

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

**First Amendment**

THIS AMENDMENT (this “Amendment”) is made as of May 1, 2022, in San Francisco, California, by and between The Regents of the University of California, a California Constitutional Corporation (“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 continue services to provide mental health services for San Francisco children, youth and families by extending the performance period, increase the contract amount, and update standard contractual clauses; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFQ 13-2017, issued on September 28, 2017 and a Sole Source contract for the Department as authorized by San Francisco Administrative Code 21.5.b, and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 48652-16/17 on August 3, 2020;

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

**Article 1      Definitions**

The following definitions shall apply to this Amendment:

1.1    **Agreement.** The term “Agreement” shall mean the Agreement dated July 1, 2018 (Contract ID# 1000011077), between Contractor and City.

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

**Article 2      Modifications to the Agreement**

The Agreement is hereby modified as follows:

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

The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2022, unless earlier terminated as otherwise provided herein.

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

The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2023, unless earlier terminated as otherwise provided herein.

2.2 **Article 3, Section 3.3.1** Compensation of the *Original Agreement* currently reads as follows:

3.3.1 **Payment.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of Public Health, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed Six Million Four Hundred Seventy One Thousand Eight Hundred Sixty Two Dollars (\$6,471,862). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

3.3.1 **Payment.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of Public Health, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed Nine Million Eight Hundred Sixty Four Thousand Five Hundred Seventy Four Dollars (\$9,864,574). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

2.3 **Article 4, Services and Resources.** *The following is hereby added to Section 4.9*

4.9 **Contractor Vaccination Policy.** (Reserved – Department policy is more restrictive than the Mayor's directive.)

2.4                    **Article 5, Section 5.1.1 Insurance.** *The following is hereby added to Section 5.1.1*

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

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

2.5                    **Article 7, Withholding.** *The following is hereby added to as Section 7.3*

7.3      **Withholding.** [Reserved (Subject to San Francisco Business and Tax Regulations Code Section 6.10.2, as applicable).]

2.6                    **Article 10, Additional Requirements Incorporated by Reference.** *The following are hereby replaced in Section 10.4, 10.5, 10.11 and 10.17*

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

10.5    **Nondiscrimination Requirements.**

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

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

10.11 **Limitations on Contributions.**

Contractor acknowledges section 1.126 of the City's Campaign and Governmental Conduct Code to the extent applicable to Contractor, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. To the extent applicable to Contractor, Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

#### 10.17 **Distribution of Beverages and Water.**

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

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

2.7 **Article 11, General Provisions.** *The following is hereby replaced in Section 11.4*

#### 11.4 **Sunshine Ordinance.**

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

awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

2.8 **Article 13, Data and Security.** *The following is hereby added as Sections 13.5 and 13.6*

13.5 **Management of City Data and Confidential Information** (Reserved [Covered by Section 13.1].)

13.6 **Disposition of Confidential Information.** (Reserved based on City approval of Contractor's Policy).

The Appendices listed below are Amended as follows:

- 2.8 Delete Appendix A, A-1 and A-2, and replace in its entirety with Appendix A, A-1 and A-2 to Agreement as amended. Dated: 2/15/2022.
- 2.9 Delete Appendix B and replace in its entirety with Appendix B, B-1 and B-2 to Agreement as amended. Dated: 2/15/2022.
- 2.10 Delete B-1 and B-2, and replace in its entirety with Appendix B-1 and B-2 to Agreement as amended. Dated: 03/02/2022
- 2.11 Delete Appendix F to Agreement as amended and replace in its entirety with Appendix F. Dated: 03/02/2022.

### **Article 3 Effective Date**

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

### **Article 4 Legal Effect**

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

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

CITY

Recommended by:

CONTRACTOR

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

DocuSigned by:

*Greg Wagner*

4/14/2022 | 1:22 PM PDT

Grant Colfax, MD

Director of Health

Department of Public Health

DocuSigned by:

*Catherine Lagarde*

4/14/2022 | 9:06 AM PDT

Catherine Lagarde

Contracts and Grants Managed Contracts

3333 California Street, Suite 315

San Francisco, CA 94143-0962

Approved as to Form:

David Chiu

City Attorney

Supplier ID number: 000012358

DocuSigned by:

*Henry Eilton*

4/14/2022 | 9:30 AM PDT

Henry Eilton

Deputy City Attorney

Approved:

DocuSigned by:

*Sailaja Kurella*

4/25/2022 | 1:40 PM PDT

Sailaja Kurella

Director, Office of Contract Administration,  
and Purchaser

## Appendix A Services to be provided by Contractor

### 1. Terms

#### A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Mario Hernandez Contract Administrator for the City, or his / her designee, and City will contact UC Principal Investigator or other appropriate UCSF staff person, Contractor's principal investigator for this Agreement, or his / her designee.

#### B. Reports:

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

#### C. Evaluation:

Contractor shall participate as requested with the City, State, and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to make reasonable efforts to meet the requirements of and participate in the evaluation program and management information systems of the City. The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

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

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

#### E. Adequate Resources:

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

#### F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

#### G. San Francisco Residents Only:

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

#### H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Research Study Records:



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

M. 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.

N. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

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

P. Quality Assurance:

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

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

Q. Compliance with Grant Award Notices:

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

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

**2. Description of Services**

Detailed description of services are listed below and are attached hereto

- |              |                               |
|--------------|-------------------------------|
| Appendix A-1 | Child and Adolescent Services |
| Appendix A-2 | Fuerte                        |

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

**1. Identifiers:**Program Name: **Child and Adolescent Service**Program Address: **ZSFG Division of Infant, Child & Adolescent Psychiatry (ICAP), 1001 Potrero Ave, 6B**City, State, Zip Code: **San Francisco, CA 94110**Telephone: **(628) 206-4444**Facsimile: **(628) 206-3142**

Contractor Address: 3333 California Street

City, State, Zip Code: San Francisco, CA

94143

Name of Person Completing this Narrative: William Martinez, Ph.D.

Telephone: **(628) 206-2306**Program Code(s): **38C72***(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:**

- A. To provide assessment, treatment, advocacy, and referral services for San Francisco children, youth, and families who have experienced trauma and/or who present with serious emotional or behavioral problems by making available accessible, clinic, community and school-based mental health services that are linguistically and culturally appropriate and evidence informed.
- B. To provide evidence-based assessment through our Diagnostic Assessment Clinic and specialty Eating Disorder programs.
- C. To provide empirically-supported individual and family therapy services including:
  - Trauma-focused CBT
  - Cognitive behavioral therapy for depression and anxiety
  - Parent management training for behavioral problems
  - Dialectical behavior therapy for emotional dysregulation
  - Family Check Up for emotional problems
  - MATCH trans-diagnostic treatment for emotional problems
  - Family-based Treatment for eating disorders
- D. To provide empirically-supported group therapy treatment programs including:
  - Triple P parenting program
  - CBT for depression for adolescents
  - DBT skills groups for adolescents
  - KidPower group for school-age children needing safety, social and anger management skill development
- E. To provide medication management services including psychiatric evaluations to youth in our clinic as well as our partner clinic, Instituto Familiar de la Raza
- F. To provide Education-Related Mental Health Services in the San Francisco Unified

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

School District

- G. To provide comprehensive psychological evaluation services that are completed or supervised by licensed psychologists including:
- Pre-adoptive developmental evaluations for youth in foster
  - Comprehensive psychological evaluations for youth needing differential diagnosis and treatment planning for complicated psychiatric conditions
- H. To collaborate with Foster Care Mental Health to employ a social worker who will provide Triple P parenting groups at FCMH, as well as consultation and training to Spanish-speaking FCMH providers.
- I. To provide consultation services to SF Department of Public Health's (DPH) Trauma Informed Systems Initiative via the Mental Health Treatment Support and Training Services collaboration.
- J. To provide training and consultation to systems (e.g. San Francisco Unified School District, San Francisco Department of Public Health) that serve children, youth, and families who have experienced trauma. Healthy Environments and Response to Trauma in Schools (HEARTS) promotes school success for trauma-impacted children and youth by providing training, mental health consultation, and supports to create more trauma-informed, safe, supportive, and equitable school cultures and climates that foster resilience, wellness, and racial justice for everyone in the school community.
- K. To develop and implement the UCSF ZSFG Family Mental Health Navigator (FMHN) program that provides mental health (including substance use) treatment navigation services to publicly-insured children (6-18 years) and families who receive UCSF pediatric primary care (through the Children's Health Center) and/or specialty mental health treatment (through the UCSF ZSFG Child and Adolescent Services clinic) at Zuckerberg SF General Hospital. On an as-needed and as-available basis, the FMHN will also provide mental health navigation services to children and families (6-18 years) seen in other community-based pediatric primary care and/or specialty mental health treatment clinics. The FMHN will be responsible for the following:
1. Timely and efficient assessment of needs and appropriate, tailored provision of services (precision and personalization of care);
  2. Providing families with comprehensive guidance about which services and what combination of services would be most helpful;
  3. Awareness and knowledge of available evidence-based practices and sharing this information with youth, families and service providers, when needed;
  4. Tracking, qualitatively monitoring and evaluating youth patterns of service utilization and outcomes across multiple involved systems and providers; and,
  5. Asserting authority as navigator to facilitate access for youth and family to needed mental health care, to guarantee continuity of care and improve cross-provider and system care communication during service delivery and follow-up.

**4. Target Population:**

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

- Children and youth referred through ZSFG Pediatrics or other Primary or Specialty Care Providers (i.e. within the Community Health Network), children/youth referred through the San Francisco Behavioral Health Services (SFBHS) central access, other child serving agencies, and the community.
- Children/youth/families with San Francisco Medi-Cal, Healthy Families and/or Healthy Kids insurance.
- Children and youth who have suffered psychological trauma due to witnessing severe domestic violence, community violence, homicide of a family member, surviving a physical assault, physical and/or emotional abuse, sexual abuse or neglect, catastrophic injury, debilitating chronic disease, traumatic loss or the illness of the child or a significant family member.
- Youth identified with eating disorders and referred by the UCSF Specialty Eating Disorders Clinic
- Children and adolescents with other socioemotional concerns meeting specialty mental health criteria.
- Children and youth referred by San Francisco Unified School District (SFUSD) staff or through the Department of Human Services (e.g. foster care).
- Infants and children who have or are at risk for having behavioral symptoms and problems due to a variety of conditions such as prenatal drug exposure and/or premature birth.
- San Francisco Department of Public Health Personnel and affiliates.
- San Francisco Unified School District Personnel and affiliates including student support services staff, teachers and administrators that work with traumatized students.

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

### Mental Health Services

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

### Assessment

“Assessment” means a service activity which may include a clinical analysis of the history and current status of a beneficiary’s mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

### Collateral

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

### Therapy

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

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

#### Psychological Assessment

“Psychological Assessment” means services performed by a licensed psychologist focused on evaluation, and include the use of psychological measures, tests, and instruments. These services may include, but are not limited to, assessment, scoring of instruments, tests, and measures, and report writing.

#### Targeted Case Management

“Targeted Case Management” means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communications, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary’s progress; and plan development.

#### Medication Support Services

“Medication Support Services” means those services that include prescribing, administering, dispensing and monitoring of psychiatric medications or metabolic labs or biological assessments, which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, obtaining informed consent, medication education, plan development related to the delivery of their service and/or assessment of the beneficiary and ongoing medication management visits. These services also include providing emergency psychiatric and medication management consultation services for youth related to 5150/5250 circumstances (until they are medically cleared and transferred to appropriate care) as well as responding to general pediatric requests for psychiatric and medication management consultation for youth in their practice.

#### Crisis Intervention

“Crisis Intervention” means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition, which requires more timely response than a regularly scheduled visit. Service activities may include, but are not limited to, assessment, collateral, and therapy.

#### Outreach Services/Mental Health Promotion-Consultation Services.

“Outreach Services” are activities and projects directed toward 1) strengthening individual’s and communities’ skills and abilities to cope with stressful life situations before the onset of such events, 2) enhancing and/or expanding agencies’ or organizations’ mental health knowledge and skills in relation to the community-at-large or special population groups, 3) strengthening individuals’ coping skills and abilities during a stressful life situation through short-term intervention and 4) enhancing or expanding knowledge and skills of human services agency staff to handle the mental

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

health problems of particular clients.

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

6. Please see Appendix B - CRDC Page.

## 7. Methodology:

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

CAS receives referrals from several different sources:

1) **Pediatric Primary Care:** The majority of children and youth served by CAS (nearly 70%) are referred by the ZSFG Dept. of Pediatrics. CAS does comprehensive outreach to pediatricians in the Department, including placing psychology interns in pediatric continuity clinics to provide consultation and facilitate referral, participation in the Department of Pediatrics eReferral system, appearing and making presentations about CAS' services at Pediatrics Staff meetings, inviting Pediatrics staff and faculty to the ICAP/CAS grand rounds and offering a weekly ninety minute multidisciplinary psychiatry case consultation conference in order to deepen the relationship between CAS and the Department of Pediatrics. Family Mental Health Navigator services further facilitate and support referrals from pediatric primary care to CAS specialty mental health, as the FMHN program partners very closely with the Pediatric Primary Care Behavioral Health team to implement navigation services.

2) **Pediatric Eating Disorders:** CAS also receives referrals from pediatricians at Mt. Zion Hospital where an ICAP licensed clinician has been integrated into in the UCSF Specialty Eating Disorders Clinic team to provide services to children suffering from a variety of eating problems. Many of these children receive their primary care at ZSFG and there is significant coordination and linkage between Mt. Zion and ZSFG to accommodate San Francisco Medi-Cal children and their families.

3) **Schools:** Referrals also come from schools as a result of CAS' long history of collaboration with the San Francisco Unified School District. Due to the success of its relationship-based outreach efforts, CAS does not advertise and generally has more referrals than it can manage; it actively assesses children's needs at intake and refers children and youth to other providers in the city who can meet their clinical needs when CAS cannot. Once families are referred, CAS directly outreaches the family, calls them to explain the range of available services and offers an appointment or meeting with them during their ZSFG Pediatric Clinic appointments.

In addition, CAS is a certified site for Education Related Mental Health Services in the school district.

CAS conducts outreach for its full range of services, all of which are suitable for children who meet criteria for Medi-Cal, largely by engaging in active collaboration with other service systems. The full range of services to these children are supported by this contract, although additional support from other funding streams enables CAS to pay stipends to psychology interns and postdoctoral fellows and place them in ZSFG and community sites where they can offer accessible service to children and youth. CAS services include the following:

1) The CAS clinic at ZSFG provides assessment, therapy, medication management and case

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

management to children and adolescents who meet medical necessity as a result of suffering traumatic experiences, or who have non-trauma related mental health impairments; as outlined above, most of these children are recruited through collaborations with ZSFG Pediatrics or the schools.

2) The Early Childhood Development Clinic provides pre-adoption evaluations of infants and children to identify behavioral symptoms/problems or risks that could require ongoing services or supports post adoption. This service is provided in collaboration with the Human Services Agency.

3) CAS staff coordinates services with several SFUSD schools, primary care and community providers as needed to facilitate the full and healthy development of each child and youth by offering assessment and therapeutic services in school and community sites that are readily accessible to children, youth, and families.

In all of its services, CAS is committed to providing high quality, evidence-based, and culturally competent services for ethnically diverse and economically disadvantaged families. All services are provided in English and Spanish, with access to ZSFG Interpreter Services for other languages as needed.



<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

*Describe your programs admission, enrollment and/or intake criteria and process where applicable.*

After a child or youth is referred, CAS administrative staff ensures that clients are not receiving services from another provider, contacts the referral source and the parents of the referred child to complete missing demographic information, and then passes the referral to a clinician who makes the initial call to the family. Through our intake process and the process of completing the initial CANS assessment by gathering information from the child or youth, the family, and teachers and other providers who work with the child or youth, CAS determines whether the child meets medical necessity for Medi-Cal treatment. Children who do not meet medical necessity are not seen at CAS.

All youth referred to CAS participate in a Diagnostic Assessment Clinic that functions as a centralized intake process. In the first year of the DAC (FY2018) impact on multiple areas of care were noted including improving the referral stream from pediatrics, reduced waitlist for specialty mental health care, increasing timely access, shortened time to care, expedited linkage to appropriate services and matching client preferences to service options such as group treatment and parent support services (which is associated with improved outcomes). The diagnostic assessment includes psychological instruments and measures, and last approximately 2-3 sessions. Youth will then be referred to group therapy programs if no individual/family therapist is available. For youth not meeting specialty mental health criteria, they will be referred to a relevant provider, such as the Golden Gate Regional Center, their primary care behavioral health team, and/or community supports. For youth who present with acute mental health concerns, we will make every effort to find an opening in our clinic to take on these youth immediately, and if not possible, we will work with CYF county officials to find an appropriate placement for outpatient therapy.

*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.*

The CAS staff is committed to providing treatment that is culturally appropriate and encourages the healthy, full development of each child and youth. Social workers, psychologists, and psychiatrists are all part of the treatment team. The team works with families to provide the best approach toward healing and wellness. Each child or youth referred receives an assessment that results in an individualized treatment plan, which is tailored to meet her/his needs. The treatment plan is developed in collaboration with the parent/guardian and the treatment team. Communication with schools, physicians and others involved with the family occurs, as needed, for clients in this program with the goal of enhancing collaboration between the array of institutions and organizations involved in the clients' life. Services are primarily delivered at ZSFG offices; however, CAS also serves clients in various community sites, such as schools and community-based organizations. CAS clinicians also travel to SFUSD schools, preschools and homes to observe children as part of our assessment (i.e. best practices for ADHD assessment) and treatment planning.

During COVID-19, most services at CAS are available over telehealth through the use of

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

videoconferencing software. The one exception is comprehensive psychological evaluations, which are a hybrid of telehealth and in-person services.

Hours of operation are Mondays to Thursdays, 8:30am – 7pm and Fridays 8:30am – 5pm. CAS makes every effort to accommodate evening appointments when clinically indicated.

During the assessment phase, information is gathered using standard San Francisco Behavioral Health Services (SFBHS), Child Youth and Family System of Care (CYF-SOC) assessment tools (CANS). CAS also includes other psychological measures as clinically indicated in order to inform our assessment based treatment plans. Individual, group or family therapy is typically provided for one 45 to 60 minute session per week and length of treatment varies depending on the child and family meeting treatment goals as per the Plan of Care. Additionally, collateral contacts and case management are typically provided several times a week and as clinically indicated.

CAS has a Program Utilization Review Quality Committee (PURQC). This committee oversees initial and on-going services utilizing the SFBHS CYF SOC “Services Intensity Guidelines” and the procedures outlined in the Delegation Agreement for clinical reviews on ongoing authorizations. Strategies for service delivery include the following:

Crisis Intervention Services to children and families in crisis as a result of abuse or witnessing violence, often after school related incidents (i.e. lockdowns at school sites due to gun violence in the school’s vicinity)

Assessment based treatment that uses culturally appropriate, evidence-based psychological measures to inform treatment plan and assess progress toward treatment goals Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

Trauma-focused treatment, when the assessment indicates that traumatic life experiences may be contributing factors in a child or youth’s social-emotional or behavioral challenges. To maximize the effectiveness of this strategy, CAS clinicians and supervisors have been trained in an evidence-based practices designed specifically for treating traumatized children and youth and their families from diverse cultural backgrounds:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT requires individual sessions for both the child and the parents, as well as parent-child joint sessions. The treatment approach has a high scientific rating by the California Evidence-Based Clearinghouse for Child Welfare, whose mission is to advance scientifically valid practices for children and families in the child welfare system.
- In addition, all our clinicians and trainees are trained on a second intervention for trauma in children developed by partners at Stanford University, called Cue Centered Therapy (CCT). CCT developed in recognition that parents may not be available for treatment and youth who experience recurrent traumatization within a context of ongoing adversity may derive limited benefit from processing an

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

isolated traumatic event (as is the case in TF-CBT). CCT addresses the growing need for a manualized treatment aiming to increase youth insight into the connection between an individual's complex history of exposure to trauma and current emotional experiences and maladaptive behaviors.

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

Whenever possible, CAS clinicians serve the family system rather than focusing exclusively on the individual child or youth. CAS clinicians also include other essential figures in the child or youth's life (e.g., primary care providers, teachers, extended family members, and spiritual leaders and other respected elders) in treatment conceptualization and service delivery where appropriate.

Medication services, which include initial psychiatric evaluation, evaluation of clinical effectiveness and side effects, obtaining consent, medication education, plan development related to the delivery of the service and/or assessment of the child/youth and ongoing medication management visits. Services may include prescribing and monitoring psychiatric medication(s) in order to alleviate the symptoms of mental illness, and ongoing collaboration with the therapist.

Psychological assessment services are provided specifically for youth and we are the only provider in the county we are aware of that is able to provide these services in Spanish. All services are performed by or supervised by a licensed psychologist. Referrals specifically for psychological assessment services come from primary care, other community-based agencies, self-referrals, and, for preadoptive developmental evaluations, through the Human Services Agency.

Consultation and coordination with pediatric primary care providers at ZSFG and Mt. Zion, community-based organizations, schools, day care centers, and the child protection and child foster care system (HSA). These services also include providing emergency psychiatric and medication management consultation services for youth related to 5150/5250 circumstances (until they are medically cleared and transferred to appropriate care) as well as responding to general pediatric requests for psychiatric and medication management consultation for youth in their practice.

*Describe your program's exit criteria and process, e.g. successful completion, a step-down process to less intensive treatment programs, the criteria of a successful program completion, aftercare, transition to another provider, etc.*

Clients exit our program when their treatment goals, as per the Plan of Care, are met and they no longer meet criteria for medical necessity. The CAS clinicians are experienced and well trained in use of community resources to best serve families, with culturally sensitive, empirically supported interventions, returning children to the least restrictive and most supportive environments for their on-going needs. These resources include, for example, use of Family Support Programs, Boys and Girls Clubs of San Francisco, SFUSD Wellness Centers, after school tutorial programs, Good Samaritan Parenting Classes and the Talk Line. CAS may refer youth and families to these resources either as adjuncts to ongoing treatment or for continued support at the conclusion of treatment. CAS clinicians use resource guides, including San Francisco Behavioral Health Resource Guide and the SFUSD Community Based Organization list of School Support & Community Programs, to inform their recommendations for collateral services. If direct service terminates due to a client moving to another county, every effort is made to ensure appropriate linkage to mental health services in that county.

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

*Describe your program's staffing:*

CAS administrative staff members are charged with the initial determination of Medi-Cal eligibility, and with determining that the referred child or youth is not receiving mental health services in another agency. After determining insurance eligibility, an intake clinician (Licensed Clinical Social Worker, psychologist or Marriage and Family Therapist) completes the initial intake and screening process to determine whether the referred child or youth meets criteria for medical necessity.

Licensed clinical psychologists, a board certified child psychiatrist, licensed social workers, and licensed marriage and family therapists provide direct service to families and clinical supervision to trainees who provide direct individual, family, and group service. Trainees include social work and psychology practicum students, predoctoral psychology interns, postdoctoral psychology fellows, psychiatry residents and fellows who are all part of service development and delivery.

*CAS provides direct client services. It will not purchase services from other providers.*

## **8. Objectives and Measurements:**

**All objectives and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS Performance Objectives FY21-22.**

## **9. Continuous Quality Improvement:**

The CAS director and ICAP Compliance Analyst review Avatar reports monthly to determine that CAS is meeting its contract productivity goals. These goals are reviewed with the staff and trainees in weekly and monthly meetings so that the program service providers are continuously aware of their progress toward meeting productivity requirements.

Quality of service is monitored by reviewing progress in treatment as measured by the CANS and other instruments that are completed periodically, including the Behavior Assessment System for Children, the UCLA PTSD Index for Children, and the Trauma Symptom Checklist for Children. Every CAS supervisor reviews these measures periodically with each supervisee so that child clinical progress is being continuously reviewed in supervision. In addition, 30 minutes of our weekly CAS Staff/Admin meeting is reserved for quality management issues related to documentation, as well as to review treatment planning objectives for youth who have been in our clinic for one year or longer. Client satisfaction is surveyed at least annually, and the CAS Director reports the result of the CBHS data analysis of client satisfaction to the staff, identifying and highlighting areas where improvement is needed. Cultural competence among the staff and trainees is monitored in a weekly case conference in which cultural issues related to treatment are the focus of the discussion, and this year the staff is participating in a monthly meeting devoted solely to multicultural issues. Trainees participate in a weekly one hour multicultural seminar, and the monthly Grand Rounds are devoted to the multicultural focus of our clinical work.

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 1</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY: 07/01/2021 through 6/30/2022</b>
<b>Contract ID #: 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

**10. Required Language (if applicable):** NA

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 2</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY Term : 07/01/2021 through 6/30/2022</b>
<b>CMS#: Contract ID 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

**1. Identifiers:**

Program Name: **UCSF Child and Adolescent Services - Fuerte**

Program Address: **ZSFG Division of Infant, Child & Adolescent Psychiatry (ICAP), 1001 Potrero Ave, 6B**

City, State, Zip Code: **San Francisco, CA 94110**

Telephone: **(628) 206-4444**

Facsimile: **(628) 206-3142**

Contractor Address: 3333 California Street

City, State, Zip Code: San Francisco, CA  
94143

Name of Person Completing this Narrative: William Martinez, Ph.D.

Telephone: **(628) 206-2306**

Program Code(s): **None, MHSA funded program**

(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 current MHSA Innovations Grant funded program, *Fuerte*, has the following four goals:

a. A program evaluation to ascertain the efficacy and feasibility of *Fuerte* to increase screening and service access for the target population. Through the present proposal, we will gather data on how well *Fuerte* improves treatment access for the target population so that we can use this data as a measure of success when comparing future adaptations of *Fuerte* to other newcomer immigrant populations.

b. The *Fuerte* curriculum, available in English and Spanish, will be made broadly available to schools and providers across California for free use and adaptation. Materials will be made available once a point person in the county or jurisdiction that wants to use *Fuerte* is identified, and is properly trained to deliver the intervention.

c. A network of trained *Fuerte* facilitators will be available to lead “train the trainer” sessions for other providers that are interested in undertaking this model. Currently, the expectation to become a *Fuerte* trainer includes attending a one-day workshop led by current *Fuerte* trainers, and then leading two *Fuerte* groups as a provider. The current proposal will allow us to develop materials to ensure that the program is delivered to fidelity. For example, we will create a framework for coding program sessions to ensure materials were delivered, as well as provide a guidebook for counties to use when attempting to establish fidelity of the program in their own jurisdictions. A point person for counties or jurisdictions that want to use *Fuerte* will be identified and who will be trained to not only train others on the program, but also train others on how to insure that the program is delivered with fidelity to the model.

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 2</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY Term : 07/01/2021 through 6/30/2022</b>
<b>CMS#: Contract ID 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

d. In order to initiate the process of adapting *Fuerte* to be used with other immigrant groups, a framework on the adaptation and tailoring of *Fuerte* to different groups of newcomer immigrant populations will be innovatively developed based on examining how current clinicians make decisions on tailoring the *Fuerte* curricula. The framework will allow us to develop a “playbook” that will be used alongside the *Fuerte* manual to guide clinicians and community partners on how to adapt and tailor the main components of *Fuerte* to be used with different populations of newcomer immigrant youth. To date, we are not aware of any prevention program targeting newcomer immigrant youth that will not only allow the flexibility to tailor the program components to other populations, but provide a resource on how to do so. Based on feedback we received from our Community Planning Meetings, we would like to test whether or not the *Fuerte* model is efficacious for the Chinese and Arabic speaking populations, as well as other populations that may benefit.

#### **4. Target Population:**

- All ethnicities and populations in San Francisco with focused expertise to support the unique cultural needs of newcomer Latinx youth ages 12 to 18 enrolled in participating SFUSD schools will be considered eligible for inclusion in the *Fuerte* program evaluation
- Newcomer youth are youth who arrived in the United States within the last five years.

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

Outreach and engagement: The *Fuerte* program will include outreach and engagement of newcomer youth through the following program activities: Community events, 1:1 outreach, and marketing campaigns at the local, school level.

Screening and assessment: All youth participating in the *Fuerte* program are screened to see if they are at-risk for specialty mental health services. Youth found to be at-risk are referred to specialty mental health providers for further assessment.

Service linkage: *Fuerte* program staff will facilitate access to specialty mental health services for those youth found to be at-risk. All service linkages are tracked by the program.

Mental health consultation: *Fuerte* program staff will provide mental health consultation services to school staff regarding the specific mental health needs of newcomer youth.

Group therapeutic services: The *Fuerte* program includes a 7-8 week group prevention program that is delivered in schools and targets newcomer youth ages 12 – 18.



<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 2</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY Term : 07/01/2021 through 6/30/2022</b>
<b>CMS#: Contract ID 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

## 6. Methodology:

### Participants

All newcomer youth ages 12 to 18 enrolled in participating SFUSD schools will be considered eligible for inclusion in the *Fuerte* program evaluation. At least eight SFUSD schools will participate in the cluster randomized control trial. Schools will be randomized into the *Fuerte* intervention or into a delayed waitlist control (DWC) group. Youth in schools randomized to the DWC group who are identified as exhibiting significant behavioral health symptoms on premeasures will be given referrals for specialty mental health services. Efforts will be made to have equal numbers of girls and boys represented across study conditions.

### Procedure

The evaluation will be carried out in participating SFUSD high schools and middle schools, with a goal of at least ten schools per year and at least 100 participants per year. Each group will be comprised of at least four and no more than eight newcomer adolescents. In schools randomized to the DWC group, a similar number of youths matched by gender and age will comprise the DWC group. In the Fall semester, youth in schools randomized to the *Fuerte* intervention will receive the intervention, while youth in schools randomized to the DWC group will receive the intervention in the Spring semester. The randomized control trial will last four years, and include at least 400 participants.

Schools with significant numbers of newcomer youth will be identified at the beginning of each academic year. Half the schools will be randomized to receive the intervention in the Fall semester. The other half of schools will be randomized to receive the intervention in the Spring semester, and serve as a control group for the study.

The program evaluation of *Fuerte* will last four years. Premeasures will be completed by youth in both groups by early October each year of the program evaluation. The *Fuerte* program will begin by late October each year and conclude late November/early December of each year. Post measures of intervention and DWC groups will conclude by mid-December of each year. Three-month follow-up measures will be collected in mid-March of each year.

In the Spring semester, youth in the DWC group will now participate in the *Fuerte* program. Premeasures will be completed by early April of each year. The *Fuerte* program will begin in mid April and conclude by late May of each project year. Post measures of intervention and DWC groups will conclude by early June of each project year. Three-month follow-up measures will be collected from both groups in early September of each project year.

The final year of the project will be devoted to analyzing, synthesizing, and disseminating the results of the program evaluation to key stakeholders. In addition, we will finalize all materials (e.g., adaptation playbook), develop online resources, and create infrastructure for technical assistance related to provide trainings to key point persons in counties and other jurisdictions interested in implementing *Fuerte*.

### Measures

Learning Objective #1. Does *Fuerte* increase the mental health literacy of newcomer immigrant youth?

*Knowledge of trauma-related symptoms.* A three-item measure will be created based on the *Fuerte* curricula that will examine youth's knowledge of trauma-related symptoms. One item will also assess whether youth are able to identify when there is a need for seeking specialty mental health services. The three-item measure will be administered to both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 2</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY Term : 07/01/2021 through 6/30/2022</b>
<b>CMS#: Contract ID 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

*Knowledge of coping mechanisms.* A three-item measure will be created based on the *Fuerte* curricula that will examine youth’s knowledge of coping mechanisms for traumatic stress. The three-item measure will be administered to both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.

*Knowledge of mental health system.* A three-item measure will be created based on the *Fuerte* curricula that will examine youth’s knowledge of mental health service access. The three-item measure will be administered to both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up. Measures will be available in both Spanish and English.

Learning Objective #2. Does *Fuerte* increase behavioral health access among the target population?

*Screening.* Youth will complete the Pediatric Symptom Checklist (PSC)<sup>18</sup>, which is a self-report symptom inventory of common behavioral health problems in youth. The PSC is available in both Spanish and English. The PSC will be administered to youth in the *Fuerte* and waitlist control conditions within the first week of the first *Fuerte* group meeting. The measure will also be administered to youth in the *Fuerte* condition and DWC group within one week of the last *Fuerte* group. In addition, a three-month follow-up measure will be given to youth in both conditions. At each of these timepoints (pre, post, 3-month follow-up) youth who display clinically significant mental health symptoms will be referred for specialty mental health services.

*Referrals.* Youth in both the *Fuerte* and control conditions will be given a referral for specialty mental health services if they display clinically significant behavioral health symptoms on pre, post, and/or 3-month follow-up measures. At post and 3-month follow-up, youth will be asked if they are currently connected to a mental health provider in the form of a yes/no question. The question will be available in both Spanish and English.

Learning Objective #3. Does *Fuerte* increase youth’s social connectedness?

Two measures of social connectedness will be used in the present study. The first is the Social Connectedness scale<sup>19</sup> which is a 10-item scale that measure the degree of interpersonal closeness a youth experiences in their social world. The second measure will be comprised from items adapted from the Los Angeles Family and Neighborhood Survey<sup>20</sup> asking youth to indicate how many acquaintances they have in their neighborhood (*How many of the kids in your neighborhood do you know?*) and how many acquaintances they have in school (*How many of the kids in your school do you know?*). Measures will be administered to youth in both *Fuerte* and DWC conditions at pre, post, and 3-month follow-up.

Learning Objective #4. In order to adapt to other populations, how are decisions made regarding tailoring the *Fuerte* curriculum?

To examine how the *Fuerte* curriculum is tailored to different groups of our target population, a mixed-methods approach will be used. At the end of each *Fuerte* group, clinicians will be asked to complete quantitative measures that assess how they delivered each of the components of the *Fuerte* intervention and their satisfaction with the intervention elements. In addition, qualitative interviews will be held to discuss implementation difficulties, difficulties with program content or activities, and suggestions for improvement. Furthermore, similar items will be completed by youth in the *Fuerte* condition, as well as input will be gathered from key stakeholders serving on community participatory boards. The framework developed by Barrera, Berkel, & Castro<sup>21</sup> for evaluation of cultural adaptations of prevention interventions will be used to help guide the development of quantitative and qualitative items. These items will be used to inform the development of a “playbook” that will be used to train and provide to support to clinicians leading future iterations of the *Fuerte* groups, particularly those doing so with other groups of newcomer youth with similar

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 2</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY Term : 07/01/2021 through 6/30/2022</b>
<b>CMS#: Contract ID 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

concerns.

Learning Objective #5. What are the requirements needed for interagency and partner collaborations in order to make implementation of *Fuerte* possible in other counties?

As interagency collaboration is a hallmark of successful implementation of *Fuerte*, the evaluation will measure the elements that lead to successful collaboration using qualitative approaches. A semi-structured interview guide will be used to collect information from key stakeholders involved in the implementation of *Fuerte* including SF Department of Public Health and Unified School District stakeholders, behavioral health providers in SF County community-based organizations, UCSF pediatricians and behavioral health staff, as well as other relevant key community stakeholders needed for interagency collaboration. The semi-structured interview will be developed based on the EPIS framework which provides a conceptual model of implementation of prevention and intervention program in public sector settings.

MHSA Vision Alignment

- The *Fuerte* school-based prevention program was built on a foundation of resilience by helping youth use their native cultural traditions, rituals, and practices.
- Participants of *Fuerte* are given educational material to understand how to navigate the local mental health system and be active consumers of county mental health services, as needed.
- All providers participating in the *Fuerte* program are trained in working with populations of newcomer youth, particularly those from Central American countries. All providers are bilingual (English/Spanish) and most are also of Latinx backgrounds.
- Focus groups are held regularly with youth and their parents to inform the development, implementation, and evaluation of the *Fuerte* program.

Program Costs and Budget

The following is a summary of program costs and supplies. For further details, please see attached approved MHSA INN proposal.

Materials and Supplies

- Office Supplies
  - Includes general office supplies needed for maintenance of program
  - Cell phones and data plans for *Fuerte* administrators
  - Costs of onboarding undergraduate student research assistants to help with data collection
- Program Supplies
  - Food for participants in order to increase engagement in group intervention
  - Publishing costs associated with program manuals and workgroups
  - Gift cards for participants for engagement in data collection activities
  - Arts/crafts for group intervention activities
  - Software for data analyses/research
  - Supplies for recruitment including design of recruitment materials, website, etc.
  - Supplies for assistance in designing and delivering the intervention including:
    - Books
    - Online trainings
  - Costs of translation of program materials into Spanish and other languages

<b>Contractor: Regents of the University of California</b>	<b>Appendix A- 2</b>
<b>City Fiscal Year: 2021-22</b>	<b>FY Term : 07/01/2021 through 6/30/2022</b>
<b>CMS#: Contract ID 1000011077</b>	<b>Funding Sources: (non-CBHS only):</b>

- Transcription costs for focus groups
- Fees for use of data collection measures
- Fees for design for our website
- Fees for design of our brochure
- Fees for HealthySMS text messaging reminder system

### Travel

- Local travel to support meetings and recruitment associated with the Fuerte program
- Out-of-town travel to support dissemination of findings including conference/meeting fees, lodging, airfare, and other travel costs

### Consultant/Subcontractor

- Independent contracts with group facilitators who lead the Fuerte groups at various SFUSD schools
- Fees associated with consultation costs for research and data analyses
- Fees associated with consultation costs for Middle Eastern North African adaptation of Fuerte
- Fees associated with independent contractor for delivering Fuerte trainings

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

All objectives and descriptions of how objectives will be measured will be in the MHSA PEI Program Report for FY2021-2022.

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

As this is a program evaluation, quality improvement will be dependent on the information collected as described in the Methodology section.

## **9. Required Language (if applicable)**

N/A

## Appendix B Calculation of Charges

### 1. Method of Payment

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

### 2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1 Child and Adolescent Services

Appendix B-2 Fuerte

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$274,352 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

<b>Term</b>	<b>Funding Source</b>	<b>Estimated Amount</b>
FY 2018-2019	Mixed (Grants, General fund, State, Federal, Medi-Cal) <i>(From FY 19-20; was one-time for TIS in FY 18-19)</i>	\$1,444,612
FY 2019-2020	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$1,616,933
FY 2020-2021	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$1,994,937
<i>FY 20-21 One Time CODB (Direct Voucher)</i>		\$38,308
FY 2021-2022	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$2,209,166
FY 2022-2023	Mixed (Grants, General fund, State, Federal, Medi-Cal)	\$2,286,266
	Subtotal	9,590,222
	Contingency	\$274,352
	<b>Total</b>	<b>\$9,864,574</b>

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

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

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

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

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

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

DHCS Legal Entity Number 00117							Appendix B, Page 1
Legal Entity Name/Contractor Name Regents of the University of CA							Fiscal Year 2021-2022
Contract ID Number 1000011077							Funding Notification Date 10/04/21
Appendix Number	B-1	B-2	B-#	B-#	B-#	B-#	
Provider Number	38C7	38C7					
Program Name	UC-CAS	FUERTE					
Program Code	38C72	38C72					
Funding Term	07/01/21-6/30/22	07/01/22-6/30/22					
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries	\$ 1,072,640	\$ 235,598					\$ 1,308,238
Employee Benefits	\$ 389,222	\$ 68,817					\$ 458,039
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 1,461,862</b>	<b>\$ 304,416</b>	\$ -	\$ -	\$ -	\$ -	<b>\$ 1,766,277</b>
Operating Expenses	\$ 60,100	\$ 80,977					\$ 141,077
Capital Expenses							\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 1,521,962</b>	<b>\$ 385,393</b>	\$ -	\$ -	\$ -	\$ -	<b>\$ 1,907,355</b>
Indirect Expenses	\$ 182,636	\$ 46,247					\$ 228,883
Indirect %	12.0%	12.0%	0.0%	0.0%	0.0%	0.0%	12.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 1,704,598</b>	<b>\$ 431,640</b>	\$ -	\$ -	\$ -	\$ -	<b>\$ 2,136,238</b>
							Employee Benefits Rate 35.0%
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH CYF Fed SDMC FFP (50%)	\$ 591,878						\$ 591,878
MH CYF State 2011 PSR-EPST	\$ 477,618						\$ 477,618
MH CYF County General Fund	\$ 566,254						\$ 566,254
MH CYF County GF WO COB	\$ 2,178						\$ 2,178
MH WO DCYF Prop J Collaborative	\$ 17,921						\$ 17,921
MH WO HSA SPMP Foster Care	\$ 17,849						\$ 17,849
MH MHSA (WET)	\$ 30,900						\$ 30,900
MH MHSA (INN)		\$ 431,640					\$ 431,640
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ 1,704,598</b>	<b>\$ 431,640</b>	\$ -	\$ -	\$ -	\$ -	<b>\$ 2,136,238</b>
<b>BHS SUD FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>OTHER DPH FUNDING SOURCES</b>							
							\$ -
							\$ -
							\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 1,704,598</b>	<b>\$ 431,640</b>	\$ -	\$ -	\$ -	\$ -	<b>\$ 2,136,238</b>
<b>NON-DPH FUNDING SOURCES</b>							
							\$ -
							\$ -
<b>TOTAL NON-DPH FUNDING SOURCES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 1,704,598</b>	<b>\$ 431,640</b>	\$ -	\$ -	\$ -	\$ -	<b>\$ 2,136,238</b>

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

DHCS Legal Entity Number 00117												Appendix Number	B-1
Provider Name CAS												Page Number	Page 1
Provider Number 38C7												Fiscal Year	2021-2022
Contract ID Number 1000011077		DIRECT										Funding Notification Date	10/04/21
Program Name	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	UC-CAS	NAVIGATOR	HEARTS	FOSTER CARE	TIS			
Program Code	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72	38C72			
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79	45/10-19	45/20-29	45/10-19	45/10-19	45/10-19	45/10-19			
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	OS-MH Promotion	OS-Cmmty Client Svcs	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion	OS-MH Promotion			
Funding Term (mm/dd/yy-mm/dd/yy)	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22	7/01/2021-06/30/22		
FUNDING USES												TOTAL	
Salaries & Employee Benefits	\$ 2,919	\$ 1,056,779	\$ 152,671	\$ 2,402	\$ 9,923	\$ 46,509	\$ 138,654	\$ 15,413	\$ 12,111	\$ 24,481	\$ 1,461,862		
Operating Expenses	\$ 104	\$ 37,680	\$ 2,621	\$ 85	\$ 320	\$ 1,503	\$ 8,321	\$ 588	\$ 5,770	\$ 3,108	\$ 60,100		
Capital Expenses											\$ -		
<b>Subtotal Direct Expenses</b>	<b>\$ 3,023</b>	<b>\$ 1,094,459</b>	<b>\$ 155,292</b>	<b>\$ 2,487</b>	<b>\$ 10,243</b>	<b>\$ 48,012</b>	<b>\$ 146,975</b>	<b>\$ 16,001</b>	<b>\$ 17,881</b>	<b>\$ 27,589</b>	<b>\$ 1,521,963</b>		
Indirect Expenses	\$ 363	\$ 131,336	\$ 18,635	\$ 298	\$ 1,229	\$ 5,761	\$ 17,637	\$ 1,920	\$ 2,146	\$ 3,311	\$ 182,636		
Indirect %	12%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%		
<b>TOTAL FUNDING USES</b>	<b>\$ 3,386</b>	<b>\$ 1,225,795</b>	<b>\$ 173,927</b>	<b>\$ 2,785</b>	<b>\$ 11,472</b>	<b>\$ 53,773</b>	<b>\$ 164,612</b>	<b>\$ 17,921</b>	<b>\$ 20,027</b>	<b>\$ 30,900</b>	<b>\$ 1,704,598</b>		
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>												
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	1,693	\$ 546,158	\$ 42,635	\$ 1,392						\$ 591,878		
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	1,693	\$ 431,897	\$ 42,635	\$ 1,393						\$ 477,618		
MH CYF County General Fund	251962-10000-10001670-0001		\$ 247,740	\$ 88,657		\$ 11,472	\$ 53,773	\$ 164,612			\$ 566,254		
MH CYF County GF WO CODB	251962-10000-10001670-0001								\$ 2,178		\$ 2,178		
MH WO DCYF Prop J Collaborative	251962-10002-10001799-0004							\$ 17,921			\$ 17,921		
MH WO HSA SPMP Foster Care	251962-10002-10001803-0011								\$ 17,849		\$ 17,849		
MH MHA (WET)	251984-17156-10031199-0061									\$ 30,900	\$ 30,900		
This row left blank for funding sources not in drop-down list													
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>3,386</b>	<b>1,225,795</b>	<b>173,927</b>	<b>2,785</b>	<b>11,472</b>	<b>53,773</b>	<b>164,612</b>	<b>17,921</b>	<b>20,027</b>	<b>30,900</b>	<b>1,704,598</b>	
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>												
											\$ -		
											\$ -		
											\$ -		
This row left blank for funding sources not in drop-down list													
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>												
											\$ -		
This row left blank for funding sources not in drop-down list													
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL DPH FUNDING SOURCES</b>		<b>3,386</b>	<b>\$ 1,225,795</b>	<b>\$ 173,927</b>	<b>\$ 2,785</b>	<b>\$ 11,472</b>	<b>\$ 53,774</b>	<b>\$ 164,612</b>	<b>\$ 17,921</b>	<b>\$ 20,027</b>	<b>\$ 30,900</b>	<b>\$ 1,704,598</b>	
<b>NON-DPH FUNDING SOURCES</b>													
											\$ -		
This row left blank for funding sources not in drop-down list													
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>3,386</b>	<b>1,225,795</b>	<b>173,927</b>	<b>2,785</b>	<b>11,472</b>	<b>53,774</b>	<b>164,612</b>	<b>17,921</b>	<b>20,027</b>	<b>30,900</b>	<b>1,704,598</b>	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>													
	Number of Beds Purchased												
	SUD Only - Number of Outpatient Group Counseling Sessions												
	SUD Only - Licensed Capacity for Narcotic Treatment Programs												
	Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
	DPH Units of Service	1,473	318,388	27,498	636	64	300	918	100	112	172		
	Unit Type	Staff Minutes	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.299	\$ 3.85	\$ 6.33	\$ 4.38	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25		
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	2.299	\$ 3.85	\$ 6.33	\$ 4.38	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25		
	Published Rate (Medi-Cal Providers Only)	2.299	\$ 3.85	\$ 6.33	\$ 4.38	\$ 179.25	\$ 197.25	\$ 179.25	\$ 179.25	\$ 179.25	\$ 179.25		
	Unduplicated Clients (UDC)											105	



Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000011077  
 Program Name UC-CAS  
 Program Code 38C72

Appendix Number B-1  
 Page Number Page 2  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/04/21

Position Title	TOTAL		UC-CAS Mode 15 (251962-10000-10001670-0001)		UC-CAS Mode 45 (251962-10000-10001670-0001)		MH CYF COUNTY GEN FUND (251962-10000-10001670-0001)		MH WO DCYF PROJ J COLLAB (251962-10002-10001799-0004)		MH WO HSA CH CPMP FOSTER CARE (251962-10002-10001803-0011)		MH MESA (WET) (251984-17156-10031199-0061)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Division Director	0.01	\$ 2,274	0.01	\$ 2,274										
Division Deputy Director	0.14	\$ 24,031	0.14	\$ 24,031										
Psychiatrist	0.10	\$ 29,500	0.10	\$ 29,500										
Psychologist	0.05	\$ 7,650	0.05	\$ 7,650										
Psychologist	0.20	\$ 27,810	0.20	\$ 27,810										
Clinic Director	0.71	\$ 95,251	0.71	\$ 95,251										
Non Physician Clinical Trainee/Asst Prof	0.50	\$ 46,051	0.00	\$ -			0.50	\$ 46,051						
Asst Research Professor	0.15	\$ 18,532	0.00	\$ -									0.15	\$ 18,532
Medical Director	1.00	\$ 205,747.49	1.00	\$ 205,748										
CAS Clinical Social Worker II/III	1.00	\$ 74,625	1.00	\$ 74,625										
Clinical Social Worker I/II	1.00	\$ 75,004	1.00	\$ 75,004										
Clinical Social Worker I/II	1.00	\$ 106,611	0.92	\$ 98,082							0.08	\$ 8,529		
Clinical Social Worker III	0.20	\$ 20,781	0.20	\$ 20,781										
HEARTS CSW II	0.13	\$ 10,854	0.00	\$ -										
Navigator - SWA	0.73	\$ 44,085	0.00	\$ -			0.73	\$ 44,085						
Psychologist	0.60	\$ 74,151.73	0.60	\$ 74,152										
Division Administrator	0.24	\$ 29,664.00	0.00	\$ -	0.240000	\$ 29,664								
FIN Analyst	0.38	\$ 32,490	0.26	\$ 22,413	0.12	\$ 10,077								
Compliance Analyst	0.07	\$ 5,284	0.07	\$ 5,284										
Data Analyst	0.95	\$ 61,908	0.95	\$ 61,908										
Program Assistant	0.75	\$ 50,158	0.75	\$ 50,158										
Non Physician Clinical Trainee	0.95	\$ 14,678	0.00	\$ -			0.95	\$ 14,678						
Intern-Clinical Psychology (GME)	0.50	\$ 15,500	0.50	\$ 15,500										
<b>Totals:</b>	<b>11.36</b>	<b>\$ 1,072,639.69</b>	<b>8.46</b>	<b>\$ 890,170</b>	<b>0.36</b>	<b>\$ 39,741</b>	<b>2.18</b>	<b>\$ 104,813</b>	<b>0.13</b>	<b>\$ 10,854</b>	<b>0.08</b>	<b>\$ 8,529</b>	<b>0.15</b>	<b>\$ 18,532</b>
<b>Employee Benefits:</b>	CBR-%	\$ 389,222	CBR-%	\$ 324,600	CBR-%	\$ 16,691	CBR-%	\$ 33,841	CBR-%	\$ 4,559	CBR-%	\$ 3,582	CBR-%	\$ 5,949
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 1,461,862</b>		<b>\$ 1,214,770</b>		<b>\$ 56,432</b>		<b>\$ 138,654</b>		<b>\$ 15,413</b>		<b>\$ 12,111</b>		<b>\$ 24,481</b>

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 100011077  
 Program Name UC-CAS  
 Program Code 38C72

Appendix Number B-1  
 Page Number Page 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/04/21

Expense Categories & Line Items	TOTAL	UC-CAS Mode 15 (251962-10000- 10001670-0001)	UC CAS Mode 45 (251962-10000- 10001670-0001)	MH CYF COUNTY GEN FUND (251961-10000- 10001670-0001)	MH WO DCYF PROJ J COLLAB (251962-10002-10001799-0004)	MH WO HSA CH CPMP FOSTER CARE (251962-10002- 10001803-0011) (251962-10000-	MH MHA (WET) (251984-17156- 10031199-0061)
Funding Term	(07/01/21-06/30/22)	(07/01/21-06/30/22)	(07/01/21-06/30/22)	(07/01/21-06/30/22)	(07/01/21-06/30/22)	(07/01/21-06/30/22)	(07/01/21-06/30/22)
Rent	\$ -	\$ -					
Utilities (telephone, electricity, water, gas)	\$ -	\$ -					
Building Repair/Maintenance	\$ -	\$ -					
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 14,465	\$ 6,488	\$ 618	\$ 1,969	\$ 179	\$ 2,672	\$ 2,538
Photocopying	\$ -	\$ -					
Program Supplies	\$ 5,832	\$ 3,000				\$ 2,832	
Computer Hardware/Software	\$ -	\$ -					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 20,297</b>	<b>\$ 9,488</b>	<b>\$ 618</b>	<b>\$ 1,969</b>	<b>\$ 179</b>	<b>\$ 5,504</b>	<b>\$ 2,538</b>
Training/Staff Development	\$ -	\$ -					
Insurance	\$ -	\$ -					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ -	\$ -					
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 500	\$ 500					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 500</b>	<b>\$ 500</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 16,469	\$ 12,750	\$ 436	\$ 2,798	\$ 159	\$ 97	\$ 230
GAEL: General Automobile and Employee Liability Charges	\$ 8,796	\$ 7,299	\$ 326	\$ 859	\$ 89	\$ 70	\$ 152
Data Network Recharge	\$ 5,997	\$ 4,465	\$ 189	\$ 1,151	\$ 69	\$ 42	\$ 80
CCDSS: Computing and Communication Device Support Services	\$ 8,041	\$ 5,988	\$ 253	\$ 1,543	\$ 92	\$ 57	\$ 108
<b>Other Total:</b>	<b>\$ 39,303</b>	<b>\$ 30,502</b>	<b>\$ 1,204</b>	<b>\$ 6,352</b>	<b>\$ 409</b>	<b>\$ 266</b>	<b>\$ 570</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 60,099</b>	<b>\$ 40,490</b>	<b>\$ 1,822</b>	<b>\$ 8,321</b>	<b>\$ 588</b>	<b>\$ 5,770</b>	<b>\$ 3,108</b>

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

DHCS Legal Entity Number 00117						Appendix Number	B-2	
Provider Name CAS						Page Number	Page 1	
Provider Number 38C7						Fiscal Year	2021-2022	
Contract ID Number 1000011077						Funding Notification Date	10/04/21	
Program Name		FUERTE						
Program Code		38C72						
Mode/SFC (MH) or Modality (SUD)		45/10-19						
Service Description		OS-MH Promotion						
Funding Term (mm/dd/yy-mm/dd/yy):		(07/01/21-06/30/22)						
<b>FUNDING USES</b>							<b>TOTAL</b>	
Salaries & Employee Benefits		\$	304,416				\$ 304,416	
Operating Expenses		\$	80,977				\$ 80,977	
Capital Expenses							\$ -	
<b>Subtotal Direct Expenses</b>		<b>\$</b>	<b>385,393</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
Indirect Expenses		\$	46,247				\$ 46,247	
Indirect %			12.0%		0.0%		0.0%	
<b>TOTAL FUNDING USES</b>		<b>\$</b>	<b>431,640</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001						\$ -	
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001							
MH CYF County General Fund	251962-10000-10001670-0001							
MH CYF County GF WO CODB	251962-10000-10001670-0001						\$ -	
MH WO HSA SPMP Foster Care	251962-10002-10001803-0011						\$ -	
MH MHSA (INN)	251984-17156-10031199-0037						\$ -	
MH MHSA (INN)	251984-17156-10031199-0065	\$	431,640				\$ 431,640	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>\$</b>	<b>431,640</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
<b>BHS SUD FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
							\$ -	
							\$ -	
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
<b>OTHER DPH FUNDING SOURCES</b>		<b>Dept-Auth-Proj-Activity</b>						
							\$ -	
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$</b>	<b>431,640</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
<b>NON-DPH FUNDING SOURCES</b>								
This row left blank for funding sources not in drop-down list							\$ -	
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>431,640</b>		<b>-</b>		<b>431,640</b>	
<b>BHS UNITS OF SERVICE AND UNIT COST</b>								
Number of Beds Purchased								
SUD Only - Number of Outpatient Group Counseling Sessions								
SUD Only - Licensed Capacity for Narcotic Treatment Programs								
Payment Method		Cost Reimbursement (CR)						
DPH Units of Service		1,841						
Unit Type		Staff Hour	0	0	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$	234.46	\$	-	\$	-	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$	234.46	\$	-	\$	-	
Published Rate (Medi-Cal Providers Only)							<b>Total UDC</b>	
Unduplicated Clients (UDC)								

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000011077  
 Program Name UC-CAS  
 Program Code 38C72

Appendix Number B-2  
 Page Number Page 2  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/04/21

Position Title	TOTAL		MH MSA (INN) 251984-17156- 10031199-0065		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinic Director	0.23	\$ 30,856	0.23	\$ 30,856										
Division Administrator	0.03	\$ 3,453	0.03	\$ 3,453										
Clin Research Coordinator	1.00	\$ 88,871	1.00	\$ 88,871										
Clin Research Coordinator	0.50	\$ 35,119	0.50	\$ 35,119										
Intern-Clinical Psychology (GME)	0.50	\$ 15,500	0.50	\$ 15,500										
Non Physician Clinical Trainee	1.00	\$ 61,800	1.00	\$ 61,800										
<b>Totals:</b>	<b>3.26</b>	<b>\$ 235,598</b>	<b>3.26</b>	<b>\$ 235,598</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Benefits:</b>	CBR-%	\$ 68,817	CBR-%	\$ 68,817	CBR-%		CBR-%		CBR-%		CBR-%		CBR-%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 304,416</b>		<b>\$ 304,416</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

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

Contract ID Number 1000011077  
 Program Name UC-CAS  
 Program Code 38C72

Appendix Number B-2  
 Page Number Page 3  
 Fiscal Year 2021-2022  
 Funding Notification Date 10/04/21

Expense Categories & Line Items	TOTAL	MH MSA (INN) 251984-17156- 10031199-0065	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
<b>Funding Term</b>	(07/01/21-06/30/22)	(07/01/21-06/30/22)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 694	\$ 694					
Photocopying	\$ -						
Program Supplies	\$ 51,911	\$ 51,911					
Computer Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ 52,605</b>	<b>\$ 52,605</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -	\$ -					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ 18,300	\$ 18,300					
	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ 18,300</b>	<b>\$ 18,300</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
UCSF Faculty and Staff Recharge	\$ 4,113	\$ 4,113					
Liability Charges	\$ 1,932	\$ 1,932					
Data Network Recharge	\$ 1,720	\$ 1,720					
Device Support Services	\$ 2,307	\$ 2,307					
<b>Other Total:</b>	<b>\$ 10,072</b>	<b>\$ 10,072</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 80,977</b>	<b>\$ 80,977</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 5: Capital Expenses Detail**

Contract ID Number 1000011077  
 Program Name UC-CAS  
 Program Code 38C72

Appendix Number B-1 & B-2  
 Page Number Page 4  
 Fiscal Year 2021-2022  
 Funding Notification Date: 10/04/21

**1. Equipment**

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

**Total Equipment Cost** \$ -

**2. Remodeling**

Description	Total Cost

**Total Remodeling Cost** \$ -

**Total Capital Expenditure** \$ -

(Equipment plus Remodeling Cost)







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

Appendix F  
PAGE A

Contract ID#  
1000011077

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

**BHS**

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

INVOICE NUMBER: M07JL21

Template Version: Amend1  
User Cd

Ct. PO No.: POHM SFGOV-0000551036

Fund Source: MH WO DCYF Prop J Collaborative

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-1 HEARTS PC# - 38C72 - 251962-10002-10001799-0004</b>												
45/ 10 - 19 OS - MH Promotion	100				-		0%		100		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 10,854.00		\$ -	0.00%	\$ 10,854.00
Fringe Benefits	\$ 4,559.00	\$ -	\$ -	0.00%	\$ 4,559.00
<b>Total Personnel Expenses</b>	<b>\$ 15,413.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 15,413.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 179.00	\$ -	\$ -	0.00%	\$ 179.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 159.00	\$ -	\$ -	0.00%	\$ 159.00
GAEL	\$ 89.00	\$ -	\$ -	0.00%	\$ 89.00
Data Network Recharge	\$ 69.00	\$ -	\$ -	0.00%	\$ 69.00
CCDSS	\$ 92.00	\$ -	\$ -	0.00%	\$ 92.00
<b>Total Operating Expenses</b>	<b>\$ 588.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 588.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 16,001.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 16,001.00</b>
<b>Indirect Expenses</b>	<b>\$ 1,920.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,920.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 17,921.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 17,921.00</b>
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

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

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

Send to:  
Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103  
  
Or email to:  
cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
Date



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

Appendix F  
PAGE A

Contract ID#  
1000011077

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935



Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

INVOICE NUMBER: M09JL21

Template Version: Amend1  
User Cd

Ct. PO No.: POHM SFGOV-0000551036

Fund Source: MH CYF County General Fund

Invoice Period: July 2021

Final Invoice:  (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 NAVIGATOR PC# - 38C72 251962-10000-10001670-0001												
45/ 10 - 19 OS - MH Promotion	918				-		0%		918		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 104,813.00	\$ -	\$ -	0.00%	\$ 104,813.00
Fringe Benefits	\$ 33,841.00	\$ -	\$ -	0.00%	\$ 33,841.00
<b>Total Personnel Expenses</b>	<b>\$ 138,654.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 138,654.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 1,969.00	\$ -	\$ -	0.00%	\$ 1,969.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 2,798.00	\$ -	\$ -	0.00%	\$ 2,798.00
GAEL	\$ 859.00	\$ -	\$ -	0.00%	\$ 859.00
Data Network Recharge	\$ 1,151.00	\$ -	\$ -	0.00%	\$ 1,151.00
CCDSS	\$ 1,544.00	\$ -	\$ -	0.00%	\$ 1,544.00
	\$ -				
<b>Total Operating Expenses</b>	<b>\$ 8,321.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 8,321.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 146,975.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 146,975.00</b>
Indirect Expenses	\$ 17,637.00	\$ -	\$ -	0.00%	\$ 17,637.00
<b>TOTAL EXPENSES</b>	<b>\$ 164,612.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 164,612.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

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

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

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

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

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

Send to:  
Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103  
  
Or email to:  
cbhsinvoices@sfdph.org

DPH Authorization for Payment

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

\_\_\_\_\_  
Date



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

Appendix F  
PAGE A

Contract ID#  
1000011077

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935



Funding Term: 07/01/2021 - 06/30/20202

PHP Division: Behavioral Health Services

INVOICE NUMBER: M13JL21

Template Version: MYE  
User Cd

Ct. PO No.: POHM SFGOV-0000551036

Fund Source: MH WO HSA SPMP Foster Care / CODB

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-1 FOSTERCARE PC# - 38C72</b>												
45/ 10 - 19 OS - MH Promotion	112				-		0%		112		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 8,529.00	\$ -	\$ -	0.00%	\$ 8,529.00
Fringe Benefits	\$ 3,582.00	\$ -	\$ -	0.00%	\$ 3,582.00
<b>Total Personnel Expenses</b>	<b>\$ 12,111.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 12,111.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 5,504.00	\$ -	\$ -	0.00%	\$ 5,504.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel		\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 97.00	\$ -	\$ -	0.00%	\$ 97.00
GAEL	\$ 70.00	\$ -	\$ -	0.00%	\$ 70.00
Data Network Recharge	\$ 42.00	\$ -	\$ -	0.00%	\$ 42.00
CCDSS	\$ 57.00	\$ -	\$ -	0.00%	\$ 57.00
<b>Total Operating Expenses</b>	<b>\$ 5,770.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 5,770.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 17,881.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 17,881.00</b>
<b>Indirect Expenses</b>	<b>\$ 2,146.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 2,146.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 20,027.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 20,027.00</b>

<b>Less: Initial Payment Recovery</b>		NOTES: MH WO HSA SPMP Foster Care 251962-10002-10001803-0011: \$17,849 MH CYF Cty GF WO CODB 251962-10000-10001670-0001: \$2,178
<b>Other Adjustments (DPH use only)</b>		
<b>REIMBURSEMENT</b>	<b>\$ -</b>	

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

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

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

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

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

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

Send to:  
Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103  
  
Or email to:  
cbhsinvoices@sfdph.org  
Jul 3-2

DPH Authorization for Payment

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

\_\_\_\_\_  
Date

Prepared: 3/2/2022



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

Appendix F  
PAGE A

Contract ID#  
1000011077

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
Child & Adolescent Svcs Program

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935



Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

INVOICE NUMBER: M15JL21  
 Template Version: Amend1  
 User Cd:  
 Ct. PO No.: POHM SFGOV-0000551036  
 Fund Source: MH MHA (WET)  
 Invoice Period: July 2021  
 Final Invoice: (Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-1 TIS PC# - 38C72 251984-17156-10031199-0061</b>												
45/ 10 - 19 OS - MH Promotion	172				-		0%		172		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 18,532.00	\$ -	\$ -	0.00%	\$ 18,532.00
Fringe Benefits	\$ 5,949.00	\$ -	\$ -	0.00%	\$ 5,949.00
<b>Total Personnel Expenses</b>	<b>\$ 24,481.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 24,481.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 2,538.00	\$ -	\$ -	0.00%	\$ 2,538.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: UCSF Faculty and Staff Recharge	\$ 230.00	\$ -	\$ -	0.00%	\$ 230.00
GAEL	\$ 152.00	\$ -	\$ -	0.00%	\$ 152.00
Data Network Recharge	\$ 80.00	\$ -	\$ -	0.00%	\$ 80.00
CCDSS	\$ 108.00	\$ -	\$ -	0.00%	\$ 108.00
<b>Total Operating Expenses</b>	<b>\$ 3,108.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 3,108.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 27,589.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 27,589.00</b>
<b>Indirect Expenses</b>	<b>\$ 3,311.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 3,311.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 30,900.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 30,900.00</b>

<b>Less: Initial Payment Recovery</b>		NOTES:
<b>Other Adjustments (DPH use only)</b>		
<b>REIMBURSEMENT</b>	<b>\$ -</b>	

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

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

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

Send to:  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
 Or email to:  
 cbhsinvoices@sfdph.org  
 Jul 3-2

DPH Authorization for Payment

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

\_\_\_\_\_  
 Date

Prepared: 3/2/2022





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

Appendix F  
PAGE A

Contract ID#  
1000011077

**Contractor: UCSF-Dept of Psychiatry - CMS#6900**  
**Child & Adolescent Svcs Program**

Address: 1001 Potrero Ave. Ste. 7M22, San Francisco, CA 94110

Tel No.: (415) 206-6935

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services



INVOICE NUMBER: M16JL21

Template Version: Amend1

Ct. PO No.: POHM SFGOV-0000551036

Fund Source: MH MHA (INN)

Invoice Period: July 2021

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-2 FUERTE PC# - 38C72 251984-17156-10031199-0065</b>												
45/ 10 - 19 OS - MH Promotion	1,841				-		0%		1,841		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 235,599.00	\$ -	\$ -	0.00%	\$ 235,599.00
Fringe Benefits	\$ 68,817.00	\$ -	\$ -	0.00%	\$ 68,817.00
<b>Total Personnel Expenses</b>	<b>\$ 304,416.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 304,416.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 52,605.00	\$ -	\$ -	0.00%	\$ 52,605.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 18,300.00	\$ -	\$ -	0.00%	\$ 18,300.00
Other: UCSF Faculty and Staff Recharge	\$ 4,113.00	\$ -	\$ -	0.00%	\$ 4,113.00
Liability Charges	\$ 1,932.00	\$ -	\$ -	0.00%	\$ 1,932.00
Data Network Recharge	\$ 1,720.00	\$ -	\$ -	0.00%	\$ 1,720.00
Device Support Services	\$ 2,307.00	\$ -	\$ -	0.00%	\$ 2,307.00
<b>Total Operating Expenses</b>	<b>\$ 80,977.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 80,977.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 385,393.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 385,393.00</b>
<b>Indirect Expenses</b>	<b>\$ 46,247.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 46,247.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 431,640.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 431,640.00</b>

<b>Less: Initial Payment Recovery</b>		NOTES:
<b>Other Adjustments (DPH use only)</b>		
<b>REIMBURSEMENT</b>	\$ -	

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

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

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

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

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

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

Send to:  
Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

DPH Authorization for Payment

---

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

