

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

Second Amendment

THIS AMENDMENT (this “Amendment”) is made as of September 22, 2020, in San Francisco, California, by and between UC DSAAM (“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 addiction treatment and reduce dangers of drug abuse 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 RFP 26-2016, issued on September 27, 2016 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 December 16, 2019;

WHEREAS, approval for Amendment One was obtained when the Board of Supervisors approved Resolution number 328-20 on July 8, 2020; and

WHEREAS, approval for this Amendment Two was obtained when the Board of Supervisors approved Resolution number _____ on _____; and

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# 1000010465), between Contractor and City.

First amendment, dated July 1, 2020.

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 *First Amendment* currently reads as follows:

The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2021, 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, 2027, unless earlier terminated as otherwise provided herein.

2.2 **Article 3, Section 3.3.1** Compensation of the *First Amendment* 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 Thirteen Million Nine Hundred Ninety Eight Thousand Nine Hundred Forty Five Dollars (\$13,998,945). 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 Forty Four Million Two Hundred Twenty Six Thousand Nine Hundred Ninety Eight (\$44,226,998). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

The Appendices listed below are Amended as follows:

- 2.3 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 9/28/2020.
- 2.4 Delete Appendix F to Agreement as amended, and replace in its entirety with Appendix F. Dated: 9/28/2020.

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:

Grant Colfax, MD
Director of Health
Department of Public Health

Approved as to Form:

Dennis J. Herrera
City Attorney

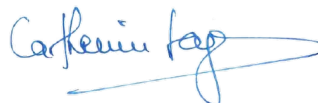
By: _____
Deputy City Attorney

Approved:

Sailaja Kurella
Acting Director of the Office of Contract
Administration, and Purchaser

CONTRACTOR

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



Catherine Lagarde
Contracts and Grants Managed Contracts
3333 California Street, Suite 315
San Francisco, CA 94143-0962

Supplier ID number: : 000012358

Appendix B

Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix A-1	Opiate Treatment Outpatient Program (OTOP)
Appendix A-2	Opiate Treatment Outpatient Program (OTOP) Bayview Van
Appendix A-3	Office-Based Buprenorphine Induction Clinic (OBIC)
Appendix A-4	Office Based Opiate Treatment (OBOT) Tom Waddell (TW)
Appendix A-5	Office Based Opiate Treatment (OBOT) Potrero Hill (PH)
Appendix A-6	Office Based Opiate Treatment (OBOT) Positive Health Program
Appendix A-7	Office Based Opiate Treatment - ZSFG Pharmacy
Appendix A-8	OBOT CBHS Pharmacy
Appendix A-9	CBHS OTOP Ancillary

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$3,297,606 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures. The maximum dollar for each term and funding source shall be as follows:

Term	Funding Source	Amount
July 1, 2018 – June 30, 2019	Federal Drug Medi-Cal, State and General Funds	\$4,289,328
July 1, 2019 – June 30, 2020	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2020 – June 30, 2021	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2021 – June 30, 2022	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2022 – June 30, 2023	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2023 – June 30, 2024	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2024 – June 30, 2025	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2025 – June 30, 2026	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2026 – June 30, 2027	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
	<i>Contingency</i>	\$3,297,606
	(This equals the total NTE) Total:	\$44,226,998

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

1. 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.

2. 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

Appendix B, Page 1

DHCS Legal Entity Number 00117
 Legal Entity Name/Contractor Name **UCSF DSAAM**

Fiscal Year 2019-2020

Contract ID Number 1000010465

Funding Notification Date 10/25/19

Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	B-9	
Provider Number	383813	383813	383813	388923	383813	383813	389147	388922	383813	
Program Name	OTOP	Bayview Van	OBIC	OBOT TW	OBOT PH	OBOT PHP	ZSFG Pharm	CBHS Pharm	Ancillary Services	
Program Code	38134	72134	8921HS-OP	75134	74134	86134	76134	77134	38134, 72134, 87134	
Funding Term	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	
FUNDING USES										TOTAL
Salaries	\$ 999,455	\$ 182,515	\$ 661,567	\$ 6,731	\$ 4,777	\$ -	\$ 50,602	\$ 28,259	\$ 786,044	\$ 2,719,950
Employee Benefits	\$ 402,281	\$ 73,462	\$ 266,281	\$ 2,692	\$ 1,923	\$ -	\$ 20,367	\$ 11,375	\$ 314,417	\$ 1,092,798
Subtotal Salaries & Employee Benefits	\$ 1,401,736	\$ 255,977	\$ 927,848	\$ 9,423	\$ 6,700	\$ -	\$ 70,969	\$ 39,634	\$ 1,100,461	\$ 3,812,748
Operating Expenses	\$ 153,470	\$ 14,281	\$ 66,395	\$ 204	\$ 214	\$ 338	\$ 2,103	\$ 1,286	\$ 38,253	\$ 276,544
Capital Expenses										\$ -
Subtotal Direct Expenses	\$ 1,555,206	\$ 270,258	\$ 994,243	\$ 9,627	\$ 6,914	\$ 338	\$ 73,072	\$ 40,920	\$ 1,138,714	\$ 4,089,292
Indirect Expenses	\$ 186,626	\$ 32,431	\$ 119,309	\$ 1,155	\$ 830	\$ 41	\$ 8,769	\$ 4,910	\$ 136,646	\$ 490,716
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 1,741,832	\$ 302,689	\$ 1,113,552	\$ 10,782	\$ 7,744	\$ 378	\$ 81,841	\$ 45,830	\$ 1,275,360	\$ 4,580,008
									Employee Benefits Rate	40.2%
BHS MENTAL HEALTH FUNDING SOURCES										
										\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES										
SUD Fed SABG Discretionary, CFDA 93.959			\$ 16,000							\$ 16,000
SUD Fed DMC FFP, CFDA 93.778	\$ 938,926	\$ 163,163	\$ 162,500	\$ 4,172	\$ 2,947	\$ 228	\$ 31,040	\$ 17,382		\$ 1,320,358
SUD State DMC	\$ 505,575	\$ 87,857	\$ 87,500	\$ 2,246	\$ 1,587	\$ 123	\$ 16,714	\$ 9,359		\$ 710,961
SUD County General Fund	\$ 297,331	\$ 51,669	\$ 847,552	\$ 4,364	\$ 3,210	\$ 27	\$ 34,087	\$ 19,089	\$ 1,275,360	\$ 2,532,689
										\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 1,741,832	\$ 302,689	\$ 1,113,552	\$ 10,782	\$ 7,744	\$ 378	\$ 81,841	\$ 45,830	\$ 1,275,360	\$ 4,580,008
OTHER DPH FUNDING SOURCES										
										\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,741,832	\$ 302,689	\$ 1,113,552	\$ 10,782	\$ 7,744	\$ 378	\$ 81,841	\$ 45,830	\$ 1,275,360	\$ 4,580,008
NON-DPH FUNDING SOURCES										
										\$ -
										\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,741,832	\$ 302,689	\$ 1,113,552	\$ 10,782	\$ 7,744	\$ 378	\$ 81,841	\$ 45,830	\$ 1,275,360	\$ 4,580,008
Prepared By	Dominic Perrone						Phone Number	628-206-6574		

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

DHCS Legal Entity Number 00117					Appendix Number B-1	
Provider Name UCSF DSAAM					Page Number 1	
Provider Number 383813					Fiscal Year 2019-2020	
Contract ID Number 1000010465					Funding Notification Date 10/25/19	
Program Name	OTOP					
Program Code	38134	38134	38134	38134	38134	
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-120g	ODS-120cm	ODS-117	
Service Description	ODS NTP Methadone - Dosing	Methadone - Individual Counseling	ODS NTP Methadone - Group Counseling	ODS NTP Case Management	ODS NTP MAT Buprenorphine	
Funding Term (mm/dd/yy-mm/dd/yy)	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 1,051,747	\$ 248,610	\$ 3,685	\$ 5,736	\$ 91,958	\$ 1,401,736
Operating Expenses	\$ 115,151	\$ 27,219	\$ 404	\$ 628	\$ 10,068	\$ 153,470
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 1,166,898	\$ 275,829	\$ 4,089	\$ 6,364	\$ 102,026	\$ 1,555,206
Indirect Expenses	\$ 140,029	\$ 33,100	\$ 491	\$ 764	\$ 12,243	\$ 186,627
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 1,306,927	\$ 308,929	\$ 4,580	\$ 7,128	\$ 114,269	\$ 1,741,833
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 704,493	\$ 166,527	\$ 2,469	\$ 3,842	\$ 938,927
SUD State DMC	240646-10000-10001681-0003	\$ 379,342	\$ 89,668	\$ 1,329	\$ 2,069	\$ 505,575
SUD County General Fund	240646-10000-10001681-0003	\$ 223,093	\$ 52,734	\$ 782	\$ 1,217	\$ 297,331
						\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 1,306,927	\$ 308,929	\$ 4,580	\$ 7,128	\$ 114,269	\$ 1,741,833
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,306,927	\$ 308,929	\$ 4,580	\$ 7,128	\$ 114,269	\$ 1,741,833
NON-DPH FUNDING SOURCES						
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,306,927	308,929	4,580	7,128	114,269	1,741,833
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs	630	630	630	630	630	
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	93,821	19,627	1,363	271	5,278	
Unit Type	Dose	10 Minutes	10 Minutes	15 minutes	Dose	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 13.93	\$ 15.74	\$ 3.36	\$ 26.30	\$ 21.65	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 13.93	\$ 15.74	\$ 3.36	\$ 26.30	\$ 21.65	
Published Rate (Medi-Cal Providers Only)	\$ 16.02	\$ 18.10	\$ 3.86	\$ 30.25	\$ 24.90	Total UDC
Unduplicated Clients (UDC)	552	612	N/A	N/A	60	612

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010465

Program Name OTOP

Program Code 38134

Appendix Number B-1

Page Number 2

Fiscal Year	2019-2020
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Funding Notification Date	10/25/19
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	TOTAL		Dept-Auth-Proj-Activity 240646-10000- 10001681-0003		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2019-06/30/2020		07/01/2019-06/30/2020		(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):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Physician	0.31	\$ 67,913	0.31	\$ 67,913										
Psychologist	0.05	\$ 9,761	0.05	\$ 9,761										
Physician, Medical Director	0.10	\$ 22,722	0.10	\$ 22,722										
Psychiatrist, PI	0.06	\$ 13,210	0.06	\$ 13,210										
Program Psychiatrist	0.01	\$ 1,490	0.01	\$ 1,490										
Analyst 3, Supvr	0.45	\$ 40,297	0.45	\$ 40,297										
Project Assistant 3	0.05	\$ 3,079	0.05	\$ 3,079										
Office Manager	0.13	\$ 8,585	0.13	\$ 8,585										
Division Administrator	0.37	\$ 40,447	0.37	\$ 40,447										
Patient Navigator 3	0.25	\$ 15,425	0.25	\$ 15,425										
Nurse Practitioner 2	0.21	\$ 39,788	0.21	\$ 39,788										
Financial Analyst	0.35	\$ 28,479	0.35	\$ 28,479										
Social Work Associate	8.50	\$ 532,291	8.50	\$ 532,291										
Hospital Assistant 3	0.37	\$ 31,431	0.37	\$ 31,431										
Clinical Social Worker 2, Supvr	1.55	\$ 144,537	1.55	\$ 144,537										
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Totals:	12.75	\$ 999,455	12.75	\$ 999,455	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40.25%	\$ 402,281	40.25%	\$ 402,281	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 1,401,736		\$ 1,401,736		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
 Program Name OTOP
 Program Code 38134

Appendix Number B-1
 Page Number 3
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000- 10001681-0003						
Funding Term	07/01/2019-06/30/2020	07/01/2019-06/30/2020						
Rent	\$ -							
Utilities (telephone, electricity, water, gas)	\$ -							
Building Repair/Maintenance	\$ -							
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 31,000.00	\$ 31,000.00						
Photocopying	\$ 1,000.00	\$ 1,000.00						
Program Supplies	\$ 15,000.00	\$ 15,000.00						
Computer Hardware/Software	\$ 6,000.00	\$ 6,000.00						
Materials & Supplies Total:	\$ 53,000.00	\$ 53,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 5,000.00	\$ 5,000.00						
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
General Operating Total:	\$ 5,000.00	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -							
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -							
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -							
Storage Services	\$ 2,300.00	\$ 2,300.00						
Telephone/Pagers	\$ 2,000.00	\$ 2,000.00						
Temporary Help	\$ 41,630.00	\$ 41,630.00						
Data Network Recharge	\$ 6,732.00	\$ 6,732.00						
CCDSS: Computing and Communication Device Support Service	\$ 20,028.00	\$ 20,028.00						
GAEL: General Automobile and Employee Liability Charges	\$ 8,196.00	\$ 8,196.00						
UCSF Faculty and Staff Recharge	\$ 14,584.00	\$ 14,584.00						
	\$ -							
Other Total:	\$ 95,470.00	\$ 95,470.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 153,470.00	\$ 153,470.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117					Appendix Number B-2		
Provider Name UCSF DSAAM					Page Number 1		
Provider Number 383813					Fiscal Year 2019-2020		
Contract ID Number 1000010465					Funding Notification Date 10/25/19		
Program Name		Bayview Van					
Program Code		72134	72134	72134	72134		
Mode/SFC (MH) or Modality (SUD)		ODS-120d	ODS-120i	ODS-120cm	ODS-117		
Service Description		ODS NTP Methadone - Dosing	Methadone - Individual Counseling	ODS NTP Case Management	ODS NTP MAT Buprenorphine		
Funding Term (mm/dd/yy-mm/dd/yy)		07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020		
FUNDING USES						TOTAL	
Salaries & Employee Benefits	\$	202,350	\$	46,309	\$	255,977	
Operating Expenses	\$	11,289	\$	2,584	\$	14,281	
Capital Expenses						\$ -	
Subtotal Direct Expenses	\$	213,639	\$	48,893	\$	270,259	
Indirect Expenses	\$	25,637	\$	5,866	\$	32,431	
Indirect %		12.0%		12.0%		12.0%	
TOTAL FUNDING USES	\$	239,276	\$	54,759	\$	302,689	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
						\$ -	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity						
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$	128,980	\$	29,518	\$	163,163
SUD State DMC	240646-10000-10001681-0003	\$	69,451	\$	15,894	\$	87,857
SUD County General Fund	240646-10000-10001681-0003	\$	40,844	\$	9,347	\$	51,669
						\$ -	
TOTAL BHS SUD FUNDING SOURCES		\$	239,276	\$	54,759	\$	302,689
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity						
						\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL OTHER DPH FUNDING SOURCES		\$	-	\$	-	\$	-
TOTAL DPH FUNDING SOURCES		\$	239,276	\$	54,759	\$	302,689
NON-DPH FUNDING SOURCES							
						\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL NON-DPH FUNDING SOURCES		\$	-	\$	-	\$	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			239,276		54,759		302,689
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs		220	220	220	220		
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	17,177	3,479	8	390			
Unit Type	Dose	10 Minutes	15 minutes	Dose	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$	13.93	\$	15.74	\$	21.65	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$	13.93	\$	15.74	\$	21.65	
Published Rate (Medi-Cal Providers Only)	\$	16.02	\$	18.10	\$	24.90	
Unduplicated Clients (UDC)		101	105	N/A	4	105	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010465
 Program Name Bayview Van
 Program Code 72134

Appendix Number B-2
 Page Number 2
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

	TOTAL		Dept-Auth-Proj-Activity 240646-10000-10001681-0003		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2019-06/30/2020		07/01/2019-06/30/2020		(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):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Physician, Medical Director	0.08	\$ 17,610	0.08	\$ 17,610										
Program Physician	0.09	\$ 20,405	0.09	\$ 20,405										
Community Program Manager	1.00	\$ 81,601	1.00	\$ 81,601										
Social Work Associate	1.00	\$ 62,899	1.00	\$ 62,899										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	2.17	\$ 182,515	2.17	\$ 182,515	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40%	\$ 73,462.00	40%	\$ 73,462	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 255,977.00		\$ 255,977.00		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
 Program Name Bayview Van
 Program Code 72134

Appendix Number B-2
 Page Number 3
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000- 10001681-0003	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/2019-06/30/2020	07/01/2019-06/30/2020	(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	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 2,025.00	\$ 2,025.00					
Photocopying	\$ 500.00	\$ 500.00					
Program Supplies	\$ 1,000.00	\$ 1,000.00					
Computer Hardware/Software	\$ 1,000.00	\$ 1,000.00					
Materials & Supplies Total:	\$ 4,525.00	\$ 4,525.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,000.00	\$ 1,000.00					
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ 1,000.00	\$ 1,000.00					
General Operating Total:	\$ 2,000.00	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Storage Services	\$ 700.00	\$ 700.00					
Telephone/Pagers	\$ 372.00	\$ 372.00					
Temporary Help	\$ -						
Data Network Recharge	\$ 1,146.00	\$ 1,146.00					
CCDSS: Computing and Communication Device Support Service	\$ 1,536.00	\$ 1,536.00					
GAEL: General Automobile and Employee Liability Charges	\$ 1,497.00	\$ 1,497.00					
UCSF Faculty and Staff Recharge	\$ 2,505.00	\$ 2,505.00					
Other Total:	\$ 7,756.00	\$ 7,756.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 14,281.00	\$ 14,281.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117					Appendix Number B-3	
Provider Name UCSF DSAAM					Page Number 1	
Provider Number 383813					Fiscal Year 2019-2020	
Contract ID Number 1000010465					Funding Notification Date 10/25/19	
Program Name		OBIC				
Program Code		8921HS-OP	8921HS-OP	8921HS-OP	8921HS-OP	
Mode/SFC (MH) or Modality (SUD)		ODS-91i	ODS-91cm	ODS-91mat	SecPrev-19	
Service Description		ODS OT Individual Counseling	ODS OT Case Management	ODS OT Medication Assisted Treatment	SA-Sec Prev Outreach	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	07/01/2019-06/30/2020	
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$	29,764	\$	9,486	\$	927,848
Operating Expenses	\$	2,130	\$	679	\$	66,395
Capital Expenses						-
Subtotal Direct Expenses	\$	31,894	\$	10,165	\$	994,243
Indirect Expenses	\$	3,827	\$	1,220	\$	119,309
Indirect %		12.0%		12.0%	0.0%	12.0%
TOTAL FUNDING USES	\$	35,721	\$	11,385	\$	1,113,552
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity				
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$	-	\$	-	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD Fed SABG Discretionary, CFDA 93.959	240646-10000-10001681-0003	\$	513	\$	164	\$ 16,000
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$	5,213	\$	1,661	\$ 162,500
SUD State DMC	240646-10000-10001681-0003	\$	2,807	\$	895	\$ 87,500
SUD County General Fund	240646-10000-10001681-0003	\$	27,188	\$	8,665	\$ 847,552
TOTAL BHS SUD FUNDING SOURCES	\$	35,721	\$	11,385	\$	1,113,552
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$	-	\$	-	\$ -
TOTAL DPH FUNDING SOURCES		\$	35,721	\$	11,385	\$ 1,113,552
NON-DPH FUNDING SOURCES		Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$	-	\$	-	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			35,721		11,385	1,113,552
BHS UNITS OF SERVICE AND UNIT COST		Dept-Auth-Proj-Activity				
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)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	923	185	4,726	959		
Unit Type	15 minutes	15 minutes	15 minutes	Hours	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$	38.70	\$	61.54	\$	404.37
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$	38.70	\$	61.54	\$	404.37
Published Rate (Medi-Cal Providers Only)						
Unduplicated Clients (UDC)						Total UDC
						204

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010465
 Program Name OBIC
 Program Code 8921HS-OP

Appendix Number B-3
 Page Number 2
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

	TOTAL		Dept-Auth-Proj-Activity 240646-10000-10001681-0003		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2019-06/30/2020		07/01/2019-06/30/2020		(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):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Physician, Medical Director	0.40	\$ 76,903.00	0.40	\$ 76,903										
Nurse Practitioner 3, Supvr	1.00	\$ 190,600.00	1.00	\$ 190,600										
Nurse Practitioner 2	1.00	\$ 186,317.00	1.00	\$ 186,317										
Analyst 2	1.00	\$ 74,191.00	1.00	\$ 74,191										
Project Assistant 2	1.00	\$ 51,739.00	1.00	\$ 51,739										
Hospital Assistant 3	1.00	\$ 50,981.00	1.00	\$ 50,981										
Social Work Associate	0.50	\$ 30,836.00	0.50	\$ 30,836										
	0.00	\$ -												
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Totals:	5.90	\$ 661,567	5.90	\$ 661,567	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40%	\$ 266,281	40%	\$ 266,281	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 927,848		\$ 927,848		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
 Program Name OBIC
 Program Code 8921HS-OP

Appendix Number B-3
 Page Number 3
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000- 10001681-0003	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/2019-06/30/2020	07/01/2019-06/30/2020	(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	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 5,300.00	\$ 5,300					
Photocopying	\$ -						
Program Supplies	\$ 30,223.00	\$ 30,223					
Computer Hardware/Software	\$ 7,500.00	\$ 7,500					
Materials & Supplies Total:	\$ 43,023.00	\$ 43,023.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Storage Services	\$ -						
Telephone/Pagers	\$ 300.00	\$ 300					
Temporary Help	\$ 3,800.00	\$ 3,800					
Data Network Recharge	\$ 3,062.00	\$ 3,062					
CCDSS: Computing and Communication Device Support Service	\$ 4,106.00	\$ 4,106					
GAEL: General Automobile and Employee Liability Charges	\$ 5,425.00	\$ 5,425					
UCSF Faculty and Staff Recharge	\$ 6,679.00	\$ 6,679					
Capital Expense (ALS Defibrillator)	\$ -	\$ -					
Other Total:	\$ 23,372.00	\$ 23,372.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 66,395.00	\$ 66,395.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117					Appendix Number B-4		
Provider Name					Page Number 1		
Provider Number 383813					Fiscal Year 2019-2020		
Contract ID Number 1000010465					Funding Notification Date 10/25/19		
Program Name		OBOT TW					
Program Code		75134					
Mode/SFC (MH) or Modality (SUD)		ODS-120i					
Service Description		Methadone - Individual Counseling					
Funding Term:		07/01/2019 - 06/30/2020					
FUNDING USES				TOTAL			
Salaries & Employee Benefits		\$	9,423				\$ 9,423
Operating Expenses		\$	204				\$ 204
Capital Expenses							\$ -
Subtotal Direct Expenses		\$	9,627	\$	-	\$	-
Indirect Expenses		\$	1,155				\$ 1,155
Indirect %			12.0%	0.0%	0.0%	0.0%	12.0%
TOTAL FUNDING USES		\$	10,782	\$	-	\$	-
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$	-	\$	-	\$	-
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$	4,172				\$ 4,172
SUD State DMC	240646-10000-10001681-0003	\$	2,246				\$ 2,246
SUD County General Fund	240646-10000-10001681-0003	\$	4,364				\$ 4,364
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$	10,782	\$	-	\$	-
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$	-	\$	-	\$	-
TOTAL DPH FUNDING SOURCES		\$	10,782	\$	-	\$	-
NON-DPH FUNDING SOURCES							
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$	-	\$	-	\$	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			10,782		-		10,782
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs		40					
Payment Method		Fee-For-Service (FFS)					
DPH Units of Service		685					
Unit Type		10 Minutes		0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$	15.74	\$	-	\$	-
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$	15.74	\$	-	\$	-
Published Rate (Medi-Cal Providers Only)		\$	18.10				
Unduplicated Clients (UDC)		31					
				Total UDC			
				31			

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010465
 Program Name OBOT TW
 Program Code 75134

240646-10000-10001681-0003

Appendix Number B-4
 Page Number 2
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

	TOTAL		Dept-Auth-Proj-Activity 240646-10000-10001681-0003		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2019 - 06/30/2020		07/01/2019 - 06/30/2020		(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):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Psychologist	0.02	\$ 3,904.00	0.02	\$ 3,904										
Clinical Social Worker 2, Supvr	0.02	\$ 1,439.00	0.02	\$ 1,439										
Social Work Associate	0.02	\$ 1,388.00	0.02	\$ 1,388										
	0.00	\$ -												
	0.00	\$ -												
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Totals:	0.06	\$ 6,731.00	0.06	\$ 6,731	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40%	\$ 2,692.00	40%	\$ 2,692	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 9,423.00		\$ 9,424.00		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
 Program Name OBOT TW
 Program Code 75134

Appendix Number B-4
 Page Number 3
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000-10001681-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(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	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 7.00	\$ 7.00					
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 7.00	\$ 7.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Gael: General Automobile and Employee Liability Charges	\$ 55	\$ 55					
UCSF Faculty and Staff Recharge	\$ 71	\$ 71					
CCDSS: Computing and Communication Device Support Service	\$ 41	\$ 41					
Data Network Recharge	\$ 30	\$ 30					
Other Total:	\$ 197.00	\$ 197.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 204.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117				Appendix Number B-5			
Provider Name UCSF DSAAM				Page Number 1			
Provider Number 383813				Fiscal Year 2019-2020			
Contract ID Number 1000010465				Funding Notification Date 10/25/19			
Program Name		OBOT PH					
Program Code		74134					
Mode/SFC (MH) or Modality (SUD)		ODS-120i					
Service Description		Methadone - Individual Counseling					
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/2019 - 06/30/2020					
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 6,700					\$ 6,700
Operating Expenses		\$ 214					\$ 214
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 6,914	\$ -	\$ -	\$ -	\$ -	\$ 6,914
Indirect Expenses		\$ 830					\$ 830
Indirect %		12.0%	0.0%	0.0%	0.0%	0.0%	12.0%
TOTAL FUNDING USES		\$ 7,744	\$ -	\$ -	\$ -	\$ -	\$ 7,744
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
SUD Fed Perinatal DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 2,947					\$ 2,947
SUD State DMC	240646-10000-10001681-0003	\$ 1,587					\$ 1,587
SUD County General Fund	240646-10000-10001681-0003	\$ 3,210					\$ 3,210
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 7,744	\$ -	\$ -	\$ -	\$ -	\$ 7,744
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 7,744	\$ -	\$ -	\$ -	\$ -	\$ 7,744
NON-DPH FUNDING SOURCES							
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		7,744	-	-	-	-	7,744
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs		25					
Payment Method		Fee-For-Service (FFS)					
DPH Units of Service		492					
Unit Type		10 Minutes	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 15.74	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 15.74	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 18.10					
Unduplicated Clients (UDC)		13					Total UDC 13

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010465
 Program Name OBOT PH
 Program Code 74134

Appendix Number B-5
 Page Number 2
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

	TOTAL		Dept-Auth-Proj-Activity 240646-10000-10001681-0003		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2019 - 06/30/2020		07/01/2019 - 06/30/2020		(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):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Social Worker 2, Supvr	0.02	\$ 1,438.00	0.02	\$ 1,438										
Social Work Associate	0.06	\$ 3,339.00	0.06	\$ 3,339										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	0.07	\$ 4,777.00	0.07	\$ 4,777	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40%	\$ 1,923.00	40%	\$ 1,923.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 6,700.00		\$ 6,700.00		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
 Program Name OBOT PH
 Program Code 74134

Appendix Number B-5
 Page Number 3
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000-10001681-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(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	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 9.00	\$ 9.0					
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 9.00	\$ 9.0	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
GAEL: General Automobile and Employee Liability Charges	\$ 39.00	\$ 39					
UCSF Faculty and Staff Recharge	\$ 79.00	\$ 79					
CCDSS: Computing and Communication Device Support Service	\$ 50.00	\$ 50					
Data Network Recharge	\$ 37.00	\$ 37					
Other Total:	\$ 205.00	\$ 205.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 214.00	\$ 214.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117				Appendix Number B-6		
Provider Name UCSF DSAAM				Page Number 1		
Provider Number 383813				Fiscal Year 2019-2020		
Contract ID Number 1000010465				Funding Notification Date 10/25/19		

Program Name		OBOT PHP				
Program Code	86134					
Mode/SFC (MH) or Modality (SUD)	ODS-120i					
Service Description	ODS NTP Methadone - Individual Counseling					
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/2019 - 06/30/2020					

FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ -					\$ -
Operating Expenses	\$ 338					\$ 338
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 338	\$ -	\$ -	\$ -	\$ -	\$ 338
Indirect Expenses	\$ 40					\$ 40
Indirect %	12.0%	0.0%	0.0%	0.0%	0.0%	12.0%
TOTAL FUNDING USES	\$ 378	\$ -	\$ -	\$ -	\$ -	\$ 378

BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity				
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -

BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD Fed Perinatal DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 228				\$ 228
SUD State DMC	240646-10000-10001681-0003	\$ 123				\$ 123
SUD County General Fund	240646-10000-10001681-0003	\$ 27				\$ 27
This row left blank for funding sources not in drop-down list						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 378	\$ -	\$ -	\$ -	\$ 378

OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity				
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 378	\$ -	\$ -	\$ -	\$ 378

NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		378	-	-	-	378

BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs		5				
Payment Method		Fee-For-Service (FFS)				
DPH Units of Service		24				
Unit Type		10 Minutes	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 15.75	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 15.75	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 18.11				
Unduplicated Clients (UDC)		1				1

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
 Program Name OBOT PHP
 Program Code 86134

Appendix Number B-6
 Page Number 3
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000-10001681-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(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	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 338.00	\$ 338.00					
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 338.00	\$ 338.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
	\$ -						
	\$ -						
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 338.00	\$ 338.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117				Appendix Number B-7			
Provider Name UCSF DSAAM				Page Number 1			
Provider Number 389147				Fiscal Year 2019-2020			
Contract ID Number 1000010465				Funding Notification Date 10/25/19			
Program Name		ZSFG Pharm					
Program Code		76134					
Mode/SFC (MH) or Modality (SUD)		ODS-120d					
Service Description		ODS NTP Methadone - Dosing					
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/2019 - 06/30/2020					
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 70,969					\$ 70,969
Operating Expenses		\$ 2,103					\$ 2,103
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 73,072	\$ -	\$ -	\$ -	\$ -	\$ 73,072
Indirect Expenses		\$ 8,769					\$ 8,769
Indirect %		12.0%	0.0%	0.0%	0.0%	0.0%	12.0%
TOTAL FUNDING USES		\$ 81,841	\$ -	\$ -	\$ -	\$ -	\$ 81,841
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 31,040					\$ 31,040
SUD State DMC	240646-10000-10001681-0003	\$ 16,714					\$ 16,714
SUD County General Fund	240646-10000-10001681-0003	\$ 34,087					\$ 34,087
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 81,841	\$ -	\$ -	\$ -	\$ -	\$ 81,841
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 81,841	\$ -	\$ -	\$ -	\$ -	\$ 81,841
NON-DPH FUNDING SOURCES							
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		81,841	-	-	-	-	81,841
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs		25					
Payment Method		Fee-For-Service (FFS)					
DPH Units of Service		5,876					
Unit Type		Dose	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 13.93	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 13.93	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 16.02					
Unduplicated Clients (UDC)		29					Total UDC 29

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010465
 Program Name ZSFG Pharm
 Program Code 76134

Appendix Number B-7
 Page Number 2
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

	TOTAL		Dept-Auth-Proj-Activity 240646-10000-10001681-0003		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2019 - 06/30/2020		07/01/2019 - 06/30/2020		(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):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Psychologist	0.02	\$ 3,904.00	0.02	\$ 3,904										
Clinical Social Worker 2, Supvr	0.15	\$ 14,385.00	0.15	\$ 14,385										
Social Work Associate	0.53	\$ 32,313.00	0.53	\$ 32,313										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	0.70	\$ 50,602.00	0.70	\$ 50,602.2	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40%	\$ 20,367.00	40%	\$ 20,367	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 70,969.00		\$ 70,969.00		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
 Program Name ZSFG Pharm
 Program Code 76134

Appendix Number B-7
 Page Number 3
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000-10001681-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(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	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 30.00	\$ 30.00					
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 30.00	\$ 30.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
GAEL: General Automobile and Employee Liability Charges	\$ 415.00	\$ 415					
UCSF Faculty and Staff Recharge	\$ 796.00	\$ 796					
CCDSS: Computing and Communication Device Support Service	\$ 494.00	\$ 494					
Data Network Recharge	\$ 368.00	\$ 368					
Other Total:	\$ 2,073.00	\$ 2,073	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 2,103.00	\$ 2,103	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117				Appendix Number B-8			
Provider Name UCSF DSAAM				Page Number 1			
Provider Number 388922				Fiscal Year 2019-2020			
Contract ID Number 1000010465				Funding Notification Date 10/25/19			
Program Name		CBHS Pharm					
Program Code		77134					
Mode/SFC (MH) or Modality (SUD)		ODS-120d					
Service Description		ODS NTP Methadone - Dosing					
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/2019 - 06/30/2020					
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 39,634					\$ 39,634
Operating Expenses		\$ 1,286					\$ 1,286
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 40,920	\$ -	\$ -	\$ -	\$ -	\$ 40,920
Indirect Expenses		\$ 4,910					\$ 4,910
Indirect %		12.0%	0.0%	0.0%	0.0%	0.0%	12.0%
TOTAL FUNDING USES		\$ 45,830	\$ -	\$ -	\$ -	\$ -	\$ 45,830
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 17,382					\$ 17,382
SUD State DMC	240646-10000-10001681-0003	\$ 9,359					\$ 9,359
SUD County General Fund	240646-10000-10001681-0003	\$ 19,089					\$ 19,089
							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 45,830	\$ -	\$ -	\$ -	\$ -	\$ 45,830
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 45,830	\$ -	\$ -	\$ -	\$ -	\$ 45,830
NON-DPH FUNDING SOURCES							
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		45,830	-	-	-	-	45,830
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs		40					
Payment Method		Fee-For-Service (FFS)					
DPH Units of Service		3,290					
Unit Type		Dose	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 13.93	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 13.93	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 16.02					
Unduplicated Clients (UDC)		16					Total UDC 16

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010465
 Program Name CBHS Pharm
 Program Code 77134

Appendix Number B-8
 Page Number 2
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

	TOTAL		Dept-Auth-Proj-Activity 240646-10000-10001681-0003		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2019 - 06/30/2020		07/01/2019 - 06/30/2020		(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):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Psychologist	0.01	\$ 1,952.00	0.01	\$ 1,952.21										
Clinical Social Worker 2, Supvr	0.05	\$ 4,910.00	0.05	\$ 4,910.00										
Social Work Associate	0.35	\$ 21,397.00	0.35	\$ 21,397.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	0.41	\$ 28,259.00	0.41	\$ 28,259	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40%	\$ 11,375.00	40%	\$ 11,375	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 39,634.00		\$ 39,634.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
 Program Name CBHS Pharm
 Program Code 77134

Appendix Number B-8
 Page Number 3
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000-10001681-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(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	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 76.00	\$ 76					
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 76.00	\$ 76.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
GAEL: General Automobile and Employee Liability Charges	\$ 232.00	\$ 231.73					
UCSF Faculty and Staff Recharge	\$ 469.00	\$ 469.00					
CCDSS: Computing and Communication Device Support Service	\$ 292.00	\$ 292.00					
Data Network Recharge	\$ 217.00	\$ 217.00					
Other Total:	\$ 1,210.00	\$ 1,210.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 1,286.00	\$ 1,286.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117				Appendix Number B-9			
Provider Name UCSF DSAAM				Page Number 1			
Provider Number 383813				Fiscal Year 2019-2020			
Contract ID Number 1000010465				Funding Notification Date 10/25/19			
Program Name		Ancillary Services					
Program Code		38134, 72134, 87134					
Mode/SFC (MH) or Modality (SUD)		SecPrev-19					
Service Description		SA-Sec Prev Outreach					
Funding Term (mm/dd/yy-mm/dd/yy)		07/01/2019 - 06/30/2020					
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 1,100,461					\$ 1,100,461
Operating Expenses		\$ 38,253					\$ 38,253
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 1,138,714	\$ -	\$ -	\$ -	\$ -	\$ 1,138,714
Indirect Expenses		\$ 136,646					\$ 136,646
Indirect %		12.0%	0.0%	0.0%	0.0%	0.0%	12.0%
TOTAL FUNDING USES		\$ 1,275,360	\$ -	\$ -	\$ -	\$ -	\$ 1,275,360
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
SUD Fed DMC FFP, CFDA 93.778		240646-10000-10001681-0003					\$ -
SUD State DMC		240646-10000-10001681-0003					\$ -
SUD County General Fund		240646-10000-10001681-0003	\$ 1,275,360				\$ 1,275,360
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 1,275,360	\$ -	\$ -	\$ -	\$ -	\$ 1,275,360
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 1,275,360	\$ -	\$ -	\$ -	\$ -	\$ 1,275,360
NON-DPH FUNDING SOURCES							
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,275,360	-	-	-	-	1,275,360
BHS UNITS OF SERVICE AND UNIT COST							
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		6,571					
Unit Type		Hours	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 194.09	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 194.09	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)							Total UDC
Unduplicated Clients (UDC)		643					643

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number	1000010465
Program Name	Ancillary Services
Program Code	38134, 72134, 87134

Appendix Number	B-9
Page Number	2
Fiscal Year	2019-2020
Funding Notification Date	10/25/19

	TOTAL		Dept-Auth-Proj-Activity 240646-10000- 10001681-0003		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term	07/01/2019 - 06/30/2020		07/01/2019 - 06/30/2020		(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):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Physician, Medical Director	0.47	\$ 107,362.00	0.47	\$ 107,362										
Program Physician	0.41	\$ 90,602.00	0.41	\$ 90,602										
Office Manager	0.82	\$ 54,153.00	0.82	\$ 54,153										
Analyst 3, Supvr	0.50	\$ 44,774.00	0.50	\$ 44,774										
Clinical Social Worker 2, Supvr	1.22	\$ 120,040.00	1.22	\$ 120,040										
Project Assistant, 3	1.95	\$ 118,588.00	1.95	\$ 118,588										
Division Administrator	0.23	\$ 25,179.00	0.23	\$ 25,179										
Patient Navigator 3	0.25	\$ 15,425.00	0.25	\$ 15,425										
Nurse Practitioner 2	0.05	\$ 9,806.00	0.05	\$ 9,806										
Nurse Practitioner 3, Supvr	0.05	\$ 10,032.00	0.05	\$ 10,032										
Financial Analyst	0.65	\$ 52,891.00	0.65	\$ 52,891										
Social Work Associate	2.04	\$ 131,335.00	2.04	\$ 131,335										
Psychologist	0.03	\$ 5,857.00	0.03	\$ 5,857										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	8.68	\$ 786,044.00	8.68	\$ 786,044	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40%	\$ 314,417.00	40%	\$ 314,417	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,100,461.00		\$ 1,100,461		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010465
 Program Name Ancillary Services
 Program Code 38134, 72134, 87134

Appendix Number B-9
 Page Number 3
 Fiscal Year 2019-2020
 Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000- 10001681-0003	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(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	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -						
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Temporary Help	\$ 11,000.00	\$ 11,000.00					
Data Network Recharge	\$ 6,445.00	\$ 6,445.00					
CCDSS: Computing and Communication Device Support Service	\$ 10,082.00	\$ 10,082.11					
GAEL: General Automobile and Employee Liability Charges	\$ 6,144.00	\$ 6,143.82					
UCSF Faculty and Staff Recharge	\$ 4,582.00	\$ 4,581.83					
Other Total:	\$ 38,253.00	\$ 38,253.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 38,253.00	\$ 38,253.00	\$ -	\$ -	\$ -	\$ -	\$ -

Contractor Name	UCSF DSAAM	Page Number	
Contract ID Number	1000010465	Fiscal Year	2019-2020
		Funding Notification Date	10/25/19

[illegible]

2. OPERATING COSTS

Form Revised 9/28/2020

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

Appendix F
PAGE A

Contract ID#
1000010465

Contractor: University of California Regents - CMS# 6908
Div of Substance Abuse & Addiction Medicine

Address: 1001 Potrero Avenue Room 7M12, San Francisco, CA 94110

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

BHS

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

INVOICE NUMBER : S01 JL 20

Ct. Blanket No.: BPHM N/A

Ct. PO No.: POHM TBD

Fund Source: SUD Fed/ State/ Cnty - General Fund

Invoice Period : July 2020

Final Invoice: (Check if Yes)

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

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 OTOP PC# - 38134 240646-10000-10001681-0003												
ODS-120d ODS NTP Methadone - Dosing	93,821				\$ 13.93	\$ -	0.000		0.00%		93,821.000	
ODS-120i ODS NTP Methadone - Individual Counseling	19,627				\$ 15.74	\$ -	0.000		0.00%		19,627.000	
ODS-120g ODS NTP Methadone - Group Counseling	1,363				\$ 3.36	\$ -	0.000		0.00%		1,363.000	
ODS-93 ODS Case Management	271				\$ 26.30	\$ -	0.000		0.00%		271.000	
ODS-117 ODS NTP MAT Buprenorphine	5,278				\$ 21.65	\$ -	0.000		0.00%		5,278.000	
B-2 Bayview Van PC# - 72134 240646-10000-10001681-0003												
ODS-120d ODS NTP Methadone - Dosing	17,177				\$ 13.93	\$ -	0.000		0.00%		17,177.000	
ODS-120i ODS NTP Methadone - Individual Counseling	3,479				\$ 15.74	\$ -	0.000		0.00%		3,479.000	
ODS-93 ODS Case Management	8				\$ 26.30	\$ -	0.000		0.00%		8.000	
ODS-117 ODS NTP MAT Buprenorphine	390				\$ 21.65	\$ -	0.000		0.00%		390.000	
TOTAL	141,414		0.000				0.000		0.00%		141,024.000	
Budget Amount				t5			Expenses To Date		% of Budget		Remaining Budget	
							\$	-	#VALUE!		#VALUE!	

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

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:

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

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Contract ID#
1000010465

Contractor: University of California Regents - CMS# 6908
Div of Substance Abuse & Addiction Medicine

Address: 1001 Potrero Avenue Room 7M12, San Francisco, CA 94110

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

BHS

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

INVOICE NUMBER: S05 JL 20

Ct. Blanket No.: BPHM N/A
User Cd

Ct. PO No.: POHM TBD

Fund Source: SUD Fed/ State County - General Fund

Invoice Period: July 2020

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-3 OBIC PC# - 8921HS-OP 240646-10000-10001681-0003												
ODS-92i ODS OT Individual Counseling	923		-		-	-	0%	#DIV/0!	923	-	100%	
ODS-93cm ODS Case management	185		-		-	-	0%	#DIV/0!	185	-	100%	
ODS-91mat Medication Assisted Treatment	4,726		-		-	-	0%	#DIV/0!	4,726	-	100%	
SecPrev-19 SA-Sec Prev Outreach	959		-		-	-	0%	#DIV/0!	959	-	100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 661,567.00	\$ -	\$ -	0.00%	\$ 661,567.00
Fringe Benefits	\$ 266,281.00	\$ -	\$ -	0.00%	\$ 266,281.00
Total Personnel Expenses	\$ 927,848.00	\$ -	\$ -	0.00%	\$ 927,848.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 43,023.00	\$ -	\$ -	0.00%	\$ 43,023.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Telephone/ Pagers	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
Temporary Help	\$ 3,800.00	\$ -	\$ -	0.00%	\$ 3,800.00
Data Network Recharge	\$ 3,062.00	\$ -	\$ -	0.00%	\$ 3,062.00
CCDSS	\$ 4,106.00	\$ -	\$ -	0.00%	\$ 4,106.00
Gael	\$ 5,425.00	\$ -	\$ -	0.00%	\$ 5,425.00
UCSF Faculty and Staff Recharge	\$ 6,679.00	\$ -	\$ -	0.00%	\$ 6,679.00
Total Operating Expenses	\$ 66,395.00	\$ -	\$ -	0.00%	\$ 66,395.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 994,243.00	\$ -	\$ -	0.00%	\$ 994,243.00
Indirect Expenses	\$ 119,309.00	\$ -	\$ -	0.00%	\$ 119,309.00
TOTAL EXPENSES	\$ 1,113,552.00	\$ -	\$ -	0.00%	\$ 1,113,552.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

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

EXHIBIT F
PAGE B

Invoice Number

S05	Jl	20
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User Cd

CT PO No.

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Physician, Medical Director	0.40	\$ 76,903.00	\$ -	\$ -	0.00%	\$ 76,903.00
Nurse Practitioner 3, Supvr	1.00	\$ 190,600.00	\$ -	\$ -	0.00%	\$ 190,600.00
Nurse Practitioner 2	1.00	\$ 186,317.00	\$ -	\$ -	0.00%	\$ 186,317.00
Analyst 2	1.00	\$ 74,191.00	\$ -	\$ -	0.00%	\$ 74,191.00
Project Assistant 2	1.00	\$ 51,739.00	\$ -	\$ -	0.00%	\$ 51,739.00
Hospital Assistant 3	1.00	\$ 50,981.00	\$ -	\$ -	0.00%	\$ 50,981.00
Social Work Associate	0.50	\$ 30,836.00	\$ -	\$ -	0.00%	\$ 30,836.00
TOTAL SALARIES	5.90	\$ 661,567.00	\$ -	\$ -	\$ -	\$ 536,395.00

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

Appendix F
PAGE A

Contract ID#
1000010465

Contractor: University of California Regents - CMS# 6908
Div of Substance Abuse & Addiction Medicine

Address: 1001 Potrero Avenue Room 7M12, San Francisco, CA 94110

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

BHS

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

INVOICE NUMBER:	S06 JL 20
Ct. Blanket No.: BPHM	N/A
	User Cd
Ct. PO No.: POHM	SFGOV-0000463834
Fund Source:	SUD Fed/ State/ County - General Fund
Invoice Period:	July 2020
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-9 Ancillary Services PC# 38134,72134,87134 240646-10000-10001681-0003												
SecPrev-19 SA-Sec Prev Outreach	6,571	643	-		-	-	0%	0%	6,571	643	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 786,044.00	\$ -	\$ -	0.00%	\$ 786,044.00
Fringe Benefits	\$ 314,417.00	\$ -	\$ -	0.00%	\$ 314,417.00
Total Personnel Expenses	\$ 1,100,461.00	\$ -	\$ -	0.00%	\$ 1,100,461.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Temporary Help	\$ 11,000.00	\$ -	\$ -	0.00%	\$ 11,000.00
Data Network Recharge	\$ 6,445.00	\$ -	\$ -	0.00%	\$ 6,445.00
CCDSS	\$ 10,082.00	\$ -	\$ -	0.00%	\$ 10,082.00
GAEL	\$ 6,144.00	\$ -	\$ -	0.00%	\$ 6,144.00
UCSF Faculty and Staff Recharge	\$ 4,582.00	\$ -	\$ -	0.00%	\$ 4,582.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 38,253.00	\$ -	\$ -	0.00%	\$ 38,253.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 1,138,714.00	\$ -	\$ -	0.00%	\$ 1,138,714.00
Indirect Expenses	\$ 136,646.00	\$ -	\$ -	0.00%	\$ 136,646.00
TOTAL EXPENSES	\$ 1,275,360.00	\$ -	\$ -	0.00%	\$ 1,275,360.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

No Expense

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**

EXHIBIT C-1
PAGE B

Contract ID#
1000010465

Invoice Number

S06	JL	20
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User Cd

CT PO No.

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Contractor: University of California Regents - CMS# 6908
Div of Substance Abuse & Addiction Medicine

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Physician, Medical Director	0.47	\$ 107,362.00	\$ -	\$ -	0.00%	\$ 107,362.00
Program Physician	0.41	\$ 90,602.00	\$ -	\$ -	0.00%	\$ 90,602.00
Office Manager	0.82	\$ 54,153.00	\$ -	\$ -	0.00%	\$ 54,153.00
Analyst 3, Supvr	0.50	\$ 44,774.00	\$ -	\$ -	0.00%	\$ 44,774.00
Clinical Social Worker 2, Supvr	1.22	\$ 120,040.00	\$ -	\$ -	0.00%	\$ 120,040.00
Project Assistant 3	1.95	\$ 118,588.00	\$ -	\$ -	0.00%	\$ 118,588.00
Division Administrator	0.23	\$ 25,179.00	\$ -	\$ -	0.00%	\$ 25,179.00
Patient Navigator	0.25	\$ 15,425.00	\$ -	\$ -	0.00%	\$ 15,425.00
Nurse Practitioner 2	0.05	\$ 9,806.00	\$ -	\$ -	0.00%	\$ 9,806.00
Nurse Practitioner 3, Supvr	0.05	\$ 10,032.00	\$ -	\$ -	0.00%	\$ 10,032.00
Finance Analyst	0.65	\$ 52,891.00	\$ -	\$ -	0.00%	\$ 52,891.00
Social Work Associate	2.04	\$ 131,335.00	\$ -	\$ -	0.00%	\$ 131,335.00
Psychologist	0.15	\$ 5,857.00	\$ -	\$ -	0.00%	\$ 5,857.00
TOTAL SALARIES	8.79	\$ 786,044.00	\$ -	\$ -	0.00%	\$ 786,044.00

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

Appendix F
PAGE A

Contract ID#

1000010465

Contractor: University of California Regents - CMS# 6908
Div of Substance Abuse & Addiction Medicine

Address: 1001 Potrero Avenue Room 7M12, San Francisco, CA 94110

Tel No.: (415) 206-8431

Fax No.: (415)

BHS

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

INVOICE NUMBER : S07 JL 20

Ct. Blanket No.: BPHM N/A

User Cd

Ct. PO No.: POHM SFGOV-0000352137

Fund Source: SUD Fed/ State/ Cnty - General Fund

Invoice Period : July 2020

Final Invoice: (Check if Yes)

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

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-4 OBOT TW PC# - 75134 - 240646-10000-10001681-0003												
ODS-120i ODS NTP Methadone - Individual Counseling	685				\$ 15.74	\$ -	0.000		0.00%		685.000	
B-5 OBOT PH PC# - 74134 240646-10000-10001681-0003												
ODS-120i ODS NTP Methadone - Individual Counseling	492				\$ 15.74	\$ -	0.000		0.00%		492.000	
B-6 OBOT PHP PC# - 86134 240646-10000-10001681-0003												
ODS-120i ODS NTP Methadone - Individual Counseling	24				\$ 15.75	\$ -	0.000		0.00%		24.000	
B-7 ZSFG Pharm PC# - 76134 240646-10000-10001681-0003												
ODS-120i ODS NTP Methadone - Individual Counseling	5,876				\$ 13.93	\$ -	0.000		0.00%		5,876.000	
B-8 CBHS Pharm PC# - 77134 240646-10000-10001681-0003												
ODS-120d ODS NTP Methadone - Dosing	3,290				\$ 13.93	\$ -	0.000		0.00%		3,290.000	
TOTAL	10,367		0.000				0.000		0.00%		1,201.000	
Budget Amount					\$ 146,575.00		Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 146,575.00	

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

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:

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

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date