

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

Second 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, on behalf of its San Francisco campus, acting by and through its Office of Research (“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 substance abuse treatment services 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, RFP 8-2017 issued on August 23, 2017 and RFP 11-2017 issued on June 12, 2017, 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 and 40587-17/18 on July 15, 2019;

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

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#: 1000010136), between Contractor and City, as amended by the:

First Amendment, dated June 15, 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 *Amendment One* 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, 2027, unless earlier terminated as otherwise provided herein.

2.2 **Article 3, Section 3.3.1** Compensation of *Amendment One* 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 **Twenty Two Million Eight Hundred Eleven Thousand Five Hundred Ten Dollars (\$22,811,510)**. 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 **Eighty-Six Million Five Hundred Thirty-Three Thousand Six Hundred Seventy-Five Dollars (\$86,533,675)**. 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.)

The Appendices listed below are Amended as follows:

- 2.4 Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: March 18, 2022.
- 2.5 Delete Appendices A-1 through A-9, and replace in its entirety with Appendices A-1 through A-10 to Agreement as amended. Dated: March 28, 2022.
- 2.5 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: March 18, 2022.
- 2.6 Delete Appendices B-1 through B-9 and replace in its entirety with Appendices B-1 through B-10. Dated: March 18, 2022.
- 2.7 Delete Appendix F to Agreement as amended and replace in its entirety with Appendix F. Dated: March 29, 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

Grant Colfax, MD
Director of Health
Department of Public Health

DocuSigned by:

Catherine Lagarde

4/1/2022 | 7:53 AM PDT

F4E985F8690B4AD
Catherine Lagarde

Contracts and Grants Officer
490 Illinois Street, 4th Floor
Campus Box 0962
San Francisco, CA 94143

Approved as to Form:

David Chiu
City Attorney

Supplier ID number: 0000012358

By: _____

Henry Lifton
Deputy City Attorney

Approved:

Sailaja Kurella
Director, Office of Contract Administration,
and Purchaser

Appendix A Scope of Services

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.

B. Reports:

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

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City.

For contracts for the provision of services at San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Infection Control, Health and Safety:

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

protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

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

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

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

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

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

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

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

G. 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.

H. 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."

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

I. 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.

J. Quality Assurance:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

- Appendix A-1 Citywide Linkage
- Appendix A-2 Citywide Linkage HMIOT CRRT
- Appendix A-3 Citywide Linkage HMIOT CCRT SIP
- Appendix A-4 UC Citywide NoVA
- Appendix A-5 UCSF Citywide Roving Team
- Appendix A-6 UCSF Citywide Services for Supportive Housing
- Appendix A-7 UC Citywide Assisted Outpatient Treatment (AOT)
- Appendix A-8 UCSF Citywide STOP
- Appendix A-9 UCSF Citywide Substance Use Disorders Intensive Case Management (SUD ICM)
- Appendix A-10 Citywide Mental Health Diversion (MHD) Project

Contractor Name UC Regents
Program Name Citywide Linkage

Appendix A-1
FY: 07/01/21 – 06/30/22
Funding Source

1. Identifiers:

Program Name: Citywide Linkage
 Program Address, City, State, ZIP: 982 Mission St. 2nd Floor, San Francisco CA 94103
 Telephone/FAX: 415-597-8084/415-597-8004
 Website Address: <https://psych.ucsf.edu/zsfg/citywide>
 Contractor Address, City, State, ZIP: Not Applicable
 Executive Director/Program Director: Fumi Mitsuishi, MD, MS/ Alison Livingston, LMFT
 Telephone: 415-597-8084
 Email Address: fumi.mitsuishi@ucsf.edu
 Program Code(s) (if applicable):89114

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

Citywide Linkage Team provides short-term intensive case management to adults with severe mental illness requiring support with stabilization in the community. This team helps individuals recover emotional stability and functioning outside of institutional care in order to stabilize and link to the appropriate level of care.

4. Priority Population:

Citywide Linkage Team welcomes and serves all ethnicities and populations and designed to serve individuals discharging from psychiatric inpatient hospitals and acute care that require support with stabilization and linking to appropriate services in the community. These are individuals that have struggled to engage and connect to treatment previously and/or are experiencing a first break with psychosis. Citywide programs services are designed to meet the cultural and linguistic needs of transitional-aged youth, adult, and older adult residents who are identified as being at risk and require intensive wraparound services in order to stabilize, live safely in the community, and connect to necessary support services.

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

Citywide Linkage

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
OP - Case Mgt Brokerage	162,700		

Contractor Name UC Regents
Program Name Citywide Linkage

Appendix A-1
FY: 07/01/21 – 06/30/22
Funding Source

8.0 FTE = 162,700			
OP - MH Svcs 8.0 FTE = 97,947	97,947		
OP - Medication Support 1.0 FTE = 20,000	20,000		
OP - Crisis Intervention 8.0 FTE = 15,000	15,000		
Total UDC Served			315
Total UOS Delivered	295,647		

6. Methodology:

The Citywide Linkage Team (CLT) provides a full range of services to its enrolled clients:

- Assessment and diagnosis with a focus on the development of a specific, measureable, time-limited, client-centered treatment plan.
- Psychoeducation with clients and family members about diagnoses, symptoms, medications, stress reduction, and treatment options.
- Crisis intervention for clients and family members in the community they live. Clinicians utilize natural and agency resources to shore up clients' support system, and also provide on-site consultation/care coordination with PES, emergency rooms, hospital staff and other relevant entities.
- Short-term, client centered, strengths based, solution-focused therapy including CBT, DBT, Harm Reduction/Relapse Prevention, Motivational Interviewing, and supportive counseling.
- Medication assessment, prescription, and monitoring.
- Assistance with finding appropriate long-term housing options.
- Coordination for clients to access residential treatment programs or short-term housing options, with assistance and coaching to maintain stability in placement.
- Frequent outreach to clients in the community providing individualized support and engagement as needed. Provide intensive care coordination with all appropriate systems that client is interfacing with.
- Linkage to and advocacy with needed services including: primary health care, benefits (SSI, GA, etc), eviction defense and other legal support, support groups, self-help organizations, vocational services, payee services, socialization options, peer-based support, and basic needs.
- Staff to client ratio for clinicians based out of 982 Mission Street is 1:10, with services available in English, Spanish, and Cantonese, (provided by bi-cultural staff) and with expertise in services for transitional age youth and geriatric consumers.

A. Outreach, recruitment, promotion, and advertisement - Outreach, engagement and assessment of referrals from Behavioral Health Services, Department of Public Health, psychiatric inpatient hospitals and Psychiatric Emergency Services are immediate and often on the same day or next day referral is made.

Contractor Name UC Regents
Program Name Citywide Linkage

Appendix A-1
FY: 07/01/21 – 06/30/22
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- B. Admission, enrollment and/or intake criteria and process where applicable- Individuals referred to CLT from psychiatric inpatient hospitals and Psychiatric Emergency Services are able to refer directly through a pager and phone intake. Individuals referred through other entities must be authorized through Behavioral Health Services. Criteria for CLT includes, individuals must have a primary mental illness, require support with stabilization and linkage to ongoing care, and currently not connected to treatment.
- C. Service delivery model- Clinicians provide comprehensive targeted case management, assessment, crisis, individual and group therapy, individual and group rehabilitation, collateral, family support, medication support services outreach and engagement to client's wherever they are located. Clinicians provide individualized Treatment Plans of Care based on clients' stated goals. Staff are imaginative and persistent in resource utilization, outreach, care coordination and their determination to tailor services to meet client's immediate goals and most basic needs. With the client's expressed consent, their natural supports are also engaged in support of the client's recovery process, including friends, loved ones, hotel managers, store clerks, payee services, etc. Collaboration with natural supports serve as a way to re-link with clients struggling to engage in services or to reinforce and support the relationship with the case manager. We work with individuals between 6 months to 1 year in order to ensure stabilization and linkage to ongoing care where they can maintain their treatment gains. Program hours are 8:30 am to 5:00 pm, Monday through Friday.
- D. Discharge Planning and exit criteria and process – CLT provide short-term intensive case management with the goal of increasing stability, engagement in the Behavioral Health System of care and connection to ongoing treatment. We work with our client's for an average of 6 months and therefore begin linkage planning with clients at the onset of treatment. Clinicians work to securely engage and link clients to the appropriate level of care and services to ensure that they can maintain stability and the quality of their lives remains improved. This may include linking to intensive case management, step down to outpatient mental health services, substance abuse services, primary care providers for mental health care and/or possibly a higher level of care in clinically indicated. When individuals are referred to long-term mental health services, we overlap our services with the new provider for a brief time to ensure that the consumer is securely linked before being closed with our program.
- E. Program staffing- See Appendix B

7. Objectives and Measurements:

All objectives and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 21-22.

8. Continuous Quality Improvement:

Contractor Name UC Regents
Program Name Citywide Linkage

Appendix A-1
FY: 07/01/21 – 06/30/22
Funding Source

A. Productivity is reviewed on a monthly basis. The Division Director and Program Director distribute data from AVATAR to all supervisors. Line-staff are expected to monitor their own productivity through AVATAR and it is reviewed at least monthly in their weekly individual supervision. Once BHS generates reports tracking Program Objectives they will be brought monthly to the Divisions' bi-weekly Leadership meeting for review as well as team meetings within each program.

B. The Division PURQ Committee meets weekly to review Treatment Authorization Requests, and client charts (Treatment Plan of Care, Assessment, ANSA, diagnosis, general documents, and progress notes). In addition, all supervisors audit one chart a month per supervisee, as part of ongoing quality control using our Internal Documentation Quality Assurance Form. Monthly Staff Meetings are a forum to identify program functioning strengths and limitations. The Division provides ongoing documentation trainings to all staff.

C. Every year staff language and cultural skills are identified as part of our Cultural Competency program. As part of the hiring process specific language and cultural skills are identified in the Job Description. The Division fully complies with BHS Cultural Competency goals and standards.

D. CLT participate in the BHS semi-annual Measurement of client satisfaction although have a program specific survey that better captures the goals of CLT that was approved by BHS. Additionally, there is a weekly Community Meeting in which clients are encouraged to identify concerns or improvements needed.

E. As BHS is able to generate reports from AVATAR data, the division reviews and integrates the data into operational reviews and/or opportunities from program enhancement.

9. Required Language:

Not Applicable

10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):

Not Applicable

Contractor Name UC Regents
Program Name Citywide Linkage HMIOT CCRT

Appendix A-2
FY: 07/01/21 – 06/30/22
Funding Source

1. Identifiers:

Program Name: Citywide Linkage HMIOT CCRT
Program Address, City, State, ZIP: 982 Mission St. 2nd Floor, San Francisco CA 94103
Telephone/FAX: 415-597-8084/415-597-8004
Website Address: <https://psych.ucsf.edu/zsfg/citywide>
Contractor Address, City, State, ZIP: Not Applicable
Executive Director/Program Director: Fumi Mitsuishi, MD, MS/ Alison Livingston, LMFT
Telephone: 415-597-8084
Email Address: fumi.mitsuishi@ucsf.edu
Program Code(s) (if applicable): 8911CCR

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

Citywide Community Response Team (CCRT) was designed to be adaptive and responsive to the needs of Behavioral Health Services, Department of Public Health clients that are struggling to stabilize in the community and require an enhanced ability to outreach and support individuals with entering the appropriate level of care. This program will modify as the needs of the system change but at this time the program will be structured as follows:

- 1) Two Clinicians provide discharge planning and placement at Psychiatric Emergency Services (PES), Zuckerberg San Francisco General Hospital. The clinicians work alongside PES staff to support the treatment of all patients admitted to support safe and effective discharge planning and placement in the community. This includes supporting the linkage of PES patients to case management, entering temporary housing and residential treatment for both mental health and substance use needs.
- 2) Four Clinicians will provide limited time intensive case management to adults experiencing psychiatric crisis in the city that are not linked to care with the goal of stabilization and linkage to the appropriate level of care where they can maintain treatment gains. Referrals will be authorized by the assigned System of Care (SOC) lead with Behavioral Health Services, Department of Public Health and will continue to be refined by the needs of the community mental health system, prioritizing those that are most acute and vulnerable.

4. Priority Population:

Contractor Name UC Regents
Program Name Citywide Linkage HMIOT CCRT

Appendix A-2
FY: 07/01/21 – 06/30/22
Funding Source

Citywide Community Response Team welcomes and serves all ethnicities and populations and is designed to serve individuals that have been identified as having acute mental health needs and referred by Behavioral Health Services, Department of Public Health of San Francisco. These individuals have struggled to engage and link to the Behavioral Health System of care and require specialized engagement and flexibility. Citywide programs services are designed to meet the cultural and linguistic needs of transitional-aged youth, adult, and older adult residents who are identified as being at risk and require intensive wraparound services in order to stabilize, live safely in the community, and connect to necessary support services.

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

Citywide Community Response Team

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
OP - Case Mgt Brokerage 6.90 FTE = 84,955	84,955		
OP - MH Svcs 6.90 FTE = 44,085	44,085		
OP - Medication Support .35 FTE = 10,000	10,000		
OP - Crisis Intervention 6.90 FTE = 2,500	2,500		
60/78 SS-Other Non-MediCal Client Support Exp (CR) 6.90 FTE = 7,164	7,164		40
Total UDC Served			
Total UOS Delivered	192,391		40

6. **Methodology:**

Citywide Community Response Team (CCRT) provides a full range of services to its enrolled clients:

- Assessment and diagnosis with a focus on the development of a specific, measureable, time-limited, client-centered treatment plan.
- Psychoeducation with clients and family members about diagnoses, symptoms, medications, stress reduction, and treatment options.
- Crisis intervention for clients and family members in the community they live. Clinicians utilize natural and agency resources to shore up clients' support system, and also provide on-site consultation/care coordination with PES, emergency rooms, hospital staff and other relevant entities.
- Short-term, client centered, strengths based, solution-focused therapy including CBT, DBT, Harm Reduction/Relapse Prevention, Motivational Interviewing, and supportive counseling.
- Medication assessment, prescription, and monitoring.
- Assistance with finding appropriate long-term housing options.

Contractor Name UC Regents
Program Name Citywide Linkage HMIOT CCRT

Appendix A-2
FY: 07/01/21 – 06/30/22
Funding Source

- Coordination for clients to access residential treatment programs or short-term housing options, with assistance and coaching to maintain stability in placement.
- Frequent outreach to clients in the community providing individualized support and engagement as needed. Provide intensive care coordination with all appropriate systems that client is interfacing with.
- Linkage to and advocacy with needed services including: primary health care, benefits (SSI, GA, etc), eviction defense and other legal support, support groups, self-help organizations, vocational services, payee services, socialization options, peer-based support, and basic needs.
- Staff to client ratio for clinicians based out of 982 Mission Street is 1:10, with services available in English, Spanish, and Cantonese, (provided by bi-cultural staff) and with expertise in services for transitional age youth and geriatric consumers.

A. Outreach, recruitment, promotion, and advertisement - Outreach, engagement and assessment of referrals from Behavioral Health Services, Department of Public Health, psychiatric inpatient hospitals and Psychiatric Emergency Services are immediate and often on the same day or next day referral is made.

B. Admission, enrollment and/or intake criteria and process where applicable- Referrals are authorized by Behavioral Health Services and be deemed high priority by Department of Public Health. Criteria includes, struggling to engage in care, cycling through acute services and require intensive outreach to stabilize and link to ongoing care. Individuals in CCRT will exhibit significant needs, but may not meet criteria for specialty mental health if approved by the SOC lead.

C. Service delivery model- Clinicians provide comprehensive targeted case management, assessment, crisis, individual and group therapy, individual and group rehabilitation, collateral, family support, medication support services outreach and engagement to client's wherever they are located. Clinicians provide individualized Treatment Plans of Care based on clients' stated goals. Staff are imaginative and persistent in resource utilization, outreach, care coordination and their determination to tailor services to meet client's immediate goals and most basic needs. With the client's expressed consent, their natural supports are also engaged in support of the client's recovery process, including friends, loved ones, hotel managers, store clerks, payee services, etc. Collaboration with natural supports serve as a way to re-link with clients struggling to engage in services or to reinforce and support the relationship with the case manager. We work with individuals between 3 months to 1 year in order to ensure stabilization and linkage to ongoing care where they can maintain their treatment gains. Program hours are 8:30 am to 5:00 pm, Monday through Friday. Monday through Saturday 8:00 am to 4:00 pm CCRT case managers provide emergency department social work services to Psychiatric Emergency Services at Zuckerberg San Francisco General Hospital.

D. Discharge Planning and exit criteria and process –CCRT provide short-term intensive case management with the goal of increasing stability, engagement in the Behavioral Health System of care and connection to ongoing treatment. We work with our clients for an average of 3 to 6 months and therefore begin linkage planning with clients at the onset of treatment. Clinicians

Contractor Name UC Regents
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work to securely engage and link clients to the appropriate level of care and services to ensure that they can maintain stability and the quality of their lives remains improved. This may include linking to intensive case management, step down to outpatient mental health services, substance abuse services, primary care providers for mental health care and/or possibly a higher level of care in clinically indicated. When individuals are referred to long-term mental health services, we overlap our services with the new provider for a brief time to ensure that the consumer is securely linked before being closed with our program.

E. Program staffing- See Appendix B

7. Objectives and Measurements:

All objectives and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 21-22.

8. Continuous Quality Improvement:

A. Productivity is reviewed on a monthly basis. The Division Director and Program Director distribute data from AVATAR to all supervisors. Line-staff are expected to monitor their own productivity through AVATAR and it is reviewed at least monthly in their weekly individual supervision. Once BHS generates reports tracking Program Objectives they will be brought monthly to the Divisions' bi-weekly Leadership meeting for review as well as team meetings within each program.

B. The Division PURQ Committee meets weekly to review Treatment Authorization Requests, and client charts (Treatment Plan of Care, Assessment, ANSA, diagnosis, general documents, and progress notes). In addition, all supervisors audit one chart a month per supervisee, as part of ongoing quality control using our Internal Documentation Quality Assurance Form. Monthly Staff Meetings are a forum to identify program functioning strengths and limitations. The Division provides ongoing documentation trainings to all staff.

C. Every year staff language and cultural skills are identified as part of our Cultural Competency program. As part of the hiring process specific language and cultural skills are identified in the Job Description. The Division fully complies with BHS Cultural Competency goals and standards.

D. CCRT participates in the BHS semi-annual Measurement of client satisfaction. Additionally, there is a weekly Community Meeting in which clients are encouraged to identify concerns or improvements needed.

E. As BHS is able to generate reports from AVATAR data, the division reviews and integrates the data into operational reviews and/or opportunities from program enhancement.

9. Required Language:

Not Applicable

Contractor Name UC Regents
Program Name Citywide Linkage HMIOT CCRT

Appendix A-2
FY: 07/01/21 – 06/30/22
Funding Source

10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):
Not Applicable

Contractor Name UC Regents
Program Name Citywide Linkage HMIOT CCRT SIP

Appendix A-3
FY: 07/01/21 – 06/30/22
Funding Source

1. Identifiers:

Program Name: Citywide Linkage HMIOT CCRT
Program Address, City, State, ZIP: 982 Mission St. 2nd Floor, San Francisco CA 94103
Telephone/FAX: 415-597-8084/415-597-8004
Website Address: <https://psych.ucsf.edu/zsfg/citywide>
Contractor Address, City, State, ZIP: Not Applicable
Executive Director/Program Director: Fumi Mitsuishi, MD, MS/ Alison Livingston, LMFT
Telephone: 415-597-8084
Email Address: fumi.mitsuishi@ucsf.edu
Program Code(s) (if applicable): 8911SIP

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

Citywide Community Response Team (CCRT) was designed to be adaptive and responsive to the needs of Behavioral Health Services (BHS), Department of Public Health clients that are struggling to stabilize in the community and require an enhanced ability to outreach and support individuals with entering the appropriate level of care. These individuals often clinically complicated and struggle to engage in the current BHS system of care. This program will modify as the needs of the system change but at this time the program will be structured as follows:

Three Clinicians will provide limited time Intensive Case Management to adults currently residing in Shelter In Place (SIP) Hotels within San Francisco that are not linked to care and requiring stabilization and assistance with obtaining housing. Referrals will be authorized by the assigned SOC lead with Behavioral Health Services, Department of Public Health and the referral source may change based on the needs of the community mental health system.

4. Priority Population:

Citywide Community Response Team welcomes and serves all ethnicities and populations and is designed to serve individuals that have been identified as having acute mental health needs and referred by Behavioral Health Services, Department of Public Health of San Francisco. These individuals have struggled to engage and link to the Behavioral Health System of care and require specialized engagement and flexibility. Citywide programs services are designed to meet the cultural

Contractor Name UC Regents
Program Name Citywide Linkage HMIOT CCRT SIP

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and linguistic needs of transitional-aged youth, adult, and older adult residents who are identified as being at risk and require intensive wraparound services in order to stabilize, live safely in the community, and connect to necessary support services.

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

Shelter in Place

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
60/78 SS-Other Non-MediCal Client Support Exp (CR) Covid 5.15 FTE = 17,100	17,100		40
Total UDC Served			
Total UOS Delivered	17,100		40

6. Methodology:

Citywide Community Response Team (CCRT) provides a full range of services to its enrolled clients:

- Assessment and diagnosis with a focus on the development of a specific, measurable, time-limited, client-centered treatment plan.
- Psychoeducation with clients and family members about diagnoses, symptoms, medications, stress reduction, and treatment options.
- Crisis intervention for clients and family members in the community they live. Clinicians utilize natural and agency resources to shore up clients' support system, and also provide on-site consultation/care coordination with PES, emergency rooms, hospital staff and other relevant entities.
- Short-term, client centered, strengths based, solution-focused therapy including CBT, DBT, Harm Reduction/Relapse Prevention, Motivational Interviewing, and supportive counseling.
- Medication assessment, prescription, and monitoring.
- Assistance with finding appropriate long-term housing options.
- Coordination for clients to access residential treatment programs or short-term housing options, with assistance and coaching to maintain stability in placement.
- Frequent outreach to clients in the community providing individualized support and engagement as needed. Provide intensive care coordination with all appropriate systems that client is interfacing with.
- Linkage to and advocacy with needed services including: primary health care, benefits (SSI, GA, etc), eviction defense and other legal support, support groups, self-help organizations, vocational services, payee services, socialization options, peer-based support, and basic needs.
- Staff to client ratio for clinicians based out of 982 Mission Street is 1:10, with services available in English, Spanish, and Cantonese, (provided by bi-cultural staff) and with expertise in services for transitional age youth and geriatric consumers.

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- A. Outreach, recruitment, promotion, and advertisement - Outreach, engagement and assessment of referrals from Behavioral Health Services, Department of Public Health, psychiatric inpatient hospitals and Psychiatric Emergency Services are immediate and often on the same day or next day referral is made.
- B. Admission, enrollment and/or intake criteria and process where applicable- Referrals are authorized by Behavioral Health Services and be deemed high priority by Department of Public Health. Criteria includes, struggling to engage in care, cycling through acute services and require intensive outreach to stabilize and link to ongoing care. Individuals in CCRT will exhibit significant needs, but may not meet criteria for specialty mental health if approved by the SOC lead.
- C. Service delivery model- Clinicians provide comprehensive targeted case management, assessment, crisis, individual and group therapy, individual and group rehabilitation, collateral, family support, medication support services outreach and engagement to client's wherever they are located. Clinicians provide individualized Treatment Plans of Care based on clients' stated goals. Staff are imaginative and persistent in resource utilization, outreach, care coordination and their determination to tailor services to meet client's immediate goals and most basic needs. With the client's expressed consent, their natural supports are also engaged in support of the client's recovery process, including friends, loved ones, hotel managers, store clerks, payee services, etc. Collaboration with natural supports serve as a way to re-link with clients struggling to engage in services or to reinforce and support the relationship with the case manager. We work with individuals between 3 months to 1 year in order to ensure stabilization and linkage to ongoing care where they can maintain their treatment gains. Program hours are 8:30 am to 5:00 pm, Monday through Friday. Monday through Saturday 8:00 am to 4:00 pm CCRT case managers provide emergency department social work services to Psychiatric Emergency Services at Zuckerberg San Francisco General Hospital.
- D. Discharge Planning and exit criteria and process –CCRT provide short-term intensive case management with the goal of increasing stability, engagement in the Behavioral Health System of care and connection to ongoing treatment. We work with our client's for an average of 3 to 6 months and therefore begin linkage planning with clients at the onset of treatment. Clinicians work to securely engage and link clients to the appropriate level of care and services to ensure that they can maintain stability and the quality of their lives remains improved. This may include linking to intensive case management, step down to outpatient mental health services, substance abuse services, primary care providers for mental health care and/or possibly a higher level of care in clinically indicated. When individuals are referred to long-term mental health services, we overlap our services with the new provider for a brief time to ensure that the consumer is securely linked before being closed with our program.

E. Program staffing- See Appendix B

7. Objectives and Measurements:

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All objectives and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 21-22.

8. Continuous Quality Improvement:

A. Productivity is reviewed on a monthly basis. The Division Director and Program Director distribute data from AVATAR to all supervisors. Line-staff are expected to monitor their own productivity through AVATAR and it is reviewed at least monthly in their weekly individual supervision. Once BHS generates reports tracking Program Objectives they will be brought monthly to the Divisions' bi-weekly Leadership meeting for review as well as team meetings within each program.

B. The Division PURQ Committee meets weekly to review Treatment Authorization Requests, and client charts (Treatment Plan of Care, Assessment, ANSA, diagnosis, general documents, and progress notes). In addition, all supervisors audit one chart a month per supervisee, as part of ongoing quality control using our Internal Documentation Quality Assurance Form. Monthly Staff Meetings are a forum to identify program functioning strengths and limitations. The Division provides ongoing documentation trainings to all staff.

C. Every year staff language and cultural skills are identified as part of our Cultural Competency program. As part of the hiring process specific language and cultural skills are identified in the Job Description. The Division fully complies with BHS Cultural Competency goals and standards.

D. CCRT participates in the BHS semi-annual Measurement of client satisfaction. Additionally, there is a weekly Community Meeting in which clients are encouraged to identify concerns or improvements needed.

E. As BHS is able to generate reports from AVATAR data, the division reviews and integrates the data into operational reviews and/or opportunities from program enhancement.

9. Required Language:

Not Applicable

10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):

Not Applicable

Contractor Name UC Regents
Program Name Citywide NoVA & NoVA Pre-trial

Appendix A-4
FY: 07/01/2021 – 06/30/2022
Funding Source

1. Identifiers:

Program Name: UC Citywide NoVA and NoVA Pre-Trial Grant
 Program Address, City, State, ZIP: 982 Mission Street, SF, CA 94103 and SF Pretrial Diversion Office, 236 8th Street, SF, CA 94107
 Telephone/FAX: 415-597-8084/415-597-8004
 Website Address: <https://psych.ucsf.edu/zsfg/citywide>
 Contractor Address, City, State, ZIP (if different from above):

Executive Director/Program Director: Fumi Mitsuishi, MD, MS/Kathleen Lacey, LCSW
 Telephone: 415-597-8084/415-597-8077
 Email Address: fumi.mitsuishi@ucsf.edu/kathleen.connolly@ucsf.edu
 Program Code(s): 8911NO

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

The goal of the program is to provide behavioral health treatment to the whole person that will allow him or her to exit the criminal justice system and re-integrate into the community. Clients remain in the program as long as they continue to need services. Citywide NoVA Therapy provides therapy services to SF Sheriff's Office No Violence Alliance (NoVA) clients identified by their criminal justice case managers as needing therapy in addition to the case management services they provide. Citywide NoVA Therapy serves 30 clients at any one time and provides assessment, talk therapy and linkage in a trauma-informed care model to assist the participants with successful re-entry into the community post-incarceration. The NoVA Citywide Pre-Trial program provides therapy and intensive case management to individuals exiting jail under Pretrial Diversion's Assertive Case Management (ACM) program, who are identified as high-risk and high-needs clients. The goal of the program is to place a Master's level clinician at Pretrial Diversion to assess clients, link them with ongoing mental health treatment and to provide some with intensive case management in order to increase the likelihood of successful pre-trial diversion and resolved legal disposition.

4. Priority Population:

While Citywide Case Management Programs/Citywide NoVA and Pre-Trial welcomes and serves all ethnicities and populations, services are also designed to meet the special cultural and linguistic needs of justice involved individuals with behavioral health disorders (which makes up approximately 18% of the average daily jail population). CWCM-NoVA clients are: 81.6% male and 18.4% female; 63% are between the ages of 26 and 44; 46.9% African American, 12.2% White, 6.1% Latino, 8.1% Asian; 11.6%

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suffer a mood disorder; 77.9% suffer a psychotic disorder; 23.8% suffer a personality disorder; and 95% have a co-occurring substance use disorder.

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

6. Units of Service (UOS) Description 7. (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
OP - Case Mgt Brokerage 1.70 FTE = 11,878	11,878		
OP - MH Svcs 1.70 FTE = 37,744	37,744		
OP - Crisis Intervention 1.70 FTE = 264	264		
Other Non-MediCal Client Support Exp 1.0 FTE = 2,356 (Cost Reimbursement)	2,356		
Total UOS Delivered	52,242		
Total UDC Served			30

Methodology:

Indirect Services (programs that do not provide direct client services, such as Fiscal Intermediary/Program Management contractors): Describe how the program will deliver the purchased services.

Direct Client Services: Describe how services are delivered and what activities will be provided, addressing, how, what, and where for each section below:

A. Outreach, recruitment, promotion, and advertisement

NoVA clinicians work closely with the Sheriff's Department community-based organizations that are providing the case management services. Case managers make referrals to the Citywide NoVA therapists. If referrals are low, Citywide NoVA clinicians will provide targeted recruitment by going into the jail and explaining therapy services to clients that are eligible for the NoVA program.

Pre-trial Diversion (PTD) Clinician: all referrals come directly from the SF Pretrial Services case managers. The Citywide PTD/NoVA clinician is based at Pretrial Services and develops a strong working relationship with the case managers in order to encourage collaboration.

B. Admission, enrollment and/or intake criteria and process where applicable

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Citywide NoVA Therapy, the only intake and enrollment criteria is that the individual is a NoVA client. NoVA case managers can refer their clients to the Citywide NoVA therapists.

Upon referral, a NoVA therapist assesses the client in custody or in the community, explains the program services, and allows the client to voluntarily enroll in the program.

PTD Clinician: Pretrial ACM clients are interviewed in custody (or upon release) utilizing a Brief Jail Mental Health Screen by ACM case managers to assess for the possibility of severe mental illness. The assumption is that 40% of the clients assessed will qualify as both “high risk” and “high need”. Clients qualifying as “high risk and high need” will be referred to the Citywide clinician who will conduct a further assessment utilizing the Initial Risk Assessment tool. These clients will fall into 5 categories: (1) currently linked with ongoing mental health services in SF DPH; (2) not currently linked with SF DPH but has a history of mental health treatment; (3) Current ongoing mental health crisis contacts; (4) History of mental health crisis contacts but nothing in the last year; (5) no record of mental health treatment in San Francisco.

C. Service delivery model

Services include: Assessment, Plan Development, Crisis intervention, individual therapy, case management brokerage, collateral collaboration, and individual rehabilitation. Services can be provided either in the clinic, in custody, or in the community (depending on where the client is). Services are provided 8:30 am – 5:00 pm, Monday through Friday. Clients are typically seen on a weekly basis but this can be increased to several times per week if necessary.

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

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

PTD Clinician: The Citywide Pretrial clinician will provide consultation, assessment, linkage, and in some cases, intensive case management to 17 clients at any one time.

Category 1 clients (see categories above) the Citywide Pretrial clinician will support more active linkage and will work with both SFDPH clinicians and Pretrial ACM case managers to assure clients’ engagement with mental health and substance use treatment plans. Clients in categories 2-5 will be further assessed by the Citywide Pretrial clinician to determine the appropriate level of service needed: provide intensive case management; link with ongoing mental health services; or provide consultation and support to the ACM case manager.

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Services include: Assessment, Plan Development, Crisis intervention, individual therapy, case management brokerage, collateral collaboration, and individual rehabilitation. Services can be provided either at the Pretrial Services office, in custody, or in the community (depending on where the client is). Services are provided 8:30 am – 5:00 pm, Monday through Friday. Clients are typically seen on a weekly basis but this can be increased to several times per week if necessary.

D. Discharge Planning and exit criteria and process

Citywide NoVA therapists typically provide brief therapy to clients with achievable treatment goals. The average length of services is approximately 6 months. This period can be extended on a case-by-case basis. Clinicians continuously assess clients for progress towards treatment goals and engages each client in a discharge planning process where the client is referred to ongoing outpatient mental health services if desired. A client can also be referred to a higher level of care such as intensive clinical case management services if needed. The NoVA therapist typically provides transitional services for extra support when linking a client to ongoing treatment.

PTD Clinician: Depending on the service provided, clients will have varying lengths of stay in the program. The average length of stay for individuals in ACM is 109 days. Some clients will receive only the initial risk assessment. Other clients can receive clinical services for the entirety of the time that his or her pretrial diversion case is active. The BJA clinician will attempt to link clients to ongoing services if the client suddenly completes pretrial diversion requirements. The BJA clinician can work with a client beyond the client's participation in Pretrial Services for the purposes of providing linkage to ongoing services.

E. Program staffing – There are 1.5 FTE master's level clinical social workers and .20 FTE of a licensed Supervisor on the NoVA Therapy contract. The PTD grant funds 1.0 FTE master's level clinical social worker.

8. Objectives and Measurements:

All objectives and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 21-22.

9. Continuous Quality Improvement:

A. Productivity is reviewed on a monthly basis. The Division Director and Program Director distribute data from AVATAR to all supervisors. Line-staff are expected to monitor their own productivity through AVATAR and it is reviewed at least monthly in their weekly individual supervision. Once BHS generates reports tracking Program Objectives they will be brought monthly to the Divisions' bi-weekly Leadership meeting for review as well as team meetings within each program.

B. The Division PURQ Committee meets weekly to review Treatment Authorization Requests, and client charts (Treatment Plan of Care, Assessment, ANSA, diagnosis, general documents, and progress notes). In addition, all supervisors audit one chart a month per supervisee, as part of ongoing quality control using our Internal Documentation Quality Assurance Form. Monthly Staff Meetings are a forum to identify program functioning strengths and limitations. The Division provides ongoing documentation trainings to all staff.

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C. Every year staff language and cultural skills are identified as part of our Cultural Competency program. As part of the hiring process specific language and cultural skills are identified in the Job Description. The Division fully complies with BHS Cultural Competency goals and standards.

D. All programs in the Division fully participate in the annual BHS Measurement of client satisfaction. Additionally, there is a weekly Community Meeting in which clients are encouraged to identify concerns or improvements needed.

E. As BHS is able to generate reports from AVATAR data, the Division reviews and integrates the data into operational reviews and/or opportunities for program enhancement.

10. Required Language:

N/A

11. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):

N/A

Contractor Name UC Regent
Program Name UCSF Citywide Roving Team

Appendix A-5
FY: 07/01/21-06/30/22
Funding Source

1. Identifiers:

Program Name: UCSF Citywide Roving Team
 Program Address, City, State, ZIP: 982 Mission Street, San Francisco, Ca 94103
 Telephone/FAX : 415-597-8084/415-597-8004
 Website Address: www.ucsf.edu

Contractor Address, City, State, ZIP: same as above

Executive Director/Program Director: Fumi Mitsuishi, Division Director/Program Manager, Alison Murphy
 Telephone: 415-597-8084
 Email Address: fumi.mitsuishi@ucsf.edu
 Program Code(s): 8911RT

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

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

4. Priority Population:

While Citywide Case Management Programs/Citywide Roving Team welcomes and serves all ethnicities and populations, services are also designed to meet the cultural and linguistic needs of residents of the Housing First Master Lease Program identified by on-site staff as having significant unmet behavioral health needs that could, if not addressed, lead to eviction and future episodes of homelessness.

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

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
OP - Case Mgt Brokerage 8.7 FTE = 62,337.5	62,337.5		
OP - MH Svcs 8.7 FTE = 215,000	215,000		
OP - Crisis Intervention	9,000		

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Program Name UCSF Citywide Roving Team

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8.7 FTE = 9,000			
Total UOS Delivered	286,337.5		
Total UDC Served			120

6. Methodology:

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

The Housing First Master Lease Program provides housing for formerly homeless individuals and provides on-site services designed to help residents achieve long-term housing stability. The Housing First Master Lease Program currently offers more than 2,600 units of housing in twenty-eight sites.

Services to be Provided

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

Through this contract, contractor will:

- A. Work with on-site staff to identify residents in need of intensive short-term behavioral health treatment.
- B. Perform comprehensive psycho-social and substance abuse assessments completed in conjunction with medical assessments by the DPH primary care staff.
- C. Formulate short-term treatment plans to address difficult behaviors and preserve housing stability.
- D. Provide a full range of treatment intervention to individual clients, including (but not limited to): crisis intervention (including 5150 services as needed); supportive individual, family or group psychotherapy; substance abuse counseling (including harm reduction strategies); intensive case management, and daily living skill building.
- E. Offer transitional dual diagnosis groups in various Housing First Master Lease sites aimed at introducing harm reduction principles, strategies and resources to residents who are not yet willing or able to access drug treatment.
- F. Provide referrals and linkages to appropriate entitlements and resources to enhance and strengthen residents' support systems on a long-term basis.

Contractor Name UC Regent
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G. Provide discharge planning and termination as the resident is either no longer in need of intensive services or leaves the hotel.

H. Participate in individual case conferences, team coordination meetings and in-service trainings with DPH medical staff as necessary.

I. Track all client interactions and outcome data.

J. Ensure completion of required time-keeping documentation for CSBG (Title XIX) reimbursement.

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

A. Productivity is reviewed on a monthly basis. The Division Administrator and Division Director distribute data from AVATAR to all supervisors. Line-staff are expected to monitor their own productivity through Avatar and it is reviewed at least monthly in their weekly individual supervision. Once BHS generates reports tracking Program Objectives they will be brought monthly to the Divisions' bi-weekly Leadership meeting for review as well as team meetings within each program.

B. The Division PURQ meets weekly to review Treatment Authorization Requests, and Treatment Plans. All supervisors review two charts per supervisee, as part of quality control. Monthly Staff Meetings are a forum to identify program functioning strengths and limitations. Additionally, there is a weekly Community Meeting in which clients are encouraged to identify concerns or improvements needed.

C. Every year staff language and cultural skills are identified as part of our Cultural Competency program. As part of the hiring process specific language and cultural skills are identified in the Job Description. The Division fully complies with BHS Cultural Competency goals and standards.

D. The Division fully participates in the annual BHS Measurement of client satisfaction.

E. As BHS is able to generate reports from AVATAR data, the division reviews and integrates the data into operational reviews and/or opportunities from program enhancement. For example, we are currently working to submit a NIMH grant to implement Smoking Reduction with seriously mentally ill adults. We are hoping to generate baseline data from AVATAR data with help from BHS.

9. Required Language:

Not applicable.

Contractor Name UC Regent**Appendix A-6****Program Name UCSF Citywide Services for Supportive Housing****FY: 07/01/21-06/30/22****Funding Source****1. Identifiers:**

Program Name: UCSF Citywide Services for Supportive Housing

Program Address, City, State, ZIP: 982 Mission Street, San Francisco, Ca 94103

Telephone/FAX: 415-597-8084/415-597-8004

Website Address: www.ucsf.edu

Contractor Address, City, State, ZIP: Same as above

Executive Director/Program Director: Fumi Mitsuishi, Division Director/Program Director Alison Murphy

Telephone: 415-597-8084

Email Address: fumi.mitsuishi@ucsf.edu

Program Code(s): 8911SH

2. Nature of Document: Original Contract Amendment Revision to Program Budgets (RPB)**3. Goal Statement:**

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

4. Priority Population:

While Citywide Case Management Programs/Citywide Services for Supportive Housing welcomes and serves all ethnicities and populations, services are also designed to meet the cultural and linguistic needs of the 240 tenants of the Richardson and Rene Cazenave Apartments, comprised of formerly homeless, very low income ($\leq 30\%$ of AMI as defined by HUD) adults with co-occurring mental health, substance abuse and medical problems, and limited experience living independently.

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

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
OP - Case Mgt Brokerage 12.30 FTE = 44,565	44,565		
OP - MH Svcs 12.30 FTE = 81,525	81,525		
OP - Medication Support 2.2 FTE = 123,124	123,124		
OP - Crisis Intervention 12.30 FTE = 7,676	7,676		
Other Non-MediCal Client Support Exp	8,422		

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Amendment Two

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2.8 FTE = 8,422 (Cost Reimbursement)			
Other Non-MediCal Client Support Exp 2.0 FTE = 3,983 (Cost Reimbursement)	3,983		
Total UOS Delivered	269,295		
Total UDC Served			240

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

6. **Methodology:** Richardson and Rene Cazenave Apartments are both 120-unit buildings of permanent supportive housing.

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

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

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

At intake, program staff will complete a comprehensive evaluation and assessment of each tenant who agrees to accept services. Assessment efforts will identify the individual's mental health, substance abuse, medical and comprehensive service needs, including the risk for returning to homelessness. Citywide clinicians will use Avatar, the BHS Medi-Cal billing and on-line documentation system. The program staff will develop an Individual Services Plan (ISP) in coordination with the individual including short and longer-term service needs. All tenants are eligible for services from Citywide. For tenants who are already connected with outside service providers, the clinicians will provide outreach and care coordination.

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

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money management, and transportation assistance.

Staff Hours: Clinical Social Workers, Social Work Associate and the RN will be available as needed for resident services during regular business hours (9 a.m. – 5 p.m.). Citywide will provide on-call phone support to CHP staff after hours in the evenings and weekends. Citywide will facilitate a hand-off to weekend and evening CHP staff about unresolved issues or potential crisis. The CHP property manager and an assistant property manager will be on-site during regular work hours. CHP desk clerks will be on duty on-site 24 hours/day and 7 days/week.

Individuals living in the apartments are eligible for on-site support services from Citywide clinicians. When a tenant moves out of the apartments, Citywide clinicians will continue to offer services during the transition period to link the individual to alternative resources.

7. 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.

Outpatient Mental Health (Tab 1) Mental Health Outcomes apply.

Supportive Housing (Tab 6) Supportive Housing Program Outcomes apply.

8. Continuous Quality Improvement:

A. Productivity is reviewed on a monthly basis. The Division Administrator and Division Director distribute data from AVATAR to all supervisors. Line-staff are expected to monitor their own productivity through Avatar and it is reviewed at least monthly in their weekly individual supervision. Once BHS generates reports tracking Program Objectives they will be brought monthly to the Divisions' bi-weekly Leadership meeting for review as well as team meetings within each program.

B. The Division PURQC meets weekly to review Treatment Authorization Requests, and Treatment Plans. All supervisors review two charts per supervisee, as part of quality control. Monthly Staff Meetings are a forum to identify program functioning strengths and limitations. Additionally, there is a weekly Community Meeting in which clients are encouraged to identify concerns or improvements needed.

C. Every year staff language and cultural skills are identified as part of our Cultural Competency program. As part of the hiring process specific language and cultural skills are identified in the Job Description. The Division fully complies with BHS Cultural Competency goals and standards.

D. The Division fully participates in the annual BHS Measurement of client satisfaction.

E. As BHS is able to generate reports from AVATAR data, the division reviews and integrates the data into operational reviews and/or opportunities from program enhancement. For example, we are currently working to submit a NIMH grant to implement Smoking Reduction with seriously mentally ill adults. We are hoping to generate baseline data from AVATAR data with help from BHS.

Contractor Name UC Regent

**Program Name UCSF Citywide Services for Supportive
Housing**

Appendix A-6

FY: 07/01/21-06/30/22

Funding Source

9. Required Language: Not applicable

Contractor Name UC Regents
Program Name Citywide Assisted Outpatient Treatment (AOT)

Appendix A-7
FY: 07/01/21 – 06/30/22
Funding Source

1. Identifiers:

Program Name: UC Citywide Assisted Outpatient Treatment (AOT)
 Program Address, City, State, ZIP: 982 Mission St. 2nd Floor, San Francisco CA 94103
 Telephone/FAX: 415-597-8084/415-597-8004
 Website Address: <https://psych.ucsf.edu/zsfsg/citywide>
 Contractor Address, City, State, ZIP: Not Applicable
 Executive Director/Program Director: Fumi Mitsuishi, MD, MS/Alison Livingston, LMFT
 Telephone: 415-597-8084
 Email Address: fumi.mitsuishi@ucsf.edu
 Program Code(s) (if applicable): 8911AO

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

The Citywide Assisted Outpatient Treatment (AOT) FSP program will provide comprehensive clinical case management, to severely mentally ill adults who have been court ordered or entered into a Settlement Agreement to participate Assisted Outpatient Treatment. The goal of this program is to provide intensive outpatient services to consumers in order to improve their quality of life, prevent further psychiatric hospitalizations and incarcerations, and to support with connecting to the appropriate level of care for ongoing treatment.

4. Priority Population:

While Citywide Case Management programs welcomes and serves all ethnicities and populations, Citywide AOT is designed to work with individuals that meet the legal criteria of the Welfare and Institutions code (WIC) for Assisted Outpatient Treatment. Citywide AOT is designed to meet the cultural and linguistic needs of San Francisco adults that have been court ordered or entered into a Settlement Agreement with AOT. These are adults with severe mental illness that are not engaged in treatment, at risk of deterioration in the community and subsequent psychiatric crisis contacts, and determined to meet Legal criteria for WIC of Assisted Outpatient Treatment by the Department of Public Health.

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

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
COST REIMBURSEMENT			

Contractor Name UC Regents
Program Name Citywide Assisted Outpatient Treatment (AOT)

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OP - Case Mgt Brokerage 5.45 FTE = 12,800	12,800		
OP - MH Svcs 5.45 FTE = 7,998	7,998		
OP - Medication Support .95 FTE = 14,400	14,400		
OP - Crisis Intervention 5.45 FTE = 4,501	4,501		
Total UOS Delivered	39,699		
Total UDC Served	25		25

6. Methodology:

- Consumers are assertively engaged and followed throughout the system as they transition through hospitals, jail, IMDs, shelters, residential facilities, and/or any other setting that they may reside. Over 50% of services are delivered in the community. Medication services can be delivered in the community. Case managers assist consumers on public transportation or use the Division van to access the community.
- The program engages families and informal resources in the community to support consumers: for example, restaurant owners to provide prepaid meal plans, hotel owners to help monitor consumer functioning, store owners to support grocery budgeting, etc.
- Hands-on, targeted case management activities to address both the immediate basic needs, crisis, support system issues and the acquisition of problem-solving skills, and building independence.
- Treatment team members are quick to intervene in the community when a consumer is headed toward a crisis. Daily medications, outreach, targeted case management, supportive counseling, and on-call support can help consumers avoid a hospitalization or arrest.

A. Outreach, recruitment, promotion, and advertisement-

Referrals to Citywide AOT come from the AOT Care Team within Department of Public Health (DPH). These are individuals that have met strict legal criteria and or have been court ordered to AOT. Citywide AOT supports the AOT Care Team with providing presentations to stakeholders throughout San Francisco to ensure there is adequate knowledge and understanding of this program that is often a resource for families and providers.

B. Admission, enrollment and/or intake criteria and process where applicable-

We admit individuals in our program that have been referred by the AOT Care Team within DPH whom are individuals that have met legal criteria and or are court ordered to AOT. Once we receive a referral we immediately begin outreach, engagement and care coordination wherever the individual is located.

C. Service delivery model-

Citywide AOT model provides comprehensive targeted case management, assessment, crisis, individual and group therapy, individual and group rehabilitation, collateral, family support, medication support services for consumers that meet legal criteria for Assisted Outpatient

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Treatment. The court order or settlement agreement is for 6 months but the court could extend the court order or settlement agreement for an additional 6 months. Citywide AOT provides intensive case management for as long as they are part of the Assisted Outpatient Treatment court process and coordinates linkage to the appropriate level of care for ongoing treatment. Medical staff provide medication support services including drop-in, in the community, or daily medications if needed. Case managers and medical staff collaborate in ensuring individuals in our program have access to medication services and support with adherence with prescribed medications. Treatment is provided continuously, wherever the consumer is located. Thus outreach to the consumers home, outreaches to community agencies and businesses, visits in custody or in the hospital, are all routine modes of delivery of services. Citywide AOT espouses the Mental Health Services Act framework of “doing whatever it takes” to support the individuals in our program. We also incorporate the principles of the “Wellness and Recovery” model of services. Consumers work with case managers to develop a Wellness and Recovery Action Plan, specifying goals for increased skills, increased functioning, increased personal resources and illness management. We maintain a special emphasis on helping consumers locate and maintain productive activity including education, prevocational training, volunteer work and paid employment. Involving consumers in group therapy, dual diagnosis groups, pre-vocational training and stipend jobs, as well as social activities is a central aspect of Division programs. We also provide support in obtaining and maintaining housing. Consumers are seen as often as is clinically indicated. Program hours are 8:30 am to 5:00 pm, Monday through Friday. After hours and weekends are covered by on-call staff who provide phone consultation, support to consumers, and members or other agencies.

D. Discharge Planning and exit criteria and process-

Citywide AOT provides intensive case management to consumers that are either court ordered or in a settlement agreement with AOT. When the AOT Court order or Settlement Agreement ends, providers connect consumers to the appropriate level of care. This can include linkage to an intensive case management program, regular outpatient treatment in the community, and or advocacy for LPS conservatorship if a higher level of structure is clinically indicated. By accurately accessing the least restrictive appropriate level of care for a client, we are able to support consumer’s highest levels of functioning, while dramatically reducing long-term cost to the system. When individuals are referred to long-term mental health services, we overlap our services with the new provider for a brief time to ensure that the consumer is securely linked before being closed with our program.

E. Program staffing- See Appendix B.

F. MENTAL HEALTH SERVICES ACT PROGRAMS – Additional Required Service Description: Programs funded by MHSA need to demonstrate an active commitment to the vision of MHSA and systems transformation.

- 1) One of the primary MHSA tenets is consumer participation/engagement. Programs must identify how participants and/or their families are engaged in the development, implementation and/or evaluation of programs.

Citywide AOT FSP is MHSA funded and families had an integral role in advocating for Welfare and Institutions Code of AOT and were part of the San Francisco implementation. We

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are close collaborators with National Alliance on Mental Illness (NAMI). In addition, the program has developed an extensive peer component as an adjunct to clinical services. We have a half time peer dedicated to supporting Citywide AOT consumers and four part-time peers hired as staff to assist in the management of the milieu area at Citywide clinic at 982 Mission Street. They help run groups, develop activities for consumers, organize celebrations/events, take consumers in the community to explore resources and engage in activities. Peer staff work closely with clinical staff to offer extra support to consumers and assist in accompanying to appointments. The peer staff is encouraged to suggest activities or programming that will be of interest to consumers.

The peer staff run a community meeting weekly seeking input from consumers on upcoming events and facilitating discussions of needs and suggestions. The part time peer dedicated to Citywide AOT supports with outreach and engagement of individuals and families in our program. Peer staff attend all staff meetings/retreats and are encouraged to participate in program development.

Citywide AOT FSP participates in a bi-annual client satisfaction survey in the fall and spring by asking every client to complete a survey. Results are aggregated and reviewed with all staff in order to identify areas for improvement.

- 2) In addition to consumer engagement, MHSA-funded programs must articulate how they are promoting at least one additional component of the MHSA vision.
 - The concepts of recovery and resilience are widely understood and evident in programs and service delivery:

Wellness and Recovery-Oriented Services are developed and delivered in partnership with consumers. All staff have been trained in the Recovery model, empowering consumers to identify life goals, reorienting treatment from an illness model to a strength-based paradigm, and assuming recovery from mental illness and substance abuse is achievable. Treatment plans, developed with consumers are based on individual strengths, needs, hopes and desires. The plans are modified as needed through an ongoing assessment and goal setting process. Clinicians are pro-active with consumers, assisting them to participate in and continue treatment, live independently, and recover from disability. We work with consumers and their family members to become collaborative partners in the treatment process, with the goal of becoming less socially isolated and integrated into the community with supported employment, participation in community activities and membership in organizations of their choice.

7. Objectives and Measurements:

Outcome Objectives

By the end of Fiscal Year 21-22, participants enrolled in the Assisted Outpatient Treatment Program will have a 10% reduction in psychiatric crisis contacts compared to the previous fiscal year, as measured by Psychiatric Emergency Services (PES) contacts and documented in Avatar as well as a joint data collection effort between UCSF and DPH's AOT Care Team.

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By the end of Fiscal Year 21-22, participants enrolled in the Assisted Outpatient Treatment Program will have a 10% reduction in total number of incarcerations compared to the previous fiscal year, as measured by number of jail contacts with the San Francisco County Jail and documented in Jail Information Management (JIM) as well as a joint data collection effort between UCSF and DPH's AOT Care Team.

By the end of Fiscal Year 21-22, participants enrolled in the Assisted Outpatient Treatment Program will have a 10% reduction in total days hospitalized on an inpatient psychiatric unit compared to the previous fiscal year, as measured by number of number of days hospitalized and documented in Avatar as well as a joint data collection effort between UCSF and DPH's AOT Care Team.

Process Objectives

By the end of Fiscal Year 21-22, 50% of participants enrolled in the Assisted Outpatient Treatment Program will be connected to another Behavioral Health provider within the System of Care, as measured by an open episode and documented in Avatar as well as a joint data collection effort between UCSF and DPH's AOT Care Team.

On any date, 100% of participants enrolled in the Citywide Assisted Outpatient Treatment Program will have a current finalized Treatment Plan of Care in AVATAR within 60 days of opening.

Objectives will need to be reported to BOCC by 9/1/21

8. Continuous Quality Improvement:

A. Productivity is reviewed on a monthly basis. The Division Director and Program Director distribute data from AVATAR to all supervisors. Line-staff are expected to monitor their own productivity through AVATAR and it is reviewed at least monthly in their weekly individual supervision. Once BHS generates reports tracking Program Objectives they will be brought monthly to the Divisions' bi-weekly Leadership meeting for review as well as team meetings within each program.

B. The Division PURQ Committee meets weekly to review Treatment Authorization Requests, and client charts (Treatment Plan of Care, Assessment, ANSA, diagnosis, general documents, and progress notes). In addition, all supervisors audit one chart a month per supervisee, as part of ongoing quality control using our Internal Documentation Quality Assurance Form. Monthly Staff Meetings are a forum to identify program functioning strengths and limitations. The Division provides ongoing documentation trainings to all staff.

C. Every year staff language and cultural skills are identified as part of our Cultural Competency program. As part of the hiring process specific language and cultural skills are identified in the Job Description. The Division fully complies with BHS Cultural Competency goals and standards.

D. Citywide AOT participate in the BHS semi-annual Measurement of client satisfaction although have a program specific survey that captures the goals of AOT that was approved by BHS. Additionally, there is a weekly Community Meeting in which clients are encouraged to identify concerns or improvements needed.

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E. As BHS is able to generate reports from AVATAR data, the division reviews and integrates the data into operational reviews and/or opportunities from program enhancement.

9. Required Language:

Not Applicable

10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):

Not Applicable

Contractor Name: UC Regents
 Program Name: UCSF Citywide STOP

Appendix A-8
 FY: 07/01/2021 – 06/30/2022
 Funding Source

1. Identifiers:

Program Name: UCSF Citywide STOP
 Program Address: 982 Mission St. 2nd Floor
 City, State, ZIP: San Francisco, CA 94103
 Telephone: 415-597-8000 FAX: 415-597-8004
 Website Address: <https://psych.ucsf.edu/zsfg/citywide>
 Contractor Address: 982 Mission St. 2nd floor
 City, State, ZIP: San Francisco, CA 94103
 Executive Director: Fumi Mitsuishi, MD / Program Director: Valerie Gruber, PhD
 Telephone: 415-597-8084
 Email Address: fumi.mitsuishi@ucsf.edu / Valerie.gruber@ucsf.edu
 Program Code(s): 38321 (UCSF Citywide STOP)

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

To reduce the impact of substance use disorders on the target population by successfully implementing the described interventions

4. Priority Population:

STOP provides outpatient substance use disorders treatment to clients enrolled in UC Citywide intensive case management programs. In addition to their substance use disorders, clients also have severe and persisting mental illness (schizophrenia, schizoaffective disorder, bipolar disorder, etc.), severe functional impairments, intermittent danger to self or others, high acute service utilization, and frequent incarceration. The clinic location just south of Market Street is easily accessible to residents of the South of Market and Tenderloin areas, and by public transportation from other low-income areas of the City, including the Bayview and the Mission. While the program welcomes and serves all ethnicities and populations, services are designed to meet the cultural and linguistic needs of UCSF Citywide mental health program clients.

- Primary target population: Drug of choice – Methamphetamine, cocaine, marijuana, or alcohol, often in conjunction with other substances.
- Secondary target population: Co-occurring disorders – severe and persisting mental illness qualifying for intensive case management through Citywide, often in conjunction with chronic health problems.

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- Tertiary target population: Low economic status – General Assistance, SSI, low income.
- The target population includes a large proportion of African American, Latino, gay, lesbian, bisexual, and transgender individuals.

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

The client services are Drug Medi-Cal Organized Delivery System outpatient SUD services (**ODS**), as defined in the BHS Contracts Appendix A and B instructions, the BHS billing matrix and SUD treatment provider manual revisions, and the DHCS DMC-ODS service definitions.

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS-91g: ODS OT group counseling: 90 minutes face-to-face + 90 minutes documentation = 180 minutes = 12 increments staff time per group session. 180 minutes / 6 clients = 30 minutes (2 increments) billable per client. <i>15 minutes</i> 4 group sessions per week x 45 full weeks = 180 group sessions. 180 group sessions x 12 increments each = 2,160 increments.	2,160	30
ODS-91i: ODS OT individual counseling: This includes individual counseling, collateral, crisis, assessment, and treatment planning. <i>15 minutes</i> 1 increment per week x 15 clients on caseload x 45 weeks	675	30
ODS-91cm: ODS OT case management: Case management at admission and throughout treatment. <i>15 minutes</i> .75 increments per week x 15 clients caseload x 45 weeks	506	30
Supt-02-1: SA support – training - treatment: Trainings to BHS civil service and contract agencies. <i>Hours</i>	40	20 staff
Total UOS Delivered .7 FTE of Sup II. .7 FTE x 40 hours /week x 45 weeks = 1,260 available hours. x 69% Level of Effort = 875 hours of service	3,341 incr x 15-mins = 835.25 hours, + 40 hours, Total: 875 hours	
Total UDC Served		30 clients, 20 staff

Regents of UC/SFGH Psychiatry Dept.
 Amendment Two
 03/28/2022

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This is a reduction in UOS from previous years to be more realistic, and was recommended in the 17-18 and 18-19 BOCC monitoring reports.

The high cost per service is in part due to efforts by clinical staff as part of clinical services that cannot be billed, but provide important care to Citywide clients.

- Clients receiving assessments and counseling but not able to complete all assessments required for outpatient DMC billing: Due to their psychiatric instability, many clients referred by Citywide mental health ICM programs to Citywide STOP are unable to complete all the DMC required assessments or attend more than 1-2 counseling sessions (uncomfortable discussing substance use, frequent loss of phones, psychiatric decompensation and referral to MH residential treatment, incarceration), so they receive partial assessments and attend 1-3 groups but are not admitted into Avatar or billed.
- COVID-19 distancing adjustments that are integral to clinical care but are considered clerical and thus cannot be included in documentation and travel time: During the COVID-19 emergency, clients with SMI served at Citywide often do not follow COVID-19 reporting, masking or distancing instructions, which requires additional steps by clinical staff to safely serve clients and these services are not billable because they appear clerical in nature.
 - For clients with phones, reminders and assistance logging into Zoom counseling sessions
 - For clients without phones, coordinating with safety staff completing COVID-19 screening, escorting them to Citywide Zoom rooms, monitoring them to ensure they do not exit Zoom rooms, and disinfecting room between patients (volume too low to assign clerical staff to this task).

6. Methodology:

Indirect Services (programs that do not provide direct client services, such as Fiscal Intermediary/Program Management contractors):

Training and consultation by STOP program director to BHS civil service and contract agencies on substance use disorder interventions, needs assessments, outcome measures, Avatar, and Drug Medi-Cal requirements. The program director receives referrals and direction from the BHS Substance Use Services Medical Director.

Direct Client Services: Describe how services are delivered and what activities will be provided, addressing, how, what, and where for each section below:

A. Outreach, recruitment, promotion, and advertisement

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Information about STOP services is posted throughout the UC Citywide facility, including the main client activities room, the client library, etc. With assistance of their case managers, clients may sign up for STOP orientation/intake times available several days a week.

B. Admission, enrollment and/or intake criteria and process where applicable

Admission Criteria

Clients must be enrolled in a UC Citywide intensive case management program. They must have a substance use disorder (including in remission if at risk for relapse), and have the cognitive capacity to participate in and benefit from counseling.

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

Clients who are in imminent danger of harming themselves or others, or who need emergency medical evaluation, are admitted following stabilization of their acute conditions.

Readmission Criteria

Any person previously admitted to and discharged from the program may be readmitted if they have a substance use disorder at that time. Staff assess whether the conditions that resulted in their previous discharge have changed sufficiently to warrant readmission to this program.

Admission Process

1. Orientation and consents: The counselor provides information about the program and helps the client select among group and individual counseling options.

For clients needing other services (e.g. residential withdrawal management, residential treatment, or methadone maintenance) they and their mental health intensive case manager are given information about appropriate treatment referrals.

2. Intake Assessment: Intake assessment includes

a) Consent forms, release of information forms, payor information, and client rights forms (hard copy forms and signatures and extensive instruction and redirection required in this population)

b) Assessment of substance use problems (incl. assessment of DSM criteria for substance use disorder, CalOMS, ASAM level of care determination, ASI areas not assessed in the other assessments, health questionnaire, obtaining documentation of physical exam in the past 12 months, treatment plan)

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3. Start of Group and/or Individual Counseling:

Most clients receive group counseling, supplemented with as needed individual counseling for reassessment, treatment planning, etc.

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

C. **Service delivery model**

Substance abuse treatment integrated in a mental health agency

STOP provides outpatient substance abuse counseling in coordination with mental health services provided by UC Citywide staff who provide intensive case management, psychiatric medication management, outreach and home visits, socialization activities, independent living skills training, and vocational services. This integration allows STOP to provide substance use disorders treatment to clients who also have severe and persisting mental illness. In addition, via the combined substance use and mental health services, clients can obtain a level of care similar to intensive outpatient treatment. For clients who use substances for which medication assisted treatment is effective (e.g. alcohol, opioids), counselors discuss these options with the clients and Citywide mental health staff (psychiatrist who may prescribe medications, case manager who may refer out for these services). For clients for whom urine drug testing is clinically indicated, it is conducted by the UC Citywide case manager, and shared with STOP staff. Clients must consent to exchange of information between STOP and UC Citywide staff in order to participate in STOP.

Support of both harm reduction and abstinence goals

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

Types and locations of services

STOP groups are provided at UC Citywide 11-12:30 on weekday mornings, prior to lunch being served in the center milieu. STOP provides primarily group counseling, supplemented as needed by individual counseling, and whenever possible by collateral counseling with supportive family or friends. Counseling focuses on clients' substance use and relates this to other important issues in clients' lives, such as mental health, health, legal, economic, identity, sexual orientation, sexual, relationship, cultural, or spiritual issues.

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Consistent with best practice recommendations for the severe dual diagnosis population served, groups are small (3-6 clients) (SAMHSA Dual Disorders TIP) and have a co-facilitator (to be able to leave the group when a client needs containment or evaluation for danger to self/others). In addition, frequent brief discussions between counseling sessions are required to stabilize and engage participants and coordinate with their mental health case managers.

Case management (communications with other providers, including Citywide mental health staff) helps to assess client needs, obtain physical exam findings collected elsewhere, identify clients who may need a higher level of care, discuss medication assisted treatment (incl. withdrawal management) with clinicians at Citywide or elsewhere, re-engage non-attending clients, coordinate with clients' Citywide mental health and/or vocational services, and report attendance for Behavioral Health Court. All communication occurs after obtaining 42 CFR Part 2 compliant consent to exchange information.

Length of stay
 6 months average

D. Discharge Planning and exit criteria and process

Criteria for Successful Completion

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

Discharge planning

Clients who complete or are otherwise discharged from STOP may continue to participate in mental health services at UC Citywide. Throughout treatment at STOP, a discharge support plan is developed and updated with the client, including which community resources to connect with for continued recovery support. At discharge, a final discharge plan is completed.

E. Program staffing

Please see Appendix B of this contract.

Clinical staff includes a program director and supervisor who have both clinical and administrative responsibilities, volunteer interns registered as RADTs, and a medical director (funded full-time on Citywide mental health contracts). Occasional backup staffing for group counseling is provided by BBS licensed/registered Citywide mental health staff. All staff and interns complete all trainings required for their credential and function, as described in BHS BOCC declaration of compliance, and BHS/DMC-ODS guidelines.

F. Vouchers

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Vouchers are purchased from program funds and provided as motivational incentives for activities that are known to improve and maintain substance use treatment outcomes. STOP implements this evidence-based practice within federal and Drug Medi-Cal limits for incentive amounts. During the COVID-19 emergency, in-person incentives are on hiatus and reset is delayed by prescribing staff vaccines.

- 1) STOP clients are eligible for fishbowl prize draws for documented attendance at outside recovery activities that they select (e.g. 12-step, Lifering, Smart Recovery, Wellness Centers, church); prizes they may draw include numerous small prizes (e.g. hygiene supplies, socks), fewer medium prizes (\$5 Target cards), and one large prize (\$20 Target card).
- 2) STOP clients for whom STOP group attendance of twice a week or more is indicated on their treatment plan are eligible for an incentive for consistent STOP group participation. If they attend 2 STOP groups every week of the month, and are in group the first week of the subsequent month, they receive the consistent participation incentive (\$5 Target card).
- 3) Clients with smart phones (Obamaphone and above) with abstinence goals are eligible for reSET, an FDA-approved prescription digital therapeutic app providing contingency management for completing in-app CBT lessons and fluency testing. The cost is covered by the client's insurance or the reSET patient assistance program.

G. SUD Modality: Outpatient Services (ASAM Level 1)

STOP provides motivational enhancement and recovery services to each client for less than 9 hours per week. As described above, these include:

- A. Intake
- B. Individual and group counseling
- C. Patient education
 - i. as psychoeducation included in all group and individual counseling
- D. Medication services
 - i. MAT education and referral to clients' Citywide psychiatrist/Psych NPs (who prescribe MAT along with psychiatric medications, billed as mental health services), and to Opiate Treatment Programs if indicated
- E. Collateral/family services
 - i. clients are encouraged to invite safe family and friends to support them in treatment
- F. Crisis intervention
 - i. relapse prevention, referral to higher level of care if needed
- G. Treatment planning
 - i. Treatment planning is based on assessment including ASAM LOC, and includes clients in setting goals, objectives, and action plans
- H. Discharge services
 - i. Discharge **support plans** are developed and updated with clients throughout treatment, so that they have supports in place in case they drop out and do not complete a **discharge plan**.

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H. SUD Case Management

STOP provides case management services in compliance with BHS and DMC-ODS requirements.

- 1) Case management services are coordinated with clients' Citywide mental health case management, so that roles are clear and efforts are not duplicated. STOP case management focuses on the areas of substance use treatment needs assessment, referral for physical exams and primary care, and coordinating with referring criminal justice system entities. STOP case management services coordinate with Citywide mental health case managers, who take the lead on all other areas, such as finances, payee, housing, in-home supports, vocational/educational services, transportation, and other community services.
- 2) Service components include
 - a. Comprehensive assessment and reassessment of needs for SUD treatment and case management (e.g. intake, ASAM level of care updates)
 - b. Transition to higher or lower level of care as needed (in coordination with clients' Citywide MH case managers)
 - c. Development and updates of treatment plans and support plans
 - d. Coordination with referral sources to facilitate client engagement and retention with the referral (e.g. phone calls, as-needed case conferences)
 - e. Monitoring clients' followup on referrals
 - f. Monitoring clients' progress
 - g. Client advocacy as needed to facilitate linkages and retention
- 3) Case management is provided by clients' primary counselors (registered/certified counselors), with their licensed supervisor or other STOP licensed/certified/registered staff available as backups.
- 4) The case management model emphasizes a collaborative approach with referral sources, Citywide mental health case managers, and Citywide mental health peer staff. This includes working together to address conflicts using trauma-informed communication (e.g. PEARLS healthcare communication). Communication is weekly or more often if needed, face-to-face, phone, or secure email.
- 5) Case management services are tailored to clients' clinical characteristics, cultural identities, belief systems, learning style, abilities and disabilities, preferred goals (e.g. for harm reduction versus abstinence oriented treatment), other preferences (e.g. location, time), and other needs.
- 6) Case management is provided by licensed, certified, or registered staff, with assistance (not case management) provided by Citywide mental health peer staff within their scope of practice (e.g. peer counseling to increase client motivation and self-efficacy, accompanying clients from their home to appointments, billed as Citywide mental health services).
- 7) All case management is provided in compliance with confidentiality requirements, including obtaining 42 CFR Part 2 compliant written consent before referrals, ensuring privacy when communicating with clients by phone (each in a private setting) or in community settings (e.g. meeting in a private area, if on the street out of hearing range with ample background noise, not communicating private information while traveling with clients).

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7. Objectives and Measurements:

All objectives and descriptions of how objectives will be measured are contained in the BHS document entitled **Adult and Older Adult Performance Objectives FY 21-22**.

All objectives for outpatient SUD programs apply to STOP, except
 AOA-SUD-OP-5 Methadone length of stay (STOP is not a methadone program)
 AOA-SUD-OP-6 and -10 Timely Access Log (not applicable to Citywide programs)

8. Continuous Quality Improvement:

These procedures are the same for the STOP main site and its SUD ICM community-based component, both referred to here as “STOP”.

The UC Board of Regents does not approve individual program management decisions, but delegates these down through campuses (e.g. UCSF, UCLA) and departments (e.g. Dept. of Psychiatry), to divisions.

The following CQI policies have been developed by the STOP program director, and reviewed and approved by the Citywide Division Director:

11/1/16 - Flow Chart for Data Analysis and Integration into Program Planning

The following CQI activities are ongoing in the STOP program:

1. STOP contract productivity and objectives are monitored and improved by
 - a. Review of individual clients’ progress in weekly group and individual supervision, and adjusting treatment plans for clients who are not progressing toward their treatment goals; and
 - b. Running Avatar UOS and error reports in the 2nd week of each subsequent month (after service entry deadlines), reviewing CalOMS accept/reject reports within a week of receipt, and running Avatar CalOMS discharge (outcome) reports after each quarter, and reviewing / summarizing outcomes databases for any outcomes not tracked in Avatar; and
 - c. Discussion of the results in STOP group supervision to develop improvement plans; and
 - d. Implementing improvement plans, e.g. for Avatar, CalOMS or other outcomes database errors, coach staff to prevent future errors; for low services, increase referrals or decrease dropout; for low client outcomes, engage clients more effectively.
2. STOP clinical documentation is monitored and improved by
 - a. Supervisor orientation of each new staff to clinical documentation standards, including Avatar and paper files; and
 - b. Clinicians’ Excel file with due dates for all clients on their caseload, reviewed in weekly individual supervision to prevent missing deadlines; and

Contractor Name: UC Regents
 Program Name: UCSF Citywide STOP

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- c. Supervisor feedback on new clinicians' documentation once a week, until standards are consistently met for that kind of documentation (e.g. progress notes, treatment plans, intake and discharge summaries); and
 - d. Peer review of each client file using the chart checklist, at 30 days after intake, 6 months, and discharge; the supervisor oversees reviews and instructs staff to make corrections and prevent recurrence.
- 3a. CLAS standards implementation at the Citywide agency level is documented in the agency-wide administrative binder, and includes documentation in the BHS cultural competence tracking database. CLAS standards implementation at the STOP program level includes
- a. Plan-Do-Study-Act cycles, incl.
 - i. Staff and/or client review of a cultural issue (identifying likely root causes of problems) to develop a plan for improvement (plan),
 - ii. Implementation of improvements (do),
 - iii. Evaluation of outcomes (study), and
 - iv. Continuing changes that are helpful; adjusting plans that are not helpful (act).
- 3b. STOP staff cultural competency (CLAS standard 4) is monitored and improved by
- a. Referencing the cultural competency expectation in the CA Title 9 AOD counselor code of regulations and UCSF job descriptions, the supervisor uses cultural competency as a criterion for staff selection (interview and reference questions), discusses it with new staff during their orientation, reviews it with staff during performance evaluations, and points out cultural issues that may affect client or staff interactions during individual and group supervision.
 - b. The supervisor encourages staff to complete BHS required culturally relevant trainings early in each fiscal year, with periodic reminders until documentation of training completion is received.
 - c. Optional culturally relevant trainings offered through DPH or UCSF are distributed via email, then discussed in group supervision, and staff coverage arranged or services rescheduled to allow staff to attend.
 - d. Staff who have passed probation are eligible to apply for UCSF funding to attend trainings, and the supervisor encourages staff to identify and attend trainings relevant to their cultural competence.
 - e. Staff training documentation including culturally relevant trainings are maintained in administrative binders (for trainings applicable to all) and individual staff files (for individually selected trainings attended).
3. Satisfaction with STOP services

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- a. Is monitored with clients via the annual DHCS/BHS substance use client satisfaction survey, offered to every client receiving services during the survey period; and
 - b. Is monitored with recipients of training/consultation services via feedback at the end of each training or consultation.
 - c. Is reviewed in group supervision (for client satisfaction) and in the program director's supervision with the Division Director (for client and trainee satisfaction), and plans for change are implemented as needed, using Plan – Do – Study – Act cycles.
4. Outcomes review and CQI (including CalOMS) is included in CQI item 1 above.

9. Required Language: N/A to SUD programs

10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY): N/A

Contractor Name UC Regents
Program Name UCSF Citywide SUD ICM

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FY: 07/01/21 – 06/30/22
Funding Source

1. Identifiers:

Program Name: UCSF Citywide Substance Use Disorders Intensive Case Management (SUD ICM)
Program Address: 982 Mission St. 2nd Floor
City, State, ZIP: San Francisco, CA 94103
Telephone: 415-597-8000 FAX: 415-597-8004
Website Address: <https://psych.ucsf.edu/zsfg/citywide>
Contractor Address: 982 Mission St. 2nd floor
City, State, ZIP: San Francisco, CA 94103
Executive Director: Fumi Mitsuishi, MD / Program Director: Valerie Gruber, PhD
Telephone: 415-597-8065
Email Address: fumi.mitsuishi@ucsf.edu / Valerie.gruber@ucsf.edu
Program Code(s): 3832ANC (UCSF Citywide ICM SUD Engagement),
3832SM-ANS (UCSF Citywide SUD ICM)

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

To reduce the impact of substance use disorders on the target population by successfully implementing the described interventions

4. Priority Population:

Citywide ICM SUD Engagement and Citywide SUD ICM services provide intensive case management to chronically intoxicated adults who are high users of the Sobering Center and Managed Alcohol Program, and ambulances, emergency rooms, or hospitals. The Sobering Center location is walking distance from the Tenderloin and South of Market areas, and is easily accessible by public transportation from other low-income areas of the City, including the Bayview and the Mission.

Since spring 2021, due to insufficient space for physical distancing in the Mission Street Sobering Center site, the Sobering Center was moved to SIP and Isolation/Quarantine sites (primarily Site 42). It expanded to include a Managed Alcohol Program; references to Sobering Center below include Managed Alcohol Program clients unless otherwise specified.

While the program welcomes and serves all ethnicities and populations, services are also designed to meet the cultural and linguistic needs of the target population.

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

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

This contract is cost reimbursement because it is a pilot.

- 1) Some clients receive one-time case management, counseling or outreach, but do not return or are not referred for intensive case management. Contacts with these clients are not entered in Avatar.
- 2) Clients start in a **low-threshold SUD Engagement Phase (3832ANC, UCSF Citywide ICM SUD Engagement)**, where they receive ancillary case management, as defined in BHS Contracts Appendix A and B instructions. This allows intensive case management to be provided to clients who are unable to complete consents and assessments in a timely manner, due to chronic intoxication, medical mistrust, and/or multiple traumas during long-term street homelessness. During this phase, clients complete consents and releases of information (per 42 CFR Part 2) in the first few contacts, and the assessments required for outpatient admission over several months if/when they are able to.
- 3) If/when clients are able to complete the required consents and assessments, they are admitted to **SUD Intensive Case Management (3832SM-ANS, UCSF Citywide SUD ICM)**. Services are Drug Medi-Cal Organized Delivery System outpatient SUD services (**ODS**), as defined in the BHS Contracts Appendix A and B instructions, the BHS billing matrix and SUD treatment provider manual revisions, and DHCS DMC-ODS service definitions.

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
Anc-68: Ancillary services case management: This includes intensive case management to mostly street homeless clients who have completed consent and release forms, but not yet completed all Avatar admission requirements due to continuous intoxication. Hours	In 3832ANC: 1,200	In 3832ANC: 10
ODS-91i: ODS OT individual counseling:	In 3832SM-ANS: 672*	In 3832SM-ANS: 10

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This includes individual counseling, collateral, crisis, assessment, and treatment planning, with clients who have completed Avatar admission requirements. 15 minutes 5.6 increments per month ave. x 12 months x 10 clients		
ODS-91cm: ODS OT case management: This includes intensive case management with clients who have completed Avatar admission requirements. 15 minutes 16 increments per month ave. x 12 months x 10 clients	In 3832SM-ANS: 1,920	In 3832SM-ANS: 10
Total UOS Delivered 1 FTE CSW + .70 of BH Sup I = 1.70 FTE clinical staff x 40 hours/week x 45 weeks = 3,060 available staff hours x 60.8 % LOE = 1,860 hours of service	1,200 hours, 2,640 x 15- minutes, Total = 1,860 hours	
Total UDC Served		20

* The total UOS for this Service Description is 675 on the AppB. However, the formula in AppA totals 672 and should round up to 675 to match the AppB total of 675.

During this contract year, non-billable COVID-19 safety adjustments and preparations for clinical procedures are expected to decrease productivity below the usual goals above. Services are reduced further because the clinical social worker position with Spanish required has been vacant.

6. Methodology:

Indirect Services (programs that do not provide direct client services, such as Fiscal Intermediary/Program Management contractors):

N/A

Direct Client Services: Describe how services are delivered and what activities will be provided, addressing, how, what, and where for each section below:

A. Outreach, Recruitment

A large amount of our initial work is on the streets of the Tenderloin and South of Market neighborhoods, repeatedly offering services, and providing hands-on linkage to desired resources. Meeting with clients at the Sobering Center, in the Managed Alcohol Program, or residential programs or hospitals (when they are awake and coherent) is also critical. The expected outcome is the creation of an ongoing, productive relationship between the case manager and the client, creating a common history of accomplishing tasks that the client would not/could not accomplish on his/her own.

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Admission Criteria

The client must have a substance use disorder (in addition to intoxication). Individuals needing emergency medical or psychiatric care are referred to those services first, then engaged in case management. If a client can be better served by another ICM program, such as a mental health ICM program or ED Case Management, they are referred and linked there.

Readmission Criteria

Any person previously admitted to and discharged from the program may be readmitted when they resume contact with the case manager.

Admission Process

1. Orientation: The case manager provides information about the program, assesses their case management needs, and starts to develop case management goals with them.
2. Intake Assessment: Intake assessment occurs over numerous brief sessions over several months while in the Engagement Phase (3832ANC), and is combined with intensive case management to help clients meet their basic needs. Components include:
 - a) Assessment of substance use problems (incl. assessment of DSM criteria for substance use disorder, CalOMS, ASAM level of care determination, ASI areas not assessed in the other assessments, health questionnaire, advanced directives information, and obtaining documentation of physical exam in the past 12 months)
 - b) Consent forms, release of information forms, payor information, and client rights forms
 - c) Development of treatment plan with client.

B. Service delivery model

The service modality is **long-term intensive clinical case management**. The social workers and patient navigator provide community resource building, street outreach, needs assessment, collaborative goal setting, motivational interviewing.

Support of both harm reduction and abstinence goals

The program respects the differing treatment needs of individuals who want to stop using substances and individuals who want to reduce the harm resulting from use. Given their severe alcohol use disorders, abstinence can reduce the most harm. However, most clients are not open to quitting alcohol, but are interested in harm reduction goals such as obtaining housing, resolving or reducing their health problems and reducing psychiatric symptoms, which in turn may reduce need for acute services.

Types and locations of services

Clients are served in a variety of locations, including the Sobering Center, hospitals, residential programs, outpatient clinics, agencies (DMV, GA, SSA, payee services, etc.), home (street, jails, shelters, housing), and other field settings.

Length of stay

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12 months average

C. Completion, discharge planning, linkages

Criteria for Successful Completion

Successful completion is when the client has met mutually agreed upon treatment plan goals, in one or more of the following areas:

1. Stopped or reduced harmful patterns of substance use (for 3 months or more)
2. Engaged in primary medical care and if needed mental health care (for 3 months or more)
3. Other mutually agreed upon treatment plan goals if any (e.g. obtained housing)
4. Linked to lower-intensity case management services (e.g. primary care clinic medical social worker).

Discharge planning

Prior to discharge, a discharge support plan is developed with the client, including which community resources to connect with for continued harm reduction or recovery support. Clients may be readmitted to case management if needed and interested if they have a substance use disorder at the time.

D. Program staffing

Please see Appendix B of this contract.

Clinical staff includes a program director and supervisors who have both clinical and administrative responsibilities, a BBS licensed or registered intensive clinical case manager, and a medical director (the latter is funded full-time on Citywide mental health contracts). All staff and interns (if any) complete all trainings required for their credential and function, as described in BHS BOCC declaration of compliance, and BHS/DMC-ODS guidelines.

E. Vouchers

Vouchers are purchased from program funds and provided to help clients meet basic needs. These include bus tokens for clients able to take the bus to appointments, taxi vouchers for transportation to residential detox or medical appointments, and fast food gift cards.

F. SUD Modality: Outpatient Services (ASAM Level 1)

SUD ICM provides motivational enhancement and recovery services to each client for less than 9 hours per week. As described above, these include:

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- a. Intake
- b. Individual counseling
- c. Patient education
 - i. as psychoeducation included in all individual counseling
- d. Medication services
 - i. MAT education and referral to clients' primary care provider (Street Medicine, later clinic-based), and to Opiate Treatment Programs if indicated
- e. Collateral/family services
 - i. clients are encouraged to invite safe family and friends to support them
- f. Crisis intervention
 - i. relapse prevention, referral to higher level of care if needed, while continuing intensive case management
- g. Treatment planning
 - i. Treatment planning is based on assessment including ASAM LOC, and includes clients in setting goals, objectives, and action plans
- h. Discharge services
 - i. Discharge **support plans** are developed and updated with clients throughout treatment, so that they have supports in place in case they drop out and do not complete a **discharge plan**.

G. SUD Case Management

The ICM SUD Engagement and SUD ICM phases both provide intensive case management services in compliance with BHS and DMC-ODS requirements.

- 1) Intensive case management services are coordinated with any other programs providing services to the client (e.g. Sobering Center nurses, EMS-6, HOT, housing navigators, SF Health Plan case managers), with SUD Engagement/SUD ICM clinicians taking the lead on behavioral health assessment and referrals, and clinically complex case management (e.g. behavioral problems jeopardizing their access to services, 5150s, mandated payees if needed). Roles are clarified, so that efforts are not duplicated.
- 2) Service components include
 - a. Comprehensive assessment and reassessment of needs for SUD treatment and case management (e.g. intake, ASAM level of care updates)
 - b. Transition to higher level of care (e.g. to residential withdrawal management, residential treatment and stepdown), or to a lower level of care (to non-intensive case management when stabilized)
 - c. Development and updates of treatment plans and support plans
 - d. Coordination with referral sources to facilitate client engagement and retention with the referral (e.g. phone calls, as-needed case conferences)
 - e. Monitoring clients' followup on referrals
 - f. Monitoring clients' progress
 - g. Client advocacy as needed to facilitate linkages and retention

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- 3) Case management is provided by clients' primary counselors (BBS licensed or registered staff), with their licensed supervisor available as backup.
- 4) The case management model emphasizes a collaborative approach with referral sources and other programs working with the client. This includes working together to solve problems or conflicts using trauma-informed communication (e.g. PEARLS healthcare communication). Communication is weekly or more often if needed, face-to-face, phone, or secure email.
- 5) Case management services are tailored to clients' clinical characteristics, cultural identities, belief systems, learning style, abilities and disabilities, preferred goals (e.g. for harm reduction versus abstinence oriented treatment), other preferences (e.g. location, time), and other needs.
- 6) Case management is provided by BBS licensed or registered staff.
- 7) All case management is provided in compliance with confidentiality requirements, including obtaining 42 CFR Part 2 compliant written consent before referrals, ensuring privacy when communicating with clients by phone (each in a private setting) or in community settings (e.g. meeting in a private area, if on the street out of hearing range with ample background noise, not communicating private information while traveling with clients).

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

These procedures are the same for the STOP main site and its SUD Engagement and SUD ICM community-based components, all referred to here as "STOP".

The UC Board of Regents does not approve individual program management decisions, but delegates these down through campuses (e.g. UCSF, UCLA) and departments (e.g. Dept. of Psychiatry), to divisions.

The following CQI policies have been developed by the STOP program director, and reviewed and approved by the Citywide Division Director:

11/1/16 - Flow Chart for Data Analysis and Integration into Program Planning

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 - a. Review of individual clients' progress in weekly group and individual supervision, and adjusting treatment plans for clients who are not progressing toward their treatment goals; and

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Funding Source

- b. Running Avatar UOS and error reports in the 2nd week of each subsequent month (after service entry deadlines), reviewing CalOMS accept/reject reports within a week of receipt, and running Avatar CalOMS discharge (outcome) reports after each quarter, and reviewing / summarizing outcomes databases for any outcomes not tracked in Avatar; and
 - c. Discussion of the results in STOP group supervision to develop improvement plans; and
 - d. Implementing improvement plans, e.g. for Avatar, CalOMS or other outcomes database errors, coach staff to prevent future errors; for low services, increase referrals or decrease dropout; for low client outcomes, engage clients more effectively.
2. STOP clinical documentation is monitored and improved by
- a. Supervisor orientation of each new staff to clinical documentation standards, including Avatar and paper files; and
 - b. Clinicians' Excel file with due dates for all clients on their caseload, reviewed in weekly individual supervision to prevent missing deadlines; and
 - c. Supervisor feedback on new clinicians' documentation once a week, until standards are consistently met for that kind of documentation (e.g. progress notes, treatment plans, intake and discharge summaries); and
 - d. Peer review of each client file using the chart checklist, at 30 days after intake, 6 months, and discharge; the supervisor oversees reviews and instructs staff to make corrections and prevent recurrence.
- 3a. CLAS standards implementation at the Citywide agency level is documented in the agency-wide administrative binder, and includes documentation in the BHS cultural competence tracking database. CLAS standards implementation at the STOP program level includes
- a. Plan-Do-Study-Act cycles, incl.
 - i. Staff and/or client review of a cultural issue (identifying likely root causes of problems) to develop a plan for improvement (plan),
 - ii. Implementation of improvements (do),
 - iii. Evaluation of outcomes (study), and
 - iv. Continuing changes that are helpful; adjusting plans that are not helpful (act).
- 3b. STOP staff cultural competency (CLAS standard 4) is monitored and improved by
- a. Referencing the cultural competency expectation in the CA Title 9 AOD counselor code of regulations and UCSF job descriptions, the supervisor uses cultural competency as a criterion for staff selection (interview and reference questions), discusses it with new staff during their orientation, reviews it with staff during performance evaluations, and points out cultural issues that may affect client or staff interactions during individual and group supervision.

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- b. The supervisor encourages staff to complete BHS required culturally relevant trainings early in each fiscal year, with periodic reminders until documentation of training completion is received.
 - c. Optional culturally relevant trainings offered through DPH or UCSF are distributed via email, then discussed in group supervision, and staff coverage arranged or services rescheduled to allow staff to attend.
 - d. Staff who have passed probation are eligible to apply for UCSF funding to attend trainings, and the supervisor encourages staff to identify and attend trainings relevant to their cultural competence.
 - e. Staff training documentation including culturally relevant trainings are maintained in administrative binders (for trainings applicable to all) and individual staff files (for individually selected trainings attended).
3. Satisfaction with STOP services
- a. Is monitored with clients via the annual DHCS/BHS substance use client satisfaction survey, offered to every client receiving services during the survey period; and
 - b. Is monitored with recipients of training/consultation services via feedback at the end of each training or consultation.
 - c. Is reviewed in group supervision (for client satisfaction) and in the program director's supervision with the Division Director (for client and trainee satisfaction), and plans for change are implemented as needed, using Plan – Do – Study – Act cycles.
4. Outcomes review and CQI (including CalOMS) is included in CQI item 1 above.

9. Required Language: N/A to SUD programs

10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY): N/A

Contractor Name UC Regents
Program Name Citywide Mental Health Diversion (MHD)
 Project

Appendix A-10

Contract Term: 10/01/21 – 9/30/22

Funding Source: Department of State Hospitals
 via SFDPH

1. Identifiers:

Program Name: Citywide Mental Health Diversion (MHD) Project
 Program Address, City, State, ZIP: 982 Mission St. 2nd Floor, San Francisco CA 94103
 Telephone/FAX: 415-597-8077/415-597-8004
 Website Address: <https://psych.ucsf.edu/zsfg/citywide>
 Contractor Address, City, State, ZIP: Not Applicable
 Executive Director/Program Director: Fumi Mitsuishi, MD, MS/Kathleen Lacey, LCSW
 Telephone: 415-597-8084/415-597-8077
 Email Address: fumi.mitsuishi@ucsf.edu/kathleen.connolly@ucsf.edu
 Program Code(s) (if applicable): 8911 (will need a specific identifier for this project)

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

The Citywide Mental Health Diversion (MHD) Project will implement and demonstrate the effectiveness of a pre-trial diversion program specifically geared to individuals with specific serious mental disorders who have been charged with at least one felony. The goal of the program is to provide new pathways to dismissal of charges for felony-charged individuals with serious mental illness who are at risk of being found Incompetent to Stand Trial (IST), while reducing and eliminating criminal justice recidivism and supporting the long-term stability, wellness, and safety of justice involved individuals with mental illness.

4. Priority Population:

While Citywide Case Management programs welcome and serve all ethnicities and populations, Citywide MHD is designed to work with individuals who have been charged with at least one felony and have a diagnosis of Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder. They will not pose an unreasonable risk of danger to public safety if treated in the community. A connection will have been established between all project clients' mental illness and the charged offense.

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

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
COST REIMBURSEMENT			

Contractor Name UC Regents
Program Name Citywide Mental Health Diversion (MHD)
 Project

Appendix A-10

Contract Term: 10/01/21 – 9/30/22

Funding Source: Department of State Hospitals
 via SFDPH

OP - Case Mgt Brokerage 2.8 FTE = 6,494.56	6,494.56		
OP - MH Svcs 2.8 FTE = 4,058	4,058		
OP - Medication Support .30FTE = 7,305	7,305		
OP - Crisis Intervention 2.8 FTE = 2,283	2,283		
Total UOS Delivered	20,140.56		
Total UDC Served	10		10

6. Methodology:

- In close collaboration with San Francisco Behavioral Health Services, San Francisco Jail Health Services, and the Mental Health Diversion collaborative court team, consumers will be identified and referred to the Citywide MHD team. Grant-funded staff will link with consumers both inside and outside of the incarcerated setting to identify and plan for post-release service needs and support strategies.
- Consumers are assertively engaged and followed throughout the system as they transition through hospitals, jail, IMDs, shelters, residential facilities, and/or any other setting that they may reside. Over 50% of services are delivered in the community. Medication services can be delivered in the community. Case managers assist consumers on public transportation or use the Division van to access the community.
- The program engages families and informal resources in the community to support consumers: for example, restaurant owners to provide prepaid meal plans, hotel owners to help monitor consumer functioning, store owners to support grocery budgeting, etc.
- Hands-on, targeted case management activities to address both the immediate basic needs, crisis, support system issues and the acquisition of problem-solving skills, and building independence.
- Treatment team members are quick to intervene in the community when a consumer is headed toward a crisis. Daily medications, outreach, targeted case management, supportive counseling, and on-call support can help consumers avoid a hospitalization or arrest.
- The Citywide peer navigator will be available to meet with each consumer to provide ongoing informal support, encouragement and referrals.
- Project team members will collaborate with relevant justice system representatives. Citywide team members will be present during required court hearings and will continually monitor ongoing project data and outcomes in collaboration with the project evaluation firm.

A. Outreach, recruitment, promotion, and advertisement-

Referrals to Citywide MHD will come from the Jail Health Reentry Services (JHRS) team upon acceptance into MHD Court. Citywide MHD supports the MHD Court with providing presentations to stakeholders throughout San Francisco to ensure there is adequate knowledge and understanding of this program that is often a resource for families and providers.

Regents of UC/SFGH Psychiatry Dept.

Amendment Two

03/28/2022

Contractor Name UC Regents
Program Name Citywide Mental Health Diversion (MHD)
 Project

Appendix A-10

Contract Term: 10/01/21 – 9/30/22

Funding Source: Department of State Hospitals
 via SFDPH

B. Admission, enrollment and/or intake criteria and process where applicable-

We admit individuals in our program that have been referred by the JHRS team and whom are individuals that have met legal criteria and are court ordered to MHD. Once we receive a referral we immediately begin outreach, engagement and care coordination wherever the individual is located.

C. Service delivery model-

The Citywide MHD team model provides comprehensive targeted case management, assessment, crisis, individual and group therapy, individual and group rehabilitation, collateral, family support, peer support, medication support services for consumers that meet legal criteria for Mental Health Diversion Court. The average length of stay in the diversion program, following a transfer from jail to the community, is expected to range from 12 to 24 months based on factors such as the severity of the client's mental health condition, prior criminal justice involvement, the length of time having been needed to attain stabilization post-release, and the availability of community-based supports and housing. Citywide MHD provides intensive case management for as long as they are part of the MHD court process and coordinates linkage to the appropriate level of care for ongoing treatment. Medical staff provide medication support services including drop-in, in the community, or daily medications if needed. Case managers and medical staff collaborate in ensuring individuals in our program have access to medication services and support with adherence with prescribed medications. Treatment is provided continuously, wherever the consumer is located. Thus outreach to the consumers home, outreaches to community agencies and businesses, visits in custody or in the hospital, are all routine modes of delivery of services. Citywide MHD espouses the Mental Health Services Act framework of "doing whatever it takes" to support the individuals in our program. We also incorporate the principles of the "Wellness and Recovery" model of services. Consumers work with case managers to develop a Wellness and Recovery Action Plan, specifying goals for increased skills, increased functioning, increased personal resources and illness management. We maintain a special emphasis on helping consumers locate and maintain productive activity including education, prevocational training, volunteer work and paid employment. Involving consumers in group therapy, dual diagnosis groups, prevocational training and stipend jobs, as well as social activities is a central aspect of Division programs. We also provide support in obtaining and maintaining housing. Consumers are seen as often as is clinically indicated. Program hours are 8:30 am to 5:00 pm, Monday through Friday. After hours and weekends are covered by on-call staff who provide phone consultation, support to consumers, and members or other agencies.

D. Discharge Planning and exit criteria and process-

Citywide MHD provides intensive case management to consumers that are court ordered to Mental Health Diversion. When the MHD Court order ends, providers connect consumers to the appropriate level of care. This can include linkage to an intensive case management program, regular outpatient treatment in the community, and or advocacy for LPS conservatorship if a higher level of structure is clinically indicated. By accurately accessing the least restrictive appropriate level of care for a client, we are able to support consumer's highest levels of functioning, while dramatically reducing long-term cost to the system. When individuals are

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Program Name Citywide Mental Health Diversion (MHD)
 Project

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Contract Term: 10/01/21 – 9/30/22

Funding Source: Department of State Hospitals
 via SFDPH

referred to long-term mental health services, we overlap our services with the new provider for a brief time to ensure that the consumer is securely linked before being closed with our program.

E. Program staffing- See Appendix B.

F. MENTAL HEALTH SERVICES ACT PROGRAMS – N/A – this is not a MHSA funded program.

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

A. Productivity is reviewed on a monthly basis. The Division Director and Program Director distribute data from AVATAR to all supervisors. Line-staff are expected to monitor their own productivity through AVATAR and it is reviewed at least monthly in their weekly individual supervision. Once BHS generates reports tracking Program Objectives they will be brought monthly to the Divisions' bi-weekly Leadership meeting for review as well as team meetings within each program.

B. The Division PURQ Committee meets weekly to review Treatment Authorization Requests, and client charts (Treatment Plan of Care, Assessment, ANSA, diagnosis, general documents, and progress notes). In addition, all supervisors audit one chart a month per supervisee, as part of ongoing quality control using our Internal Documentation Quality Assurance Form. Monthly Staff Meetings are a forum to identify program functioning strengths and limitations. The Division provides ongoing documentation trainings to all staff.

C. Every year staff language and cultural skills are identified as part of our Cultural Competency program. As part of the hiring process specific language and cultural skills are identified in the Job Description. The Division fully complies with BHS Cultural Competency goals and standards.

D. Citywide MHD will participate in the BHS semi-annual Measurement of client satisfaction. Additionally, there is a weekly Community Meeting in which clients are encouraged to identify concerns or improvements needed.

E. As BHS is able to generate reports from AVATAR data, the division reviews and integrates the data into operational reviews and/or opportunities from program enhancement.

9. Required Language:

Not Applicable

10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):

Not Applicable

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	Citywide Linkage
Appendix B-2	Citywide Linkage HMIOT CRRT
Appendix B-3	Citywide Linkage HMIOT CCRT SIP (COVID)
Appendix B-4	UC Citywide NoVA
Appendix B-5	UCSF Citywide Roving Team
Appendix B-6	UCSF Citywide Services for Supportive Housing
Appendix B-7	UC Citywide Assisted Outpatient Treatment (AOT)
Appendix B-8	UCSF Citywide STOP
Appendix B-9	UCSF Citywide Substance Use Disorders Intensive Case Management (SUD ICM)
Appendix B-10	Citywide Mental Health Diversion (MHD) Project

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, \$6,827,375 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:

Original Agreement (\$22,811,510)

July 1, 2018 through June 30, 2019	MH General Fund, MH MHSA, MH State Grant, MH Pre-Trial Felony Diversion Grant and General Fund, Work Order	\$4,977,519
------------------------------------	--	-------------

First Amendment (\$22,811,510)

July 1, 2019 through June 30, 2020	MH General Fund, MH MHSA, MH State Grant, MH Pre-Trial Felony	\$6,544,562
July 1, 2020 through June 30, 2021	Diversion Grant and General Fund, Work Order	\$8,023,604
<i>FY 20-21 CODB & MCO funding pd by direct voucher</i>		\$164,353
<i>Second Amendment (\$86,533,675)</i>		
July 1, 2021 through June 30, 2022	MH General Fund, MH MHSA, MH State Grant, MH Pre-Trial Felony	\$9,772,015
July 1, 2022 through June 30, 2023	Diversion Grant and General Fund, Work Order	\$9,772,015
<i>FY 22-23 (+\$486,610) Linkage HMOIT</i>		
July 1, 2023 through June 30, 2024		\$10,113,058
July 1, 2024 through June 30, 2025		\$10,113,058
July 1, 2025 through June 30, 2026		\$10,113,058
July 1, 2025 through June 30, 2027		\$10,113,058
Sub-total		\$79,706,301
Contingency		\$6,827,375
Total Not-to-Exceed-Amount		\$86,533,675

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. No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney

4. 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

Regents of UC/SFGH Psychiatry Dept.

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) UC San Francisco											Fiscal Year 2021-2022
Contract ID Number 1000010136											Funding Notification Date 01/07/22
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	B-9	B-10	
Provider Number	8911	8911	8911	8911	8911	8911	8911	383832	383832	8911	
Program Name	Citywide Linkage	Citywide Linkage HMIOT	Citywide Linkage COVID	Citywide NoVA	Citywide Roving	Citywide Services for Supportive Housing	Citywide Assisted Outpatient Treatment	Citywide STOP	UCSF Citywide Substance Use Disorders Intensive Case Management (SUD ICM)	DHS Pre-Trial Felony MH Diversion Program	
Program Code	89114	8911CCR	8911SIP	8911NO	8911RT	8911SH	8911AO	38321	3832ANC 3832SM-ANS	N/A	
Funding Term	07/01/21-06/30/22	07/31/21-12/30/21	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	10/01/21-09/30/22	
FUNDING USES											TOTAL
Salaries	\$ 782,965	\$ 606,894	\$ 547,336	\$ 222,807	\$ 803,168	\$ 1,337,886	\$ 538,193	\$ 139,786	\$ 277,712	\$ 265,824	\$ 5,522,571
Employee Benefits	\$ 318,100	\$ 268,247	\$ 241,923	\$ 98,481	\$ 355,000	\$ 591,346	\$ 211,773	\$ 53,823	\$ 112,795	\$ 117,494	\$ 2,368,981
Subtotal Salaries & Employee Benefits	\$ 1,101,065	\$ 875,141	\$ 789,259	\$ 321,288	\$ 1,158,168	\$ 1,929,232	\$ 749,966	\$ 193,609	\$ 390,507	\$ 383,318	\$ 7,891,552
Operating Expenses	\$ 211,902	\$ 94,323	\$ 44,600	\$ 22,662	\$ 165,986	\$ 116,731	\$ 139,712	\$ 7,473	\$ 13,456	\$ 16,616	\$ 833,461
Subtotal Direct Expenses	\$ 1,312,967	\$ 969,464	\$ 833,859	\$ 343,950	\$ 1,324,154	\$ 2,045,963	\$ 889,678	\$ 201,082	\$ 403,963	\$ 399,934	\$ 8,725,013
Indirect Expenses	\$ 157,556	\$ 116,336	\$ 100,063	\$ 41,274	\$ 158,898	\$ 245,517	\$ 106,761	\$ 24,130	\$ 48,476	\$ 47,992	\$ 1,047,002
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 1,470,523	\$ 1,085,800	\$ 933,922	\$ 385,224	\$ 1,483,052	\$ 2,291,479	\$ 996,439	\$ 225,212	\$ 452,438	\$ 447,926	\$ 9,772,015
										Employee Benefits Rate	42.9%
BHS MENTAL HEALTH FUNDING SOURCES											
MH Adult Fed SDMC FFP (50%)	\$ 435,396	\$ 330,000		\$ 40,000	\$ 407,424	\$ 653,758					\$ 1,866,578
MH Adult State 1991 MH Realignment	\$ 200,000										\$ 200,000
MH Adult County General Fund	\$ 835,127	\$ 330,000			\$ 112,350	\$ 1,322,325	\$ 12,411				\$ 2,612,213
MH MSA (Adult) Non Match							\$ 984,028				\$ 984,028
MH Adult County GF CODB		\$ 34,366		\$ 10,112	\$ 97,761	\$ 97,762				\$ 10,000	\$ 250,001
MH WO SHF NOVA				\$ 193,545							\$ 193,545
MH WO SHF NOVA Pretrial				\$ 126,000							\$ 126,000
MH WO HOM UC Roving Team					\$ 815,833						\$ 815,833
MH WO HOM UC Roving Team						\$ 217,634					\$ 217,634
MH Pre-Trial Felony Diversion Grant										\$ 437,926	\$ 437,926
OCOH Admin Prop C Baseline		\$ 391,434									\$ 391,434
MH Adult County GF				\$ 15,567	\$ 49,684						\$ 65,251
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,470,523	\$ 1,085,800	\$ -	\$ 385,224	\$ 1,483,052	\$ 2,291,479	\$ 996,439	\$ -	\$ -	\$ 447,926	\$ 8,160,443
BHS SUD FUNDING SOURCES											
SUD Fed DMC FFP, CFDA 93.778								\$ 42,900	\$ 39,000		\$ 81,900
SUD State DMC								\$ 23,100	\$ 21,000		\$ 44,100
SUD County General Fund								\$ 140,843	\$ 374,068		\$ 514,911
SUD County General Fund (CODB)								\$ 18,369	\$ 18,370		\$ 36,739
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 225,212	\$ 452,438	\$ -	\$ 677,650
OTHER DPH FUNDING SOURCES											
HPH COVID OPS Medical Services-Not FEMA PAG Elig			\$ 3,922								\$ 3,922
HPH COVID OPS SIP Hotels-Not FEMA PAG Elig			\$ 930,000								\$ 930,000
											\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,470,523	\$ 1,085,800	\$ 933,922	\$ 385,224	\$ 1,483,052	\$ 2,291,479	\$ 996,439	\$ 225,212	\$ 452,438	\$ 447,926	\$ 9,772,015
NON-DPH FUNDING SOURCES											
											\$ -
											\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,470,523	\$ 1,085,800	\$ 933,922	\$ 385,224	\$ 1,483,052	\$ 2,291,479	\$ 996,439	\$ 225,212	\$ 452,438	\$ 447,926	\$ 9,772,015
Prepared By	Constance Revore						Phone Number	415-597-8047			

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

DHCS Legal Entity Number 00117
 Provider Name Citywide Linkage
 Provider Number 8911
 Contract ID Number 1000010136

Appendix Number B-1
 Page Number Page 1
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Program Name	Citywide Linkage	Citywide Linkage	Citywide Linkage	Citywide Linkage		
Program Code	89114	89114	89114	89114		
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22		
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 523,837	\$ 396,028	\$ 113,811	\$ 67,388	\$ -	\$ 1,101,065
Operating Expenses	\$ 100,813	\$ 76,216	\$ 21,903	\$ 12,969	\$ -	\$ 211,902
Subtotal Direct Expenses	\$ 624,651	\$ 472,244	\$ 135,714	\$ 80,357	\$ -	\$ 1,312,967
Indirect Expenses	\$ 74,958	\$ 56,669	\$ 16,286	\$ 9,643	\$ -	\$ 157,556
Indirect %	12.0%	12.0%	12.0%	12.0%	0.0%	12.0%
TOTAL FUNDING USES	\$ 699,609	\$ 528,914	\$ 152,000	\$ 90,000	\$ -	\$ 1,470,523
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 207,142	\$ 156,602	\$ 45,005	\$ 26,647	\$ 435,396
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 95,151	\$ 71,935	\$ 20,673	\$ 12,241	\$ 200,000
MH Adult County General Fund	251984-10000-10001792-0001	\$ 397,316	\$ 300,376	\$ 86,323	\$ 51,112	\$ 835,127
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 699,609	\$ 528,914	\$ 152,000	\$ 90,000	\$ - \$ 1,470,523
TOTAL DPH FUNDING SOURCES		\$ 699,609	\$ 528,914	\$ 152,000	\$ 90,000	\$ - \$ 1,470,523
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		699,609	528,914	152,000	90,000	\$ - \$ 1,470,523
BHS UNITS OF SERVICE AND UNIT COST						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	162,700	97,947	20,000	15,000		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 4.30	\$ 5.40	\$ 7.60	\$ 6.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 4.30	\$ 5.40	\$ 7.60	\$ 6.00		
Published Rate (Medi-Cal Providers Only)	\$ 4.50	\$ 5.60	\$ 7.80	\$ 6.20		
Unduplicated Clients (UDC)	315	315	315	315		Total UDC 315

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010136
 Program Name Citywide Linkage
 Program Code 89114

Appendix Number B-1
 Page Number 2
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

	TOTAL		MH Adult Fed SDMC FFP (50%)/MH Adult County 251984-10000- 10001792-0001		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
HS ASST CLIN PROF-HCOMP/NURSE PRACTITIONER	0.50	\$ 139,853.00	0.50	\$ 139,853.00				
BEH HEALTH PSYCHIATRIC SUPV 2	1.00	\$ 111,051.00	1.00	\$ 111,051.00				
SOCIAL WORKER. CLINICAL I/II	6.00	\$ 468,375.00	6.00	\$ 468,375.00				
LICENSED VOCATIONAL NURSE	0.50	\$ 44,370.00	0.50	\$ 44,370.00				
ADMINISTRATIVE ASSISTANT III	0.25	\$ 19,316.00	0.25	\$ 19,316.00				
Totals:	8.25	\$ 782,965.00	8.25	\$ 782,965.00	0.00	\$ -	0.00	\$ -
Employee Benefits:	40.63%	\$ 318,100.00	40.63%	\$ 318,099.93	0.00%	\$ -	0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,101,065.00		\$ 1,101,065.00		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136
 Program Name Citywide Linkage
 Program Code 89114

Appendix Number B-1
 Page Number 3
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Expense Categories & Line Items	TOTAL	MH Adult Fed SDMC FFP (50%)/MH Adult County 251984-10000- 10001792-0001	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ 115,500.00	\$ 115,500.00		
Utilities (Landlines and cell phones)	\$ 19,000.00	\$ 19,000.00		
Building Repair/Maintenance	\$ -			
Occupancy Total:	\$ 134,500.00	\$ 134,500.00	\$ -	\$ -
Office Supplies	\$ 11,614.00	\$ 11,614.00		
Computer Hardware/Software	\$ 15,000.00	\$ 15,000.00		
Materials & Supplies Total:	\$ 26,614.00	\$ 26,614.00	\$ -	\$ -
Training/Staff Development	\$ 700.00	\$ 700.00		
General Operating Total:	\$ 700.00	\$ 700.00	\$ -	\$ -
Local Travel (Clipper Cards, mileage etc.)	\$ 8,232.00	\$ 8,232.00		
Staff Travel Total:	\$ 8,232.00	\$ 8,232.00	\$ -	\$ -
Data Network Services	\$ 4,554	\$ 4,554	\$ -	
CCDSS - Computing and Communication Device Support Services	\$ 5,841	\$ 5,841	\$ -	
GAEL - General Automobile and Employee Liability charges	\$ 6,420	\$ 6,420	\$ -	
UCSF Faculty and Staff HR Recharge	\$ 10,040	\$ 10,040	\$ -	
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 15,000	\$ 15,000		
Other Total:	\$ 41,856	\$ 41,856	\$ -	\$ -
TOTAL OPERATING EXPENSE				
	\$ 211,902.00	\$ 211,902.00	\$ -	\$ -

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

DHCS Legal Entity Number 00117					Appendix Number B-2	
Provider Name Citywide Linkage HMIOT					Page Number Page 1	
Provider Number 8911					Fiscal Year 2021-2022	
Contract ID Number 1000010136					Funding Notification Date 01/07/22	
Program Name		Citywide Linkage HMIOT				
Program Code	8911CCR	8911CCR	8911CCR	8911CCR	HMIOT	
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79	60/78	
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	SS-Other Non-MediCal Client Support Exp.	
Funding Term (mm/dd/yy-mm/dd/yy):	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	
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 296,045	\$ 192,924	\$ 61,591	\$ 12,156	\$ 312,425	\$ 875,141
Operating Expenses	\$ 30,121	\$ 19,629	\$ 6,266	\$ 1,237	\$ 37,070	\$ 94,323
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 326,166	\$ 212,552	\$ 67,857	\$ 13,393	\$ 349,495	\$ 969,464
Indirect Expenses	\$ 39,140	\$ 25,506	\$ 8,143	\$ 1,607	\$ 41,939	\$ 116,336
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 365,306	\$ 238,059	\$ 76,000	\$ 15,000	\$ 391,434	\$ 1,085,800
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 173,613	\$ 113,138	\$ 36,119	\$ 7,129	\$ 330,000
MH Adult County General Fund	251984-10000-10001792-0001	\$ 173,613	\$ 113,138	\$ 36,119	\$ 7,129	\$ 330,000
OCOH Admin Prop C Baseline	251984-10000-10001792-0023-0016					\$ 391,434
MH Adult County GF CODB	251984-10000-10001792-0001	\$ 18,080	\$ 11,782	\$ 3,761	\$ 742	\$ 34,366
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 365,306	\$ 238,059	\$ 76,000	\$ 15,000	\$ 1,085,800
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						\$ -
						\$ -
						\$ -
						\$ -
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
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		\$ 365,306	\$ 238,059	\$ 76,000	\$ 15,000	\$ 1,085,800
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		365,306	238,059	76,000	15,000	1,085,800
BHS UNITS OF SERVICE AND UNIT COST						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	
DPH Units of Service	84,955	44,085	10,000	2,500	7,164	
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour or Client Day, depending on contract.	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 4.30	\$ 5.40	\$ 7.60	\$ 6.00	\$ 54.64	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 4.30	\$ 5.40	\$ 7.60	\$ 6.00	\$ 54.64	
Published Rate (Medi-Cal Providers Only)	\$ 4.50	\$ 5.60	\$ 7.80	\$ 6.20	\$ 54.64	Total UDC
Unduplicated Clients (UDC)	40	40	40	40	40	40

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010136
 Program Name Citywide Linkage HMIOT
 Program Code 8911CCR

Appendix Number B-2
 Page Number 2
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Funding Term	TOTAL		GF/FFP (FFS) 251984-10000-10001792-0001		OCOH Admin Prop C Baseline 251984-10000-10001792-0023-0016		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
07/01/21-06/30/22														
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):														
HS ASST CLIN PROF-HCOMP/NURSE PRACTITIONER	0.28	\$ 60,118	0.15	\$ 30,995	0.13	\$ 29,123								
BEH HEALTH PSYCHIATRIC MGR 1	0.55	\$ 63,905	0.00	\$ -	0.55	\$ 63,905								
SOCIAL WORKER, CLINICAL I/II	6.00	\$ 473,997	4.55	\$ 359,238	1.45	\$ 114,759								
LICENSED VOCATIONAL NURSE	0.10	\$ 8,874	0.00	\$ -	0.10	\$ 8,874								
Totals:	6.93	\$ 606,894	4.70	\$ 390,233	2.23	\$ 216,661	0.00	\$ -						
Employee Benefits:	44.20%	\$ 268,247	44.20%	\$ 172,483	44.20%	\$ 95,764	0.00%	\$ -						
TOTAL SALARIES & BENEFITS		\$ 875,141		\$ 562,716		\$ 312,425		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136
 Program Name Citywide Linkage HMIOT
 Program Code 8911CCR

Appendix Number B-2
 Page Number 3
 Fiscal Year 2021-2022

Expense Categories & Line Items	TOTAL	GF/FFP (FFS)	OCOH Admin Prop C Baseline	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
		251984-10000-10001792-0001	251984-10000-10001792-0023-0016			
					Funding Notification Date	01/07/22
Funding Term	07/01/21-06/30/22	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):
Occupancy	\$ -					
Utilities (landlines, cell phones)	\$ 14,724	\$ 13,654	\$ 1,070			
Building Repair/Maintenance	\$ 10,700		\$ 10,700			
Occupancy Total:	\$ 25,424	\$ 13,654	\$ 11,770	\$ -	\$ -	\$ -
Office Supplies	\$ 5,000		\$ 5,000			
Photocopying	\$ -	\$ -	\$ -			
Program Supplies	\$ -	\$ -	\$ -			
Computer Hardware/Software	\$ 24,000	\$ 11,000	\$ 13,000			
Materials & Supplies Total:	\$ 29,000	\$ 11,000	\$ 18,000	\$ -	\$ -	\$ -
Training/Staff Development	\$ 700	\$ 700				
Temp Agency (Nursing Staffing)	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
General Operating Total:	\$ 700	\$ 700	\$ -	\$ -	\$ -	\$ -
Local Travel (Clipper Cards, mileage etc.)	\$ 7,056	\$ 7,056				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Staff Travel Total:	\$ 7,056	\$ 7,056	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Data Network Services	\$ 3,825	\$ 2,594	\$ 1,231	\$ -		
CCDSS - Computing and Communication Device Support Services	\$ 4,907	\$ 3,328	\$ 1,579	\$ -		
GAEL - General Automobile and Employee Liability charges	\$ 4,977	\$ 3,200	\$ 1,777	\$ -		
UCSF Faculty and Staff HR Recharge	\$ 8,434	\$ 5,721	\$ 2,713	\$ -		
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 10,000	\$ 10,000	\$ -	\$ -		
Other Total:	\$ 32,143	\$ 24,843	\$ 7,300	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 94,323	\$ 57,253	\$ 37,070	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117		Appendix Number B-3			
Provider Name Citywide Linkage HMIOT - COVID		Page Number Page 1			
Provider Number 8911		Fiscal Year 2021-2022			
Contract ID Number 1000010136		Funding Notification Date 01/07/22			
Program Name		Citywide Linkage HMIOT - COVID			
Program Code		8911SIP	8911SIP		
Mode/SFC (MH) or Modality (SUD)		60/78	60/78		
Service Description		SS-Other Non-MediCal Client Support Exp.	SS-Other Non-MediCal Client Support Exp.		
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/21-06/30/22	07/01/21-06/30/22		
FUNDING USES					TOTAL
Salaries & Employee Benefits		\$ 789,259	\$ -		\$ 789,259
Operating Expenses		\$ 41,098	\$ 3,502		\$ 44,600
Capital Expenses					\$ -
Subtotal Direct Expenses		\$ 830,357	\$ 3,502		\$ 833,859
Indirect Expenses		\$ 99,643	\$ 420		\$ 100,063
Indirect %		12.0%	12.0%	0.0%	0.0%
TOTAL FUNDING USES		\$ 930,000	\$ 3,922	\$ -	\$ 933,922
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity			
TOTAL BHS SUD FUNDING SOURCES					\$ -
This row left blank for funding sources not in drop-down list					\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity			
HPH COVID OPS Medical Services-Not FEMA P		10010-152644-21481-10036571-0010	\$ 3,922		\$ 3,922
PS SIP Hotels-Not FEMA PAG Elig		10020-152644-21481-10036575-0010	\$ 930,000		\$ 930,000
TOTAL OTHER DPH FUNDING SOURCES		930,000	\$ 3,922	\$ -	\$ 933,922
TOTAL DPH FUNDING SOURCES		\$ 930,000	\$ 3,922	\$ -	\$ 933,922
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES		\$ 930,000	\$ 3,922	\$ -	\$ 933,922
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		930,000	\$ 3,922	-	933,922
BHS UNITS OF SERVICE AND UNIT COST					
Payment Method		Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service		17,028	72		
Unit Type		Staff Minutes	Staff Minutes		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 54.62	\$ 54.62		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 54.62	\$ 54.62		
Published Rate (Medi-Cal Providers Only)		\$ 54.62	\$ 54.62		
Unduplicated Clients (UDC)		40	40		Total UDC 40

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010136
 Program Name Citywide Linkage HMIOT - COVID
 Program Code 8911SIP

Appendix Number B-3
 Page Number 2
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Funding Term	TOTAL		HPH COVID OPS Medical Services-Not FEMA PAG Elig 10020-152644-21481-10036571-0010		HPH COVID OPS SIP Hotels-Not FEMA PAG Elig 10010-152644-21481-10036575-0010		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
07/01/21-06/30/22														
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
HS ASST CLIN PROF-HCOMP/NURSE PRACTITIONER	0.28	\$ 60,118	0.28	\$ 60,118										
BEH HEALTH PSYCHIATRIC MGR 1	0.45	\$ 52,286	0.45	\$ 52,286										
BEH HEALTH PSYCHIATRIC SUP 2	1.00	\$ 117,766	1.00	\$ 117,766										
SOCIAL WORKER. CLINICAL I/II	3.00	\$ 237,525	3.00	\$ 237,525										
RSCH DATA ANL 1	0.40	\$ 28,004	0.40	\$ 28,004										
LICENSED VOCATIONAL NURSE	0.50	\$ 51,637	0.50	\$ 51,637										
Totals:	5.63	\$ 547,336	5.63	\$ 547,336	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	44.20%	\$ 241,923	44.20%	\$ 241,923	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
TOTAL SALARIES & BENEFITS		\$ 789,259		\$ 789,259		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136
 Program Name Citywide Linkage HMIOT - COVID
 Program Code 8911SIP

Appendix Number B-3
 Page Number 3
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Expense Categories & Line Items	TOTAL	HPH COVID OPS Medical Services-Not FEMA PAG Elig 10020-152644-21481-10036571-0010	HPH COVID OPS SIP Hotels-Not FEMA PAG Elig 10010-152644-21481-10036575-0010	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	nm/dd/yy-mm/dd/yy	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Occupancy	\$ -					
Utilities (landline and cell phones)	\$ 8,910	\$ 8,910				
Building Repair/Maintenance						
Occupancy Total:	\$ 8,910	\$ 8,910	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 1,000	\$ 1,000				
Photocopying	\$ -					
Program Supplies	\$ -					
Computer Hardware/Software	\$ 3,000	\$ 3,000				
Materials & Supplies Total:	\$ 4,000	\$ 4,000	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 500	\$ 500				
Temp Agency (Nursing Staffing)	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
General Operating Total:	\$ 500	\$ 500	\$ -	\$ -	\$ -	\$ -
Local Travel (Clipper Cards, mileage etc.)	\$ 6,756	\$ 6,756				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Staff Travel Total:	\$ 6,756	\$ 6,756	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Data Network Services	\$ 3,108	\$ 3,108	\$ -	\$ -		
CCDSS - Computing and Communication Device Support Services	\$ 3,986	\$ 3,986	\$ -	\$ -		
GAEL - General Automobile and Employee Liability charges	\$ 4,488	\$ 4,488	\$ -	\$ -		
UCSF Faculty and Staff HR Recharge	\$ 6,852	\$ 6,852		\$ -		
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 6,000	\$ 2,498	\$ 3,502	\$ -		
Other Total:	\$ 24,434	\$ 20,932	\$ 3,502	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 44,600	\$ 41,098	\$ 3,502	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117
 Provider Name Citywide NoVA
 Provider Number 8911
 Contract ID Number 1000010136

Appendix Number B-4
 Page Number Page 1
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Program Name	Citywide NoVA	Citywide NoVA	Citywide NoVA	Citywide NoVA	Citywide NoVA
Citywide NoVA	8911NO	8911NO	8911NO	8911NO	8911NO
Program Code	8911NO	8911NO	8911NO	8911NO	8911NO
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/70-79	60/78	
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	SS-Other Non-MediCal Client Support Exp	
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	
FUNDING USES					TOTAL
Salaries & Employee Benefits	\$ 42,226	\$ 168,498	\$ 1,307	\$ 109,256	\$ 321,288
Operating Expenses	\$ 3,378	\$ 13,482	\$ 105	\$ 5,698	\$ 22,662
Subtotal Direct Expenses	\$ 45,604	\$ 181,980	\$ 1,412	\$ 114,954	\$ 343,950
Indirect Expenses	\$ 5,472	\$ 21,838	\$ 169	\$ 13,794	\$ 41,274
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 51,076	\$ 203,818	\$ 1,582	\$ 128,748	\$ 385,224
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 7,966	\$ 31,787	\$ 247	\$ 40,000
MH WO SHF NOVA	251984-10002-10001991-0003	\$ 38,543	\$ 153,808	\$ 1,194	\$ 193,545
MH Adult County GF CODB	251984-10000-10001792-0001	\$ 2,014	\$ 8,036	\$ 62	\$ 10,112
MH WO SHF NOVA PRETRIAL	251984-10002-10001991-0005				\$ 126,000
MH Adult County GF WO CODB	251984-10000-10001792-0001	\$ 2,553	\$ 10,187	\$ 79	\$ 2,748
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 51,076	\$ 203,818	\$ 1,582	\$ 128,748
TOTAL DPH FUNDING SOURCES		\$ 51,076	\$ 203,818	\$ 1,582	\$ 128,748
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		51,076	203,818	1,582	128,748
BHS UNITS OF SERVICE AND UNIT COST					
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	
DPH Units of Service	11,878	37,744	264	2,356	
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 4.30	\$ 5.40	\$ 6.00	\$ 54.64	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 4.30	\$ 5.40	\$ 6.00	\$ 54.64	
Published Rate (Medi-Cal Providers Only)	\$ 4.50	\$ 5.60	\$ 6.20	\$ 54.64	Total UDC
Unduplicated Clients (UDC)	30	30	30	30	30

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010136
 Program Name Citywide NoVA
 Program Code 8911NO

Appendix Number B-4
 Page Number 2
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Funding Term	TOTAL		MH Adult Fed SDMC FFP (50%)/MH Adult County GF WO CODB 251984-10000- 10001792-0001		MH WO SHF NOVA 251984-10002- 10001991-0003		MH WO SHF NOVA Pretrial 251984-10002- 10001991-0005		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/21-06/30/22	0.20	\$ 22,654	0.04	\$ 4,857	0.16	\$ 17,797						
07/01/21-06/30/22	1.50	\$ 124,386	0.32	\$ 26,668	1.18	\$ 97,718						
07/01/21-06/30/22	1.00	\$ 75,767	0.00	\$ -		\$ -	1.00	\$ 75,767				
Totals:	2.70	\$ 222,807	0.36	\$ 31,525	1.34	\$ 115,515	1.00	\$ 75,767	0.00	\$ -	0.00	\$ -
Employee Benefits:	44.20%	\$ 98,481	44.20%	\$ 13,934	44.20%	\$ 51,058	44.20%	\$ 33,489	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 321,288		\$ 45,459		\$ 166,573		\$ 109,256		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136
 Program Name Citywide NoVA
 Program Code 8911NO

Appendix Number B-4
 Page Number 3
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Expense Categories & Line Items	TOTAL	MH Adult Fed SDMC FFP (50%)/MH Adult County GF WO CODB 251984-10000- 10001792-0001	MH WO SHF NOVA 251984-10002- 10001991-0003	MH WO SHF NOVA Pretrial 251984-10002- 10001991-0005	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
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	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Utilities (telephone, electricity, water, gas)	\$ 1,647	\$ 224	\$ 823	\$ 600			
Occupancy Total:	\$ 1,647	\$ 224	\$ 823	\$ 600	\$ -	\$ -	\$ -
Office Supplies		\$ -	\$ -				
Computer Hardware/Software	\$ 7,500	\$ 1,608	\$ 5,892				
Materials & Supplies Total:	\$ 7,500	\$ 1,608	\$ 5,892	\$ -	\$ -	\$ -	\$ -
Data Network Services	\$ 1,490	\$ 201	\$ 737	\$ 552			
CCDSS - Computing and Communication Device Support Services	\$ 1,912	\$ 258	\$ 946	\$ 708			
GAEL - General Automobile and Employee Liability charges	\$ 1,827	\$ 259	\$ 947	\$ 621			
UCSF Faculty and Staff HR Recharge	\$ 3,286	\$ 444	\$ 1,625	\$ 1,217			
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 5,000	\$ 643	\$ 2,357	\$ 2,000			
Other Total:	\$ 13,515	\$ 1,804	\$ 6,612	\$ 5,098		\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 22,662	\$ 3,636	\$ 13,327	\$ 5,698	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117
 Provider Name Citywide Roving Team
 Provider Number 8911
 Contract ID Number 1000010136

Appendix Number B-5
 Page Number Page 1
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Program Name	Citywide Roving Team				
Program Code	8911RT	8911RT	8911RT		
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/70-79		
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22		
FUNDING USES					TOTAL
Salaries & Employee Benefits	\$ 209,331	\$ 906,667	\$ 42,171		\$ 1,158,168
Operating Expenses	\$ 30,001	\$ 129,941	\$ 6,044		\$ 165,986
Subtotal Direct Expenses	\$ 239,331	\$ 1,036,608	\$ 48,214		\$ 1,324,154
Indirect Expenses	\$ 28,720	\$ 124,393	\$ 5,786		\$ 158,898
Indirect %	12.0%	12.0%	12.0%	0.0%	12.0%
TOTAL FUNDING USES	\$ 268,051	\$ 1,161,001	\$ 54,000	\$ -	\$ 1,483,052
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity				
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 73,639	\$ 318,950	\$ 14,835	\$ 407,424
MH Adult County General Fund	251984-10000-10001792-0001	\$ 20,306	\$ 87,953	\$ 4,091	\$ 112,350
MH Adult County GF WO CODB	251984-10000-10001792-0001	\$ 8,980	\$ 38,895	\$ 1,809	\$ 49,684
MH Adult County GF CODB	251984-10000-10001792-0001	\$ 17,670	\$ 76,532	\$ 3,560	\$ 97,761
MH WO HOM UC Roving Team	251984-10002-10001989-0003	\$ 147,456	\$ 638,671	\$ 29,706	\$ 815,833
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 268,051	\$ 1,161,001	\$ 54,000	\$ -
TOTAL DPH FUNDING SOURCES		\$ 268,051	\$ 1,161,001	\$ 54,000	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		268,051	1,161,001	54,000	-
BHS UNITS OF SERVICE AND UNIT COST					
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		62,337.5	215,000	9,000	
Unit Type		Staff Minute	Staff Minute	Staff Minutes	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 4.30	\$ 5.40	\$ 6.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 4.30	\$ 5.40	\$ 6.00	
Published Rate (Medi-Cal Providers Only)		\$ 4.50	\$ 5.60	\$ 6.20	
Unduplicated Clients (UDC)		120	120	120	Total UDC 120

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010136
 Program Name Citywide Roving Team
 Program Code 8911RT

Appendix Number B-5
 Page Number 2
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

	TOTAL		MH Adult Fed SDMC FFP (50%)/MH Adult County General Fund/MH Adult County GF WO CODB 251984- 10000-10001792-0001		MH WO HOM UC Roving Team 251984- 10002-10001989-0003		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
BEH HEALTH PSYCHIATRIC MGR 1	0.80	\$96,580	0.36	\$ 43,451	0.44	53,129				
BEH HEALTH PSYCHIATRIC SUPV 2	1.93	\$210,230	0.87	\$ 94,582	1.06	115,648				
SOCIAL WORKER. CLINICAL I/II	5.05	\$389,759	2.27	\$ 175,351	2.78	214,408				
SOCIAL WORK ASSOCIATE	0.92	\$57,223	0.41	\$ 25,744	0.51	31,479				
ADMINISTRATIVE ASSISTANT III	0.65	\$49,375	0.29	\$ 22,214	0.36	27,161				
Totals:	9.35	\$803,168	4.21	\$ 361,341	5.14	\$ 441,826	0.00	\$ -	0.00	\$ -
Employee Benefits:	44.20%	\$355,000	44.20%	\$ 159,713	44.20%	\$ 195,287	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$1,158,168		\$ 521,054		\$ 637,114		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136
 Program Name Citywide Roving Team
 Program Code 8911RT

Appendix Number B-5
 Page Number 3
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Expense Categories & Line Items	TOTAL	MH Adult Fed SDMC FFP (50%)/MH Adult County General Fund/MH Adult County GF WO CODB 251984-10000-10001792-0001	MH WO HOM UC Roving Team 251984-10002-10001989-0003	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Rent	\$ 88,000	\$ 39,591	\$ 48,409		
Office Expansion	\$ -	\$ -	\$ -		
Utilities (landlines and cell phones)	\$ 11,000	\$ 4,949	\$ 6,051		
Building Repair/Maintenance	\$ -				
Occupancy Total:	\$ 99,000	\$ 44,540	\$ 54,460	\$ -	\$ -
Office Supplies	\$ 9,240	\$ 4,157	\$ 5,083		
Photocopying		\$ -	\$ -		
Program Supplies		\$ -	\$ -		
Computer Hardware/Software	\$ 7,500	\$ 3,374	\$ 4,126		
Materials & Supplies Total:	\$ 16,740	\$ 7,531	\$ 9,209	\$ -	\$ -
Training/Staff Development	\$ 500	\$ 225	\$ 275		
Insurance	\$ -				
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ -				
General Operating Total:	\$ 500	\$ 225	\$ 275	\$ -	\$ -
Local Travel (Clipper Cards, mileage etc.)	\$ 10,000	\$ 4,499	\$ 5,501		
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
Staff Travel Total:	\$ 10,000	\$ 4,499	\$ 5,501	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -				
	\$ -				
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -
Data Network Services	5,161	2,322	2,839		
CCDSS - Computing and Communication Device Support Services	6,620	2,978	3,642		
GAEL - General Automobile and Employee Liability charges	6,586	2,963	3,623		
UCSF Faculty and Staff HR Recharge	11,379	5,119	6,260		
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	10,000	4,499	5,501		
Other Total:	39,746	17,882	21,864	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 165,986	\$ 74,677	\$ 91,309	\$ -	\$ -

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

DHCS Legal Entity Number <u>00117</u>						Appendix Number <u>B-6</u>	
Provider Name <u>Citywide Services for Supportive Housing</u>						Page Number <u>Page 1</u>	
Provider Number <u>8911</u>						Fiscal Year <u>2021-2022</u>	
Contract ID Number <u>1000010136</u>						Funding Notification Date <u>01/07/22</u>	
Program Name		Citywide Services for Supportive Housing					
Program Code		8911SH	8911SH	8911SH	8911SH	8911SH	8911SH
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79	60/78	60/78
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp
Funding Term (mm/dd/yy-mm/dd/yy):		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
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 163,542	\$ 375,709	\$ 798,588	\$ 39,305	\$ 369,084	\$ 183,004
Operating Expenses		\$ 7,556	\$ 17,359	\$ 36,896	\$ 1,816	\$ 41,792	\$ 11,312
Subtotal Direct Expenses		\$ 171,098	\$ 393,067	\$ 835,485	\$ 41,121	\$ 410,876	\$ 194,316
Indirect Expenses		\$ 20,532	\$ 47,168	\$ 100,258	\$ 4,935	\$ 49,305	\$ 23,318
Indirect %		12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES		\$ 191,630	\$ 440,235	\$ 935,743	\$ 46,056	\$ 460,181	\$ 217,634
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 77,637	\$ 178,356	\$ 379,106	\$ 18,659		\$ 653,758
MH Adult County General Fund	251984-10000-10001792-0001	\$ 106,038	\$ 243,604	\$ 517,793	\$ 25,485	\$ 429,405	\$ 1,322,325
MH Adult County CODB	251984-10000-10001792-0001	\$ 7,955	\$ 18,275	\$ 38,844	\$ 1,912	\$ 30,776	\$ 97,762
MH WO HOM UC Roving Team	251984-10002-10001989-0003					\$ 217,634	\$ 217,634
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 191,630	\$ 440,235	\$ 935,743	\$ 46,056	\$ 460,181	\$ 217,634
TOTAL DPH FUNDING SOURCES		\$ 191,630	\$ 440,235	\$ 935,743	\$ 46,056	\$ 460,181	\$ 217,634
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		191,630	440,235	935,743	46,056	460,181	217,634
BHS UNITS OF SERVICE AND UNIT COST							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	Cost Reimbursement (CR)
DPH Units of Service		44,565	81,525	123,124	7,676	8,422	3,983
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Minute
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 4.30	\$ 5.40	\$ 7.60	\$ 6.00	\$ 54.64	\$ 54.64
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 4.30	\$ 5.40	\$ 7.60	\$ 6.00	\$ 54.64	\$ 54.64
Published Rate (Medi-Cal Providers Only)		\$ 4.50	\$ 5.60	\$ 7.80	\$ 6.20	\$ 54.64	\$ 54.64
Unduplicated Clients (UDC)		240	240	240	240	240	240
							Total UDC

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010136
 Program Name Citywide Services for Supportive Housing
 Program Code 8911SH

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	TOTAL		FFS		CR		251984-10002-10001989-0003 (CR)		Dept-Auth-Proj-Activity	
	251984-10000-10001792-0001		251984-10000-10001792-0001		251984-10002-10001989-0003 (CR)		251984-10002-10001989-0003 (CR)		Dept-Auth-Proj-Activity	
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		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
BEH HEALTH PSYCHIATRIC MGR 1	0.10	\$ 12,073	0.00	\$ -	0.10	\$ 12,073				
BEH HEALTH PSYCHIATRIC SUPV 2	2.00	\$ 217,652	1.70	\$ 185,004	0.30	\$ 32,648				
SOCIAL WORKER. CLINICAL I/II	5.00	\$ 391,489	4.25	\$ 332,765	0.75	\$ 58,724				
SOCIAL WORK ASSOCIATE	3.15	\$ 199,890	0.85	\$ 52,605	0.30	\$ 20,375	2.00	\$ 126,910		
VOC REHAB SUPV 2	0.10	\$ 9,421	0.00	\$ -	0.10	\$ 9,421				
LVN/RN/NP	2.20	\$ 433,637	1.95	\$ 384,649	0.25	\$ 48,988				
ADMINISTRATIVE ASSISTANT II/III	1.00	\$ 73,724	0.00	\$ -	1.00	\$ 73,724				
Totals:	13.55	\$ 1,337,886	8.75	\$ 955,023	2.80	\$ 255,953	2.00	\$ 126,910	0.00	\$ -
Employee Benefits:	44.20%	\$ 591,346	44.20%	\$ 422,120	44.20%	\$ 113,131	44.20%	\$ 56,094	0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,929,232		\$ 1,377,143		\$ 369,084		\$ 183,004		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136
 Program Name Citywide Services for Supportive Housing
 Program Code 8911SH

Appendix Number B-6
 Page Number 3
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Expense Categories & Line Items	TOTAL	FFS	CR	Funding Notification Date	
		251984-10000-10001792-0001	251984-10000-10001792-0001	251984-10002-10001989-0003 (CR)	Dept-Auth-Proj-Activity
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	(mm/dd/yy-mm/dd/yy):
Utilities (landline, cell phones, pagers)	\$ 5,200	\$ 4,000		\$ 1,200	
Occupancy Total:	\$ 5,200	\$ 4,000	\$ -	\$ 1,200	\$ -
Office Supplies	\$ 15,197	\$ 15,000	\$ 197		
Computer Hardware/Software	\$ 13,560		\$ 13,560		
Materials & Supplies Total:	\$ 28,757	\$ 15,000	\$ 13,757	\$ -	\$ -
Training/Staff Development	\$ 500	\$ 500			
General Operating Total:	\$ 500	\$ 500	\$ -	\$ -	\$ -
Local Travel (Clipper Cards, mileage etc.)	\$ 1,200			\$ 1,200	
Staff Travel Total:	\$ 1,200	\$ -	\$ -	\$ 1,200	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -				
Temp Agency - Supplemental nursing services (Name/Hrs/Rates: TBD)					
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -
Data Network Services	\$ 7,480	\$ 4,830	\$ 1,546	\$ 1,104	
CCDSS - Computing and Communication Device Support Services	\$ 9,593	\$ 6,195	\$ 1,982	\$ 1,416	
GAEL - General Automobile and Employee Liability charges	\$ 10,971	\$ 7,831	\$ 2,099	\$ 1,041	
UCSF Faculty and Staff HR Recharge	\$ 16,490	\$ 10,649	\$ 3,408	\$ 2,434	
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 36,539	\$ 14,622	\$ 19,000	\$ 2,917	
Other Total:	\$ 81,074	\$ 44,127	\$ 28,035	\$ 8,912	\$ -
TOTAL OPERATING EXPENSE	\$ 116,731	\$ 63,627	\$ 41,792	\$ 11,312	\$ -

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

DHCS Legal Entity Number 00117		Appendix Number B-7			
Provider Name Citywide AOT		Page Number Page 1			
Provider Number 8911		Fiscal Year 2021-2022			
Contract ID Number 1000010136		Funding Notification Date 01/07/22			
Program Name		Citywide AOT			
Program Code	8911AO	8911AO	8911AO	8911O	
Mode/SFC (MH) or Modality (SUD)	15/01-09	15/10-57, 59	15/60-69	15/70-79	
Service Description	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention	
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	
FUNDING USES					TOTAL
Salaries & Employee Benefits	\$ 241,810	\$ 151,094	\$ 272,036	\$ 85,026	\$ 749,966
Operating Expenses	\$ 45,047	\$ 28,147	\$ 50,678	\$ 15,840	\$ 139,712
Subtotal Direct Expenses	\$ 286,857	\$ 179,241	\$ 322,714	\$ 100,865	\$ 889,678
Indirect Expenses	\$ 34,423	\$ 21,509	\$ 38,726	\$ 12,104	\$ 106,761
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 321,280	\$ 200,750	\$ 361,440	\$ 112,969	\$ 996,439
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
MH Adult County General Fund	251984-10000-10001792-0001	\$ 4,002	\$ 2,500	\$ 4,502	\$ 1,407
MH MHA (Adult)	251984-17156-10031199-0058	\$ 317,278	\$ 198,249	\$ 356,938	\$ 111,562
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 321,280	\$ 200,750	\$ 361,440	\$ 112,969
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
					\$ -
					\$ -
					\$ -
					\$ -
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
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		\$ 321,280	\$ 200,750	\$ 361,440	\$ 112,969
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)		\$ 321,280	\$ 200,750	\$ 361,440	\$ 112,969
BHS UNITS OF SERVICE AND UNIT COST					
Payment Method		Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)
DPH Units of Service		12,800	7,998	14,400	4,501
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 25.10	\$ 25.10	\$ 25.10	\$ 25.10
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 25.10	\$ 25.10	\$ 25.10	\$ 25.10
Published Rate (Medi-Cal Providers Only)		\$ 25.10	\$ 25.10	\$ 25.10	\$ 25.10
Unduplicated Clients (UDC)		25	25	25	25
					Total UDC

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010136
 Program Name Citywide AOT
 Program Code 8911AO

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 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

	TOTAL		MH Adult County General Fund 251984-10000- 10001792-0001		MH MESA (Adult) 251984-17156-10031199- 0058		Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
HS ASST CLIN PROF-HCOMP/NURSE PRACTITIONER	0.45	\$ 130,545	0.01	\$ 1,626	0.44	\$ 128,919				
BEH HEALTH PSYCHIATRIC SUPV 2	1.00	\$ 107,520	0.01	\$ 1,339	0.99	\$ 106,181				
SOCIAL WORKER. CLINICAL I/II	3.00	\$ 225,523	0.04	\$ 2,809	2.96	\$ 222,714				
LICENSED VOCATIONAL NURSE	0.50	\$ 51,637	0.01	\$ 643	0.49	\$ 50,994				
PAT NAV 2	0.50	\$ 22,968	0.01	\$ 286	0.49	\$ 22,682				
Totals:	5.45	\$ 538,193	0.07	\$ 6,703	5.38	\$ 531,490	0.00	\$ -	0.00	\$ -
Employee Benefits:	39.35%	\$ 211,773	39.35%	\$ 2,638	39.35%	\$ 209,135	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 749,966		\$ 9,341		\$ 740,625		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136
 Program Name Citywide AOT
 Program Code 8911AO

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 Page Number 3
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Expense Categories & Line Items	TOTAL	MH Adult County General Fund 251984-10000- 10001792-0001	MH MHA (Adult) 251984-17156- 10031199-0058	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Building Lease	\$ 76,300	\$ 950	\$ 75,350		
Utilities (Landline and Cell Phones)	\$ 6,170	\$ 77	\$ 6,093		
Building Repair/Maintenance	\$ 12,329	\$ 154	\$ 12,175		
Occupancy Total:	\$ 94,799	\$ 1,181	\$ 93,618	\$ -	\$ -
Office Supplies	\$ 2,500	\$ 31	\$ 2,469		
Computer Hardware/Software	\$ 7,500	\$ 93	\$ 7,407		
Materials & Supplies Total:	\$ 10,000	\$ 125	\$ 9,875	\$ -	\$ -
Training/Staff Development	\$ 500	\$ 6	\$ 494		
General Operating Total:	\$ 500	\$ 6	\$ 494	\$ -	\$ -
Local Travel (Clipper Cards, mileage etc.)	\$ 6,000	\$ 75	\$ 5,925		
Staff Travel Total:	\$ 6,000	\$ 75	\$ 5,925	\$ -	\$ -
Data Network Services	\$ 3,008	\$ 37	\$ 2,971		
CCDSS - Computing and Communication Device Support Services	\$ 3,859	\$ 48	\$ 3,811		
GAEL - General Automobile and Employee Liability charges	\$ 4,413	\$ 55	\$ 4,358		
UCSF Faculty and Staff HR Recharge	\$ 6,633	\$ 83	\$ 6,550		
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 10,500	\$ 131	\$ 10,369		
Other Total:	\$ 28,413	\$ 354	\$ 28,059	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 139,712	\$ 1,741	\$ 137,971	\$ -	\$ -

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

DHCS Legal Entity Number 00117
 Provider Name Citywide STOP
 Provider Number 383832
 Contract ID Number 1000010136

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 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Program Name	Citywide STOP					
Program Code	38321	38321	38321	38321		
Mode/SFC (MH) or Modality (SUD)	ODS-91g	ODS-91i	ODS-91cm	Supt-02		
Service Description	ODS OT Group Counseling	ODS OT Individual Counseling	ODS OT Case Management	SA Support Training - Treatment		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22		
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 120,319	\$ 37,600	\$ 28,186	\$ 7,504		\$ 193,609
Operating Expenses	\$ 4,749	\$ 1,484	\$ 1,112	\$ 128		\$ 7,473
Subtotal Direct Expenses	\$ 125,068	\$ 39,084	\$ 29,298	\$ 7,632		\$ 201,082
Indirect Expenses	\$ 15,008	\$ 4,690	\$ 3,516	\$ 916		\$ 24,130
Indirect %	12.0%	12.0%	12.0%	12.0%		12.0%
TOTAL FUNDING USES	\$ 140,076	\$ 43,774	\$ 32,814	\$ 8,548		\$ 225,212
BHS SUD FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 27,735	\$ 8,667	\$ 6,497		\$ 42,900
SUD State DMC	240646-10000-10001681-0003	\$ 14,934	\$ 4,667	\$ 3,499		\$ 23,100
SUD County General Fund	240646-10000-10001681-0003	\$ 85,845	\$ 26,827	\$ 20,110	\$ 8,061	\$ 140,843
SUD County General Fund (CODB)	240646-10000-10001681-0003	\$ 11,561	\$ 3,613	\$ 2,708	\$ 487	\$ 18,369
TOTAL BHS SUD FUNDING SOURCES		\$ 140,076	\$ 43,774	\$ 32,814	\$ 8,548	\$ - \$ 225,212
TOTAL DPH FUNDING SOURCES		\$ 140,076	\$ 43,774	\$ 32,814	\$ 8,548	\$ - \$ 225,212
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		140,076	43,774	32,814	8,548	225,212
BHS UNITS OF SERVICE AND UNIT COST						
		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	
Payment Method						
DPH Units of Service		2,160	675	506	40	
Unit Type		15 minutes	15 minutes	15 minutes	Hours	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 64.85	\$ 64.85	\$ 64.85	\$ 213.70	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 64.85	\$ 64.85	\$ 64.85	\$ 213.50	
Published Rate (Medi-Cal Providers Only)		\$ 64.85	\$ 64.85	\$ 64.85	\$ 213.50	
Unduplicated Clients (UDC)		30	30	30	20	Total UDC 30

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010136
 Program Name Citywide STOP
 Program Code 38321

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 Page Number 2
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

	TOTAL		Fed DMC FFP State DMC County GF CODB 240646-10000- 10001681-0003 (FFS)		County GF/CODB 240646-10000- 10001681-0003 (CR)					
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Funding Term	07/01/21-06/30/22		07/01/21-06/30/22		07/01/21-06/30/22		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
HS ASST CLIN PROF-HCOMP	0.20	\$ 40,216	0.17	\$ 34,184	0.03	\$ 6,032				
BEH HEALTH PSYCHIATRIC SUPV 2	0.60	\$ 66,056	0.60	\$ 66,056						
SOCIAL WORKER ASSOCIATE	1.00	\$ 33,514	1.00	\$ 33,514						
Totals:	1.80	\$ 139,786	1.77	\$ 133,754	0.03	\$ 6,032	0.00	\$ -	0.00	\$ -
Employee Benefits:	38.50%	\$ 53,823	39.14%	\$ 52,351	24.40%	\$ 1,472	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 193,609		\$ 186,105		\$ 7,504		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136
 Program Name Citywide STOP
 Program Code 38321

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 Page Number 3
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Expense Categories & Line Items	TOTAL	Fed DMC FFP State DMC County GF/CODB 240646-10000- 10001681-0003 (FFS)	County GF/CODB 240646-10000- 10001681-0003 (CR)			
Funding Term	07/01/21-06/30/22	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):
Rent	\$ -					
Utilities (landline and cell phones)	\$ 1,062	\$ 1,062				
Building Repair/Maintenance	\$ -					
Occupancy Total:	\$ 1,062	\$ 1,062	\$ -	\$ -	\$ -	
Office Supplies	\$ 295	\$ 295				
Photocopying	\$ -					
Program Supplies	\$ -					
Computer Hardware/Software	\$ 1,500	\$ 1,500				
Materials & Supplies Total:	\$ 1,795	\$ 1,795	\$ -	\$ -	\$ -	
Training/Staff Development	\$ 190	\$ 190				
General Operating Total:	\$ 190	\$ 190	\$ -	\$ -	\$ -	
Data Network Services	\$ 991	\$ 977	\$ 14			
CCDSS - Computing and Communication Device Support Services	\$ 1,272	\$ 1,253	\$ 19			
GAEL - General Automobile and Employee Liability charges	\$ 1,146	\$ 1,097	\$ 49			
UCSF Faculty and Staff HR Recharge	\$ 1,016	\$ 971	\$ 45			
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)						
Program Recertification						
Other Total:	\$ 4,426	\$ 4,298	\$ 128	\$ -	\$ -	
TOTAL OPERATING EXPENSE	\$ 7,473	\$ 7,345	\$ 128	\$ -	\$ -	

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 Citywide Substance Use Disorders Intensive Case Management (SUD ICM)				Page Number Page 1	
Provider Number 383832				Fiscal Year 2021-2022	
Contract ID Number 1000010136				Funding Notification Date 01/07/22	
Program Name		UCSF Citywide Substance Use Disorders Intensive Case Management (SUD ICM)			
Program Code		3832ANC	3832SM-ANS	3832SM-ANS	
Mode/SFC (MH) or Modality (SUD)		Anc-68	ODS-91i	ODS-91cm	
Service Description		SA-Ancillary Svcs Case Mgmt	ODS OT Individual Counseling	ODS OT Case Management	
Funding Term (mm/dd/yy-mm/dd/yy):		07/01/21-06/30/22	07/01/21-06/30/22	07/01/21-06/30/22	
FUNDING USES					TOTAL
Salaries & Employee Benefits		\$ 228,059	\$ 42,255	\$ 120,192	\$ 390,507
Operating Expenses		\$ 7,858	\$ 1,456	\$ 4,142	\$ 13,456
Subtotal Direct Expenses		\$ 235,917	\$ 43,711	\$ 124,334	\$ 403,963
Indirect Expenses		\$ 28,310	\$ 5,245	\$ 14,920	\$ 48,475
Indirect %		12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES		\$ 264,227	\$ 48,956	\$ 139,254	\$ - \$ 452,438
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity			
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 22,776	\$ 4,220	\$ 12,004	\$ 39,000
SUD State DMC	240646-10000-10001681-0003	\$ 12,264	\$ 2,272	\$ 6,463	\$ 21,000
SUD County General Fund	240646-10000-10001681-0003	\$ 218,459	\$ 40,476	\$ 115,133	\$ 374,068
SUD County General Fund (CODB)	240646-10000-10001681-0003	\$ 10,728	\$ 1,988	\$ 5,654	\$ 18,370
TOTAL BHS SUD FUNDING SOURCES		\$ 264,227	\$ 48,956	\$ 139,254	\$ 452,438
TOTAL DPH FUNDING SOURCES		\$ 264,227	\$ 48,956	\$ 139,254	\$ 452,438
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		264,227	48,956	139,254	452,438 452,438
BHS UNITS OF SERVICE AND UNIT COST					
Payment Method		Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service		1,200	675	1,920	
Unit Type		Staff Hours	15 minutes	15 minutes	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 220.19	\$ 72.53	\$ 72.53	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 220.19	\$ 72.53	\$ 72.53	
Published Rate (Medi-Cal Providers Only)		\$ 220.19	\$ 72.53	\$ 72.53	
Unduplicated Clients (UDC)		10	10	10	Total UDC 20 (Avatar)

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010136
 Program Name Citywide STOP SUD ICM Sobering
 Program Code 3832ANC & 3832SM-ANS

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 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

		TOTAL		Fed DMC FFP State DMC County GF/CODB 240646-10000- 10001681-0003 (CR)					
Funding Term		07/01/21-06/30/22		07/01/21-06/30/22					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
HS ASST CLIN PROF-HCOMP	0.25	\$ 50,269	0.25	\$ 50,269					
BEH HEALTH PSYCHIATRIC SUPV 2	0.40	\$ 49,828	0.40	\$ 49,828					
BEH HEALTH PSYCHIATRIC SUPV 1	1.00	\$ 93,367	1.00	\$ 93,367					
SOCIAL WORKER. CLINICAL I/II	1.00	\$ 76,790	1.00	\$ 76,790					
ADMINISTRATIVE ASSISTANT III	0.10	\$ 7,458	0.10	\$ 7,458					
Totals:	2.75	\$ 277,712	2.75	\$ 277,712	0.00	\$ -	0.00	\$ -	
Employee Benefits:	40.62%	\$ 112,795	40.62%	\$ 112,795	0.00%		0.00%		
TOTAL SALARIES & BENEFITS		\$ 390,507		\$ 390,507		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136
 Program Name Citywide STOP SUD ICM Sobering
 Program Code 3832ANC & 3832SM-ANS

Appendix Number B-9
 Page Number 3
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Expense Categories & Line Items	TOTAL	Fed DMC FFP State DMC County GF/CODB 240646-10000- 10001681-0003 (CR)		
Funding Term	07/01/21-06/30/22	07/01/21-06/30/22		
Rent	\$ -			
Utilities (Landlines, cell phones and pagers)	\$ 2,089.00	\$ 2,089.00		
Building Repair/Maintenance	\$ -			
Occupancy Total:	\$ 2,089.00	\$ 2,089.00	\$ -	\$ -
Office Supplies	\$ 200	\$ 200		
Photocopying	\$ -			
Program Supplies	\$ -			
Computer Hardware/Software	\$ -			
Materials & Supplies Total:	\$ 200	\$ 200	\$ -	\$ -
Training/Staff Development	\$ 100	\$ 100		
Insurance	\$ -			
Professional License	\$ -			
Permits	\$ -			
Equipment Lease & Maintenance	\$ -			
General Operating Total:	\$ 100	\$ 100	\$ -	\$ -
Local Travel (Clipper Cards, mileage etc.)	\$ 1,176	\$ 1,176		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 1,176	\$ 1,176	\$ -	\$ -
Data Network Services	\$ 1,518	\$ 1,518		
CCDSS - Computing and Communication Device Support Services	\$ 1,947	\$ 1,947		
GAEL - General Automobile and Employee Liability charges	\$ 2,277	\$ 2,277		
UCSF Faculty and Staff HR Recharge	\$ 3,396	\$ 3,396		
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 753	\$ 753		
Other Total:	\$ 9,891	\$ 9,891	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 13,456	\$ 13,456	\$ -	\$ -

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

DHCS Legal Entity Number 00117

Provider Name DHS Pre-Trial Felony MH Diversion Program

Provider Number 8911

Contract ID Number 1000010136

Appendix Number B-10

Page Number Page 1

Fiscal Year 2021-2022

Funding Notification Date 01/07/22

Program Name		DHS Pre-Trial Felony MH Diversion Program										
Program Code		8911MHD	8911MHD	8911MHD	8911MHD							
Mode/SFC (MH) or Modality (SUD)		15/01-09	15/10-57, 59	15/60-69	15/70-79							
Service Description		OP-Case Mgt Brokerage	OP-MH Svcs	OP-Medication Support	OP-Crisis Intervention							
Funding Term (mm/dd/yy-mm/dd/yy):		10/01/21-9/30/22	10/01/21-9/30/22	10/01/21-9/30/22	10/01/21-9/30/22							
FUNDING USES						TOTAL						
Salaries & Employee Benefits	\$	123,605	\$	77,232	\$	139,030	\$	43,450	\$	383,318		
Operating Expenses	\$	5,358	\$	3,348	\$	6,027	\$	1,883	\$	16,616		
Subtotal Direct Expenses	\$	128,963	\$	80,580	\$	145,056	\$	45,333	\$	399,934		
Indirect Expenses	\$	15,476	\$	9,670	\$	17,407	\$	5,440	\$	47,992		
Indirect %		12.0%		12.0%		12.0%		12.0%		12.0%		
TOTAL FUNDING USES	\$	144,439	\$	90,250	\$	162,463	\$	50,774	\$	447,926		
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity										
MH Pre-Trial Felony Diversion Grant		251984-10001-10036957-0001	\$	141,214	\$	88,235	\$	158,836	\$	49,640	\$	437,926
MH Adult County GF CODB		251984-10000-10001792-0001	\$	3,225	\$	2,015	\$	3,627	\$	1,134	\$	10,000
										\$	-	
										\$	-	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$	144,439	\$	90,250	\$	162,463	\$	50,774	\$	447,926		
TOTAL DPH FUNDING SOURCES	\$	144,439	\$	90,250	\$	162,463	\$	50,774	\$	447,926		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		144,439		90,250		162,463		50,774		447,926		
BHS UNITS OF SERVICE AND UNIT COST												
Payment Method		Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)							
DPH Units of Service		6,495	4,058	7,305	2,283							
Unit Type		Staff Minute	Staff Minute	Staff Minute	Staff Minute							
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$	22.24	\$	22.24	\$	22.24	\$	22.24			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$	22.24	\$	22.24	\$	22.24	\$	22.24			
Published Rate (Medi-Cal Providers Only)		\$	22.24	\$	22.24	\$	22.24	\$	22.24	Total UDC		
Unduplicated Clients (UDC)		10	10	10	10					10		

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010136
 Program Name DHS Pre-Trial Felony MH Diversion Program
 Program Code 8911MHD

Appendix Number B-10
 Page Number 2
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

	TOTAL		MH Pre-Trail Felony Diversion Grant 251984-10001-10036957-0001		MH Adult County GF CODB 251984-10000-10001792-0001		Dept-Auth-Proj-Activity	
Funding Term	10/01/21-09/30/22		10/01/21-09/30/22		10/01/21-09/30/22		(mm/dd/yy-mm/dd/yy):	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
HS ASST CLIN PROF-HCOMP/NURSE PRACTITIONER	0.15	\$ 30,995	0.15	\$ 30,995				
BEH HEALTH PSYCHIATRIC SUPV 2	1.00	\$ 105,000	1.00	\$ 105,000				
SOCIAL WORKER. CLINICAL I/II	1.00	\$ 76,682	1.00	\$ 76,682				
LICENSED VOCATIONAL NURSE	0.15	\$ 13,233	0.15	\$ 13,233				
PAT NAV 2	0.50	\$ 26,893	0.50	\$ 26,893				
ADMINISTRATIVE ASSISTANT	0.20	\$ 13,021	0.20	\$ 13,021				
Totals:	3.00	\$ 265,824	3.00	\$ 265,824	0.00	\$ -	0.00	\$ -
Employee Benefits:	44.20%	\$ 117,494	44.20%	\$ 117,494	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 383,318		\$ 383,318		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010136
 Program Name DHS Pre-Trial Felony MH Diversion Program
 Program Code 8911MHD

Appendix Number B-10
 Page Number 3
 Fiscal Year 2021-2022
 Funding Notification Date 01/07/22

Expense Categories & Line Items	TOTAL	MH Pre-Trial Felony Diversion Grant 251984-10001- 10036957-0001	MH Adult County GF CODB 251984- 10000-10001792- 0001	Dept-Auth-Proj- Activity
Funding Term	10/01/21-09/30/22	10/01/21-09/30/22	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)
Workplace Expansion/Reorganization				
Utilities (landline, cell phone, pager)	\$ 1,800		\$ 1,800	
Occupancy Total:	\$ 1,800	\$ -	\$ 1,800	\$ -
General Supplies	\$ 436	\$ 436		
Computer Hardware/Software	\$ -			
Materials & Supplies Total:	\$ 436	\$ 436	\$ -	\$ -
Training/Staff Development	\$ 200	\$ 200		
General Operating Total:	\$ 200	\$ 200	\$ -	\$ -
Local Travel (Clipper Cards, mileage etc.)	\$ 2,400	\$ 2,400		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
Staff Travel Total:	\$ 2,400	\$ 2,400	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -			
	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -
Data Network Services	\$ 1,656	\$ 1,656		
CCDSS - Computing and Communication Device Support Services	\$ 2,124	\$ 2,124		
GAEL - General Automobile and Employee Liability charges	\$ -	\$ -		
UCSF Faculty and Staff HR Recharge	\$ -	\$ -		
Client food and miscellaneous expenses: Client miscellaneous expenses include coffee, lunches, hygiene productives, clothing, taxi vouchers/bus tokens etc. (incentives)	\$ 8,000		\$ 8,000	
Other Total:	\$ 11,780	\$ 3,780	\$ 8,000	\$ -
TOTAL OPERATING EXPENSE	\$ 16,616	\$ 6,816	\$ 9,800	\$ -

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name (Regents of) UC San Francisco	Page Number
Contract ID Number 1000010136	Fiscal Year 2021-2022
	Funding Notification Date 1/7/22

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
B-1 Citywide Linkage	\$ 157,556
B-2 Citywide Linkage HMIOT (CCRT)	\$ 116,336
B-3 Citywide Linkage HMIOT - SIP	\$ 100,063
B-4 Citywide NoVA	\$ 41,274
B-5 Citywide Roving	\$ 158,898
B-6 Citywide Services for Supportive Housing	\$ 245,516
B-7 Citywide Assisted Outpatient Treatment	\$ 106,761
B-8 Citywide STOP	\$ 24,130
B-9 Citywide Substance Abuse Use Disorders Intensive Case Management	\$ 48,475
B-10 DHS Pre-Trial Felony MH Diversion Program	\$ 47,992
<p>“Per the BHS Appendix B Budget Instructions on pg. 20, UCSF is following the directive to categorize in detail administrative support staffing and its associated payroll, human resource and computer support expenses as an indirect cost. However, please note that in terms of UCSF’s recoupment of institutional indirect costs based on the rate assessed for this contract, administrative costs are NOT considered part of what the program’s indirect cost allocation funds. The administrative costs associated with a program are considered the direct costs that are the obligation of the sponsor. ” We use the agreed upon 12% indirect rate for all of the UCSF and DPH contracts.</p>	
12% indirect of cost of the contract is less than UCSF 's effective indirect rate of 26% per federal approved indirect rate agreement on file dated 11/27/2017.	
Total Operating Costs	\$1,047,000
Total Indirect Costs	\$ 1,047,000

Appendix G

SUBSTANCE USE DISORDER SERVICES such as Drug Medi-Cal, Federal Substance Abuse Block Grant (SABG), Organized Delivery System (DMC-ODS) Primary Prevention or State Funded Services

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

Drug Medi-Cal (DMC) services for substance use treatment in the Contractor's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code (hereinafter referred to as HSC), Sections 14021.51 – 14021.53, and 14124.20 – 14124.25 of the Welfare and Institutions Code (hereinafter referred to as W&IC), and Title 22 of the California Code of Regulations (hereinafter referred to as Title 22), Sections 51341.1, 51490.1, and 51516.1, and Part 438 of the Code of Federal Regulations, hereinafter referred to as 42 CFR 438.

The City and County of San Francisco and the provider enter into this Intergovernmental Agreement by authority of Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Block Grants (SABG) for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse. SABG recipients must adhere to Substance Abuse and Mental Health Administration's (SAMHSA) National Outcome Measures (NOMs).

The objective is to make substance use treatment services available to Medi-Cal and other non-DMC beneficiaries through utilization of federal and state funds available pursuant to Title XIX and Title XXI of the Social Security Act and the SABG for reimbursable covered services rendered by certified DMC providers.

DOCUMENTS INCORPORATED BY REFERENCE

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Block Grant Requirements

<https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations

<https://www.law.cornell.edu/cfr/text/42/part-54>

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix – County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Services Network Guidelines 2016

Document 1H(a): Service Code Descriptions

Document 1J(a): Non-Drug Medi-Cal Audit Appeals Process

Document 1J(b): DMC Audit Appeals Process

Document 1K: Drug and Alcohol Treatment Access Report (DATAR)

<http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

Document 1P: Alcohol and/or Other Drug Program Certification Standards (March 15, 2004)

http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx

Document 1T: CalOMS Prevention Data Quality Standards

Document 1V: Youth Treatment Guidelines

http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

Document 2A: Sobky v. Smoley, Judgment, Signed February 1, 1995

Document 2C: Title 22, California Code of Regulations

<http://ccr.oal.ca.gov>

Document 2E: Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Updated July 1, 2004)

http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf

Document 2F: Standards for Drug Treatment Programs (October 21, 1981)

http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf

Document 2G Drug Medi-Cal Billing Manual

http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf

Document 2K: Multiple Billing Override Certification (MC 6700)

Document 2L(a): Good Cause Certification (6065A)

Document 2L(b): Good Cause Certification (6065B)

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 2P(a): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Non-Perinatal (form and instructions)

Document 2P(b): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Perinatal (form and instructions)

Document 2P(c): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Non-Perinatal (form and instructions)

Document 2P(d): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Perinatal (form and instructions)

Document 2P(e): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Non-Perinatal (form and instructions)

Document 2P(f): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Perinatal (form and instructions)

Document 2P(g): Drug Medi-Cal Cost Report Forms – Residential – Perinatal (form and instructions)

Document 2P(h): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Non-Perinatal (form and instructions)

Document 2P(i): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Perinatal (form and instructions)

Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs
<http://www.calregs.com>

Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors
<http://www.calregs.com>

Document 3J: CalOMS Treatment Data Collection Guide
http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Document 3O: Quarterly Federal Financial Management Report (QFFMR) 2014-15
http://www.dhcs.ca.gov/provgovpart/Pages/SUD_Forms.aspx

Document 3S CalOMS Treatment Data Compliance Standards

Document 3V Culturally and Linguistically Appropriate Services (CLAS) National Standards
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Document 4D : Drug Medi-Cal Certification for Federal Reimbursement (DHCS100224A)

Document 5A : Confidentiality Agreement

Drug Medi-Cal organized Delivery System

Program Specifications

Provider Specifications

The following requirements shall apply to the provider, and the provider staff:

Professional staff shall be licensed, registered, certified, or recognized under California scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioners of the Healing Arts (LPHA) include:

- i. Physician
- ii. Nurse Practitioners
- iii. Physician Assistants
- iv. Registered Nurses
- v. Registered Pharmacists
- vi. Licensed Clinical Psychologists
- vii. Licensed Clinical Social Worker
- viii. Licensed Professional Clinical Counselor
- ix. Licensed Marriage and Family Therapists
- x. Licensed Eligible Practitioners working under the supervision of Licensed Clinicians

Non-professional staff shall receive appropriate onsite orientation and training prior to performing assigned duties. A professional and/or administrative staff shall supervise non-professional staff.

Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring. Documentation of trainings, certifications and licensure shall be contained in personnel files.

Physicians shall receive a minimum of five hours of continuing medical education related to addiction medicine each year.

Professional staff (LPHAs) shall receive a minimum of five hours of continuing education related to addiction medicine each year.

Registered and certified SUD counselors shall adhere to all requirements in CCR Title 9, §13000 et seq.

Services for Adolescents and Youth

Assessment and services for adolescents will follow the American Society of Addiction Medicine (ASAM) adolescent treatment criteria.

Beneficiaries under the age of 21 are eligible to receive Medicaid services pursuant to the EPSDT mandate. Under the EPSDT mandate, beneficiaries under the age of 21 are eligible to receive all appropriate and medically necessary services needed to correct or ameliorate health conditions that are coverable under section 1905(a) Medicaid authority. Nothing in the DMC-ODS overrides any EPSDT requirements. Counties are responsible for the provision of medically necessary DMC-ODS services pursuant to the EPSDT mandate. Beneficiaries under age 21 are eligible for DMC-ODS services without a diagnosis from the DSM for Substance-Related and Addictive Disorders.

Level of Care

The ASAM Criteria assessment shall be used for all beneficiaries to determine placement into the appropriate level of care.

For beneficiaries under 21, the ASAM Criteria assessment shall be completed within 60 days of the client's first visit with an LPHA or registered/certified counselor. If a client withdraws from treatment prior completing the ASAM Criteria assessment and later returns, the time period starts over. A full ASAM Criteria assessment shall not be required to begin receiving DMC-ODS services. The ASAM Criteria Assessment does not need to be repeated unless the client's condition changes. ASAM Criteria Assessment is required before a county DMC-ODS plan authorizes a residential treatment level of care.

Organized Delivery System (ODS) Timely Coverage

Non-Discrimination - Member Discrimination Prohibition

Contractor shall accept individuals eligible for enrollment in the order in which they apply without restriction in accordance with this Agreement. Contractor shall take affirmative action to ensure that beneficiaries are provided covered services and will not discriminate against individuals eligible to enroll under the laws of the United States and the State of California. Contractor shall not unlawfully discriminate against any person pursuant to:

- a. Title VI of the Civil Rights Act of 1964.
- b. Title IX of the Education Amendments of 1972 (regarding education and programs and activities).

c. The Age Discrimination Act of 1975.

d. The Rehabilitation Act of 1973.

e. The Americans with Disabilities Act.

DMC-ODS services shall be available as a Medi-Cal benefit for individuals who meet the medical necessity criteria and reside in this opt-in County. Determination of who may receive the DMCODS benefits shall be performed in accordance with DMC-ODS Special Terms and Conditions (STC) 132(d), Article II.E.4 of this Agreement, and as follows:

Providers shall verify the Medicaid eligibility determination of an individual. When the provider conducts the initial eligibility verification, that verification shall be reviewed and approved by BHS prior to payment for services. If the individual is eligible to receive services from tribal health programs operating under the Indian Self-Determination and Education Assistance Act of 1975 (ISDEAA), then the determination shall be conducted as set forth in the Tribal Delivery System - Attachment BB to the STCs.

All beneficiaries shall meet the following medical necessity criteria:

Have at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance-Related Disorders; OR

Have had at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance Related Disorders, prior to being incarcerated or during incarceration, as determined by substance use history.

If the assessment determines a different level of care, the provider shall refer the beneficiary to the appropriate level of care.

Adolescents are eligible to receive Medicaid services pursuant to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Under the EPSDT mandate, beneficiaries under the age 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under section 1905(a) Medicaid authority. Nothing in the DMC-ODS overrides any EPSDT requirements.

In addition to Article III.B.2.ii, the initial medical necessity determination, for an individual to receive a DMC-ODS benefit, shall be performed by a Medical Director or an LPHA. If a beneficiary's assessment and intake information are completed by a counselor through a face-to-face review or telehealth, the Medical Director or LPHA shall evaluate each beneficiary's assessment and intake information with the counselor to establish whether that beneficiary meets medical necessity criteria. The ASAM Criteria shall be applied to determine placement into the level of assessed services.

For an individual to receive ongoing DMC-ODS services, the Medical Director or LPHA shall reevaluate that individual's medical necessity qualification at least every six months through the reauthorization process and document their determination that those services are still clinically appropriate for that individual. For an individual to receive ongoing Opioid Treatment Program/Narcotic Treatment Program

(OTP/NTP) services, the Medical Director or LPHA shall reevaluate that individual's medical necessity qualification within two years from admission and annually thereafter through the reauthorization process and determine that those services are still clinically appropriate for that individual.

Covered Services

In addition to the coverage and authorization of services requirements set forth in this Agreement, the Contractor shall:

Identify, define, and specify the amount, duration, and scope of each medically necessary service that the Contractor is required to offer.

Require that the medically necessary services identified be furnished in an amount, duration, and scope that is no less than the amount, duration, and scope for the same services furnished to beneficiaries under fee-for-service Medicaid, as set forth in 42 CFR 440.230.

Specify the extent to which the Contractor is responsible for covering medically necessary services related to the following:

- a. The prevention, diagnosis, and treatment of health impairments.
- b. The ability to achieve age-appropriate growth and development.
- c. The ability to attain, maintain, or regain functional capacity.

The Contractor shall deliver the DMC-ODS Covered Services within a continuum of care as defined in the ASAM criteria.

General Provisions

Standard Contract Requirements (42 CFR §438.3).

Inspection and audit of records and access to facilities.

DHCS, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of the Contractor, or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities are conducted. The right to audit under this section exists for 10 years from the final date of the Agreement period or from the date of completion of any audit, whichever is later.

DMC Certification and Enrollment

1. DHCS certifies eligible providers to participate in the DMC program.
2. Providers of services are required to be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations. Contract providers must comply with the following regulations and guidelines:
 - i. Title 21, CFR Part 1300, et seq., Title 42, CFR, Part 8

- ii. Title 22, Section 51490.1(a)
 - iii. Exhibit A, Attachment I, Article III.PP – Requirements for Services
 - iv. Title 9, Division 4, Chapter 4, Subchapter 1, Sections 10000, et seq
 - v. Title 22, Division 3, Chapter 3, sections 51000 et. Seq
3. In the event of conflicts, the provisions of Title 22 shall control if they are more stringent.
 4. BHS shall notify Provider Enrollment Division (PED) of an addition or change of information in a providers pending DMC certification application within 35 days of receiving notification from the provider.
 5. Contractors are responsible for ensuring that any reduction of covered services or relocations are not implemented until the approval is issued by DHCS. Contracts must notify BHS with an intent to reduce covered services or relocate. BHS has 35 days of receiving notification of a provider’s intent to reduce covered services or relocate to submit, or require the provider to submit, a DMC certification application to PED. The DMC certification application shall be submitted to PED 60 days prior to the desired effective date of the reduction of covered services or relocation.
 6. BHS ensures that a new DMC certification application is submitted to PED reflecting changes of ownership or address.
 7. BHS shall notify DHCS PED by e-mail at DHCSDMCRecert@dhcs.ca.gov within two business days of learning that a subcontractor’s license, registration, certification, or approval to operate an SUD program or provide a covered service is revoked, suspended, modified, or not renewed by entities other than DHCS.
 - a. A provider’s certification to participate in the DMC program shall automatically terminate in the event that the provider, or its owners, officers or directors are convicted of Medical fraud, abuse, or malfeasance. For purposes of this section, a conviction shall include a plea of guilty or nolo contendere.

Continued Certification

1. All DMC certified providers shall be subject to continuing certification requirements at least once every five years. DHCS may allow the Contractor to continue delivering covered services to beneficiaries at a site subject to on-site review by DHCS as part of the recertification process prior to the date of the on-site review, provided the site is operational, the certification remains valid, and has all required fire clearances.
2. DHCS shall conduct unannounced certification and recertification on-site visits at clinics pursuant to WIC 14043.7.

Laboratory Testing Requirements

1. 42 CFR Part 493 sets forth the conditions that all laboratories shall meet to be certified to perform testing on human specimens under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). Except as specified in paragraph (2) of this section, a laboratory will be cited as out of compliance with section 353 of the Public Health Service Act unless it:

i. Has a current, unrevoked or unsuspended certificate of waiver, registration certificate, certificate of compliance, certificate for PPM procedures, or certificate of accreditation issued by HHS applicable to the category of examinations or procedures performed by the laboratory; or ii. Is CLIA-exempt.

2. These rules do not apply to components or functions of:

i. Any facility or component of a facility that only performs testing for forensic purposes;

ii. Research laboratories that test human specimens but do not report patient specific results for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of individual patients; or

iii. Laboratories certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), in which drug testing is performed which meets SAMHSA guidelines and regulations. However, all other testing conducted by a SAMHSA-certified laboratory is subject to this rule.

3. Laboratories under the jurisdiction of an agency of the Federal Government are subject to the rules of 42 CFR 493, except that the Secretary may modify the application of such requirements as appropriate.

iv. Timely Access: (42 CFR 438.206(c) (1) (i))

(1) The Provider must comply with Contractor's standards for timely access to care and services, taking into account the urgency of the need for services:

(a) Provider must complete Timely Access Log for all initial requests of services.

(b) Provider must offer outpatient services within 10 business days of request date (if outpatient provider).

(c) Provider must offer Opioid Treatment Services (OTP) services within 3 business days of request date (if OTP provider).

(d) Provider must offer regular hours of operation.

(2) The Contractor will establish mechanisms to ensure compliance by provider and monitor regularly.

(3) If the Provider fails to comply, the Contractor will take corrective action.

Early Intervention (ASAM Level 0.5)

1. Contractor shall identify beneficiaries at risk of developing a substance use disorder or those with an existing substance use disorder and offer those beneficiaries: screening for adults and youth, brief treatment as medically necessary, and, when indicated, a referral to treatment with a formal linkage.

Outpatient Services (ASAM Level 1.0)

1. Outpatient services consist of up to nine hours per week of medically necessary services for adults and less than six hours per week of services for adolescents. Group size is limited to no less than two (2) and no more than twelve (12) beneficiaries.
2. Outpatient services includes: assessment, treatment planning, individual counseling, group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination.
3. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Intensive Outpatient Services (ASAM Level 2.1)

1. Intensive outpatient services involves structured programming provided to beneficiaries as medically necessary for a minimum of nine hours and a maximum of 19 hours per week for adult perinatal and non-perinatal beneficiaries. Adolescents are provided a minimum of six and a maximum of 19 hours per week. Group size is limited to no less than two (2) and no more than twelve (12) beneficiaries.

i. The contractor-operated and subcontracted DMC-ODS providers may provide more than 19 hours per week to adults when determined by a Medical Director or an LPHA to be medical necessary, and in accordance with the individualized treatment plan.

ii. The contractor-operated and subcontracted DMC-ODS providers may extend a beneficiary's length of treatment when determined by a Medical Director or an LPHA to be medically necessary, and in accordance with the individualized treatment plan.

2. Intensive outpatient services includes: assessment, treatment planning, individual counseling, group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination. 3. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Residential Treatment Services

1. Residential services are provided in DHCS or DSS licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering care consistent with ASAM treatment criteria.

2. Residential services can be provided in facilities with no bed capacity limit.

3. The length of residential services range from 1 to 90 days with a 90-day maximum for adults and 30-day maximum for adolescents per 365-day period, unless medical necessity warrants a one-time extension of up to 30 days per 365-day period.

i. The average length of stay for residential services is 30 days.

ii. Perinatal beneficiaries shall receive a length of stay for the duration of their pregnancy, plus 60 days postpartum.

iii. EPSDT adolescent beneficiaries shall receive a longer length of stay, if found to be medically necessary.

Case Management

1. Case management services are defined as a service that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.
2. The Contractor shall ensure that case management services focus on coordination of SUD care, integration around primary care especially for beneficiaries with a chronic substance use disorder, and interaction with the criminal justice system, if needed.
4. Case management services may be provided by an LPHA or a registered or certified counselor.
5. The Contractor shall coordinate a system of case management services with physical and/or mental health in order to ensure appropriate level of care.
6. Case management services may be provided face-to-face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community.

Physician Consultation Services

1. Physician Consultation Services include DMC physicians' consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists. Physician consultation services are designed to assist DMC physicians by allowing them to seek expert advice when developing treatment plans for specific DMC-ODS beneficiaries. Physician consultation services may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations.
2. Contractor may contract with one or more physicians or pharmacists in order to provide consultation services.

Recovery Services

1. Recovery services may be delivered concurrently with other DMC-ODS services and levels of care as clinically appropriate. Beneficiaries without a remission diagnosis may also receive recovery services and do not need to be abstinent from drugs for any specified period of time. The service components of recovery services are:
 - a. Individual and/or group outpatient counseling services;
 - b. Recovery Monitoring: Recovery coaching and monitoring delivered in-person, by synchronous telehealth, or by telephone/audio-only;
 - c. Relapse Prevention: Relapse prevention, including attendance in alumni groups and recovery focused events/activities;
 - d. Education and Job Skills: Linkages to life skill services and supports, employment services, job training, and education services;

- e. Family Support: Linkages to childcare, parent education, child development support services, family/marriage education;
 - f. Support Groups: Linkages to self-help and support services, spiritual and faith based support;
 - g. Ancillary Services: Linkages to housing assistance, transportation, case management, and other individual services coordination.
2. Beneficiaries may receive recovery services based on a self-assessment or provider assessment of relapse risk. Beneficiaries receiving MAT, including Narcotic (Opioid) Treatment Program services, may receive recovery services. Beneficiaries may receive recovery services immediately after incarceration regardless of whether or not they received SUD treatment during incarceration. Recovery services may be provided in-person, by synchronous telehealth, or by telephone/audio-only. Recovery services may be provided in the home or the community.
 3. Recovery services shall be utilized when the beneficiary is triggered, when the beneficiary has relapsed, or simply as a preventative measure to prevent relapse. As part of the assessment and treatment needs of Dimension 6, Recovery Environment of the ASAM Criteria and during the transfer/transition planning process, the Contractor shall provide beneficiaries with recovery services.
 4. Additionally, the Contractor shall:
 - i. Provide recovery services to beneficiaries as medically necessary.
 - ii. Provide beneficiaries with access to recovery services after completing their course of treatment.

Withdrawal Management

1. If providing Withdrawal Management, the Contractor shall ensure that all beneficiaries receiving both residential services and WM services are monitored during the detoxification process.
2. The Contractor shall provide medically necessary habilitative and rehabilitative services in accordance with an individualized treatment plan prescribed by a licensed physician or licensed prescriber.

Voluntary Termination of DMC-ODS Services

1. The Contractor may terminate this Agreement at any time, for any reason, by giving 60 days written notice to DHCS. The Contractor shall be paid for DMC-ODS services provided to beneficiaries up to the date of termination. Upon termination, the Contractor shall immediately begin providing DMC services to beneficiaries in accordance with the State Plan.

Nullification of DMC-ODS Services

1. The parties agree that failure to comply with W&I section 14124.24, the Special Terms and Conditions, and this Agreement, shall be deemed a breach that results in the termination of this Agreement for cause. In the event of a breach, DMC-ODS services shall terminate. The Contractor shall immediately begin providing DMC services to the beneficiaries in accordance with the State Plan.

Hatch Act

Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

No Unlawful Use or Unlawful Use Messages Regarding Drugs

Contractor agrees that information produced through these funds, and which pertains to drug and alcohol related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Agreement, Contractor agrees that it shall enforce these requirements.

Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

Health Insurance Portability and Accountability Act (HIPAA) of 1996

If any of the work performed under this Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA.

Trading Partner Requirements

Contractor hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a)).

No Additions. Contractor hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))

No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked "not used" in the HHS Transaction's Implementation specification or are not in the HHS Transaction Standard's implementation specifications. (45 CFR Part 162.915 (c))

No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard's implementation specification. (45 CFR Part 162.915 (d))

Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in CCR Title 9, Division 4, Chapter 8. (Document 3H).

Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Agreement shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

Trafficking Victims Protection Act of 2000

Contractor and its subcontractors that provide services covered by this Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702.

For full text of the award term, go to: <http://uscode.house.gov/view.xhtml?req=granuleid:USCprelim-title22-section7104d&num=0&edition=prelim>

Youth Treatment Guidelines

Contractor shall follow the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Agreement is required for new guidelines to be incorporated into this Agreement.

Nondiscrimination in Employment and Services

By signing this Agreement, Contractor certifies that under the laws of the United States and the State of California, incorporated into this Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

Federal Law Requirements:

- i. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.
- ii. Title IX of the Education Amendments of 1972 (regarding education and programs and activities), if applicable.
- iii. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.

- iv. Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
- v. Age Discrimination in Employment Act (29 CFR Part 1625).
- vi. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
- vii. Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.
- viii. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
- ix. Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
- x. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
- xi. Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
- xii. The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- xiii. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

State Law Requirements:

- i. Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).
- ii. Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
- iii. Title 9, Division 4, Chapter 8, commencing with Section 10800.
- iv. No state or Federal funds shall be used by the Contractor for sectarian worship, instruction, and/or proselytization. No state funds shall be used by the Contractor to provide direct, immediate, or substantial support to any religious activity.
- v. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Agreement or terminate all, or any type, of funding provided hereunder.

Investigations and Confidentiality of Administrative Actions

If a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to WIC 14043.36(a). Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved. DHCS may also issue a Payment Suspension to a provider pursuant to WIC 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a Payment Suspension is in effect.

Beneficiary Problem Resolution Process

Contractors should follow the BHS problem resolution processes which include:

- i. A grievance process I
- i. An appeal process
- iii. An expedited appeal process.

Contract

Provider contracts shall:

Fulfill the requirements of 42 CFR Part 438 that are appropriate to the service or activity delegated under the subcontract.

Ensure that the Contractor evaluates the prospective subcontractor's ability to perform the activities to be delegated.

Require a written agreement that specifies the activities and report responsibilities delegated to the providers, and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.

Ensure monitoring of the providers performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

Ensures BHS identifies deficiencies or areas for improvement, the providers take corrective actions and BHS shall ensure that the provider implements these corrective actions.

Provider contracts shall include the following provider requirements in all subcontracts with providers:

- i. Culturally Competent Services: Providers are responsible to provide culturally competent services. Providers shall ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services shall be available for beneficiaries, as needed.
- ii. Medication Assisted Treatment: Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.

iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. The Contractor will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews. The required EBPs include:

- a. Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.
- b. Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.
- c. Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.
- d. Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.
- e. Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to beneficiaries' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

Contractor Monitoring

BHS shall conduct, at least annually, a utilization review of DMC providers to ensure covered services are being appropriately rendered. The annual review shall include an on-site visit of the service provider. Reports of the annual review shall be provided to DHCS' Performance & Integrity Branch.

State Monitoring - Postservice Postpayment and Postservice Prepayment Utilization Reviews

DHCS shall conduct Postservice Postpayment and Postservice Prepayment (PSPP) Utilization Reviews of the contracted DMC providers to determine whether the DMC services were provided in accordance with Article III.PP of this exhibit. DHCS shall issue the PSPP report to BHS with a copy to the DMC provider. BHS shall be responsible for their providers and Contractor-operated programs to ensure any deficiencies are remediated pursuant to Article III.DD.2. BHS shall attest the deficiencies have been remediated and are complete, pursuant to Article III.EE.5 of this Agreement.

The Department shall recover payments made if subsequent investigation uncovers evidence that the claim(s) should not have been paid, DMC-ODS services have been improperly utilized, and requirements of Article III.PP were not met.

All deficiencies identified by PSPP reports, whether or not a recovery of funds results, shall be corrected and BHS shall submit a Contractor-approved CAP. The CAP shall be submitted to the DHCS Analyst that conducted the review, within 60 days of the date of the PSPP report. a. The CAP shall:

Be documented on the DHCS CAP template.

Provide a specific description of how the deficiency shall be corrected.

Identify the title of the individual(s) responsible for:

1. Correcting the deficiency; 2. Ensuring on-going compliance; 3. Provide a specific description of how the provider will ensure on-going compliance; 4. Specify the target date of implementation of the corrective action.

DHCS shall provide written approval of the CAP to BHS with a copy to the provider. If DHCS does not approve the CAP, DHCS shall provide guidance on the deficient areas and request an updated CAP from BHS with a copy to the provider. BHS shall submit an updated CAP to the DHCS Analyst that conducted the review, within 30 days of notification.

If a CAP is not submitted, or, the provider does not implement the approved CAP provisions within the designated timeline, then DHCS may withhold funds from BHS until the entity that provided the services is in compliance with this Exhibit A, Attachment I. DHCS shall inform BHS when funds shall be withheld.

Reporting Requirements

California Outcomes Measurement System (CalOMS) for Treatment (CalOMS-Tx)

Contractor shall comply with data collection and reporting requirements established by the DHCS CalOMS-Tx Data Collection Guide (Document 3J) and all former Department of Alcohol and Drug Programs Bulletins and DHCS Information Notices relevant to CalOMS-Tx data collection and reporting requirements.

Providers shall submit CalOMS-Tx admission, discharge, annual update, resubmissions of records containing errors or in need of correction, and "provider no activity" report records in an electronic format approved by DHCS.

Contractor shall comply with the CalOMS-Tx Data Compliance Standards established by DHCS identified in (Document 3S) for reporting data content, data quality, data completeness, reporting frequency, reporting deadlines, and reporting method.

Drug and Alcohol Treatment Access Report (DATAR)

Treatment providers must submit a monthly DATAR report in an electronic copy format as provided by DHCS.

Training

BHS ensures providers receive training on the DMC-ODS requirements, at least annually.

BHS requires providers to be trained in the ASAM Criteria prior to providing services. At minimum, providers and staff conducting assessments are required to complete the two e-Training modules entitled “ASAM Multidimensional Assessment” and “From Assessment to Service Planning and Level of Care”. A third module entitled, “Introduction to The ASAM Criteria” is recommended for all county and provider staff participating in the Waiver. With assistance from the state, counties will facilitate ASAM provider trainings.

Record Retention

Providers shall refer to the BHS policy on record retention on record for the mandate to keep and maintain records for each service rendered, to whom it was rendered, and the date of service, pursuant to WIC 14124.1 and 42 CFR 438.3(h) and 438.3(u).

Subcontract Termination

BHS shall notify the Department of the termination of any subcontract with a certified provider, and the basis for termination of the subcontract, within two business days. BHS shall submit the notification by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov.

Control Requirements

Providers shall establish written policies and procedures consistent with the requirements listed in 2(c).

Be held accountable for audit exceptions taken by DHCS against BHS and its subcontractors for any failure to comply with these requirements:

- i. HSC, Division 10.5, commencing with Section 11760
- ii. Title 9, Division 4, Chapter 8, commencing with Section 13000
- iii. Government Code Section 16367.8
- iv. Title 42, CFR, Sections 8.1 through 8.6
- v. Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances
- vi. State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

Providers shall be familiar with the above laws, regulations, and guidelines

The provisions of this Exhibit A, Attachment I are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Agreement.

Performance Requirements

Contractor shall provide services based on funding set forth in Exhibit B, Attachment I, and under the terms of this Agreement.

Contractor shall provide services to all eligible persons in accordance with federal and state statutes and regulations.

Contractor shall ensure that in planning for the provision of services, the following barriers to services are considered and addressed:

- a. Lack of educational materials or other resources for the provision of services.
- b. Geographic isolation and transportation needs of persons seeking services or remoteness of services.
- c. Institutional, cultural, and/or ethnicity barriers.
- d. Language differences.
- e. Lack of service advocates.
- f. Failure to survey or otherwise identify the barriers to service accessibility.
- g. Needs of persons with a disability.

Requirements for Services Confidentiality

All SUD treatment services shall be provided in a confidential setting in compliance with 42 CFR, Part 2 requirements.

Perinatal Services.

i. Perinatal services shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and development of parenting skills.

ii. Perinatal services shall include:

- a. Mother/child habilitative and rehabilitative services (i.e., development of parenting skills, training in child development, which may include the provision of cooperative child care pursuant to Health and Safety Code Section 1596.792).
- b. Service access (i.e., provision of or arrangement for transportation to and from medically necessary treatment).
- c. Education to reduce harmful effects of alcohol and drugs on the mother and fetus or the mother and infant.
- d. Coordination of ancillary services (i.e., assistance in accessing and completing dental services, social services, community services, educational/vocational training and other services which are medically necessary to prevent risk to fetus or infant).

iii. Medical documentation that substantiates the beneficiary's pregnancy and the last day of pregnancy shall be maintained in the beneficiary record.

iv. Contractor shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines. The Perinatal Practice Guidelines are attached to this Agreement as Document 1G, incorporated by reference. The Contractor shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. The incorporation of any new Perinatal Practice Guidelines into this Agreement shall not require a formal amendment.

Naltrexone Treatment Services

For each beneficiary, all of the following shall apply:

a. The provider shall confirm and document that the beneficiary meets all of the following conditions: i. Has a documented history of opiate addiction. ii. Is at least 18 years of age.

iii. Has been opiate free for a period of time to be determined by a physician based on the physician's clinical judgment. The provider shall administer a body specimen test to confirm the opiate free status of the beneficiary.

iv. Is not pregnant and is discharged from the treatment if she becomes pregnant. b. The physician shall certify the beneficiary's fitness for treatment based upon the beneficiary's physical examination, medical history, and laboratory results. c. The physician shall advise the beneficiary of the overdose risk should the beneficiary return to opiate use while taking Naltrexone and the ineffectiveness of opiate pain relievers while on Naltrexone.

Substance Use Disorder Medical Director

i. The SUD Medical Director's responsibilities shall, at a minimum, include all of the following:

a. Ensure that medical care provided by physicians, registered nurse practitioners, and physician assistants meets the applicable standard of care.

b. Ensure that physicians do not delegate their duties to non-physician personnel.

c. Develop and implement written medical policies and standards for the provider.

d. Ensure that physicians, registered nurse practitioners, and physician assistants follow the provider's medical policies and standards.

e. Ensure that the medical decisions made by physicians are not influenced by fiscal considerations.

f. Ensure that provider's physicians and LPHAs are adequately trained to perform diagnosis of substance use disorders for beneficiaries, and determine the medical necessity of treatment for beneficiaries.

g. Ensure that provider's physicians are adequately trained to perform other physician duties, as outlined in this section.

ii. The SUD Medical Director may delegate his/her responsibilities to a physician consistent with the provider's medical policies and standards; however, the SUD Medical Director shall remain responsible for ensuring all delegated duties are properly performed.

Provider Personnel

i. Personnel files shall be maintained on all employees, contracted positions, volunteers, and interns, and shall contain the following:

a. Application for employment and/or resume

b. Signed employment confirmation statement/duty statement

c. Job description

d. Performance evaluations

e. Health records/status as required by the provider, AOD Certification or CCR Title 9

f. Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries)

g. Training documentation relative to substance use disorders and treatment

h. Current registration, certification, intern status, or licensure

i. Proof of continuing education required by licensing or certifying agency and program

j. Provider's Code of Conduct.

ii. Job descriptions shall be developed, revised as needed, and approved by the provider's governing body.

The job descriptions shall include:

a. Position title and classification

b. Duties and responsibilities

c. Lines of supervision

d. Education, training, work experience, and other qualifications for the position

iii. Written provider code of conduct for employees and volunteers/interns shall be established which addresses at least the following: a. Use of drugs and/or alcohol

b. Prohibition of social/business relationship with beneficiaries or their family members for personal gain

c. Prohibition of sexual contact with beneficiaries

d. Conflict of interest

e. Providing services beyond scope

f. Discrimination against beneficiaries or staff g. Verbally, physically, or sexually harassing, threatening or abusing beneficiaries, family members or other staff

h. Protection of beneficiary confidentiality

i. Cooperate with complaint investigations

iv. If a provider utilizes the services of volunteers and/or interns, written procedures shall be implemented which address:

a. Recruitment

b. Screening and Selection

c. Training and orientation

d. Duties and assignments

e. Scope of practice

f. Supervision

g. Evaluation

h. Protection of beneficiary confidentiality

v. Written roles and responsibilities and a code of conduct for the Medical Director shall be clearly documented, signed and dated by a provider representative and the physician.

Beneficiary Admission

i. Each provider shall include in its policies, procedures, and practice, written admission and readmission criteria for determining beneficiary's eligibility and the medical necessity for treatment. These criteria shall include, at a minimum:

a. DSM diagnosis

b. Use of alcohol/drugs of abuse

c. Physical health status

d. Documentation of social and psychological problems.

ii. If a potential beneficiary does not meet the admission criteria, the beneficiary shall be referred to an appropriate service provider.

iii. If a beneficiary is admitted to treatment, the beneficiary shall sign a consent to treatment form.

iv. The Medical Director or LPHA shall document the basis for the diagnosis in the beneficiary record.

v. All referrals made by the provider staff shall be documented in the beneficiary record. vi. Copies of the following documents shall be provided to the beneficiary upon admission:

a. Beneficiary rights, share of cost if applicable, notification of DMC funding accepted as payment in full, and consent to treatment.

vii. Copies of the following shall be provided to the beneficiary or posted in a prominent place accessible to all beneficiaries:

a. A statement of nondiscrimination by race, religion, sex, ethnicity, age, disability, sexual preference, and ability to pay.

b. Complaint process and grievance procedures.

c. Appeal process for involuntary discharge.

d. Program rules and expectations.

viii. Where drug screening by urinalysis is deemed medically appropriate the program shall:

a. Establish written procedures, which protect against the falsification and/or contamination of any urine sample.

b. Document urinalysis results in the beneficiary's file.

Assessment

i. The provider shall ensure a counselor or LPHA completes a personal, medical, and substance use history for each beneficiary upon admission to treatment.

a. Assessment for all beneficiaries shall include at a minimum:

i. Drug/Alcohol use history

ii. Medical history iii. Family history

iv. Psychiatric/psychological history

v. Social/recreational history

vi. Financial status/history vii. Educational history

viii. Employment history

ix. Criminal history, legal status, and

x. Previous SUD treatment history

b. The Medical Director or LPHA shall review each beneficiary's personal, medical, and substance use history if completed by a counselor within 30 calendar days of each beneficiary's admission to treatment date.

Beneficiary Record

i. In addition to the requirements of 22 CCR § 51476(a), the provider shall:

a. Establish, maintain, and update as necessary, an individual beneficiary record for each beneficiary admitted to treatment and receiving services.

b. Each beneficiary's individual beneficiary record shall include documentation of personal information.

c. Documentation of personal information shall include all of the following: i. Information specifying the beneficiary's identifier (i.e., name, number). ii. Date of beneficiary's birth, the beneficiary's sex, race and/or ethnic background, beneficiary's address and telephone number, and beneficiary's next of kin or emergency contact.

ii. Documentation of treatment episode information shall include documentation of all activities, services, sessions, and assessments, including, but not limited to all of the following:

a. Intake and admission data including, a physical examination, if applicable.

b. Treatment plans.

c. Progress notes.

d. Continuing services justifications.

e. Laboratory test orders and results.

f. Referrals.

g. Discharge plan.

h. Discharge summary.

i. Contractor authorizations for Residential Services.

j. Any other information relating to the treatment services rendered to the beneficiary.

Diagnosis Requirements

i. The Medical Director or LPHA shall evaluate each beneficiary's assessment and intake information if completed by a counselor through a face-to-face review or telehealth with the counselor to establish a beneficiary meets the medical necessity criteria in Article III.B.2.ii.

a. The Medical Director or LPHA shall document separately from the treatment plan the basis for the diagnosis in the beneficiary's record within 30 calendar days of each beneficiary's admission to treatment date.

i. The basis for the diagnosis shall be a narrative summary based on DSM-5 criteria, demonstrating the Medical Director or LPHA evaluated each beneficiary's assessment and intake information, including their personal, medical, and substance use history.

ii. The Medical Director or LPHA shall type or legibly print their name, and sign and date the diagnosis narrative documentation. The signature shall be adjacent to the typed or legibly printed name.

Physical Examination Requirements

i. If a beneficiary had a physical examination within the twelve-month period prior to the beneficiary's admission to treatment date, the physician or registered nurse practitioner or physician's assistant (physician extenders) shall review documentation of the beneficiary's most recent physical examination within 30 calendar days of the beneficiary's admission to treatment date.

a. If a provider is unable to obtain documentation of a beneficiary's most recent physical examination, the provider shall describe the efforts made to obtain this documentation in the beneficiary's individual patient record.

ii. As an alternative to complying with paragraph (i) above or in addition to complying with paragraph (i) above, the physician or physician extender may perform a physical examination of the beneficiary within 30 calendar days of the beneficiary's admission to treatment date.

iii. If the physician or a physician extender, has not reviewed the documentation of the beneficiary's physical examination as provided for in paragraph (i), or the provider does not perform a physical examination of the beneficiary as provided for in paragraph (ii), then the LPHA or counselor shall include in the beneficiary's initial and updated treatment plans the goal of obtaining a physical examination, until this goal has been met and the physician has reviewed the physical examination results. The physician shall type or legibly print their name, sign, and date documentation to support they have reviewed the physical examination results. The signature shall be adjacent to the typed or legibly printed name.

Treatment Plan

i. For each beneficiary admitted to treatment services, the LPHA or counselor shall prepare an individualized written initial treatment plan, based upon the information obtained in the intake and assessment process.

a. The LPHA or counselor shall attempt to engage the beneficiary to meaningfully participate in the preparation of the initial treatment plan and updated treatment plans.

i. The initial treatment plan and updated treatment plans shall include all of the following:

1. A statement of problems identified through the ASAM, other assessment tool(s) or intake documentation.
2. Goals to be reached which address each problem.
3. Action steps that will be taken by the provider and/or beneficiary to accomplish identified goals.
4. Target dates for the accomplishment of action steps and goals.

5. A description of the services, including the type of counseling, to be provided and the frequency thereof.
6. The assignment of a primary therapist or counselor.
7. The beneficiary's diagnosis as documented by the Medical Director or LPHA.
8. If a beneficiary has not had a physical examination within the 12-month period prior to the beneficiary's admission to treatment date, a goal that the beneficiary have a physical examination.
9. If documentation of a beneficiary's physical examination, which was performed during the prior 12 months, indicates a beneficiary has a significant medical illness, a goal that the beneficiary obtain appropriate treatment for the illness. b. The provider shall ensure that the initial treatment plan meets all of the following requirements:
 - i. The LPHA or counselor shall complete, type or legibly print their name, and sign and date the initial treatment plan within 30 calendar days of the admission to treatment date. The signature shall be adjacent to the typed or legibly printed name.
 - ii. The beneficiary shall review, approve, type, or legibly print their name, sign and date the initial treatment plan, indicating whether the beneficiary participated in preparation of the plan, within 30 calendar days of the admission to treatment date.
1. If the beneficiary refuses to sign the treatment plan, the provider shall document the reason for refusal and the provider's strategy to engage the beneficiary to participate in treatment. iii. If a counselor completes the initial treatment plan, the Medical Director or LPHA shall review the initial treatment plan to determine whether services are medically necessary (as defined in Article IV) and appropriate for the beneficiary.
1. If the Medical Director or LPHA determines the services in the initial treatment plan are medically necessary, the Medical Director or LPHA shall type or legibly print their name, and sign and date the treatment plan within 15 calendar days of signature by the counselor. The signature shall be adjacent to the typed or legibly printed name.
- ii. The provider shall ensure that the treatment plan is reviewed and updated as described below:
 - a. The LPHA or counselor shall complete, type, or legibly print their name, sign and date the updated treatment plan no later than 90 calendar days after signing the initial treatment plan, and no later than every 90 calendar days thereafter, or when there is a change in treatment modality or significant event, whichever comes first. The signature shall be adjacent to the typed or legibly printed name. The updated treatment plan shall be updated to reflect the current treatment needs of the beneficiary.
 - b. The beneficiary shall review, approve, type, or legibly print their name and, sign and date the updated treatment plan, indicating whether the beneficiary participated in preparation of the plan, within 30 calendar days of signature by the LPHA or counselor. i. If the beneficiary refuses to sign the updated treatment plan, the provider shall document the reason for refusal and the provider's strategy to engage the beneficiary to participate in treatment.

c. If a counselor completes the updated treatment plan, the Medical Director or LPHA shall review each updated treatment plan to determine whether continuing services are medically necessary (as defined in Article IV) and appropriate for the beneficiary.

- I. If the Medical Director or LPHA determines the services in the updated treatment plan are medically necessary, they shall type or legibly print their name and, sign and date the updated treatment plan, within 15 calendar days of signature by the counselor. The signature shall be adjacent to the typed or legibly printed name.

Sign-in Sheet

i. Establish and maintain a sign-in sheet for every group counseling session, which shall include all of the following:

a. The LPHA(s) and/or counselor(s) conducting the counseling session shall type or legibly print their name(s), sign, and date the sign-in sheet on the same day of the session. The signature(s) must be adjacent to the typed or legibly printed name(s). By signing the sign-in sheet, the LPHA(s) and/or counselor(s) attest that the sign-in sheet is accurate and complete.

b. The date of the counseling session.

c. The topic of the counseling session.

d. The start and end time of the counseling session.

e. A typed or legibly printed list of the participants' names and the signature of each participant that attended the counseling session. The participants shall sign the sign-in sheet at the start of or during the counseling session.

Progress Notes

Progress notes shall be legible and completed as follows: a. For outpatient services, Naltrexone treatment services, and recovery services, each individual and group session, the LPHA or counselor who conducted the counseling session or provided the service shall record a progress note for each beneficiary who participated in the counseling session or treatment service. i. The LPHA or counselor shall type or legibly print their name, and sign and date the progress note within seven calendar days of the counseling session. The signature shall be adjacent to the typed or legibly printed name.

ii. Progress notes are individual narrative summaries and shall include all of the following:

1. The topic of the session or purpose of the service.

2. A description of the beneficiary's progress on the treatment plan problems, goals, action steps, objectives, and/or referrals.

3. Information on the beneficiary's attendance, including the date, start and end times of each individual and group counseling session or treatment service.

4. Identify if services were provided in person, by telephone, or by telehealth.

5. If services were provided in the community, identify the location and how the provider ensured confidentiality.

b. For intensive outpatient services and residential treatment services, the LPHA or counselor shall record, at a minimum, one progress note, per calendar week, for each beneficiary participating in structured activities including counseling sessions or other treatment services.

i. The LPHA or counselor shall type or legibly print their name, and sign and date progress notes within the following calendar week. The signature shall be adjacent to the typed or legibly printed name. I

i. Progress notes are individual narrative summaries and shall include all of the following:

1. A description of the beneficiary's progress on the treatment plan, problems, goals, action steps, objectives, and/or referrals.

2. A record of the beneficiary's attendance at each counseling session including the date, start and end times and topic of the counseling session.

3. Identify if services were provided in-person, by telephone, or by telehealth.

4. If services were provided in the community, identify the location and how the provider ensured confidentiality.

c. For each beneficiary provided case management services, the LPHA or counselor who provided the treatment service shall record a progress note. i. The LPHA or counselor shall type or legibly print their name, and sign and date the progress note within seven calendar days of the case management service. The signature shall be adjacent to the typed or legibly printed name. ii. Progress notes shall include all of the following:

1. Beneficiary's name.

2. The purpose of the service.

3. A description of how the service relates to the beneficiary's treatment plan problems, goals, action steps, objectives, and/or referrals.

4. Date, start and end times of each service.

5. Identify if services were provided in-person, by telephone, or by telehealth.

6. If services were provided in the community, identify the location and how the provider ensured confidentiality.

d. For physician consultation services, additional medication assisted treatment, and withdrawal management, the Medical Director or LPHA working within their scope of practice who provided the treatment service shall record a progress note and keep in the beneficiary's file.

i. The Medical Director or LPHA shall type or legibly print their name, and sign and date the progress note within seven calendar days of the service. The signature shall be adjacent to the typed or legibly printed name. ii. Progress notes shall include all of the following:

1. Beneficiary's name.

2. The purpose of the service.

3. Date, start and end times of each service. 4. Identify if services were provided face-to-face, by telephone or by telehealth.

Continuing Services

i. Continuing services shall be justified as shown below: a. For outpatient services, intensive outpatient services, Naltrexone treatment, and case management:

i. For each beneficiary, no sooner than five months and no later than six months after the beneficiary's admission to treatment date or the date of completion of the most recent justification for continuing services, the LPHA or counselor shall review the beneficiary's progress and eligibility to continue to receive treatment services, and recommend whether the beneficiary should or should not continue to receive treatment services at the same level of care.

ii. For each beneficiary, no sooner than five months and no later than six months after the beneficiary's admission to treatment date or the date of completion of the most recent justification for continuing services, the Medical Director or LPHA shall determine medical necessity for continued services for the beneficiary. The determination of medical necessity shall be documented by the Medical Director or LPHA in the beneficiary's individual patient record and shall include documentation that all of the following have been considered:

1. The beneficiary's personal, medical and substance use history.

2. Documentation of the beneficiary's most recent physical examination.

3. The beneficiary's progress notes and treatment plan goals.

4. The LPHA's or counselor's recommendation pursuant to Paragraph (i) above.

5. The beneficiary's prognosis.

i. The Medical Director or LPHA shall type or legibly print their name, and sign and date the continuing services information when completed. The signature shall be adjacent to the typed or legibly printed name.

iii. If the Medical Director or LPHA determines that continuing treatment services for the beneficiary is not medically necessary, the provider shall discharge the beneficiary from the current LOC and transfer to the appropriate services. b. Residential services length of stay shall be in accordance with Article III.H of this Agreement.

Discharge

i. Discharge of a beneficiary from treatment may occur on a voluntary or involuntary basis. For outpatient services, intensive outpatient services and residential services, in addition to the requirements of this subsection, an involuntary discharge is subject to the requirements set forth in Article II.G.2. of this Agreement. ii. An LPHA or counselor shall complete a discharge plan for each beneficiary, except for a beneficiary with whom the provider loses contact. a. The discharge plan shall include, but not be limited to, all of the following:

i. A description of each of the beneficiary's relapse triggers.

ii. A plan to assist the beneficiary to avoid relapse when confronted with each trigger.

iii. A support plan.

b. The discharge plan shall be prepared within 30 calendar days prior to the scheduled date of the last face-to-face treatment with the beneficiary.

i. If a beneficiary is transferred to a higher or lower level of care based on ASAM criteria within the same DMC certified program, they are not required to be discharged unless there has been more than a 30-calendar day lapse in treatment services.

c. During the LPHA's or counselor's last face-to-face treatment with the beneficiary, the LPHA or counselor and the beneficiary shall type or legibly print their names, sign and date the discharge plan. The signatures shall be adjacent to the typed or legibly printed name. A copy of the discharge plan shall be provided to the beneficiary and documented in the beneficiary record.

iii. The LPHA or counselor shall complete a discharge summary, for any beneficiary with whom the provider lost contact, in accordance with all of the following requirements: a. The LPHA or counselor shall complete the discharge summary within 30 calendar days of the date of the last face-to-face treatment contact with the beneficiary.

b. The discharge summary shall include all of the following:

i. The duration of the beneficiary's treatment as determined by the dates of admission to and discharge from treatment.

ii. The reason for discharge.

iii. A narrative summary of the treatment episode.

iv. The beneficiary's prognosis.

Reimbursement of Documentation

BHS allows for the inclusion of the time spent documenting when billing for a unit of service delivered, providers are required to include the following information in their progress notes:

a. The date the progress note was completed.

b. The start and end time of the documentation of the progress note.

ii. Documentation activities shall be billed as a part of the covered service unit.

Substance Abuse Block Grant

Under the Substance Abuse Block Grant provider provisions, the contractor agrees with the following requirements:

Federal Award Subrecipient

1. The Substance Abuse Prevention and Treatment Block Grant (SABG) is a federal award within the meaning of Title 45, Code of Federal Regulations (CFR), Part 75. This Contract is a subaward of the federal award to DHCS, then to the San Francisco Department of Public Health.
2. Contractor is a subrecipient and subject to all applicable administrative requirements, cost principles, and audit requirements that govern federal monies associated with the SABG set forth in the Uniform Guidance 2 CFR Part 200, as codified by the U.S. Department of Health and Human Services (HHS) at 45 CFR Part 75. 3.

STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (GC 12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions: a) Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations. b) Establish a Drug-Free Awareness Program to inform employees about: 1. the dangers of drug abuse in the workplace; 2. the person's or organization's policy of maintaining a drug-free workplace; 3. any available counseling, rehabilitation and employee assistance programs; and, 4. penalties that may be imposed upon employees for drug abuse violations. c) Provide that every employee who works on the proposed Agreement will: 1. receive a copy of the company's drug-free policy statement; and, 2. agree to abide by the terms of the company's statement as a condition of employment on the Agreement. Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: (1) the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (GC 8350 et seq.)

NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court which orders Contractor to comply with an order of the National Labor Relations Board. (PCC 10296) (Not applicable to public entities.)

CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003. Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State. Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

SWEATFREE CODE OF CONDUCT: a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website and Public Contract Code Section 6108. b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a). **DOMESTIC PARTNERS:** For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA: a) When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled. b) "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to

taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax. c) Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

Section 1 – Control Requirements

Contractors shall establish, written policies and procedures consistent with the control requirements set forth below; (ii) BHS will monitor for compliance with the written procedures; and (iii) be accountable for audit exceptions taken by DHCS against the BHS and its subcontractors for any failure to comply with these requirements:

- a) HSC, Division 10.5, Part 2 commencing with Section 11760.
- b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000.
- c) Government Code, Title 2, Division 4, Part 2, Chapter 2, Article 1.7.
- d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130.
- e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-64 through 66.
- f) Title 2, CFR 200 -The Uniform Administration Requirements, Cost Principles and Audit Requirements for Federal Awards.
- g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137.
- h) Title 42, CFR, Sections 8.1 through 8.6.
- i) Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).
- j) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances.
- k) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures).

contractors should be familiar with the above laws, regulations, and guidelines.

3. Contractors shall comply with the Minimum Quality Drug Treatment Standards for SABG for all Substance Use Disorder (SUD) treatment programs either partially or fully funded by SABG. The Minimum Quality Drug Treatment Standards for SABG are attached to this Contract as Document, incorporated by

reference. The incorporation of any new Minimum Quality Drug Treatment Standards into this Contract shall not require a formal amendment.

Section 2 – General Provisions

A. Restrictions on Salaries Contractor agrees that no part of any federal funds provided under this Contract shall be used to pay the salary and wages of an individual at a rate in excess of Level I of the Executive Schedule. Salary and wages schedules may be found at https://grants.nih.gov/grants/policy/salcap_summary.htm. SABG funds used to pay a salary in excess of the rate of basic pay for Level I of the Executive Schedule shall be subject to disallowance. The amount disallowed shall be determined by subtracting the individual’s actual salary from the Level I rate of basic pay and multiplying the result by the percentage of the individual’s salary that was paid with SABG funds (Reference: Terms and Conditions of the SABG award).

B. Primary Prevention

1. The SABG regulation defines “Primary Prevention Programs” as those programs “directed at individuals who have not been determined to require treatment for substance abuse” (45 CFR 96.121), and “a comprehensive prevention program which includes a broad array of prevention strategies directed at individuals not identified to be in need of better treatment” (45 CFR 96.125). Primary prevention includes strategies, programs, and initiatives which reduce both direct and indirect adverse personal, social, health, and economic consequences resulting from problematic Alcohol and Other Drug (AOD) availability, manufacture, distribution, promotion, sales, and use. The desired result of primary prevention is to promote safe and healthy behaviors and environments for individuals, families, and communities. The Contractor shall expend not less than its allocated amount of the SABG Primary Prevention Set-Aside funds on primary prevention as described in the SABG requirements (45 CFR 96.124).

C. Friday Night Live

Contractors receiving SABG Friday Night Live (FNL) funding must:

1. Engage in programming that meets the FNL Youth Development Standards of Practice, Operating Principles and Core Components outlined at <http://fridaynightlive.org/about-us/cfnlp-overview/>
2. Use the prevention data collection and reporting service for all FNL reporting including profiles and chapter activity.
3. Follow the FNL Data Entry Instructions for the PPSDS as provided by DHCS.
4. Meet the Member in Good Standing (MIGS) requirements, as determined by DHCS in conjunction with the California Friday Night Live Collaborative and the California Friday Night Live Partnership. Contractors that do not meet the MIGS requirements shall obtain technical assistance and training services from the California Friday Night Live Partnership and develop a technical assistance plan detailing how the Contractor intends to ensure satisfaction of the MIGS requirements for the next review.

D. Perinatal Practice Guidelines

Contractor shall comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines. The Perinatal Practice Guidelines FY 2018-19 are attached to this Contract, incorporated by reference. The Contractor shall comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. The incorporation of any new Perinatal Practice Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Practice Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

E. Funds identified in this Contract shall be used exclusively for county alcohol and drug abuse services to the extent activities meet the requirements for receipt of federal block grant funds for prevention and treatment of substance abuse described in subchapter XVII of Chapter 6A of Title 42, the USC.

F. Room and Board for Transitional Housing, Recovery Residences, and Drug Medi-Cal Organized Delivery System (DMC-ODS) Residential Treatment.

1. BHS uses SABG discretionary funds, or SABG perinatal funds (for perinatal beneficiaries only), to cover the cost of room and board of residents in short term (up to 24 months) transitional housing and recovery residences. SABG discretionary funds, or SABG perinatal funds (for perinatal beneficiaries only), are used to cover the cost of room and board of residents in DMC-ODS residential treatment facilities.

Section 3 - Performance Provisions

A. Monitoring

- a) Whether the quantity of work or services being performed conforms to Exhibit B.
- b) BHS monitors that the contractor is abiding by all the terms and requirements of this Contract.
- c) Whether the Contractor is abiding by the terms of the Perinatal Practice Guidelines.

B. Performance Requirements

1. Contractors shall provide services to all eligible persons in accordance with federal and state statutes and regulations. Contractor shall assure that in planning for the provision of services, the following barriers to services are considered and addressed:

- a) Lack of educational materials or other resources for the provision of services.
- b) Geographic isolation and transportation needs of persons seeking services or remoteness of services.
- c) Institutional, cultural, and/or ethnicity barriers.
- d) Language differences.
- e) Lack of service advocates.
- f) Failure to survey or otherwise identify the barriers to service accessibility.
- g) Needs of persons with a disability.

2. Contractor shall comply with any additional requirements of the documents that have been incorporated herein by reference.

Part II – General

A. Additional Contract Restrictions This Contract is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Contract in any manner.

B. Hatch Act Contractor agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

C. No Unlawful Use or Unlawful Use Messages Regarding Drugs Contractor agrees that information produced through these funds, and which pertains to drugs and alcohol-related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol-related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999- 11999.3). By signing this Contract, Contractor agrees that it will enforce, and will require its subcontractors to enforce, these requirements.

D. Noncompliance with Reporting Requirements Contractor agrees that DHCS has the right to withhold payments until Contractor has submitted any required data and reports to DHCS, as identified in Exhibit A, Attachment I, Part III - Reporting Requirements, or as identified in Document 1F(a), Reporting Requirements Matrix for Counties.

E. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances None of the funds made available through this Contract may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

F. Debarment and Suspension Contractor shall not subcontract with or employ any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The Contractor shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001. If a Contractor subcontracts or employs an excluded party DHCS has the right to withhold payments, disallow costs, or issue a CAP, as appropriate, pursuant to HSC Code 11817.8(h).

G. Restriction on Distribution of Sterile Needles No SABG funds made available through this Contract shall be used to carry out any program that includes the distribution of sterile needles or syringes for the

hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

H. Health Insurance Portability and Accountability Act (HIPAA) of 1996 All work performed under this Contract is subject to HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit F, DHCS and County shall cooperate to assure mutual agreement as to those transactions between them, to which this provision applies. Refer to Exhibit F for additional information.

1. Trading Partner Requirements

a) No Changes. Contractor hereby agrees that for the personal health information (Information), it will not change any definition, data condition or use of a data element or segment as proscribed in the Federal Health and Human Services (HHS) Transaction Standard Regulation (45 CFR 162.915 (a)).

b) No Additions. Contractor hereby agrees that for the Information, it will not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation (45 CFR 162.915 (b)).

c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it will not use any code or data elements that either are marked "not used" in the HHS Transaction's Implementation specification or are not in the HHS Transaction Standard's implementation specifications (45 CFR 162.915 (c)).

d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it will not change the meaning or intent of any of the HHS Transaction Standard's implementation specification (45 CFR 162.915 (d)).

2. Concurrence for Test Modifications to HHS Transaction Standards Contractor agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Contractor agrees that it will participate in such test modifications.

3. Adequate Testing Contractor is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Contractor has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4. Deficiencies Contractor agrees to correct transactions, errors, or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the Contractor is acting as a clearinghouse for that provider. When County is a clearinghouse, Contractor agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5. Code Set Retention Both parties understand and agree to keep open code sets being processed or used in this Contract for at least the current billing period or any appeal period, whichever is longer.

6. Data Transmission Log Both parties shall establish and maintain a Data Transmission Log which shall record any and all Data Transmissions taking place between the Parties during the term of this Contract. Each party will take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

I. Nondiscrimination and Institutional Safeguards for Religious Providers Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

J. Counselor Certification Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be registered or certified as defined in Title 9, CCR, Division 4, Chapter 8, (Document 3H).

K. Cultural and Linguistic Proficiency To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Contract shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V).

L. Intravenous Drug Use (IVDU) Treatment Contractor shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo AOD treatment (42 USC 300x-23 (45 CFR 96.126(e)).

M. Tuberculosis Treatment Contractor shall ensure the following related to Tuberculosis (TB):

1. Routinely make available TB services to each individual receiving treatment for AOD use and/or abuse.
2. Reduce barriers to patients' accepting TB treatment.
3. Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

N. Trafficking Victims Protection Act of 2000 Contractor and its subcontractors that provide services covered by this Contract shall comply with the Trafficking Victims Protection Act of 2000 (22 United States Code (USC) 7104(g)) as amended by section 1702 of Pub. L. 112-239.

O. Tribal Communities and Organizations Contractor shall regularly assess (e.g. review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS-Tx) to determine whether the population is being reached, survey Tribal representatives for insight in potential barriers), the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the County geographic area, and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/NA communities within the County.

P. Participation of County Behavioral Health Director's Association of California. The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director's Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services. The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

Q. Youth Treatment Guidelines Contractor must comply with the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing youth treatment programs funded under this Exhibit, until new Youth Treatment Guidelines are established and adopted. No formal amendment of this contract is required for new guidelines to be incorporated into this Contract.

R. Perinatal Practice Guidelines Contractor must comply with the perinatal program requirements as outlined in the Perinatal Practice Guidelines. The Perinatal Practice Guidelines are attached to this contract as Document 1G, incorporated by reference. The Contractor must comply with the current version of these guidelines until new Perinatal Practice Guidelines are established and adopted. The incorporation of any new Perinatal Practice Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Practice Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

S. Byrd Anti-Lobbying Amendment (31 USC 1352) Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

T. Nondiscrimination in Employment and Services By signing this Contract, Contractor certifies that under the laws of the United States and the State of California, incorporated into this Contract by reference and made a part hereof as if set forth in full, Contractor will not unlawfully discriminate against any person.

U. Federal Law Requirements:

1. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally-funded programs.
2. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
3. Age Discrimination Act of 1975 (45 CFR Part 90), as amended 42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
4. Age Discrimination in Employment Act (29 CFR Part 1625).

5. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
6. Title II of the Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.
7. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
8. Section 504 of the Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
9. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
10. Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
11. The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
12. Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

V. State Law Requirements:

1. Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (2 CCR 7285.0 et seq.).
2. Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
3. Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 13000.
4. No state or federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.
5. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for DHCS to withhold payments under this Contract or terminate all, or any type, of funding provided hereunder.

W. Additional Contract Restrictions

1. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

X. Information Access for Individuals with Limited English Proficiency

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.
2. Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

iv. Timely Access: (42 CFR 438.206(c) (1) (i))

- (4) The Provider must comply with Contractor's standards for timely access to care and services, taking into account the urgency of the need for services:
 - (e) Provider must complete Timely Access Log for all initial requests of services.
 - (f) Provider must offer outpatient services within 10 business days of request date (if outpatient provider).
 - (g) Provider must offer Opioid Treatment Services (OTP) services within 3 business days of request date (if OTP provider).
 - (h) Provider must offer regular hours of operation.
- (5) The Contractor will establish mechanisms to ensure compliance by provider and monitor regularly.
- (6) If the Provider fails to comply, the Contractor will take corrective action.

DOCUMENTS INCORPORATED BY REFERENCE

All SABG documents incorporated by reference into this contract may not be physically attached to the contract, but can be found at DHCS' website:

<https://www.dhcs.ca.gov/provgovpart/Pages/SAPT-Block-Grant-Contracts.aspx>

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Prevention and Treatment Block Grant Requirements <https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations <https://www.law.cornell.edu/cfr/text/42/part-54>

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix - County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Practice Guidelines FY 2018-19

https://www.dhcs.ca.gov/individuals/Documents/Perinatal_Practice_Guidelines_FY1819.pdf

Document 1K: Drug and Alcohol Treatment Access Report (DATAR) User Manual

<http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

Document 1P: Alcohol and/or Other Drug Program Certification Standards (May 1, 2017)

http://www.dhcs.ca.gov/Documents/DHCS_AOD_Certification_Standards.pdf

Document 1V: Youth Treatment Guidelines

http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

Document 2F(b): Minimum Quality Drug Treatment Standards for SABG

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 3G: California Code of Regulations, Title 9 - Rehabilitation and Developmental Services, Division 4 - Department of Alcohol and Drug Programs, Chapter 4 - Narcotic Treatment Programs <https://govt.westlaw.com/calregs/Search/Index>

Document 3H: California Code of Regulations, Title 9 - Rehabilitation and Developmental Services, Division 4 - Department of Alcohol and Drug Programs, Chapter 8 - Certification of Alcohol and Other Drug Counselors <https://govt.westlaw.com/calregs/Search/Index>

Document 3J: CalOMS Treatment Data Collection Guide

http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Document 3S: CalOMS Treatment Data Compliance Standards

http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_data_compliance%20standards%202014.pdf

Document 3T: Non-Drug Medi-Cal and Drug Medi-Cal DHCS Local Assistance Funding Matrix

Document 3T(a): SAPT Authorized and Restricted Expenditures Information (April 2017)

Document 3V : Culturally and Linguistically Appropriate Services (CLAS) National Standards

<https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

Document 5A : Confidentiality Agreement

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

Appendix F
PAGE A

Contract ID#

1000010136

INVOICE NUMBER: COV1JL21

Template Version: Amend2 User Cd

Ct. PO No.: POHM SFGOV-0000594770

Fund Source: HPH Covid OPS SIP Hotels

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Contractor: UCSF SFGH Psychiatry Dpt - CMS# 6906

Address: 1855 Folsom St. Box #0897, San Francisco, CA 94143

Tel No.: (415) 206-8431

Fax No.:

COVID-19

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

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Citywide Linkage HMIOT PC# - 8911SIP 152644-21481-10036575-0010												
60/ 78 SS-Other Non-MediCal Client Support Exp	17,028	40			-	-	0%	0%	17,028	40	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 547,336.00	\$ -	\$ -	0.00%	\$ 547,336.00
Fringe Benefits	\$ 241,923.00	\$ -	\$ -	0.00%	\$ 241,923.00
Total Personnel Expenses	\$ 789,259.00	\$ -	\$ -	0.00%	\$ 789,259.00
Operating Expenses:					
Occupancy	\$ 8,910.00	\$ -	\$ -	0.00%	\$ 8,910.00
Materials and Supplies	\$ 4,000.00	\$ -	\$ -	0.00%	\$ 4,000.00
General Operating	\$ 500.00	\$ -	\$ -	0.00%	\$ 500.00
Staff Travel	\$ 6,756.00	\$ -	\$ -	0.00%	\$ 6,756.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Date Network Services	\$ 3,108.00	\$ -	\$ -	0.00%	\$ 3,108.00
CCDSS	\$ 3,986.00	\$ -	\$ -	0.00%	\$ 3,986.00
GAEL	\$ 4,488.00	\$ -	\$ -	0.00%	\$ 4,488.00
UCSF Faculty and Staff HR Recharge	\$ 6,852.00	\$ -	\$ -	0.00%	\$ 6,852.00
Client Food and Micellaneous Expenses	\$ 2,498.00	\$ -	\$ -	0.00%	\$ 2,498.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 41,098.00	\$ -	\$ -	0.00%	\$ 41,098.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 830,357.00	\$ -	\$ -	0.00%	\$ 830,357.00
Indirect Expenses	\$ 99,643.00	\$ -	\$ -	0.00%	\$ 99,643.00
TOTAL EXPENSES	\$ 930,000.00	\$ -	\$ -	0.00%	\$ 930,000.00

Less: Initial Payment Recovery	
Other Adjustments (DPH use only)	
REIMBURSEMENT	\$ -

NOTES:

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

Signature: _____

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:
Email: cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Contract ID#

1000010136

INVOICE NUMBER: COV2JL21

Template Version: Amend2 User Cd

Ct. PO No.: POHM SFGOV-0000594770

Fund Source: HPH Covid OPS Medical Services

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Contractor: UCSF SFGH Psychiatry Dpt - CMS# 6906

Address: 1855 Folsom St. Box #0897, San Francisco, CA 94143

Tel No.: (415) 206-8431

Fax No.:

COVID-19

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

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Citywide Linkage HMIOT PC# - 8911SIP 152644-21481-10036571-0010												
60/ 78 SS-Other Non-MediCal Client Support Exp	72	40			-	-	0%	0%	72	40	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Date Network Services	\$ -	\$ -	\$ -	0.00%	\$ -
CCDSS	\$ -	\$ -	\$ -	0.00%	\$ -
GAEL	\$ -	\$ -	\$ -	0.00%	\$ -
UCSF Faculty and Staff HR Recharge	\$ -	\$ -	\$ -	0.00%	\$ -
Client Food and Micellaneous Expenses	\$ 3,502.00	\$ -	\$ -	0.00%	\$ 3,502.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 3,502.00	\$ -	\$ -	0.00%	\$ 3,502.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 3,502.00	\$ -	\$ -	0.00%	\$ 3,502.00
Indirect Expenses	\$ 420.00	\$ -	\$ -	0.00%	\$ 420.00
TOTAL EXPENSES	\$ 3,922.00	\$ -	\$ -	0.00%	\$ 3,922.00

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:
Email: cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Contract ID#
1000010136

INVOICE NUMBER: M01JL21

Contractor: UCSF SFGH Psychiatry Dpt - CMS# 6906

Template Version: Amend2

Address: 1855 Folsom St. Box #0897, San Francisco, CA 94143



User Cd

Tel No.: (415) 206-8431

Ct. PO No.: POHM SFGOV-0000594770

Fax No.

Fund Source: MH Fed/ State/ County Adult - GF

Invoice Period: July 2021

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

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

ACE Control Number:

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

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 Citywide Linkage PC# - 89114 251984-10000-10001792-0001												
15/ 01 - 09 OP - Case Mgt Brokerage	162,700				\$ 4.30	\$ -	0.000		0.00%		162,700.000	
15/ 10 - 57, 59 OP - MH Svcs	97,947				\$ 5.40	\$ -	0.000		0.00%		97,947.000	
15/ 60 - 69 OP - Medication Support	20,000				\$ 7.60	\$ -	0.000		0.00%		20,000.000	
15/ 70 - 79 OP - Crisis Intervention	15,000				\$ 6.00	\$ -	0.000		0.00%		15,000.000	
B-2 Citywide Linkage HMIOT PC#8911CCR 251984-10000-10001792-0001												
15/ 01 - 09 OP - Case Mgt Brokerage	84,955				\$ 4.30	\$ -	0.000		0.00%		84,955.000	
15/ 10 - 57, 59 OP - MH Svcs	44,085				\$ 5.40	\$ -	0.000		0.00%		44,085.000	
15/ 60 - 69 OP - Medication Support	10,000				\$ 7.60	\$ -	0.000		0.00%		10,000.000	
15/ 70 - 79 OP - Crisis Intervention	2,500				\$ 6.00	\$ -	0.000		0.00%		2,500.000	
B-6 Citywide Svcs for Supportive Housing PC# - 8911SH 251984-10000-10001792-0001												
15/ 01 - 09 OP - Case Mgt Brokerage	44,565				\$ 4.30	\$ -	0.000		0.00%		44,565.000	
15/ 10 - 57, 59 OP - MH Svcs	81,525				\$ 5.40	\$ -	0.000		0.00%		81,525.000	
15/ 60 - 69 OP - Medication Support	123,124				\$ 7.60	\$ -	0.000		0.00%		123,124.000	
15/ 70 - 79 OP - Crisis Intervention	7,676				\$ 6.00	\$ -	0.000		0.00%		7,676.000	
TOTAL	694,077		0.000				0.000		0.00%		694,077.000	
Budget Amount					\$ 3,778,552.00				Expenses To Date	% of Budget		Remaining Budget
									\$ -	0.00%		\$ 3,778,552.00

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

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

Appendix F
PAGE A

Contract ID#
1000010136

Contractor: UCSF SFGH Psychiatry Dpt - CMS# 6906

Address: 1855 Folsom St. Box #0897, San Francisco, CA 94143

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



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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M03JL21
 Template Version: Amend2 User Cd
 Ct. PO No.: POHM SFGOV-0000594770
 Fund Source: MH WO SHF NOVA Pretrial
 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-4 Citywide NoVA Pre-Trial PC# - 8911NO												
60/ 78 SS-Other Non-MediCal Client	2,356	30			-	-	0%	0%	2,356	30	100%	100%
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 75,767.00	\$ -	\$ -	0.00%	\$ 75,767.00
Fringe Benefits	\$ 33,489.00	\$ -	\$ -	0.00%	\$ 33,489.00
Total Personnel Expenses	\$ 109,256.00	\$ -	\$ -	0.00%	\$ 109,256.00
Operating Expenses:					
Occupancy	\$ 600.00	\$ -	\$ -	0.00%	\$ 600.00
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Date Network Services	\$ 552.00	\$ -	\$ -	0.00%	\$ 552.00
CCDSS	\$ 708.00	\$ -	\$ -	0.00%	\$ 708.00
GAEL	\$ 621.00	\$ -	\$ -	0.00%	\$ 621.00
UCSF Faculty and Staff HR Recharge	\$ 1,217.00	\$ -	\$ -	0.00%	\$ 1,217.00
Client Food and Miscellaneous Exp	\$ 2,000.00	\$ -	\$ -	0.00%	\$ 2,000.00
Total Operating Expenses	\$ 5,698.00	\$ -	\$ -	0.00%	\$ 5,698.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 114,954.00	\$ -	\$ -	0.00%	\$ 114,954.00
Indirect Expenses	\$ 13,794.00	\$ -	\$ -	0.00%	\$ 13,794.00
TOTAL EXPENSES	\$ 128,748.00	\$ -	\$ -	0.00%	\$ 128,748.00

Less: Initial Payment Recovery		NOTES: MH WO SHF NOVA PRETRIAL 251984-10002-10001991-0005 : \$126,000 MH Adult County GF WO CODB 251984-10000-10001792-0001: \$2,748
Other Adjustments (DPH use only)		
REIMBURSEMENT	\$ -	

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

Signature: _____
 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:
 Email: cbhshinyoices@sfdph.org
 Jul 3-28

DPH Authorization for Payment

 Authorized Signatory

 Date
 Prepared: 3/29/2022

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

Appendix F
PAGE A

Contract ID#
1000010136

INVOICE NUMBER: M06OC21
 Template Version: Amend2
 User Cd: _____
 Ct. PO No.: POHM SFGOV-0000594770
 Fund Source: MH Pre-Trial Felony Diversion Grant
 Invoice Period: October 2021
 Final Invoice: _____ (Check if Yes)

Contractor: UCSF SFGH Psychiatry Dpt - CMS# 6906

Address: 1855 Folsom St. Box #0897, San Francisco, CA 94143

Tel No.: (415) 206-8431

Fax No.: _____



Funding Term: 10/01/2021 - 09/30/2022

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 DHS Pre-Trial Felony MH Diversion Program PC# - 8911 MHD												
15/ 01 - 09 OP - Case Mgt Brokerage	6,495	10			-	-	0%	0%	6,495	10	100%	100%
15/ 10 - 57, 59 OP - MH Svcs	4,058	10			-	-	0%	0%	4,058	10	100%	100%
15/ 60 - 69 OP - Medication Support	7,305	10			-	-	0%	0%	7,305	10	100%	100%
15/ 70 - 79 OP - Crisis Intervention	2,283	10			-	-	0%	0%	2,283	10	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 265,824.00	\$ -	\$ -	0.00%	\$ 265,824.00
Fringe Benefits	\$ 117,494.00	\$ -	\$ -	0.00%	\$ 117,494.00
Total Personnel Expenses	\$ 383,318.00	\$ -	\$ -	0.00%	\$ 383,318.00
Operating Expenses:					
Occupancy	\$ 1,800.00	\$ -	\$ -	0.00%	\$ 1,800.00
Material and Supplies	\$ 436.00	\$ -	\$ -	0.00%	\$ 436.00
General Operating	\$ 200.00	\$ -	\$ -	0.00%	\$ 200.00
Staff Travel	\$ 2,400.00	\$ -	\$ -	0.00%	\$ 2,400.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Data Network Services	\$ 1,656.00	\$ -	\$ -	0.00%	\$ 1,656.00
CCDSS	\$ 2,124.00	\$ -	\$ -	0.00%	\$ 2,124.00
GAEL	\$ -	\$ -	\$ -	0.00%	\$ -
UCSF Faculty and Staff HR Recharge	\$ -	\$ -	\$ -	0.00%	\$ -
Client food and Misc Expenses	\$ 8,000.00	\$ -	\$ -	0.00%	\$ 8,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 16,616.00	\$ -	\$ -	0.00%	\$ 16,616.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 399,934.00	\$ -	\$ -	0.00%	\$ 399,934.00
Indirect Expenses	\$ 47,992.00	\$ -	\$ -	0.00%	\$ 47,992.00
TOTAL EXPENSES	\$ 447,926.00	\$ -	\$ -	0.00%	\$ 447,926.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:
 MH Pre-Trial Felony Diversion Grant 251984-10001-10036957-0001: \$437,926
 MH Adult County GF CODB 251984-10000-10001792-0001: \$10,000

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
 Oe email to:
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

 Authorized Signatory

 Date
 Prepared: 3/29/2022

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

Appendix F
PAGE A

Contract ID#
1000010136

INVOICE NUMBER: M07JL21

Contractor: UCSF SFGH Psychiatry Dpt - CMS# 6906

Template Version: Amend2

Address: 1855 Folsom St. Box #0897, San Francisco, CA 94143

BHS

User Cd

Tel No.: (415) 206-8431

Ct. PO No.: POHM SFGOV-0000594770

Fund Source: MH Adult Fed FFP/WO SHF NOVA / CODB

Invoice Period: July 2021

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

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

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

*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 Citywide NoVA PC# 8911NO												
15/ 01 - 09 OP - Case Mgt Brokerage	11,878.00				\$ 4.30	\$ -	0.000		0.00%			11,878.000
15/ 10 - 57, 59 OP - MH Svcs	37,744.00				\$ 5.40	\$ -	0.000		0.00%			37,744.000
15/ 70 - 79 OP - Crisis Intervention	264.00				\$ 6.00	\$ -	0.000		0.00%			264.000
TOTAL	49,886.00		0.000				0.000		0.00%			49,886.000
	Budget Amount				\$ 256,476.00			Expenses To Date	% of Budget			Remaining Budget
								\$ -	0.00%			\$ 256,476.00

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

NOTES:
 MH Fed SDMC FFP/CODB 251984-10000-10001792-0001 \$62,931
 MH WO Sheriff NoVA 251984-10002-10001991-0003 \$193,545

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: _____
Email: cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Contract ID#

1000010136

Contractor: UCSF SFGH Psychiatry Dpt - CMS# 6906

Address: 1855 Folsom St. Box #0897, San Francisco, CA 94143

Tel No.: (415) 206-8431

Fax No.:

BHS

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M09JL21

Template Version: Amend2

User Cd

Ct. PO No.: POHM SFGOV-0000594770

Fund Source: MH MHSA (Adult)

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-7 Citywide AOT PC# - 8911AO 251984-17156-10031199-0058												
15/ 01 - 09 OP - Case Mgt Brokerage	12,641	24.7			-	-	0%	0%	12,641	25	100%	100%
15/ 10 - 57, 59 OP - MH Svcs	7,898	24.7			-	-	0%	0%	7,898	25	100%	100%
15/ 60 - 69 OP - Medication Support	14,221	24.7			-	-	0%	0%	14,221	25	100%	100%
15/ 70 - 79 OP - Crisis Intervention	4,445	24.7			-	-	0%	0%	4,445	25	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 531,490.00	\$ -	\$ -	0.00%	\$ 531,490.00
Fringe Benefits	\$ 209,135.00	\$ -	\$ -	0.00%	\$ 209,135.00
Total Personnel Expenses	\$ 740,625.00	\$ -	\$ -	0.00%	\$ 740,625.00
Operating Expenses:					
Occupancy	\$ 93,618.00	\$ -	\$ -	0.00%	\$ 93,618.00
Material and Supplies	\$ 9,875.00	\$ -	\$ -	0.00%	\$ 9,875.00
General Operating	\$ 494.00	\$ -	\$ -	0.00%	\$ 494.00
Staff Travel	\$ 5,925.00	\$ -	\$ -	0.00%	\$ 5,925.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Data Network Recharge	\$ 2,971.00	\$ -	\$ -	0.00%	\$ 2,971.00
CCDSS	\$ 3,811.00	\$ -	\$ -	0.00%	\$ 3,811.00
GAEL	\$ 4,358.00	\$ -	\$ -	0.00%	\$ 4,358.00
UCSF Faculty and Staff HR Recharge	\$ 6,550.00	\$ -	\$ -	0.00%	\$ 6,550.00
Client food and Misc Expenses	\$ 10,369.00	\$ -	\$ -	0.00%	\$ 10,369.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 137,971.00	\$ -	\$ -	0.00%	\$ 137,971.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 878,596.00	\$ -	\$ -	0.00%	\$ 878,596.00
Indirect Expenses	\$ 105,432.00	\$ -	\$ -	0.00%	\$ 105,432.00
TOTAL EXPENSES	\$ 984,028.00	\$ -	\$ -	0.00%	\$ 984,028.00
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

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

Appendix F
PAGE A

Contract ID#
1000010136

Contractor: UCSF SFGH Psychiatry Dpt - CMS# 6906

Address: 1855 Folsom St. Box #0897, San Francisco, CA 94143

Tel No.: (415) 206-8431

Fax No.:



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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M11JL21

Template Version: Amend2

Ct. PO No.: POHM SFGOV-0000594770

Fund Source: MH Adult County GF

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-7 Citywide AOT PC# - 8911AO 251984-10000-10001792-0001												
15/ 01 - 09 OP - Case Mgt Brokerage	159	0.3			-	-	0%	0%	159	0	100%	100%
15/ 10 - 57, 59 OP - MH Svcs	100	0.3			-	-	0%	0%	100	0	100%	100%
15/ 60 - 69 OP - Medication Support	179	0.3			-	-	0%	0%	179	0	100%	100%
15/ 70 - 79 OP - Crisis Intervention	56	0.3			-	-	0%	0%	56	0	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 6,703.00	\$ -	\$ -	0.00%	\$ 6,703.00
Fringe Benefits	\$ 2,638.00	\$ -	\$ -	0.00%	\$ 2,638.00
Total Personnel Expenses	\$ 9,341.00	\$ -	\$ -	0.00%	\$ 9,341.00
Operating Expenses:					
Occupancy	\$ 1,181.00	\$ -	\$ -	0.00%	\$ 1,181.00
Material and Supplies	\$ 125.00	\$ -	\$ -	0.00%	\$ 125.00
General Operating	\$ 6.00	\$ -	\$ -	0.00%	\$ 6.00
Staff Travel	\$ 75.00	\$ -	\$ -	0.00%	\$ 75.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Data Network Recharge	\$ 37.00	\$ -	\$ -	0.00%	\$ 37.00
CCDSS	\$ 48.00	\$ -	\$ -	0.00%	\$ 48.00
Gael	\$ 55.00	\$ -	\$ -	0.00%	\$ 55.00
UCSF Faculty and Staff HR Recharge	\$ 83.00	\$ -	\$ -	0.00%	\$ 83.00
Client food and Misc Expenses	\$ 131.00	\$ -	\$ -	0.00%	\$ 131.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 1,741.00	\$ -	\$ -	0.00%	\$ 1,741.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 11,082.00	\$ -	\$ -	0.00%	\$ 11,082.00
Indirect Expenses	\$ 1,329.00	\$ -	\$ -	0.00%	\$ 1,329.00
TOTAL EXPENSES	\$ 12,411.00	\$ -	\$ -	0.00%	\$ 12,411.00
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

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

Appendix F
PAGE A

Contract ID#

1000010136

Contractor: UCSF SFGH Psychiatry Dpt - CMS# 6906

Address: 1855 Folsom St. Box #0897, San Francisco, CA 94143

Tel No.: (415) 206-8431

Fax No.:

BHS

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M12JL21

Template Version: Amend2

User Cd

Ct. PO No.: POHM SFGOV-0000594770

Fund Source: MH Adult OCOH Admin Prop C Baseline

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-2 Citywide Linkage HMIOT PC# - 8911CCR 251984-10000-10001792-00023												
60/ 78 SS-Other Non-MediCal Client	7,164	40			-	-	0%	0%	7,164	40	100%	100%
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 216,661.00	\$ -	\$ -	0.00%	\$ 216,661.00
Fringe Benefits	\$ 95,764.00	\$ -	\$ -	0.00%	\$ 95,764.00
Total Personnel Expenses	\$ 312,425.00	\$ -	\$ -	0.00%	\$ 312,425.00
Operating Expenses:					
Occupancy	\$ 11,770.00	\$ -	\$ -	0.00%	\$ 11,770.00
Materials and Supplies	\$ 18,000.00	\$ -	\$ -	0.00%	\$ 18,000.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Date Network Services	\$ 1,231.00	\$ -	\$ -	0.00%	\$ 1,231.00
CCDSS	\$ 1,579.00	\$ -	\$ -	0.00%	\$ 1,579.00
GAEL	\$ 1,777.00	\$ -	\$ -	0.00%	\$ 1,777.00
UCSF Faculty and Staff HR Recharge	\$ 2,713.00	\$ -	\$ -	0.00%	\$ 2,713.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 37,070.00	\$ -	\$ -	0.00%	\$ 37,070.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 349,495.00	\$ -	\$ -	0.00%	\$ 349,495.00
Indirect Expenses	\$ 41,939.00	\$ -	\$ -	0.00%	\$ 41,939.00
TOTAL EXPENSES	\$ 391,434.00	\$ -	\$ -	0.00%	\$ 391,434.00

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

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

Or email to:
Email: cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Contract ID#

1000010136

INVOICE NUMBER: M13JL21

Template Version: Amend2 User Cd

Ct. PO No.: POHM SFGOV-0000594770

Fund Source: MH WO HOM UC Revoving Team

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Contractor: UCSF SFGH Psychiatry Dpt - CMS# 6906

Address: 1855 Folsom St. Box #0897, San Francisco, CA 94143

Tel No.: (415) 206-8431

Fax No.:

BHS

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

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-6 Citywide Services for Supporting Housing PC# 8911SH 251984-10002-10001989-0003												
60/ 78 SS-Other Non-MediCal Client Support Exp	3,983	240			-	-	0%	0%	3,983	240	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 126,910.00	\$ -	\$ -	0.00%	\$ 126,910.00
Fringe Benefits	\$ 56,094.00	\$ -	\$ -	0.00%	\$ 56,094.00
Total Personnel Expenses	\$ 183,004.00	\$ -	\$ -	0.00%	\$ 183,004.00
Operating Expenses:					
Occupancy	\$ 1,200.00	\$ -	\$ -	0.00%	\$ 1,200.00
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ 1,200.00	\$ -	\$ -	0.00%	\$ 1,200.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Date Network Services	\$ 1,104.00	\$ -	\$ -	0.00%	\$ 1,104.00
CCDSS	\$ 1,416.00	\$ -	\$ -	0.00%	\$ 1,416.00
GAEL	\$ 1,041.00	\$ -	\$ -	0.00%	\$ 1,041.00
UCSF Faculty and Staff HR Recharge	\$ 2,434.00	\$ -	\$ -	0.00%	\$ 2,434.00
Client food and miscellaneous expenses	\$ 2,917.00	\$ -	\$ -	0.00%	\$ 2,917.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 11,312.00	\$ -	\$ -	0.00%	\$ 11,312.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 194,316.00	\$ -	\$ -	0.00%	\$ 194,316.00
Indirect Expenses	\$ 23,318.00	\$ -	\$ -	0.00%	\$ 23,318.00
TOTAL EXPENSES	\$ 217,634.00	\$ -	\$ -	0.00%	\$ 217,634.00

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:
Email: cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Contract ID#

1000010136

INVOICE NUMBER: S02JL21

Ct. Blanket No.: BPHM Amend2

User Cd

Ct. PO No.: POHM SFGOV-0000594770

Fund Source: SUD County General Fund / CODB

Invoice Period: July 2021

Final Invoice: (Check if Yes)

Contractor: UCSF SFGH Psychiatry Dpt - CMS# 6906

Address: 1855 Folsom St. Box #0897, San Francisco, CA 94143

Tel No.: (415) 206-8431

Fax No.:



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

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-8 Citywide STOP PC# - 38321 240646-10000-10001681-0003												
Supt-02 SA-Support Training Treatment	40	20			-	-	0%	0%	40	20	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 6,032.00	\$ -	\$ -	0.00%	\$ 6,032.00
Fringe Benefits	\$ 1,472.00	\$ -	\$ -	0.00%	\$ 1,472.00
Total Personnel Expenses	\$ 7,504.00	\$ -	\$ -	0.00%	\$ 7,504.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Data Network Services	\$ 14.00	\$ -	\$ -	0.00%	\$ 14.00
CCDSS	\$ 19.00	\$ -	\$ -	0.00%	\$ 19.00
GAEL	\$ 50.00	\$ -	\$ -	0.00%	\$ 50.00
UCSF Faculty and Staff HR Recharge	\$ 45.00	\$ -	\$ -	0.00%	\$ 45.00
Total Operating Expenses	\$ 128.00	\$ -	\$ -	0.00%	\$ 128.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 7,632.00	\$ -	\$ -	0.00%	\$ 7,632.00
Indirect Expenses	\$ 916.00	\$ -	\$ -	0.00%	\$ 916.00
TOTAL EXPENSES	\$ 8,548.00	\$ -	\$ -	0.00%	\$ 8,548.00
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

Prepared: 3/23/2022

Date

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

Appendix F
PAGE A

Contract ID#
1000010136

Contractor: UCSF SFGH Psychiatry Dpt - CMS# 6906

Address: 1855 Folsom St. Box #0897, San Francisco, CA 94143

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

BHS

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

PHP Division: Behavioral Health Services

INVOICE NUMBER:	S03JL21
Template Version	Amend2
	User Cd
Ct. PO No.: POHM	SFGOV-0000594770
Fund Source:	SUD Fed SDMC/State/Cnty GF/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-9 UCSF Citywide SUD Intensive Case Mgmt (SUD ICM) PC# - 2832ANC, 3832SM-ANS - 240646-10000-10001681-0003												
Anc-68 SA-Ancillary Svcs Case Mgmt-3832ANC	1,200	10			-	-	0%	0%	1,200	10	100%	100%
ODS - 91i ODS OT Individual Counseling - 3832SM-ANS	675	10			-	-	0%	0%	675	10	100%	100%
ODS - 91cm ODS OT Case Management - 3832SM-ANS	1,920	10			-	-	0%	0%	1,920	10	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 277,712.00	\$ -	\$ -	0.00%	\$ 277,712.00
Fringe Benefits	\$ 112,795.00	\$ -	\$ -	0.00%	\$ 112,795.00
Total Personnel Expenses	\$ 390,507.00	\$ -	\$ -	0.00%	\$ 390,507.00
Operating Expenses:					
Occupancy	\$ 2,089.00	\$ -	\$ -	0.00%	\$ 2,089.00
Materials and Supplies	\$ 200.00	\$ -	\$ -	0.00%	\$ 200.00
General Operating	\$ 100.00	\$ -	\$ -	0.00%	\$ 100.00
Staff Travel	\$ 1,176.00	\$ -	\$ -	0.00%	\$ 1,176.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Data Network Services	\$ 1,518.00	\$ -	\$ -	0.00%	\$ 1,518.00
CCDSS	\$ 1,947.00	\$ -	\$ -	0.00%	\$ 1,947.00
GAEL	\$ 2,277.00	\$ -	\$ -	0.00%	\$ 2,277.00
UCSF Faculty and Staff HR Recharge	\$ 3,396.00	\$ -	\$ -	0.00%	\$ 3,396.00
Client Food and Miscellaneous Expenses	\$ 753.00	\$ -	\$ -	0.00%	\$ 753.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 13,456.00	\$ -	\$ -	0.00%	\$ 13,456.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 403,963.00	\$ -	\$ -	0.00%	\$ 403,963.00
Indirect Expenses	\$ 48,475.00	\$ -	\$ -	0.00%	\$ 48,475.00
TOTAL EXPENSES	\$ 452,438.00	\$ -	\$ -	0.00%	\$ 452,438.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
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

