome Objectives

- A. Of those clients referred to the team who are at risk of eviction due to unmet behavioral health needs, at least 70% will maintain their housing for six months or more following engagement.
- B. 50% of residents seen by the team will link with health/substance abuse, or mental health providers as evidenced by at least two visits.

Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of client eligibility, and back-up documentation for reporting progress towards meeting service and outcome objectives.

- B. Fiscal Compliance and Grant Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance. Fiscal monitoring will also include a review of the overall program budget, including the Medi-Cal draw down and access to funds work ordered to DPH to support this.

VIII. Reporting Requirements

- A. Quarterly Reports
 - 1. Contractor shall submit quarterly responses for each objective outlined above.
 - 2. In addition, the quarterly reports will provide the following data:
 - a. Number of individual interventions with SRO residents.
 - b. Number of resident referrals to substance abuse, mental health, entitlement or vocational support, social activities or health agencies.
 - c. Number of residents participating in a program-sponsored group offered by Contractor staff.
 - 3. Quarterly reports shall include relevant quantitative and qualitative information and attachments as appropriate.
 - 4. Quarterly reports are due 15 days after the end of the quarter. For example, for the quarter from 7/1/10-9/30/10, the report is due on 10/15/10.

- B. Nine Month Report

1. Contractor shall submit a nine-month report in lieu of the third quarter report for the final year of the contract.
2. In addition to the requirements of the quarterly reports, the nine month report shall provide cumulative results for each objective as outlined above.
3. This report will be due April 15, 2012.

C. Annual Reports

1. Contractor shall submit a 12-month report in lieu of the fourth quarter report covering the period beginning July 1st and ending June 30th for each year.
2. This report shall provide cumulative results for each objective as outlined above and shall include 12-month demographic information.
3. This report is due 15 days after the end of the period (July 15).

D. All reports are to be submitted in duplicate to:

1. Scott Walton, Deputy Director, Housing and Homeless Programs
Scott.Walton@sfgov.org
2. Larry Chatmon, Contract Manager, Office of Contract Management
Larry.Chatmon@sfgov.org
San Francisco Human Services Agency
P.O. Box 7988
SAN FRANCISCO, CA 94120

9. Continuous Quality Assurance and Improvement

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

1. Program Name: Citywide-Services for Supportive Housing

Program Address: Richardson Apartments

365 Fulton Street

City, State, Zip Code: San Francisco, CA 94102

Telephone: (415) 857-6600

Facsimile: (415) 861-3731

Program Code (formally known as Reporting Unit): 8911SH

Note: CBHS providers, list the relevant program codes as they correspond to Appendix B.

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The goal is to provide behavioral health and other onsite support services to assist tenants at the Drs. Julian & Raye Richardson Apartments maintain housing stability and improve access to resources.

4. Target Population

The target population is the 120 tenants of the Richardson Apartments, comprised of formerly homeless, very low income ($\leq 30\%$ of AMI as defined by HUD) adults with co-occurring mental health, substance abuse and medical problems, and limited experience living independently.

5. Modality(ies)/Interventions

See CRDC.

These services shall include (but not be limited to) individual and group behavioral health counseling and case management as defined for Medi-Cal FFP, referral and follow up to primary medical care, substance abuse and psychiatric treatment, benefit counseling and client advocacy, meal programs, health education, community building, tenant organizing, and all other case management functions. Services also include close collaboration with the on-site property management provider, Community Housing Partnership (CHP), the third-party rent payment provider (usually Lutheran Social Services), and DPH-Housing and Urban Health (DPH-HUH) Clinic.

6. Methodology

A. Program Start-Up and Rent up:

Richardson Apartments is a 120 unit building of permanent supportive housing designed for homeless adults who most frequently utilize San Francisco's public health system— persons with co-occurring mental health issues, alcohol and substance abuse problems, and/or chronic medical conditions. Because of the depth and breadth of their outreach efforts, the DAH Access & Referral Process¹ will serve as the sole referral source for applicants for the units at Richardson Apartments, thus ensuring outreach to a cross-section of racially, ethnically, and geographically diverse homeless adults.

Community Housing Partnership (CHP) and Citywide Richardson team provide a joint orientation and housing screening for applicants. Housing eligibility is determined by CHP property management. Citywide clinicians will maintain contact with the applicants and the referring case managers prior to move in to coordinate services and ensure a transition of care. Upon move in, each tenant will be outreached by the clinical staff and offered services. In addition, clinicians will provide new tenants with program information/brochure and with a welcome basket of household items for their new apartments.

1. Program Start

Activities of program start include hiring of staff, staff orientation and training, work space, systems, and program policy & procedures development, rent up activities, and participation with Property Management in MOU development with partnering agencies and services, etc.

2. Rent up

Activities of program start include rent up activities. Support services staff will coordinate with Property Management in applicant screening as outlined in the DAH Access & Referral Process.

Everything that follows will be put into place and delivered ongoing.

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

The DAH Policy and Procedures, as outlined in the DAH Policy and Procedures Manual, will guide all admission, enrollment, and intake criteria, as well as program oversight upon lease-signing and ongoing.

At intake, program staff will complete a comprehensive evaluation and assessment of each Richardson tenant who agrees to accept services. Assessment efforts will identify the individual's mental health, substance abuse, medical and comprehensive service

¹ Specific information regarding the DAH Access and Referral Process may be found here:
<http://www.sfdph.org/dph/comupg/oprograms/DAH/refAccess.asp>

needs, including the risk for returning to homelessness. Citywide clinicians will use Avatar, the CBHS Medi-Cal billing and on-line documentation system. The program staff will develop an Individual Services Plan (ISP) in coordination with the individual including short and longer-term service needs. All tenants of the Richardson Apartments are eligible for services from Citywide. For tenants who are already connected with outside service providers, the clinicians will provide outreach and care coordination.

- C. Citywide Richardson will provide clinical and supportive services, which will include, but not be limited to: outreach, engagement, assessment and evaluation, intensive case management, individual goal setting and treatment planning, supportive counseling and therapy, psychiatric services, referral and linkage, crisis assessment and intervention, community building and strengthening social supports. In addition, practical assistance will be provided including emergency food and clothing, money management, and transportation assistance.

Staff Hours: Clinical Social Workers and the RN will be available as needed for resident services during regular business hours (9-5) and limited after-hours (evening). An on-call phone line will be available during the week from 5:00 pm to 10:00pm and 8:00 am to 10:00 pm on the weekends and holidays. The CHP property manager and an assistant property manager will be on-site during regular work hours. CHP desk clerks will be on duty on-site 24 hours/day and 7 days/week.

- D. Individuals living in the Richardson Apartment are eligible for on-site support services from Citywide clinicians. When a tenant moves out of the Richardson Apartments, Citywide clinicians will continue to offer services during the transition period to link the individual to alternative housing and services.
- E. See CBHS Appendix B for staffing.

7. Objectives and Measurements

All non-individualized objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 11-12.

Individualized Objectives: The results of these objectives will be collected by the contractor and sent to the BOCC program manager after the 11-12 fiscal year but no later than 8/31/12.

A. Outcome Objectives

1. By the end of the fiscal year and as documented in client files and agency logs, 85% of tenant lease violations will be resolved without loss of housing to tenants.

Evaluation: CHP property management staff will provide Citywide staff copies of all property management correspondence issued to tenants, including lease violations. The Team Leader will participate in weekly coordination meetings with property management to discuss housing retention issues. Citywide clinicians will document client services in Avatar and the Team Leader will track staff housing retention efforts.

2. By the end of the fiscal year and as documented in the client satisfaction survey summary and analysis, 80% of clients who respond to an anonymous client satisfaction survey will indicate that they are either "satisfied" or "very satisfied" with program services.

Evaluation: Client satisfaction will be surveyed annually by CRW staff. The Team Leader and/or the Program Director will review survey responses and prepare a summary to document the responses to submit to Housing and Urban Health. The survey results will be used to guide program development and for staff to address the concerns raised by the clients.

B. Process Objectives

1. By the end of the fiscal year and as documented in client files and agency logs, services staff will actively outreach to 100% of DAH tenants.

Evaluation: Citywide clinicians will document client contacts. The Program Director and the Team Leader will monitor documentation and report on outcomes.

2. By the end of the fiscal year and as documented in client records and agency logs, 100% of tenants who have jeopardized their housing due to program rule and/or lease violations will be offered support services at least once per incident.

Evaluation: Property management staff will inform the Team Leader of tenants who have problems with the house rules and/or lease violations. The Team Leader will develop a log to track client rule and lease violations. Citywide clinical staff will outreach tenants who are at risk of losing their housing. The clinical staff will document these interventions.

3. By the end of the fiscal year and as documented in client files, 100% of eligible clients who enter housing with zero-income will, within six months of program entry, have maximized their income and benefits.

4. Comply with all SFDPH reporting requirements. These include all reporting requirements including annual program monitoring, Cultural Competency reports, HMIS, and other reporting as requested.

8. Continuous Quality Assurance and Improvement

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

**Appendix B
Calculation of Charges**

1. Method of Payment

FFS Option

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

Actual Cost

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1 Citywide Case Management (fee for service)

Appendix B-2 Citywide Linkage Team (fee for service)

Appendix B-3 STOP (fee for service)

Appendix B-4 NOVA(Cost Reimbursement)

Appendix B-5 Citywide Roving Team (fee for service)

Appendix B-6 -Supportive Housing (fee for service)

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$3,944,178 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each term shall be as follows:

July 1, 2010 through June 30, 2011	\$5,930,755
July 1, 2011 through June 30, 2012	\$6,442,504
July 1, 2012 through June 30, 2013	\$5,948,755
July 1, 2013 through June 30, 2014	\$5,948,755
July 1, 2014 through June 30, 2015	\$5,948,755
July 1, 2015 through December 31, 2015	\$2,974,378

Contingency:	\$ 3,944,178
Total:	\$37,138,080

CONTRACTOR further understands that \$2,035,938, of the period July 1, 2010 through December 31, 2010 in the contract Number BPHM08000062 is already included in this contract. Upon execution of this agreement, all the terms under this agreement will supersede any previous agreements for the fiscal year 2010-2011.

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

FFS option

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

Actual Cost Option

E. A final closing invoice, clearly marked "FINAL," shall be submitted no later than sixty (60) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

DPH 1: Department of Public Health Contract Budget Summary

DMH Legal Entity Number (MH): 00117		Prepared By/Phone #: Constance Revore/597-8047					Fiscal Year: 11/12	
DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents		Document Date: 9/15/2011					Proposal ID P0045425 (Internal UCSF)	
Contract Appendix Number:	B-1	B-2	B-3	B-4	B-5	B-6		
Provider Number:	8911-CWCM/F	8911-CWL	383832-STOP	8911-NOVA	8911-CWRT	8911-CWSSH	Total	
FUNDING TERM:	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	
FUNDING USES								
Salaries & Employee Benefits:	3,358,603	742,659	39,117	143,080	490,430	385,669	5,159,559	
Operating Expenses:	417,766	20,262	3,740	1,563	88,588	60,758	592,677	
Capital Expenses:							0	
Subtotal Direct Expenses:	3,776,369	762,921	42,857	144,643	579,018	446,427	5,752,236	
Indirect Expenses:	453,164	91,551	5,143	17,357	69,482	53,571	690,268	
Indirect %:	12%	12%	12%	12%	12%	12%	12%	
TOTAL FUNDING USES	4,229,533	854,472	48,000	162,000	648,500	499,999	6,442,504	
						Employee Fringe Benefits %:	30%	
CBHS MENTAL HEALTH FUNDING SOURCES								
MH FED - SDMC Regular FFP (50%)	1,587,486	247,987			315,500	132,293	2,283,266	
MH Realignment	877,417	200,000					1,077,417	
MH COUNTY - General Fund	921,106	406,485				367,706	1,695,297	
MH STATE - MHSA	677,636						677,636	
MH STATE - MHSA	165,888						165,888	
MH WORK ORDER - Sherrif's Department				162,000			162,000	
MH WORK ORDER - Human Services Agency					333,000		333,000	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	4,229,533	854,472	-	162,000	648,500	499,999	6,394,504	
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
SA FED - Drug Medi-Cal #93.778			40,000				40,000	
SA STATE - General Fund			8,000				8,000	
							-	
							-	
							-	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	48,000	-	-	-	48,000	
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES								
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES								
TOTAL DPH FUNDING SOURCES	4,229,533	854,472	48,000	162,000	648,500	499,999	6,442,504	
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES	0	0	0	0	0	0	0	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	4,229,533	854,472	48,000	162,000	648,500	499,999	6,442,504	

**BUDGET
UCSF Citywide**

Appendix B-1 (7/01/11- 6/30/12):
Citywide Case Management/Forensics

Unit Description	Number of UOS		Unit Rate	=	Maximum Compensation
Case Management Brokerage	379,096	x	\$1.80	=	\$682,372
MH Services	1,163,659	x	\$2.35	=	\$2,734,598
Medication Support	168,337	x	\$4.60	=	\$774,350
Crisis Intervention OP	10,614		\$3.60		\$38,211
TOTAL BUDGET FOR APPENDIX B-1				=	\$4,229,533

Appendix B-2 (7/01/11 - 06/30/12):
Citywide Linkage

Unit Description	Number of UOS		Unit Rate	=	Maximum Compensation
Case Management Brokerage	226,800	x	\$1.84	=	\$417,312
MH Services	130,345	x	2.61	=	\$340,200
Medication Support	16,200	x	4.70	=	\$76,141
Crisis Intervention Op	6000		3.47		\$20,819
TOTAL BUDGET FOR APPENDIX B-2				=	\$854,472

Appendix B-3 (7/01/11 - 06/30/12):
Citywide STOP

Unit Description	Number of UOS		Unit Rate	=	Maximum Compensation
Non residential Group	1564	x	\$29.57	=	\$46,265
Non residential Individual	25	x	\$69.59	=	\$1,735
TOTAL BUDGET FOR APPENDIX B-3				=	\$48,000

Appendix B-4 (7/01/11 - 06/30/12):

Cost
reimbursement

NOVA

TOTAL BUDGET FOR APPENDIX B-4				=	\$162,000
--------------------------------------	--	--	--	----------	------------------

Appendix B-5 (7/01/11 – 06/30/12):

Citywide Roving

Unit Description	Number of UOS		Unit Rate		Maximum Compensation
Case Management	49,600	x	\$1.98	=	\$ 98,209
MH Services	212,360	x	\$2.56	=	\$543,630
Crisis Intervention OP	1,753		\$3.80		\$6,661
TOTAL BUDGET FOR APPENDIX B-5				=	\$648,500

Appendix B-6 (7/01/11 – 06/30/12):

Citywide Roving

Unit Description	Number of UOS		Unit Rate		Maximum Compensation
Case Management	35,748	x	\$2.02	=	\$ 72,211
MH Services	106,140	x	\$2.61	=	\$277,026
Medication Support	17,519		\$4.82		\$84,442
Crisis Intervention OP	1,705		\$3.88		\$6,616
Client Support	CR		N/A		\$59,706
TOTAL BUDGET FOR APPENDIX B-5				=	\$499,999

TOTAL BUDGET FOR CITYWIDE

\$6,442,504

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

DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents					Contract Appendix #: B-1, Page 1	
Provider Name: Citywide Case Management/Forensic					Document Date: 9/15/2011	
Provider Number: 8911					Fiscal Year: FY 11-12	
Program Name:	Citywide Case Management/Forensics	Citywide Case Management/Forensics	Citywide Case Management/Forensics	Citywide Case Management/Forensics		
Program Code (formerly Reporting Unit):	89113/89119	89113/89119	89113/89119	89113/89119		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79		
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP		TOTAL
FUNDING TERM:	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012		
FUNDING USES						
Salaries & Employee Benefits:	541,860	2,171,499	614,899	30,343		3,358,603
Operating Expenses:	67,400	270,106	76,485	3,774		417,766
Capital Expenses (greater than \$5,000):						0
Subtotal Direct Expenses:	609,260	2,441,605	691,384	34,117		3,776,369
Indirect Expenses:	73,111	292,993	82,966	4,094		453,164
TOTAL FUNDING USES:	682,372	2,734,598	774,350	38,211		4,229,533
CBHS MENTAL HEALTH FUNDING SOURCES						
	CFDA #:					
MH FED - SDMC Regular FFP (50%)		256,117	1,026,387	290,640	14,342	1,587,486
MH Realignment		141,558	567,292	160,639	7,927	877,417
MH COUNTY - General Fund		148,607	595,540	168,638	8,322	921,106
MH STATE - MHSA		109,326	438,124	124,063	6,122	677,636
MH STATE - MHSA		26,764	107,255	30,371	1,499	165,888
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		682,372	2,734,598	774,350	38,211	4,229,533
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA #:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	CFDA #:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		682,372	2,734,598	774,350	38,211	-
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		682,372	2,734,598	774,350	38,211	-
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	FFS	FFS	FFS	
Units of Service:		379,096	1,163,659	168,337	10,614	
Unit Type:		Staff Minute	Staff Minute	Staff Minute	Staff Minute	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		1.80	2.35	4.60	3.60	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		1.80	2.35	4.60	3.60	0.00
Published Rate (Medi-Cal Providers Only):						
Unduplicated Clients (UDC):						Total UDC:
						434

DPH 4: Operating Expenses Detail

Provider Number: 8911
 Provider Name: Citywide Case Management/Forensic
 Document Date: 9/15/11

Appendix #: B-1, Page 3

Expenditure Category	TOTAL	General Fund	Funding Source 1 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/01/11-6/30/12	Term: 7/01/11-6/30/12	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	\$ 243,310	243,310				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 35,000	35,000				
Office Supplies, Postage	\$ 3,629	3,629				
Building Maintenance Supplies and Repair	\$ 1,000	1,000				
Printing and Reproduction	\$ 265	265				
Insurance	\$ -					
Staff Training	\$ 1,000	1,000				
Staff Travel-(Local & Out of Town)	\$ 5,000	5,000				
Rental of Equipment	\$ 2,000	2,000				
Computer and computer related equipment	\$ 1,500	1,500				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts): Sofia	\$ 20,000	20,000				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
Other:	\$ -					
GAEL	\$ 13,723	13,723				
Network	\$ 14,339	14,339				
Client Food and Miscelleous Expenses	\$ 10,000	10,000				
Client Stipend	\$ 25,000	25,000				
Resident	\$ 42,000	42,000				
TOTAL OPERATING EXPENSE	\$ 417,766	\$417,766	\$0	\$0	\$0	\$0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents					Contract Appendix #: B-2, Page 1	
Provider Name: Citywide Linkage					Document Date: 9/15/2011	
Provider Number: 8911					Fiscal Year: FY 11-12	
Program Name:	Citywide Linkage	Citywide Linkage	Citywide Linkage	Citywide Linkage		
Program Code (formerly Reporting Unit):	89114/89114MH	89114/89114MH	89114/89114MH	89114/89114MH		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79		
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP		TOTAL
FUNDING TERM:	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012		
FUNDING USES						
Salaries & Employee Benefits:	362,704	295,882	66,177	18,096		742,659
Operating Expenses:	9,895	8,068	1,806	494		20,262
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	372,599	303,750	67,983	18,590		762,922
Indirect Expenses:	44,712	36,450	8,158	2,231		91,551
TOTAL FUNDING USES:	417,312	340,200	76,141	20,821		854,472
CBHS MENTAL HEALTH FUNDING SOURCES						
	CFDA #:					
MH FED - SDMC:Regular FFP (50%)		121,114	98,734	22,098	6,041	247,987
MH COUNTY - General Fund		97,677	79,628	17,822	4,873	200,000
MH Realignment		198,521	161,838	36,221	9,905	406,485
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		417,312	340,200	76,141	20,819	854,472
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA #:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	CFDA #:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		417,312	340,200	76,141	20,819	854,472
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		417,312	340,200	76,141	20,819	854,472
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (If applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	FFS	FFS	FFS	
Units of Service:		226,800	130,345	16,200	6,000	
Unit Type:		Staff Minute	Staff Minute	Staff Minute	Staff Minute	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		1.84	2.61	4.70	3.47	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		1.84	2.61	4.70	3.47	0.00
Published Rate (Medi-Cal Providers Only):						
Unduplicated Clients (UDC):						Total UDC:
						315

DPH 4: Operating Expenses Detail

Provider Number: 8911
 Provider Name: Citywide Linkage
 Document Date: 9/15/11

Expenditure Category	TOTAL	General Fund	Funding Source 1 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/01/11-6/30/2012	Term: 7/01/11-6/30/2012	Term:	Term:	Term:	Term:
Rental of Property	\$ -	-				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 5,000	5,000				
Office Supplies, Postage	\$ -	-				
Building Maintenance Supplies and Repair	\$ -	-				
Printing and Reproduction	\$ -	-				
Insurance	\$ -	-				
Staff Training	\$ 700	700				
Staff Travel-(Local & Out of Town)	\$ 4,050	4,050				
Rental of Equipment	\$ -	-				
Computer and computer related equipment	\$ -	-				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts):						
Amounts)						
Amounts)						
Amounts)						
Amounts)						
Amounts)						
Other:						
GAEL	\$ 3,005	3,005				
Network	\$ 3,507	3,507				
Client Food and Miscelleous Expenses	\$ 4,000	4,000				
Client Stipend	\$ -	-				
TOTAL OPERATING EXPENSE	\$ 20,262	\$20,262	\$0	\$0	\$0	\$0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents		Contract Appendix #: B-3, Page 1	
Provider Name: Citywide STOP		Document Date: 9/15/2011	
Provider Number: 383832		Fiscal Year: FY 11-12	
Program Name:	Citywide STOP	Citywide STOP	
Program Code (formerly Reporting Unit):	38321	38321	
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34	
Service Description:	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv	
FUNDING TERM:	07/01/2011-06/30/2012	07/01/2011-06/30/2012	
FUNDING USES			TOTAL
Salaries & Employee Benefits:	37,703	1,417	39,117
Operating Expenses:	3,605	132	3,740
Capital Expenses (greater than \$5,000):			0
Subtotal Direct Expenses:	41,308	1,549	42,857
Indirect Expenses:	4,957	186	5,143
TOTAL FUNDING USES:	46,265	1,735	48,000
CBHS MENTAL HEALTH FUNDING SOURCES	CFDA #:		
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA #:		
SA FED - Drug Medi-Cal #93.778		38,554	1,446
SA COUNTY - General Fund		7,711	289
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		46,265	1,735
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA #:		
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		46,265	1,735
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		46,265	1,735
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (If applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	
Units of Service:	1,564	25	
Unit Type:	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	29.57	69.59	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	29.57	69.59	
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC):			Total UDC:

DPH 4: Operating Expenses Detail

Provider Number: 383832
 Provider Name: Citywide STOP
 Document Date: 9/15/11

Expenditure Category	TOTAL	General Fund	Funding Source 1 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/01/11-6/30/12	Term: 7/01/11-6/30/12	Term:	Term:	Term:	Term:
Rental of Property	\$ -	\$ -				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	\$ -				
Office Supplies, Postage	\$ 3,367	\$ 3,367				
Building Maintenance Supplies and Repair	\$ -	\$ -				
Printing and Reproduction	\$ -	\$ -				
Insurance	\$ -	\$ -				
Staff Training	\$ -	\$ -				
Staff Travel-(Local & Out of Town)	\$ -	\$ -				
Rental of Equipment	\$ -	\$ -				
Computer and computer related equipment	\$ -	\$ -				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts):						
Amounts)						
Amounts)						
Amounts)						
Amounts)						
Other:						
GAEL	\$ 184	\$ 184				
Network	\$ 189	\$ 189				
Client Food and Miscellaneous Expenses	\$ -	\$ -				
Client Stipend	\$ -	\$ -				
TOTAL OPERATING EXPENSE	\$ 3,740	\$3,740	\$0	\$0	\$0	\$0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents				Contract Appendix #: B-4, Page 1	
Provider Name: Citywide NOVA - Cost Reimbursement				Document Date: 9/15/2011	
Provider Number: 8911				Fiscal Year: FY 11-12	
Program Name:	NoVA CR	NoVA	NoVA		
Program Code (formerly Reporting Unit):	8911NO	8911NO	8911NO		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/70-79		
Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP		TOTAL
FUNDING TERM:	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012		
FUNDING USES					
Salaries & Employee Benefits:	55,050	85,553	2,477		143,080
Operating Expenses:	601	934	27		1,563
Capital Expenses (greater than \$5,000):					0
Subtotal Direct Expenses:	55,652	86,487	2,504		144,643
Indirect Expenses:	6,678	10,378	300		17,357
TOTAL FUNDING USES:	62,330	96,866	2,804		162,000
CBHS MENTAL HEALTH FUNDING SOURCES					
	CFDA #:				
MH WORK ORDER - Sherrif's Department		62,330	96,866	2,804	162,000
					0
					0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		62,330	96,866	2,804	162,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
	CFDA #:				
					-
					-
					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
	CFDA #:				
					-
					-
					-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		62,330	96,866	2,804	162,000
NON-DPH FUNDING SOURCES					
					0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		62,330	96,866	2,804	162,000
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR		
Units of Service:	1	1	1		
Unit Type:	N/A	N/A	N/A		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):					
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):					Total UDC:
					30

DPH 4; Operating Expenses Detail

Provider Number: 8911
 Provider Name: Citywide NOVA - Cost Reimbursement
 Document Date: 9/15/11

Expenditure Category	TOTAL	General Fund	Sheriff's Department Work Order	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/01/11-6/30/2012	Term: 7/01/11-6/30/2012	Term: 7/01/11-6/30/2012	Term:	Term:	Term:
Rental of Property	\$ -		\$ -			
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -		\$ -			
Office Supplies, Postage	\$ 270		\$ 270			
Building Maintenance Supplies and Repair	\$ -		\$ -			
Printing and Reproduction	\$ -		\$ -			
Insurance	\$ -		\$ -			
Staff Training	\$ -		\$ -			
Staff Travel-(Local & Out of Town)	\$ -		\$ -			
Rental of Equipment	\$ -		\$ -			
Computer and computer related equipment	\$ -		\$ -			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts): Sofia	\$ -		\$ -			
& Amounts)						
& Amounts)						
& Amounts)						
& Amounts)						
& Amounts)						
Other:						
GAEL	\$ 579		\$ 579			
Network	\$ 714		\$ 714			
Client Food and Miscellaneous Expenses	\$ -		\$ -			
Client Stipend	\$ -		\$ -			
TOTAL OPERATING EXPENSE	\$ 1,563	\$ 0	\$ 1,563	\$ 0	\$ 0	\$ 0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents				Contract Appendix #: B-5, Page 1	
Provider Name: Citywide Roving Team				Document Date: 9/15/2011	
Provider Number: 8911				Fiscal Year: FY 11-12	
Program Name:	Citywide Roving Team	Citywide Roving Team	Citywide Roving Team		
Program Code (formerly Reporting Unit):	8911RT	8911RT	8911RT		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/70-79		
Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP		TOTAL
FUNDING TERM:	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012		
FUNDING USES					
Salaries & Employee Benefits:	74,271	411,122	5,037		490,430
Operating Expenses:	13,416	74,262	910		88,588
Capital Expenses (greater than \$5,000):					0
Subtotal Direct Expenses:	87,686	485,384	5,947		579,018
Indirect Expenses:	10,522	58,246	714		69,482
TOTAL FUNDING USES:	98,209	543,631	6,661		648,500
CBHS MENTAL HEALTH FUNDING SOURCES					
	CFDA #:				
MH FED - SDMC Regular FFP (50%)		47,779	264,480	3,241	315,500
MH WORK ORDER - Human Services Agency		50,429	279,150	3,420	333,000
					-
					-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		98,209	543,630	6,661	648,500
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
	CFDA #:				
					-
					-
					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
	CFDA #:				
					-
					-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		98,209	543,630	6,661	648,500
NON-DPH FUNDING SOURCES					
					-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		98,209	543,630	6,661	648,500
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS		
Units of Service:	49,600	212,360	1,753		
Unit Type:	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	1.98	2.56	3.80		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	1.98	2.56	3.80		
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):					Total UDC:
					120

DPH 4: Operating Expenses Detail

Provider Number: 8911
 Provider Name: Citywide Roving Team
 Document Date: 9/15/11

Appendix #: B-5, Page 3

Expenditure Category	TOTAL	General Fund	WORK ORDER #1 Human Service Agency	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/01/11-6/30/12	Term: 7/01/11-6/30/12	Term: 7/01/11-6/30/12	Term: _____	Term: _____	Term: _____
Rental of Property	\$ 71,205	34,642	36,563			
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 3,000	1,460	1,540			
Office Supplies, Postage	\$ 3,000	1,460	1,540			
Building Maintenance Supplies and Repair						
Printing and Reproduction						
Insurance						
Staff Training	\$ 500	243	257			
Staff Travel-(Local & Out of Town)	\$ 2,559	1,245	1,314			
Rental of Equipment	\$ -					
Computer and computer related equipment	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts): Sofia						
Amounts)						
Amounts)						
Amounts)						
Amounts)						
Amounts)						
Other:						
Gael	\$ 1,984	965	1,019			
Network	\$ 2,339	1,138	1,201			
Client Food and Miscellaneous Expenses	\$ 4,000	1,946	2,054			
Client Stipend						
TOTAL OPERATING EXPENSE	\$ 88,588	\$43,099	\$45,489	\$0	\$0	\$0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): UC Regents		Contract Appendix #: B-6, Page 1				
Provider Name: Citywide-Services for Supportive Housing		Document Date: 9/15/2011				
Provider Number: 8911		Fiscal Year: FY 11-12				
Program Name:	Citywide-Services for Supportive Housing (FFS)	Citywide-Services for Supportive Housing (FFS)	Citywide-Services for Supportive Housing (FFS)	Citywide-Services for Supportive Housing (FFS)	Citywide-Services for Supportive Housing (CR)	
Program Code (formerly Reporting Unit):	8911SH	8911SH	8911SH	8911SH	8911SH	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/60-69	15/70-79	60/78	
Service Description:	Case Mgt Brokerage	MH Svcs	Medication Support	Crisis Intervention-OP	Client Support	TOTAL
FUNDING TERM:	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	07/01/2011-06/30/2012	
FUNDING USES						
Salaries & Employee Benefits:	54,601	209,468	63,849	5,002	52,749	385,669
Operating Expenses:	9,873	37,876	11,545	904	560	60,758
Capital Expenses (greater than \$5,000):						0
Subtotal Direct Expenses:	64,474	247,344	75,394	5,906	53,309	446,427
Indirect Expenses:	7,737	29,681	9,047	709	6,397	53,572
TOTAL FUNDING USES:	72,211	277,025	84,441	6,615	59,706	499,999
CBHS MENTAL HEALTH FUNDING SOURCES						
	CFDA #:					
MH FED - SDMC Regular FFP (50%)		21,697	83,237	25,372	1,988	132,293
MH COUNTY - General Fund		50,514	193,789	59,070	4,628	367,706
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		72,211	277,026	84,442	6,616	499,999
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA #:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
	CFDA #:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		72,211	277,026	84,442	6,616	499,999
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		72,211	277,026	84,442	6,616	499,999
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	FFS	FFS	FFS	CR
Units of Service:		35,748	106,140	17,519	1,705	1
Unit Type:		Staff Minute	Staff Minute	Staff Minute	Staff Minute	N/A
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		2.02	2.61	4.82	3.88	N/A
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		2.02	2.61	4.82	3.88	N/A
Published Rate (Medi-Cal Providers Only):						
Unduplicated Clients (UDC):						Total UDC: 170

DPH 4: Operating Expenses Detail

Provider Number: 8911
 Provider Name: Citywide-Services for Supportive Housing
 Document Date: 9/15/11

Appendix #:B-6
 Page 3

Expenditure Category	TOTAL	General Fund	Citywide-Services for Supportive Housing (CR)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)
	Term: <u>7/01/11-6/30/2012</u>	Term: <u>7/01/11-6/30/2012</u>	Term: <u>7/01/11-6/30/2012</u>	Term: _____	Term: _____
Rental of Property					
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 5,000	\$ 5,000			
Office Supplies, Postage	\$ 2,000	\$ 2,000			
Building Maintenance Supplies and Repair	\$ -	\$ -			
Printing and Reproduction	\$ 260	\$ 260			
Insurance	\$ -	\$ -			
Staff Training	\$ 800	\$ 800			
Staff Travel-(Local & Out of Town)	\$ 2,000	\$ 2,000			
Rental of Equipment	\$ 2,000	\$ 2,000			
Computer and computer related equipment	\$ 6,400	\$ 6,400			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts): Sofia	\$ -	\$ -			
Other:					
GAEL	\$ 1,347	\$ 1,347	213		
Network	\$ 1,751	\$ 1,751	346.5		
Client Food and Miscellaneous Expenses	\$ 14,640	\$ 14,640			
Client Stipend	\$ 24,000	\$ 24,000			
TOTAL OPERATING EXPENSE	\$ 60,758	\$60,198	\$560	\$0	\$0

**Appendix C
Insurance Waiver**

RESERVED

THIS PAGE IS LEFT BLANK AND IS NOT BEING USED




CITY AND COUNTY OF
SAN FRANCISCO

RISK MANAGEMENT
PROGRAM

WILLIE L. BROWN, JR.
MAYOR

MEMORANDUM

TO: Galen Leung, Director
DPH Office of Contract Management

FROM: Nancy Johnston-Béllard 
Deputy Risk Manager

DATE: October 22, 2003

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

RECEIVED
03 OCT 27 AM 9:37
OFFICE OF CONTRACTS & COMPLIANCE
SFPD
SFPD CONTRACTS MGT.

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

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

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

cc: Errol Fitzpatrick
Risk Management Staff
Judith Blackwell
Mike Ward

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

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

Appendix F-1
PAGE A

Control Number

Contractor: UC SFGH - Clinical Practice Group - CMS# 6906

Address: 1001 Potrero Avenue, Room 2M27, San Francisco, CA 94110

Tel No.: (415) 206-8431

Funding Term: 07/01/2011 - 06/30/2012

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M05 JL 1

Ct.Blanket No.: BPHM User Cd

Ct. PO No.: POHM

Fund Source: MHSA-Prop63, GF, SDMC Reg FFP, Realignment

Invoice Period : July 2011

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-1 Citywide Case Management/ Citywide Forensic Programs RU# 89113 & 89119												
15/ 01 - 09 Case Mgt Brokerage	379,096				\$ 1.80	\$ -	0.000		0.00%			379,096.000
15/ 10 - 57 MH Svcs	1,163,659				\$ 2.35	\$ -	0.000		0.00%			1,163,659.000
15/ 60 - 69 Medication Support	168,337				\$ 4.60	\$ -	0.000		0.00%			168,337.000
15/ 70 - 79 Crisis Intervention-OP	10,614				\$ 3.60	\$ -	0.000		0.00%			10,614.000
TOTAL	1,721,706		0.000				0.000		0.00%			1,721,706.000

SUBTOTAL AMOUNT DUE	\$ -	NOTES: \$3,386,009.00 GF, SDMC Reg FFP, Realignment HMHMCC730515
Less: Initial Payment Recovery		\$843,524.00 - MHSA - HMHMPROP63
(For DPH Use) Other Adjustments		
NET REIMBURSEMENT	\$ -	

Funding Source (Index Code):	Encumbered	Current Month	Year-to-Date
GF, SDMC, Realignment(HMHMCC730515)	\$ 3,386,009.00	\$ -	\$ -
MHSA (HMHMPROP63)	\$ 843,524.00	\$ -	\$ -
TOTAL FUNDING	\$ 4,229,533.00	\$ -	\$ -

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 CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F-4
PAGE A

Control Number

Contractor: UC SFGH - Clinical Practice Group - CMS# 6906
 Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110
 Tel No.: (415) 206-8431
 Fax No.:

Funding Term: 07/01/2011 - 06/30/2012

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M06 JL 1
 Ct. Blanket No.: BPHM TBD
 User Cd
 Ct. PO No.: POHM TBD
 Fund Source: Sheriff Department Work Order
 Invoice Period: July 2011
 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 NoVA RU# 8911NO												
15/ 01 - 09 Case Mgt Brokerage							#DIV/0!		-		#DIV/0!	
15/ 10 - 51 MH Svcs							#DIV/0!		-		#DIV/0!	
15/ 70 - 79 Crisis Intervention-OP							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 109,221.00	\$ -	\$ -	0.00%	\$ 109,221.00
Fringe Benefits	\$ 33,859.00	\$ -	\$ -	0.00%	\$ 33,859.00
Total Personnel Expenses	\$ 143,080.00	\$ -	\$ -	0.00%	\$ 143,080.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 270.00	\$ -	\$ -	0.00%	\$ 270.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: GAEL	\$ 579.00	\$ -	\$ -	0.00%	\$ 579.00
Network	\$ 714.00	\$ -	\$ -	0.00%	\$ 714.00
Total Operating Expenses	\$ 1,563.00	\$ -	\$ -	0.00%	\$ 1,563.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 144,643.00	\$ -	\$ -	0.00%	\$ 144,643.00
Indirect Expenses	\$ 17,357.00	\$ -	\$ -	0.00%	\$ 17,357.00
TOTAL EXPENSES	\$ 162,000.00	\$ -	\$ -	0.00%	\$ 162,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
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: _____
 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

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

Appendix F-5
PAGE A

Control Number

Contractor: UC SFGH - Clinical Practice Group - CMS# 6906

Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 206-8431

Funding Term: 07/01/2011 - 06/30/2012

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M08 JL 1

Ct.Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: Fed-SDMC Reg FFP, HSA Work Order

Invoice Period : July 2011

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

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

*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	CLIENT	UOS	CLIENT	UOS	CLIENTS
B-5 Citywide Roving Team RU# 8911RT												
15/ 01 - 09 Case Mgt Brokerage	49,600				\$ 1.98	\$ -	0.000		0.00%			49,600.000
15/ 10 - 57 MH Svcs	212,356				\$ 2.56	\$ -	0.000		0.00%			212,356.000
15/ 70 - 79 Crisis Intervention-OP	1,753				\$ 3.80	\$ -	0.000		0.00%			1,753.000
TOTAL	263,709		0.000				0.000		0.00%			263,709.000

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES: \$315,500.00 Medi-Cal - HMMCC730515
\$333,000.00 - HSA WO - HMMHROVINGWO

Funding Source (Index Code):	Encumbered	Current Month	Year-to-Date
Fed-SDMC Reg FFP (HMMCC730515)	\$ 315,500.00	\$ -	\$ -
HSA WO (HMMHROVINGWO)	\$ 333,000.00	\$ -	\$ -
TOTAL FUNDING	\$ 648,500.00	\$ -	\$ -

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 CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F-6
PAGE 2

Control Number

Contractor: UC SFGH - Clinical Practice Group - CMS# 6906
Address: 1001 Potrero Avenue, Room 2M17, San Francisco, CA 94110

Tel No.: (415) 206-8431
Fax No.:

Funding Term: 07/01/2011 - 06/30/2012

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M04 JL 1

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2011

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 Citywide-Svcs for Supportive Housing RU# 8911SH												
60/ 78 Client Support							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 40,266.00	\$ -	\$ -	0.00%	\$ 40,266.00
Fringe Benefits	\$ 12,483.00	\$ -	\$ -	0.00%	\$ 12,483.00
Total Personnel Expenses	\$ 52,749.00	\$ -	\$ -	0.00%	\$ 52,749.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: GAEL	\$ 213.00	\$ -	\$ -	0.00%	\$ 213.00
Network	\$ 347.00	\$ -	\$ -	0.00%	\$ 347.00
Total Operating Expenses	\$ 560.00	\$ -	\$ -	0.00%	\$ 560.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 53,309.00	\$ -	\$ -	0.00%	\$ 53,309.00
Indirect Expenses	\$ 6,397.00	\$ -	\$ -	0.00%	\$ 6,397.00
TOTAL EXPENSES	\$ 59,706.00	\$ -	\$ -	0.00%	\$ 59,706.00

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
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: _____

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