

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

**Agreement between the City and County of San Francisco and
The Regents of the University of California, A Constitutional Corporation,
on behalf of its San Francisco Campus
UC SFGH Clinical Practice Group SFGH/Comm Focus PGM**

Second Amendment

THIS AMENDMENT (this “Amendment”) is made as of April 1, 2023, in San Francisco, California, by and between The Regents of the University of California, A Constitutional Corporation, on behalf of its San Francisco Campus UC SFGH Clinical Practice Group SFGH/Comm Focus PGM (“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, The San Francisco Department of Public Health (Department) entered into an Original Agreement dated July 1, 2018, with a term through December 31, 2021, with a contract price of \$6,374,716, for various mental health related services competitively solicited under various RFP/RFQs, described below, that allowed for different performance periods and scopes; and

WHEREAS, the scope of services described in Appendices A-1 (Day Care Consultants) and A-2 (SPRING Project) were competitively procured by the Department as required by San Francisco Administrative Code Chapter 21.1 through RFQ 16-2018, issued on May 4, 2018, which allowed for contracts to have a duration up to 5.5 years, and this modification is consistent therewith to extend the term through December 31, 2023; and

WHEREAS, in order to continue services of Appendices A-1 (Day Care Consultants) and A-2 (SPRING Project) uninterrupted the Department desires to exercise its authority under San Francisco Administrative Code Section 21.42, to extend the Agreement for a period of an additional 6 months from January 1, 2024 through June 30, 2024; and

WHEREAS, the scope of services described in Appendix A-3 (Psychotherapy Services) were competitively procured by the Department, as required by San Francisco Administrative Code Chapter 21.1, through RFP 1-2017, amended and re-issued on January 1, 2018, which allowed for contracts to have a duration of up to 10 years through June 30, 2028; and

WHEREAS, approval for the Agreement was obtained on November 15, 2018 from the Civil Service Commission or Department of Human Resources on behalf of the Civil Service Commission under PSC number 46987-16/17 in the amount of \$233,200,000 for the period commencing July 1, 2017 and ending June 30, 2027; and

WHEREAS, the City’s Board of Supervisors approved this Agreement by [insert resolution number] on [insert date of Commission or Board action].

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

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# 1000009127, between and Contractor and City, as amended by the First Amendment dated January 1, 2022.

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

2. Modifications to the Agreement

The Agreement is hereby modified as follows:

2.1 Article 2 Term of the Original Amendment currently reads as follows:

2.1 Term. The term of this Agreement shall commence on July 1, 2018 and expire on December 31, 2022, unless earlier terminated as otherwise provided herein.

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

2.1 Term. The term of this Agreement shall commence on **July 1, 2018** and expire on **June 30, 2028**, unless earlier terminated as otherwise provided herein.

2.2 Payment. Section 3.3.1 Payment of the Agreement currently reads as follows:

3.3.1 Payment. Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of Public Health, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Four Hundred Thirty Five Thousand Eight Hundred Eighty Three Dollars (\$9,438,883)**. 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 Article 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 **Fourteen Million Six Hundred Forty Seven Thousand Four Hundred Eighty One Dollars (\$14,647,481)**. The breakdown of costs associated with this Agreement appears in **Appendix B**, “Calculation of Charges,” attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

The Appendices listed below are Amended as follows:

2.03 Delete Appendices A-1, A-2 and A-3 and replace in its entirety with Appendix A-1, A-2 and A-3 (for Funding Term 7/1/2022-6/30/23) attached to this Amendment and fully incorporated within the Agreement.

2.04 Appendix B is hereby replaced in its entirety by Appendix B, dated 4/1/23, attached to this Amendment and fully incorporated within the Agreement.

2.05 Appendices B-1, B-2, and B-3 (for FY 22-23)

2.06 Appendix D is hereby replaced in its entirety by Appendix D, attached to this Amendment and fully incorporated within the Agreement.

2.07 Appendix F is hereby replaced in its entirety by Appendix F, attached to this Amendment and fully incorporated within the Agreement.

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

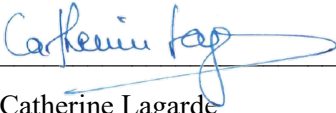
CITY

Contractor

Recommended by:

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

Grant Colfax, M.D. Date
Director of Health
Department of Public Health

 _____ 4/27/2023
Catherine Lagarde Date
Contracts and Grants Officer

Approved as to Form:

Supplier ID: 0000012358

David Chiu
City Attorney

By: _____
Louise S. Simpson Date
Deputy City Attorney

Approved:

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

1. Identifiers:

UCSF Infant-Parent Program / Daycare Consultants

San Francisco General Hospital
1001 Potrero Avenue, Building 5, Unit 6B
San Francisco, California 94110 - 3518

Program Director: Kristin Reinsberg, LMFT

Telephone: 415-206-5270

Email Address: kristin.reinsberg@ucsf.edu

Program Code(s): 38C86 / Daycare Consultants Program

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

To provide mental health consultation and related direct mental health services to all constituents of child care programs, homeless shelters, substance abuse residential treatment homes and family resource centers in San Francisco serving children birth through five (0 -5) years of age.

4. Priority Population:

Young children, ages prenatal through 5. In the coming year, DCC will support approximately 2000 children (birth through 5 years) and 430 staff participating in 32 childcare programs (including 4 family childcare programs), 8 family resource centers, 4 residential substance abuse treatment centers, and 6 homeless shelters throughout San Francisco. Approximately 40 of these children and their parents may be the focus of intensive consultation. Approximately 15 children will receive Early Intervention support and up to 13 children and their families may receive direct treatment (group, dyadic parent-child, or individual therapy). Additionally, IPP will continue to be available to support Family Childcare providers, as requested by our ECMHCI Program Manager. IPP makes every effort to serve all San Franciscans in need. Where a particular program is not the best fit, staff will make an appropriate referral, either internally or to a co-service provider in San Francisco.

Site Name	# of Classrooms	# of Children	# of Staff	Tier	Hrs per Wk	Fund Source(s)	Site Type
1st Place 2 Start	2	20	3	3	8	DCYF	ECE
Buen Dia Family School	1	40	11	1	1	PFA	ECE
City College Main Campus	2	60	12	2	4.5	PFA	ECE
City College Mission Campus	1	20	3	2	4.5	PFA	ECE
Community Preschool, Grace Cathedral	1	35	7	2	4.5	HSA	ECE
Site Name	# of Classrooms	# of Children	# of Staff	Tier	Hrs per Wk	Fund Source(s)	Site Type

Compass Children's Center	4	90	20	3	9	HSA	ECE
Compass Clara House	1	16	3	2	4.5	CYF	
FACES- Infant Child Development Program - Broderick Site	2	28	16	2	4.5	MHSA	ECE
Frandelja- Gilman Site	4	54	16	3	9	PFA	ECE
Friends of St. Francis	2	35	5	2	4.5	DCYF	ECE
Good Samaritan Child Development Center	2	38	7	2	4.5	DCYF	ECE
Guidry's Early Care And Education Prog	2	10	2	2	4.5	PFA	ECE
Little School	1	24	3	OC	TBD	HSA	ECE
Ms. June's Daycare	1	2	6	N/A	2	PFA	ECE
My Little Sunshine (FCC)	1	14	3	N/A	2	PFA	FCC
Potrero Kids, Daniel Webster	2	38	5	1	1	MHSA	ECE
Potrero Kids, PK3	4	60	16	1	1	MHSA	ECE
SFSU Associated Students	9	140	20	2	4.5	PFA	ECE
SFSU Children's Campus	5	60	10	2	4.5	MHSA	ECE
SOMA Judith Baker Site	3	60	16	3	9	DCYF	ECE
SOMA Yerba Buena Site	4	75	16	1	1	PFA	ECE
St Elizabeth's Child Care	3	14	7	1	1	MHSA	ECE
Storybook School	2	48	12	2	4.5	HSA	ECE
WuYee Head Start Homebased Bayview	N/A	64	7	2	4.5	MHSA	ECE
WuYee Cadillac	2	40	9	3	9	PFA	ECE
WuYee Westside	2	30	6	2	4.5	MHSA	ECE
WuYee Golden Gate	2	28	9	2	4.5	HSA	ECE
WuYee New Generations	7	64	22	3	9	PFA	ECE
Family Childcare Consultation	N/A	Unknown	Unknown	N/A	4	PFA	FCC

Site Name	# of Classrooms	# of Children	# of Staff	Hrs per Wk	Fund Source(s)	Site Type
Compass Family Resource Center	N/A	80	11	2.5	FRC	FRC
Good Samaritan Family Resource Center	N/A	60	10	3.5	FRC	FRC
Homeless Pre-Natal	N/A	20	3	4	HSA	FRC
Young Family Resource Center	N/A	Varied	4	2.5	FRC	FRC
Excelsior Family Connections	N/A	20	4	3	FRC	FRC
Portola Family Connections	N/A	110	6	3.5	FRC	FRC
So of Market Child Care Inc. Family Resource Cntr	N/A	100	8	3	FRC	FRC
Support for Families with Children with Disabilities	N/A	100	5	3	MHSA	FRC
Ashbury House	1	5	4	3.5	MHSA	SA
Epiphany Residential Program	N/A	20	5	1.5	MHSA	SA
HR 360 (Female Offenders Tx and Education Prog)/ Women's Hope	N/A	20	5	6.5	MHSA	SA
Hamilton Family Transitional Housing	N/A	50	15	6.5	CYF	Shelter
Asian Women's Shelter	N/A	8	8	3.5	CYF	Shelter

Clara House Of Compass Community Svcs	N/A	15	7	5	CYF	Shelter
Compass Family Shelter	N/A	17	10	1	CYF	Shelter
Hamilton Family Residences & Emergency Shelter	N/A	155	30	6.5	CYF	Shelter
St. Joseph's Family Center	N/A	40	20	6.5	CYF	Shelter

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Individual consultation 1.56 FTE x 40 hrs/wk x 46 wks x 72% effort	2066	2430
Group Consultation 1.56 FTE x 40 hrs/wk x 46 wks x 72% effort	2061	2430
Classroom Observation .67 FTE x 40 hrs/wk x 46 wks x 72% effort	886	2430
Staff Training .18 FTE x 40 hrs/wk x 46 wks x 72% effort	234	20
Parent Training/Support Group .27 FTE x 40 hrs/wk x 46 wks x 72% effort	355	20
Early Referral & Linkage .43 FTE x 40 hrs.wk x 46 wks x 72% effort	566	10
Early Intervention Individual .29 FTE x 40 hrs/wk x 46 wks x 72% effort	385	20
Early Intervention Group .06 FTE x 40 hrs/wk x 46 wks x 72% effort	76	8
Mental Health Individual .44 FTE x 40 hrs/wk x 46 wks x 72% effort	586	8
Mental Health Group .06 FTE x 40 hrs/wk x 46wks x 72% effort	82	3
Consultant Training & Supervision 1.31 FTE x 40 hrs/wk x 46 wks x 72% effort	1732	N/A
Systems Work 0.62 FTE x 40 hrs/wk x 46 wks x 72% effort	815	NA
Evaluation 0.38 FTE x 40 hrs/wk x 46 wks x 72% effort	508	NA
Total UOS Delivered	10,350	
Total UDC Served		2,464

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation -Group:** Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation - Class/Child Observation:** Observing a child or group of children within a defined setting.

- **Consultation-Staff Training:** Providing structured, formal, in-service trainings to groups of three or more individuals from programs receiving consultation services to support staff capacity for responding to social-emotional and mental health needs of the children in these settings.
- **Training/Parent Support Group:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, parents, and/or family care providers on a specific topic. Can also include leading a parent support group or conducting a parent training class.
- **Early Referral/Linkage:** Activities related to assisting families secure additional longer-term help and/or adjunct services.
- **Early Intervention- Individual:** Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Activities include: developmental and/or social-emotional screening; individual child intervention, such as shadowing in the classroom; meeting with parent/caregiver to discuss specific concerns they have about their child's development.
- **Early Intervention- Group:** Conducting playgroups/socialization groups involving at least three children.
- **Mental Health Services- Individual, Family or Group:** Providing targeted therapeutic interventions that focus primarily on symptom reduction as a means to improve functional impairments that are due to a diagnosable mental health concern. Activities directed to a child, parent, or caregiver. Services may be delivered to an individual, family or group.
- **Consultant Training/Supervision:** Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also, it covers supervision of consultants both individually and in groups
- **Systems Work:** Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0 – 5, enhance the development of inclusive practices in early care and education sites, and continuous quality improvement. This includes being a participating member of the Trans-disciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.
- **Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the BHS-initiated evaluation efforts.

6. Methodology:

Outreach, Admission Enrollment and Intake Criteria and Process

Daycare Consultants have provided and expanded the delivery of high quality mental health consultation and related direct clinical services to the San Francisco early childhood community since 1988.

Therefore, outreach, recruitment, promotion and advertisement are unnecessary. This contract allows for continuation of established involvement in these programs.

These 50 programs serving primarily low-income families whose children are birth through five years of age and eligible to receive consultation. Programs serving a significant proportion of CALWORKS families and PFA sites are prioritized to receive services, and have already been receiving service. Within each program, providers and parents identify children whose developmental, behavioral and/or social-emotional difficulties warrant particular attention. Assessment based on observation and parent/provider interview determines involvement in and level of mental health intervention, ranging from case consultation to group, individual child or child-parent treatment.

The aim of Daycare Consultants is to improve the quality of relationships within the early childhood education, group care, or residential program, thereby positively impacting the mental health of all the children. Particular attention is paid to children in the setting with evidence behavioral, developmental or emotional difficulties. When a specific child is the focus, the aim of the clinical service is to engage all of the adults in that child's life to understand and sensitively respond to the child's needs. Daycare Consultants will accomplish these goals through provision of the following services:

- Mental Health Consultation services to providers (ECE, Shelter, FRC staff) who serve young children and their families;
- Early Intervention and Direct Clinical Services including direct treatment and on-site therapeutic groups and shadowing;
- Linkage/Coordination/Case Management for staff and families involved in consultation in the provision of consultation in childcare settings; and training for childcare providers and parents.

Service Delivery Model

I. Mental Health Consultation

- Program Consultation: The consultant assists with all aspects of program planning, from improving inter-staff communication to enhancing the use of developmentally appropriate practices for children. They will meet regularly (usually weekly or on the schedule requested by the individual program). Meetings will include both non-didactic developmental guidance and supportive consultation. The consultant/clinician's ability to provide guidance is grounded in regular observations at the childcare site, knowledge of and experience with children in groups, and a growing understanding of the network of relationships involved in the program. Consultation occurs at the program during their hours of operation and continues for as long as the need for and the center's ability to sustain conditions of involvement persists.
- Case Consultation: When childcare staff is troubled about a particular child, consultants meet together with the provider and parents of the child. With the parents' permission, the consultant/clinician observes the child in the program (a minimum of 2 observations per child). S/he assesses the match between the child's needs and the particular childcare setting and assesses the child's functioning. The consultants then meet with the program staff to help them understand the child's behavior, offer ideas regarding intervention appropriate to a group setting, and support staff. The average length of this intervention is 6 months.
- Case consultation at this level entails intervention through the child's existing relationships with parents and providers. The consultant meets (usually 3 to 8 sessions) with parents to learn more about the child's developmental and relational history and current functioning outside the

childcare milieu. With parental permission, the consultant/clinician brings information back to the childcare providers so that interactions with the child are informed by a more extensive understanding of the child's current and past experiences. The consultation with the program staff is on-going.

II. Early Intervention and Direct Clinical Services

- Early Intervention Services for Parents: The consultant offers to meet with parents whose children receive case consultation. The intervention is usually time-limited (8 to 10 sessions). Meetings with the parents focus on synthesizing or enhancing their understanding of their child's developmental needs and capacities.
- Therapeutic Shadowing: An early intervention strategy aimed at supporting children at risk of expulsion from their ECE classroom settings. One-on-one support is provided to the child in the classroom. The shadow accompanies the child through specific parts of the child's school day in order to support his or her ability to benefit from the learning environment. The shadow maintains regular contact with the child's parent/caregivers, teachers and other team members in order to ensure clear and open communication regarding the child's needs and progress.
- Therapeutic Groups: Therapeutic groups will provide an opportunity to serve children in their ECE setting when they are identified as showing difficulties in their development, particularly in the social-emotional domain. Co-leadership of the group by a consultant/clinician and a teacher from the ECE site provides intensive training for the teacher. Therapeutic groups will meet on average for two hours, two times per week on-site at the center during hours of operation. The group leaders facilitate interaction and activities aimed at helping the children to understand and modulate their feelings and to establish acceptable ways of expressing themselves, getting what they need, and interacting with others.
- Parent Support Group: Parent support groups are offered in collaboration with ECE and FRC staff in response to community needs and at shelter programs when there is the capacity and need for such services. Groups seek to support parents and provide a forum which can reduce feelings of isolation and enhance a sense of community support. Topics addressed in such groups include: parental depression, trauma, immigration trauma, parenting concerns and challenges in parent-child relationships. The consultant also helps staff understand the needs of these clients and families.
- Child/Parent Psychotherapy: Children who have experienced trauma, relational disruptions and/or abuse and neglect may require direct intensive intervention. In addition to consultation, psychotherapy will be offered in these instances. Given that young children's relationships both contribute to and ameliorate social-emotional difficulties, it is optimal to treat children in this relational context. Therefore, parent-child dyadic treatment will be provided when possible. Treatment will be offered on the childcare site or in the families' homes to enhance the likelihood of the families' sustained involvement. Clinicians utilize the CANS in developing treatment plans with families.

III. Linkage/Coordination/Case Management

- Case Management/ Early Referral: When longer-term intervention or additional services are needed, the consultant/clinician takes an active case management role in referring the child and family for services and facilitating communication between service providers and the childcare staff.

Consultants secure service from, and collaborate with, community providers who interface with the child and family. These providers typically include: San Francisco Unified School District's Department of Special Education, the Department of Human Service's Children's Protective Services, Department of Public Health; Community Behavioral Health Services.

Health Services, Community Mental Health Outpatient Clinics as well as a full range of community-based agencies and medical providers. Consultants play a critical role in making sure that information from myriad service provider's returns to parents and childcare providers so that they can make use of it to benefit the child. They act as catalysts to create new avenues of communication when none previously existed.

- Parent Education/ Support Groups: In response to requests from program staff, training on various topics related to child development, mental health issues and services would be provided to staff and/or parents. An ongoing group may be offered for parents to address their needs for affiliation, support and discussion of topics of common interest and concern. All of the parent group forums are offered on site and typically take place in the early evening hours to accommodate the parent's work schedules, thereby enhancing the likelihood of their participation.
- Training for Mental Health Professionals: A training program combining clinical case conference and individual clinical supervision includes the participation of all mental health consultants. New consultants and individuals participating in our practice-based multicultural training program as an advanced trainee in ECMH consultation receive this training plus additional supervision, a case conference, and a twice-monthly didactic seminar.

Discharge Planning and Exit Criteria and Process

Consultation is typically on-going as the composition of both children and staff change regularly enough to warrant continuation. Within this context, direct clinical services are concluded based on various criteria. Most typically, case consultation and treatment terminate by mutual agreement between the parents, program staff and consultant when the referring concern is ameliorated. Since oftentimes the child remains in the program and because of the consultants' ongoing presence, monitoring is possible post termination.

Eleven Infant-Parent Program/Daycare Consultant clinicians will provide mental health consultation. On average, each has over five to ten years of experience as a consultant and many have long-term and well-established relationships with their program partners. Eight of the consultants are bilingual and bicultural. Therefore, services may be delivered in Spanish, Hindi, Cantonese, and Gujarati. While all the consultants' time on this project will be funded through this grant, programmatic and administrative oversight will be supplemented by other funding sources.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled *Children, Youth and Families Performance Objectives FY2022-23*.

8. Continuous Quality Improvement:

Bi-weekly group and/or individual supervision meetings ensure that contract performance objectives are being achieved, including the cultural competency of staff and the services being delivered. Staff is made aware of changes in performance objectives and documentation in a timely manner at the bi-monthly All Staff Meeting and bi-monthly ECMH Consultation Meeting. Follow up and individualized instructional

support is offered in individual supervisory meetings. Every staff member will have a chart reviewed twice per year by a program supervisor. Internal chart reviews will include an assessment of billing accuracy and the quality of documentation and services.

The Infant-Parent Program / Daycare Consultants will comply with ECMHCI evaluation and CQI requirements. Evidence of CQI activities will be maintained in program's Administrative Binder.

9. Required Language:

For BHS CYF SOC ECMHCI: Contractor will adhere to all stipulated BHS requirements for the completion of Site Agreements for each assigned program site and/or service setting. Contractor also will comply with all stipulations of content, timelines, ensuring standards of practice, and all reporting requirements as put forth by the BHS ECMHCI System of Care Program Manager and RFP-10-2013.

Changes may occur to the composition of program sites during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the BHS ECMHCI SOC Program Manager and will not necessitate a modification to the Appendix A priority population table. Contractor is responsible for assigning mental health consultants to all program sites and for notifying the BHS ECMHCI System of Care Program Manager of any changes.

1. Identifiers:

UCSF Infant-Parent Program – ICAP Division
Zuckerberg San Francisco General Hospital
1001 Potrero Avenue, Building 5, Unit 6B
San Francisco, California 94110-3518
<https://psych.ucsf.edu>

Kristin Reinsberg, Interim Program Director
415- 206-5270 Fax: 415- 206-4722
Kristin.reinsberg@ucsf.edu

Program Code: 38C88 - Spring Project

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement: To support high risk pregnant women and new parents, served within the pre and postnatal medical care clinics at Zuckerberg San Francisco General Hospital (ZSFG), through transition from pregnancy to parenthood-helping to ensure healthy outcomes for their infants and toddlers. Additionally, to provide direct mental health services and consultation within pre and postnatal and pediatric medical care clinics at ZSFG.

4. Priority Population: The IPP SPRING Project is designed to meet the unique needs of all ethnicities and populations of high-risk pregnant women and newly parenting families receiving prenatal and postpartum care at ZSFG Hospital with a focused expertise on serving the Latinx community. Thirty-five women and their 20 infants will benefit from early intervention, mental health, and consultation services. Fifteen health care professionals, including doctors, nurses, and social work staff will also benefit from consultation services. Based on recent hospital demographic information, the families served in this program will likely be 70% Hispanic/Latinx, 10% African American and 10% Asian and 10% representing other ethnicities. The ages of the pregnant and newly parenting women range from late teens to early 40s. The parent-child dyads are followed through the first three months of life or longer, when needed.

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

UOS Description	UOS	NOC	UDC
<i>Systems Work</i>			
.042 FTE x 40 hrs/wk x 46 wks x 71% effort	55	8	N/A
<i>Early Intervention- Individual</i>			
.02 FTE x 40 hrs/wk x 46 wks x 71% effort	26		10
<i>Early Referral Linkage</i>			
.03 FTE x 40 hrs/wk x 46 wks x 71% effort	44		10
<i>Mental Health Consultation - Individual</i>			
.13 FTE x 40 hrs/wk x 46 wks x 71% effort	174		70
<i>Mental Health Consultation – Group</i>			
.19 FTE x 40 hrs/wk x 46 wks x 71% effort	245		70
<i>Mental Health Services - Individual or Family</i>			
.025 FTE x 40 hrs/wk x 46 wks x 71% effort	33		5
<i>Training & Supervision</i>			
.06 FTE x 40 hrs/wk x 46 wks x 71% effort	83		N/A
<i>Evaluation</i>			
.02 FTE x 40 hrs/wk x 46 wks x 71% effort	27		N/A
Total UOS and UDC	686		95

- **Mental Health Consultation - Individual:** Discussions with pregnant women, newly parenting family and /or members of the medical team, on an individual basis about the parent's stress, trauma and strengths impacting her pregnancy, maternal identify and /or the infant, including possible strategies for intervention. It can also include discussions with a medical team member on an individual basis about perinatal mental health and prenatal and perinatal infant development in general. Can also include collaborative work with parent, such as offering developmental guidance and exploring referrals for additional supports.
- **Mental Health Consultation -Group:** Talking/working with a group of three or more medical team members at the same time about their interactions with a particular family, parent or child, or group of families.
- **Early Referral/Linkage:** Activities related to assisting families to secure additional longer-term mental health service *and/or adjunct services.*
- **Early Intervention Services- Individual or Group:** Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental

health services. Activities may include: developmental and/or social-emotional screenings; individual child or family intervention; meeting with parent/caregiver to discuss specific concerns they have about their infant's development.

- **Mental Health Services- Individual, Family or Group:** Providing targeted therapeutic interventions that focus primarily on symptom reduction as a means to improve functional impairments that are due to a diagnosable mental health concern. Services may be delivered to an individual, family or group.
- **Training/Supervision:** Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also covers supervision of consultants both individually and in groups.
- **Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for this project. Can also include time spent complying with the BHS/MHSA-initiated evaluation efforts.
- **Systems Work:** Activities related to efforts focusing on expanding the capacity of providers who work with high-risk mothers and babies in medical care settings.

6. Methodology: Direct Client Services

Outreach and Engagement:

The SPRING Project (Supportive Parenting, Resource Integration, and Newborn Guidance), provides perinatal mental health services within the ZSFG Hospital pre and postnatal clinics. The primary service sites are the Obstetrics Psychiatry Clinic, Labor and Delivery, and Postpartum clinics. The SPRING perinatal clinicians are embedded in the hospital clinics. Therefore, outreach, recruitment, promotion and advertisement are unnecessary.

Admission, Enrollment and/or Intake Criteria and Process:

Enrolment in SPRING services occurs in conjunction with admission of pregnant women into the OB Psychiatry Clinic at Zuckerberg San Francisco General Hospital (ZSFGH). Medical providers in this and other pre and postnatal and pediatric clinics are eligible to receive mental health consultation services by virtue of their employment within the setting. Given that the direct mental health services follow the patients through the transition from pregnancy to parenthood, consultation with the providers in L&D, postpartum and at times the NICU and Pediatric clinics is integral to ensuring continuity of care.

Screening and Assessment. In the first clinic visit, a psychiatrist and/or the IPP perinatal mental health specialist see and assess the pregnant woman. Psychosocial factors that may put mothers and babies at risk are identified. The medical, psychiatric, trauma and family histories are garnered, and current stressors and social support networks are identified. Initially and at regular intervals, scales are used as screening tools including but not limited to Edinburgh Postnatal Depression Scale (Cox et al., 1987), Maternal Fetal Attachment Scale, (Cranley, 1981), and Posttraumatic Stress

Disorder Checklist-Specific PCL-S (Walker, et al., 2002). Treatment plans are developed based on the needs of the mother, the fetus, the infant, and the family. Pregnant women are offered individual in-clinic consultation, short-term psychotherapy and/or pharmacotherapy. Pregnant women make informed choices regarding the treatment.

The Infant-Parent Program's SPRING Project provides ***individual mental health treatment and consultation*** to high-risk pregnant women and new parents struggling with the stress of poverty, often in combination with mental health and/or substance abuse problems and issues associated with traumatic immigration, through the transition from pregnancy to parenthood-helping to ensure healthy outcomes for their infants and toddlers. The focus of the intervention is the parent- infant relationship.

Service Delivery Model:

Addressing the link between maternal and child mental health and well-being during pregnancy and the perinatal period calls for an integration of services across health providers, integrating obstetric and pediatric care with family support and mental health treatment. Our service delivery model is based on a multidisciplinary approach, focusing on the integration of medical care and mental health services.

Integrated treatment planning takes place in post-clinic conferences, in which the multidisciplinary team meets. This meeting provides opportunities for the SPRING mental health clinicians to offer ***mental health consultation*** related to the IPP's perinatal mental health specialty. Through this collaborative process, the team develops treatment approaches for mentally ill women that focus on pregnancy, postpartum, and the sequelae of trauma and violence. Specifically, the SPRING clinicians' focus on interrupting the intergenerational transmission of trauma and mental illness by intervening on behalf of the unborn child and the infant-parent relationship.

Treatment and consultation services vary in duration and frequency, based upon the needs of the pregnant woman, infant and family.

Women are followed throughout their pregnancy. After clients have delivered their babies, the SPRING clinician visits the mother and the infant at Labor and Delivery to assess the bonding between mother and newborn, to identify challenges in feeding, monitor their mood, and to collect information about their experience of labor and delivery. When parent and child transition to the postpartum unit, the SPRING clinician is available to visit them to provide support and interventions to aid in bonding. They also offer consultation to medical staff regarding the care of women, especially those women with sexual abuse and other trauma histories that often require concrete and specific support during needed medical procedures. This coordination and consultation to the medical personnel helps to ensure that families will continue to be cared for in ways that address their mental health and physical needs.

Therapeutic support and consultation is also provided in the NICU when the baby is born with severe medical complications. The presence of the SPRING clinician within the NICU provides the opportunity for onsite, brief mental health treatment for parents in need, and educational and support sessions with the NICU staff.

Note- Due to protocols related to COVID-19, services are being provided via telehealth until further notice.

Discharge Planning and Exit Criteria

As described above, women receiving care in the Obstetric Psychiatry Clinic are followed throughout their pregnancy and services continue to support families as they transition to the Labor & Delivery and postpartum units. The SPRING clinician sees the mother and baby - until the baby is three months of age if needed. During these postpartum visits, the focus of treatment is to identify the level of psychiatric symptoms, like depression, anxiety, or PTSD, as well as to address the ways in which mothers are able to respond to the emotional and physical needs of their infants.

Before the dyad is discharged an assessment is made to determine the need for further therapeutic support. The team is responsible to make sure that the woman is connected with a primary care physician and the baby is connected to a pediatrician. Community resources for parenting are also provided. When parental mental health is interfering with the relationship between mother and child, the dyad may be referred for longer-term treatment within the Infant-Parent Psychotherapy component of the Infant- Parent Program. These decisions are made with the parent(s) and with the support and involvement of the OB Psychiatry team.

Program Staffing

The multidisciplinary clinic team is made up of social workers, psychiatrists, psychologists, a public health nurse, representatives from community provider organizations and the IPP SPRING perinatal mental health clinicians.

Two Infant-Parent Program SPRING clinicians, including a continuing post-doctoral fellow and a psychiatrist, will provide mental health treatment and consultation within the Clinic. One of these clinicians is bi- cultural and bi-lingual Spanish speaking. One of the IPP providers has extensive experience (+35 years) providing care in medical care settings and both have specialized training in perinatal mental health. The post-doctoral fellow will continue to receive in vivo clinical supervision and training. Services are delivered in both Spanish and English.

MHSA Consumer Participation and Engagement

The IPP SPRING Project's efforts are aimed at three consumer groups: pregnant women with psychiatric difficulties and their partners , their newborn infants, and medical providers. The pregnant women involved in SPRING are engaged in shaping how services are implemented and evaluated. For instance, an on-call consultation service staffed by the SPRING clinicians and psychiatrist is being developed in response to patients indicating that clinic hours were not sufficient for support. Until this service is staffed, SPRING clinicians are providing mental health visits outside of and in addition to clinic hours.

Consultation is inherently collaborative. Therefore, the medical providers determine the agenda, configuration and parameters of the consultation conversations.

Vision

The SPRING Project promotes several components of the MHSA vision. The services support service coordination which results in a seamless experience for clients by co-locating perinatal mental health services with prenatal and psychiatric care, so that pregnant women who participate in SPRING receive needed services in a single site and in the same visit. The mental health consultation meetings with medical staff offer a regular opportunity to confer about clients. Specifically, consultation helps staff identify impediments to patients engaging in prenatal care; trains medical providers to recognize signs of depression, trauma and other mental health issues that negatively impact parenting; assist providers in supporting the parent-child interaction beginning in utero and process practitioner's responses to clients that interfere with delivering optimal care.

The IPP SPRING clinicians have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures. A study conducted at SFGH demonstrated that the efficacy of particular intervention strategies seeking to treat depression among impoverished primary care patients from ethnic minority groups is dependent upon those interventions being delivered in the context of culturally specific clinical case management.

Accordingly, SPRING services are delivered by bi-cultural, bi-lingual clinicians and include culturally congruent interventions and coordinated efforts with primary care providers and other agencies.

7. OBJECTIVES AND MEASUREMENTS

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled MHSA Performance Objectives 2022-23.

Note: Given changes to healthcare delivery during the COVID-19 pandemic, we are re-envisioning how we measure the impact of our program. Because all services are currently being provided by telehealth instead of in-person, our ability to complete surveys has been limited. We are committed to investigating the feasibility and acceptability of having clients complete the following surveys/indicators during remote visits and hope to return to quantitative measures as below:

Individualized Program Objectives:

1. By stationing Infant-Parent Program (IPP) perinatal mental health specialists in the Obstetric Psychiatry clinic weekly **over 75% of parents** receiving direct mental health services that reported high levels of depression, anxiety, or PTSD early in pregnancy will have decreased severity of symptoms as measured by the Edinburgh Postnatal Depression Scale (EPDS) or the Posttraumatic Stress Disorder Checklist-Specific, (PCL-S), (Walker et al.,2002).
2. Over **75% of parents** who receive mental health services prenatally will evidence positive attachment with their newborn and an ability to accurately decipher the emotional and physical cues of their babies at 3 months of age as measured by elevated scores on the Fetal Attachment Scale (MFAS), (Muller, 1993 and Cranley).

3. Over **50% of at-risk pregnant women** receiving prenatal care at ZSFG will be connected to a ZSFGH pediatric clinic and/or parenting services in the community, as tracked by SPRING clinician.
4. Over **75% of the parents** who had four or more mental health treatment sessions focused on parenting will report that they benefitted from receiving perinatal mental health services and would recommend SPRING services to other pregnant women.
5. Over **75% of the women receiving mental health services** through SPRING will report that the intervention positively affected their maternal identity and parenting capacity.

8. CONTINUOUS QUALITY ASSURANCE

CQI activities for the SPRING Project included weekly rounds and or clinical supervision where issues of compliance with contract performance objectives and appropriate and timely documentation of clinical work are closely monitored. Documentation of services are entered in the client's medical chart at the end of each clinic visit to assure timely submission. For Post-doctoral psychology fellows working on the Project, documentation of each client contact is reviewed by Attending Psychiatrist for the clinic.

In addition to hiring staff and recruiting trainees who are able to serve all ethnicities and populations, our program also prioritizes our capacity to meet the cultural and linguistic needs of the women served within these clinics. Cultural, diversity and equity issues are continuously and broadly considered in case presentations and are elaborated upon in a monthly multi-cultural focused Grand Rounds within the UCSF Division of Infant, Child and Adolescent Psychiatry and the Department of Pediatrics.

Client satisfaction is assessed at regular intervals throughout treatment. Client satisfaction questionnaire and interview is conducted after the completion of services, typically between 3 -6 months post-partum.

Evidence of CQI activities will be maintained in the program's Administrative Bi

- 1. Identifiers:** UCSF Infant-Parent Program -ICAP Division
Zuckerberg San Francisco General Hospital
1001 Potrero Avenue, Building 5, Unit 6B
San Francisco, California 94110-3518
<https://psych.ucsf.edu>

Interim Program Director: Kristin Reinsberg, LMFT
Telephone: (628) 206-5270
Email Address: Kristin.reinsberg@ucsf.edu

Program Code(s) :38C84/ Psychotherapy Services-Mental Health Services
38C85/ Psychotherapy Services-Mental Health Promotion

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

- 3. Goal Statement:** The Infant-Parent Program (IPP) is devoted to providing community and home-based mental health services that are linguistically and culturally responsive and evidence-based to children birth to five years of age and their caregivers with the aim of maintaining or restoring the child’s development to a typical trajectory.
- 4. Priority Population:** The Infant-Parent Program’s specialized expertise is directed at the population of children and their caregivers described below:
- a) Children three years of age or younger at the time of referral and their families or pregnant women who are deemed to be medically indigent, and either partner in the parent-child dyad is identified as having serious mental health difficulties effecting the relationship(s) and the child’s development.
 - b) Children birth to five years of age and their caregiver(s) who are residing in/or previously resided in a homeless shelter or transitional housing arrangement or residential substance abuse treatment program receiving mental health consultation and are identified as having a diagnosable mental health problem .
 - c) Children birth to five years of age who are enrolled in childcare programs or family resource centers receiving mental health consultation when they are identified for direct treatment based on difficulties in the child’s social and emotional functioning.

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

Mental Health Services

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

Assessment

Assessment means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures. Assessment of the child –parent relationship is dyadic and bi-directional.

Collateral

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

Therapy

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

6. Methodology:

Direct Client Services:

For prevention and intervention services to pregnant women and children 0 – 5 years old, treatment is provided primarily through weekly visits in the home in order to gain a better understanding of the family's/child's daily circumstances and to be available to those most in need. Infant/Child -Parent Psychotherapy recognizes that the child can become the recipient of feelings and expectations that stem in complex ways from parental experience and tend to obscure the young child's actual experiences, intents and expressiveness. Therapeutic interventions based on this recognition aim at freeing the child from these parental distortions thus restoring them to a typical developmental trajectory.

Outreach/ Referrals

Many referrals come from pediatric providers at ZSFG Hospital, DPH health centers or public health nurses. Ongoing collaborative work with the primary care provider is central to the Infant-Parent Program's mental health intervention. ZSFG departments of Psychiatry, Pediatrics and OB/GYN are also major sources of referrals and collaborators in our work on behalf of young children and their parents. Staff and trainees are stationed in those departments' clinics to provide consultation and facilitate referrals. All these conjoint efforts begin with initial sharing of information and perspectives and move toward fashioning a common understanding and

approach to the child and parent and their difficulties; regular communication is essential to the work.

The other primary source of referrals for the Infant-Parent Program is the San Francisco Human Services Agency (HSA). Collaboration with HSA starts in the referral process with Foster Care Mental Health around clarifying the needs of the child and family, and often a close working relationship is forged with the HSA worker to identify and pursue the child's best interests in complicated dependency situations.

In addition, staff at the Infant-Parent Program provide linkage with ZSFGH units within the Departments of Pediatrics, Obstetrics and Psychiatry. An Infant-Parent Program staff member provides consultation and in clinic treatment to patients in the Obstetric Psychiatry clinic and the NICU in order to identify pregnant women, children and families who are in need of Infant/Child-Parent Psychotherapy.

An additional referral source, the Early Childhood Mental Health Consultation (Daycare Consultants) component of the Infant-Parent Program, provides mental health consultation and a range of related direct mental health services to over 50 child serving community agencies working with children birth through five years of age, including childcare centers, domestic violence and homeless shelters, Family Resource Centers and residential substance abuse treatment programs. Within the course of consultation children and their families are identified for direct treatment. The IPP mental health consultant, in conjunction with program staff and the child's parents, establish the need for treatment based on difficulties in the child's social and emotional functioning. Consultants typically facilitate the referral to treatment and remain involved as liaisons between the treating clinician and the settings in which the family is cared for or resides.

Given that young children's relationships both contribute to and ameliorate social emotional difficulties, it is optimal to treat children in a relational context. Therefore, Child-Parent Psychotherapy is provided when possible. Treatment is offered via telehealth, on-site, or in the family's home as well as at the IPP offices. Children and their families are seen weekly for as long as clinically indicated. Throughout the course of treatment, the therapist, with parental consent, collaborates with other providers within IPP, with staff from the referring agency and with other caregivers, providers and agency representatives involved in the care and wellbeing of the child.

Intake

Ninety-five percent of referrals come from the third parties identified above. All of the children and their caregivers are screened by the Compliance Analyst for financial eligibility at the time of referral. The referral source is contacted by the Clinical Intake Clinician in order to develop an initial understanding of the presenting problem; the nature of the difficulties in the child's functioning and the ways in which the adult's functioning as a caregiver may be impacting these. Relevant involvement with other agencies and care providers, especially primary care, is noted and a plan for contacting the family and providing feedback to the referring party about the family's engagement in treatment is noted in each intake.

Assessment.

At the initiation of treatment, a clinical assessment takes place with child and caregiver(s) together. When a CANS or ANSA Assessment indicates that there is a medical necessity for specialty mental health treatment, a Treatment Plan of Care is completed for the child/caregiver dyad on which a case is opened. Information obtained from the referring party and from initial assessment phase sessions with

the child and caregiver is integrated into the assessment, and items scored 2 or 3 are addressed in the Treatment Plan. The Parent-Child Relationship Competencies (PCRCs), a bidirectional, strengths-based, culturally attuned, relationship-focused tool designed by the Program's Dr. Maria St. John is used for treatment planning and outcome evaluation is also employed during the assessment period.

Treatment.

Progress in treatment is mutually determined by the family and the clinician. Since much of the treatment is performed by trainees, supervisors are integral to tracking treatment progress through weekly supervision as well as through the examination of change in the CANS or ANSA and PCRC scores and through the use of the Clinical Review Form at designated reassessment intervals. The PURQC committee reviews treatment at designated intervals to assess progress toward goals, and monitors the appropriateness of infant/child-parent treatment and the intensity of services needed. The committee uses the Clinical Review Form for PURQC, presentation of case formulation at case reviews and the monthly PURQC Committee Meeting, CANS/ANSA, the PCRC scores, and the narrative portion of the CBHS assessment to make these determinations. These assessments of need and treatment progress, along with services that are necessary (ongoing psychiatric involvement) or desirable (support groups), begin when the case is opened, are incorporated into treatment planning when goals are established or updated, and continue through discharge planning.

Note- Due to protocols related to COVID-19 and the prenatal and under 3yo population served, services continue to be offered via telehealth or, when possible, in home and community settings.

Child Welfare related Mental Health Services

Auxiliary Services

Specific to children and families involved in San Francisco's Child Welfare System, IPP engages extensively in case planning and remediation efforts. In addition to clinical assessment and treatment, IPP provides consultation, reports on parental capacity and relational competency and participates in Family Team Meetings as requested. These ancillary but integral components are extended regularly to HSA Protective Service Workers, attorneys and judges in Dependency and Family Treatment Courts.

Indirect Services

The Infant-Parent Program provides a significant amount of outreach to engage families with young children who are in need of treatment and consults with, educates and offers support to providers who have contact with these families. These efforts involve both regular and "on demand" meetings with rotating pediatric residents and medical students, ZSFGH staff, public health nurses, child welfare workers, BHS Access Line staff and other community partners.

7. OBJECTIVES AND MEASUREMENTS

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY22-23. The Infant-Parent Program will abide by these Performance Objectives.

8. CONTINUOUS QUALITY IMPROVEMENT

CQI activities for assessment and treatment is an intensive and continuous effort at the Infant-Parent Program. Procedures were developed and are continually refined by the ICAP Compliance Analyst, the majority of whose time is devoted to these efforts. New client registration data is entered within 24 hours or two working days after data is collected. The clinician and supervisor are notified well in advance of required due dates for Assessments, TPOC's and other time sensitive documentation. Progress note submission is tracked as well. If session notes or any other required documentation is not submitted in a timely, complete and accurate manner the Director, in addition to the clinician and their direct supervisor are notified. Productivity as well as all other AVATAR generated reports are reviewed bi-monthly by Clinical Supervisors and the Program Director to assure adherence to evaluation and QI performance objectives. Client experience and treatment efficacy is monitored and enhanced through an intensive supervisory structure. Clinicians in training meet with an experienced supervisor for approximately 45 minutes of supervision for each scheduled hour of patient contact. Regardless of license status, clinicians receive weekly individual clinical reflective supervision. Issues of compliance with contract performance objectives and appropriate and timely documentation of clinical work are also closely monitored in supervision. All clinicians' charts (trainees and staff) are reviewed at least twice yearly by the supervising clinician and members of the PURQC Committee which is convened monthly to address this task. In addition to auditing charts for compliance issues, the PURQC Committee provides feedback regarding their documentation and clinical work described in the chart to which clinicians are asked to respond. Additionally, clinicians in training present cases for review/ monitoring in the context of a weekly case review. Regardless of the forum in which the review takes place, feedback is kept in a PURQC binder.

Contract performance objectives are monitored primarily through analysis of reports generated by the Avatar System. Additional information about the achievement of outcome objectives is afforded by reports provided to the Program by the BHS staff. The Compliance Analyst is charged with tracking activities related to the Performance Objectives. This person meets monthly with supervisory staff and twice a month with the Interim Program Director to ensure all administrative compliance requirements are attended to.

In addition to hiring staff and recruiting trainees who are able to provide services in the city's target languages, cultural, diversity and equity issues are broadly considered in every case presentation and are targeted and elaborated upon in a weekly seminar devoted to understanding the clinical work within the context of diversity, race and equity. Additionally, the program provides a monthly multicultural focused Grand Rounds co-taught by IPP staff as well as by visiting lecturers and other individuals within the UCSF Division of Infant, Child and Adolescent Psychiatry.

Client satisfaction is assessed as required by BHS, and, in addition, the Infant-Parent Program administers its own family satisfaction survey once yearly.

Evidence of CQI activities is maintained in the program's Administrative Binder.

**Appendix B
Calculation of Charges**

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1 Day Care Consultants (Early Childhood Mental Health Consultation -ECMHC)

Appendix B-2 SPRING Project

Appendix B-3 Psychotherapy Services

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$886,111** 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:

July 1, 2018 - June 30, 2019	\$1,299,575
July 1, 2019 - June 30, 2020	\$1,714,179
July 1, 2020 - June 30, 2021	\$1,685,137
20-21 CODB/ MCO	\$21,886
July 1, 2021 - June 30, 2022	\$1,656,338
July 1, 2022 - June 30, 2023	\$1,963,340
July 1, 2023 - June 30, 2024	\$2,041,874
July 1, 2024 - June 30, 2025	\$795,731
July 1, 2025 - June 30, 2026	\$827,560
July 1, 2026 - June 30, 2027	\$860,662
July 1, 2027 - June 30, 2028	\$895,088
total	\$13,761,370
contingency	\$886,111
total	\$14,647,481

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 forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

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 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 4: Operating Expenses Detail

Contract ID Number 100009127
 Program Name Daycare Consultants-Early Childhood Mental Health Consultation Initiative (ECMHCI)
 Program Code 38C86

Appendix Number B-1
 Page Number 4
 Fiscal Year 2022-2023
 Funding Notification Date 08/19/22

137226D							
Expense Categories & Line Items	TOTAL	MH WO HSA Childcare 251962- 10002-10001803- 0001	MH WO DCYF Child Care 251962-10002- 10001799-0007	MH WO CFC MH Pre-School for All 251962-10002- 10001803-0008	MH WO CFC School Readiness 251962-10002- 10001800-0003	MH MHSA (PEI) 251984-17156- 10031199-0075	MH CYF County General Fund/WO CODB 251962-10000- 10001670-0001
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
Office Supplies	\$ 9,265	\$ 2,280	\$ 1,025	\$ 3,110	\$ 896	\$ 864	\$ 1,221
Photocopying	\$ 209		\$ 20	\$ 70	\$ 20	\$ 19	\$ 28
Program Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Computer Hardware/Software	\$ 1,182	\$ 291	\$ 114	\$ 397	\$ 114	\$ 110	\$ 156
Materials & Supplies Total:	\$ 10,656	\$ 2,571	\$ 1,159	\$ 3,578	\$ 1,030	\$ 993	\$ 1,404
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 20,000	\$ 4,923	\$ 1,935	\$ 6,714	\$ 1,928	\$ 1,865	\$ 2,635
Out-of-Town Travel							
Field Expenses							
Staff Travel Total:	\$ 20,000	\$ 4,923	\$ 1,935	\$ 6,714	\$ 1,928	\$ 1,865	\$ 2,635
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
UCSF Faculty and Staff Recharge	\$ 11,587	\$ 1,527	\$ 2,852	\$ 1,121	\$ 3,890	\$ 1,117	\$ 1,080
GAEL: General Automobile and Employee Liability Charges	\$ 6,285	\$ 828	\$ 1,547	\$ 608	\$ 2,110	\$ 606	\$ 586
Data Network Recharge	\$ 5,255	\$ 692	\$ 1,293	\$ 508	\$ 1,764	\$ 506	\$ 490
CCDSS: Computing and Communication Device Support Services	\$ 6,740	\$ 888	\$ 1,659	\$ 652	\$ 2,263	\$ 650	\$ 628
Other Total:	\$ 29,866	\$ 3,936	\$ 7,350	\$ 2,891	\$ 10,027	\$ 2,878	\$ 2,784
TOTAL OPERATING EXPENSE	\$ 60,522	\$ 11,430	\$ 10,444	\$ 13,183	\$ 12,985	\$ 5,736	\$ 6,823

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		UCSF / SFGH Psychiatry Infant-Parent Program (IPP)			2022-2023
Contract ID Number		1000009127			10/28/2022
Appendix Number Provider Number		B-1	B-2	B-3	
		38C8	38C8	38C8	
	Program Name	Day Care Consultants (ECMHCI)	Spring Project	Psychotherapy Services (IPP)	
Program Code	38C86	38C88	38C84, 85, & 89		
Funding Term	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23		
FUNDING USES					TOTAL
Salaries	\$ 757,285	\$ 50,332	\$ 381,164	\$ 1,188,782	
Employee Benefits	\$ 302,913	\$ 20,133	\$ 152,465	\$ 475,512	
Subtotal Salaries & Employee Benefits	\$ 1,060,198	\$ 70,466	\$ 533,629	\$ 1,664,293	
Operating Expenses	\$ 60,522	\$ 3,081	\$ 25,085	\$ 88,688	
Capital Expenses					
Subtotal Direct Expenses	\$ 1,120,720	\$ 73,547	\$ 558,714	\$ 1,752,982	
Indirect Expenses	\$ 134,486	\$ 8,826	\$ 67,046	\$ 210,358	
Indirect %	12.0%	12.0%	12.0%	12.0%	
TOTAL FUNDING USES	\$ 1,255,206	\$ 82,373	\$ 625,761	\$ 1,963,340	
BHS MENTAL HEALTH FUNDING SOURCES					
MH CYF Fed SDMC FFP (50%)			\$ 199,356	\$ 199,356	
MH CYF State 2011 PSR-EPSDT			\$ 185,076	\$ 185,076	
MH CYF County General Fund			\$ 14,280	\$ 14,280	
MH CYF County General Fund	\$ 139,681		\$ 161,672	\$ 301,353	
MH CYF County GF CODB	\$ 28,003			\$ 28,003	
MH CYF County GF WO CODB	\$ 4,826			\$ 4,826	
MH WO HSA Childcare	\$ 306,938			\$ 306,938	
MH WO DCYF Child Care	\$ 120,652			\$ 120,652	
MH WO CFC MH Pre-School for All	\$ 418,648			\$ 418,648	
MH WO CFC School Readiness	\$ 120,183			\$ 120,183	
MH WO HSA CWS Non-IVE Overmatch			\$ 65,376	\$ 65,376	
MH MHSA (PEI)	\$ 116,276	\$ 82,373		\$ 198,649	
HCHPMMCHADGR				\$ -	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,255,207	\$ 82,373	\$ 625,760	\$ 1,963,340	
BHS SUD FUNDING SOURCES					
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	
OTHER DPH FUNDING SOURCES					
				\$ -	
				\$ -	
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	
TOTAL DPH FUNDING SOURCES	\$ 1,255,207	\$ 82,373	\$ 625,760	\$ 1,963,340	
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,255,207	\$ 82,373	\$ 625,760	\$ 1,963,340	
Prepared By		Maneey Sharma		Phone Number	

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

DHCS Legal Entity Number 00117		Appendix Number B-1										Appendix Number B-1			
Provider Name DCSF-JPP		Page Number 1										Page Number 2			
Provider Number 38CS		Fiscal Year 2021-2022										Fiscal Year 2022-2023			
Contract ID Number 100009127		Funding Notification Date 03/03/22										Funding Notification Date 10/28/22			
Program Name	Day Care	117226D					M17					M13			
		M15+M20	M27	38C86	38C96	M30	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	
Program Code	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	38C86	
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Referral Linkage	Outreach Svcs Train/Supv (12% Cap)	Outreach Svcs Evaluation (3% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv (15% Cap)	Outreach Svcs MH Services Indiv/Family	Outreach Svcs MH Svcs Grp (5% Cap)		
Funding Term (mm/dd-yy-mm/dd)	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	7/01/22-06/30/23	
FUNDING USES														TOTAL	
Salaries & Employee Benefits	\$ 210,733	\$ 210,254	\$ 90,387	\$ 23,825	\$ 36,206	\$ 57,695	\$ 176,706	\$ 51,828	\$ 83,149	\$ 39,230	\$ 5,837	\$ 69,737	\$ 10,611	\$ 1,060,198	
Operating Expenses	\$ 12,030	\$ 12,002	\$ 5,160	\$ 1,360	\$ 2,067	\$ 3,294	\$ 10,087	\$ 2,959	\$ 4,747	\$ 2,239	\$ 562	\$ 3,410	\$ 606	\$ 60,522	
Capital Expenses															
Subtotal Direct Expenses	\$ 222,763	\$ 222,257	\$ 95,546	\$ 25,185	\$ 38,273	\$ 60,989	\$ 186,793	\$ 54,787	\$ 87,896	\$ 41,469	\$ 10,398	\$ 63,147	\$ 11,217	\$ 1,120,720	
Indirect Expenses	\$ 26,732	\$ 26,671	\$ 11,466	\$ 3,022	\$ 4,593	\$ 7,319	\$ 22,415	\$ 6,574	\$ 10,549	\$ 4,976	\$ 1,248	\$ 7,579	\$ 1,345	\$ 134,487	
TOTAL FUNDING USES	\$ 249,494	\$ 248,928	\$ 107,012	\$ 28,207	\$ 42,866	\$ 68,307	\$ 209,208	\$ 61,361	\$ 98,444	\$ 46,446	\$ 11,646	\$ 70,725	\$ 12,562	\$ 1,255,207	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity														
MH WO HSA Childcare	251962-10002-10001803-0001	\$ 66,000	\$ 66,000	\$ 30,224	\$ 6,000	\$ 6,000	\$ 12,000	\$ 52,200	\$ 15,360	\$ 24,600	\$ 12,000	\$ 1,518	\$ 12,000	\$ 3,036	
MH WO DCYF Child Care	251962-10002-10001799-0007	\$ 21,600	\$ 21,600	\$ 12,200	\$ 2,400	\$ 2,400	\$ 6,000	\$ 20,520	\$ 6,000	\$ 9,600	\$ 6,000	\$ 1,518	\$ 9,600	\$ 1,214	
MH WO HSA Pre-School for All	251962-10002-10001803-0008	\$ 94,000	\$ 94,000	\$ 37,576	\$ 6,000	\$ 14,400	\$ 30,000	\$ 71,160	\$ 20,860	\$ 33,480	\$ 13,080	\$ 3,036	\$ 18,000	\$ 3,036	
MH WO CFC School Readiness	251962-10002-10001800-0003	\$ 22,200	\$ 22,200	\$ 8,851	\$ 3,600	\$ 9,000	\$ 6,000	\$ 20,400	\$ 6,000	\$ 9,600	\$ 3,600	\$ 1,518	\$ 6,000	\$ 1,214	
MH MHSA (PEI)	251984-17156-10031199-0075	\$ 21,600	\$ 21,038	\$ 6,000	\$ 4,800	\$ 4,800	\$ 8,400	\$ 19,800	\$ 5,760	\$ 9,360	\$ 3,000	\$ 759	\$ 10,200	\$ 759	
MH CYF County GF CODB	251962-10000-10001670-0001	\$ 2,800	\$ 2,800	\$ 2,800	\$ 2,800	\$ 2,800	\$ 2,800	\$ -	\$ -	\$ -	\$ 2,800	\$ 2,800	\$ 2,800	\$ 2,800	
MH CYF County GF WO CODB	251962-10000-10001670-0001	\$ 483	\$ 483	\$ 483	\$ 483	\$ 483	\$ 483	\$ -	\$ -	\$ -	\$ 483	\$ 483	\$ 483	\$ 483	
MH CYF County General Fund	251962-10000-10001670-0001	\$ 30,000	\$ 30,000	\$ 9,000	\$ 2,760	\$ 3,523	\$ 3,000	\$ 23,760	\$ 6,960	\$ 11,160	\$ 6,000	\$ 759	\$ 12,000	\$ 759	
This row left blank for funding sources not in drop-down list															
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 248,683	\$ 248,121	\$ 107,133	\$ 28,844	\$ 43,406	\$ 68,682	\$ 207,840	\$ 60,960	\$ 97,800	\$ 46,963	\$ 12,391	\$ 71,083	\$ 13,301	
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		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
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)		\$ 248,683	\$ 248,121	\$ 107,133	\$ 28,844	\$ 43,406	\$ 68,682	\$ 207,840	\$ 60,960	\$ 97,800	\$ 46,963	\$ 12,391	\$ 71,083	\$ 13,301	
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)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	2,072	2,068	893	240	362	572	1,732	508	815	391	82	592	88		
Unit Type	Staff Hour	3	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 151.80	
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 151.80	
Published Rate (Medi-Cal Providers Only)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 151.80	
Unduplicated Clients (UDC)	2406	2406	2406	10	10	5	N/A	N/A	N/A	5	15	10	3	2464	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1E+09 100009127
 Program Name Daycare Consultants-Early Childhood Mental Health Consultation Initiative (ECMHCI)
 Program Code 38C86

Appendix Number B-1
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 10/28/22

137226D

Funding Term	TOTAL		MH WO HSA Childcare 251962-10002-10001803-0001		MH WO DCYF Child Care 251962-10002-10001799-0007		MH WO CFC MH Pre-School for All 251962-10002-10001803-0008		MH WO CFC School Readiness 251962-10002-10001800-0003		MH MHSA (PEI) 251984-17156-10031199-0075		MH CYF COUNTY GF251962-10000-1001670-000	
	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023	7/01/2022-06/30/2023
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
CLINICAL SOCIAL WORKER I/II/III	0.50	\$45,711	0.12	11,251	0.05	4,423	0.17	15,346	0.05	4,405	0.05	4,262	0.07	6,023
CLINICAL SOCIAL WORKER I/II/III	1.00	\$88,091	0.25	21,683	0.10	8,523	0.34	29,574	0.10	8,490	0.09	8,214	0.13	11,607
CLINICAL SOCIAL WORKER I/II/III	0.35	\$50,146	0.09	12,343	0.03	4,852	0.12	16,835	0.03	4,833	0.03	4,676	0.05	6,607
CLINICAL SOCIAL WORKER I/II/III	1.00	\$73,987	0.25	18,211	0.10	7,159	0.34	24,839	0.10	7,131	0.09	6,899	0.13	9,748
CLINICAL SOCIAL WORKER I/II/III	0.45	\$44,535	0.11	10,962	0.04	4,309	0.15	14,952	0.04	4,292	0.04	4,153	0.06	5,868
CLINICAL SOCIAL WORKER (NEW)	1.00	\$78,362	0.25	19,288	0.10	7,582	0.34	26,308	0.10	7,552	0.09	7,307	0.13	10,325
Psychologist	0.20	\$22,297	0.05	5,488	0.02	2,157	0.07	7,486	0.02	2,149	0.02	2,079	0.03	2,938
CLINICAL SOCIAL WORKER I/II/III	1.00	\$82,281	0.25	20,253	0.10	7,961	0.34	27,624	0.10	7,930	0.09	7,672	0.13	10,841
Admin Asst	0.50	\$6,256	0.12	1,540	0.05	605	0.17	2,100	0.05	603	0.05	583	0.07	824
AMBUL CARE ADMSTN	0.50	\$2,366	0.12	582	0.05	229	0.17	794	0.05	228	0.05	221	0.07	312
CLINICAL SOCIAL WORKER I/II/III	0.50	\$40,356	0.12	9,933	0.05	3,905	0.17	13,548	0.05	3,889	0.05	3,763	0.07	5,317
CLINICAL SOCIAL WORKER I/II/III	0.90	\$77,585	0.22	19,097	0.09	7,507	0.30	26,047	0.09	7,477	0.08	7,234	0.12	10,222
DIVISION ADMINISTRATOR	0.25	\$25,276	0.06	6,221	0.02	2,446	0.08	8,486	0.02	2,436	0.02	2,357	0.03	3,330
FINANCIAL ANALYST	0.15	\$13,403	0.04	3,299	0.01	1,297	0.05	4,500	0.01	1,292	0.01	1,250	0.02	1,766
Admin Asst	0.05	\$3,327	0.01	819	0.00	322	0.02	1,117	0.00	321	0.00	310	0.01	438
AMBUL CARE ADMSTN SUP	0.27	\$31,928	0.07	7,859	0.03	3,089	0.09	10,719	0.03	3,077	0.03	2,977	0.04	4,207
AMBUL CARE ADMSTN CRD II	0.10	\$6,809	0.02	1,676	0.01	659	0.03	2,286	0.01	656	0.01	635	0.01	897
CLINICAL SOCIAL WORKER I/II/III	0.30	\$24,214	0.07	5,960	0.03	2,343	0.10	8,129	0.03	2,334	0.03	2,258	0.04	3,190
CLINICAL SOCIAL WORKER I/II/III	0.50	\$40,356	0.12	9,933	0.05	3,905	0.17	13,548	0.05	3,889	0.05	3,763	0.07	5,317
Totals:	9.52	\$757,285	2.34	186,399	0.92	73,270	3.20	254,238	0.92	72,985	0.89	70,613	1.25	99,779
					0.92									
Employee Benefits:	40.00%	\$ 302,913	40.00%	\$ 74,559	40.00%	\$ 29,308	40.00%	\$ 101,695	40.00%	\$ 29,194	40.00%	\$ 28,245	40.00%	\$ 39,911
TOTAL SALARIES & BENEFITS		\$ 1,060,198		\$ 260,959		\$ 102,579		\$ 355,934		\$ 102,179		\$ 98,858		\$ 139,690

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

DHCS Legal Entity Number 00117						Appendix Number B-2				
Provider Name UCSF IPP						Page Number 1				
Provider Number 38C8						Fiscal Year 2022-2023				
Contract ID Number 1000009127						Funding Notification Date 10/28/22				
137226E										
Program Name	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	SPRING Project	
Program Code	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	38C88	
Mode/SFC (MH) or Modality (SUD)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Referral Linkage	Outreach Svcs Consultant Train/Supv (10% Cap)	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs MH Services Indv/Fam		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
FUNDING USES										TOTAL
Salaries & Employee Benefits	\$ 17,879	\$ 25,143	\$ 2,682	\$ 4,470	\$ 8,493	\$ 2,772	\$ 5,632	\$ 3,395	\$ 70,466	\$ 70,466
Operating Expenses	\$ 782	\$ 1,099	\$ 117	\$ 195	\$ 371	\$ 121	\$ 246	\$ 148	\$ 3,081	\$ 3,081
Capital Expenses										\$ -
Subtotal Direct Expenses	\$ 18,661	\$ 26,243	\$ 2,799	\$ 4,665	\$ 8,865	\$ 2,892	\$ 5,879	\$ 3,544	\$ 73,547	\$ 73,547
Indirect Expenses	\$ 2,239	\$ 3,149	\$ 336	\$ 560	\$ 1,064	\$ 347	\$ 705	\$ 425	\$ 8,826	\$ 8,826
Indirect %	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 20,900	\$ 29,392	\$ 3,135	\$ 5,225	\$ 9,929	\$ 3,239	\$ 6,584	\$ 3,969	\$ 82,373	\$ 82,373
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity									
MH MHSA (PEI)	251984-17156-10031199-0062	\$ 20,900	\$ 29,392	\$ 3,135	\$ 5,225	\$ 9,928	\$ 3,240	\$ 6,584	\$ 3,969	\$ 82,373
This row left blank for funding sources not in drop-down list										\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 20,900	\$ 29,392	\$ 3,135	\$ 5,225	\$ 9,928	\$ 3,240	\$ 6,584	\$ 3,969	\$ 82,373
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		\$ 20,900	\$ 29,392	\$ 3,135	\$ 5,225	\$ 9,928	\$ 3,240	\$ 6,584	\$ 3,969	\$ 82,373
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)		20,900	29,392	3,135	5,225	9,928	3,240	6,584	3,969	82,373
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)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	174	245	26	44	83	27	55	33		
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	
Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	
Published Rate (Medi-Cal Providers Only)	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	\$ 120.00	
Unduplicated Clients (UDC)	45	45	10	10	N/A	N/A	N/A	5	60	Total UDC

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 100009127
 Program Name Spring Project
 Program Code 38C8

Appendix Number B-2
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 10/28/22

		137226E		MH MSA (PEI) 251984-17156-10031199-0048					
		TOTAL							
Funding Term		07/01/22-06/30/23		07/01/22-06/30/23					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
AMBUL CARE ADMSTN SUP	0.11	\$ 13,008	0.11	\$ 13,008					
CLINICAL SOCIAL WORKER I/II/III	0.10	\$ 7,836	0.10	\$ 7,836					
Psychologist II	0.03	\$ 3,778	0.03	\$ 3,778					
Administrator	0.12	\$ 16,200	0.12	\$ 16,200					
CLINICAL SOCIAL WORKER I/II/III	0.05	\$ 3,918	0.05	\$ 3,918					
CSW I/II/III	0.05	\$ 5,592	0.05	\$ 5,592					
Totals:	0.46	\$ 50,332	0.46	\$ 50,332	0.00	\$ -	0.00	\$ -	
Employee Benefits:	40.00%	\$ 20,133	40.00%	\$ 20,133	0.00%	\$ -	0.00%	\$ -	
TOTAL SALARIES & BENEFITS		\$ 70,466		\$ 70,466		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000009127
 Program Name SPRING Project
 Program Code 38C8

Appendix Number B-2
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 10/28/22

137226E

Expense Categories & Line Items	TOTAL	MH MSA (PEI) 251984-17156- 10031199-0048				
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23				
Rent	\$ -					
Utilities (telephone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 523	\$ 523				
Photocopying	\$ -					
Program Supplies	\$ -					
Computer Hardware/Software	\$ -					
Materials & Supplies Total:	\$ 523	\$ 523	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 1,000	\$ 1,000				
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Staff Travel Total:	\$ 1,000	\$ 1,000	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide	\$ -					
	\$ -					
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
UCSF Faculty and Staff Recharge	\$ 560	\$ 560				
GAEL: General Automobile and Employee Liability	\$ 418	\$ 418				
Data Network Recharge	\$ 254	\$ 254				
CCDSS: Computing and Communication Device Support Services	\$ 326	\$ 326				
Other Total:	\$ 1,558	\$ 1,557	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 3,081	\$ 3,080	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00117		Appendix Number B-3		
Provider Name UCSF IPP		Page Number 1		
Provider Number 38C8		Fiscal Year 2022-2023		
Contract ID Number 1000009127		Funding Notification Date 10/28/22		
		137226B		137226C
Program Name	Psychotherapy Services	Psychotherapy Services	H.S.A. - Other Non MediCal Client Support	
Program Code	38C84	38C85	38C8	
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59	45/10-19	60/78	
Service Description	MH Svcs	MH Promotion	H.S.A. - Other Non MediCal Client Support Exp	
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
FUNDING USES				TOTAL
Salaries & Employee Benefits	\$ 445,648	\$ 33,561	\$ 54,420	\$ 533,629
Operating Expenses	\$ 21,504	\$ 1,170	\$ 2,358	\$ 25,085
Capital Expenses				\$ -
Subtotal Direct Expenses	\$ 467,152	\$ 34,731	\$ 56,778	\$ 558,714
Indirect Expenses	\$ 56,058	\$ 4,168	\$ 6,813	\$ 67,046
Indirect %	12.0%	12.0%	12.0%	12.0%
TOTAL FUNDING USES	\$ 523,210	\$ 38,899	\$ 63,591	\$ 625,761
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity			
MH CYF Fed SDMC FFP (50%)	251962-10000-10001670-0001	\$ 199,356		\$ 199,356
MH CYF State 2011 PSR-EPSDT	251962-10000-10001670-0001	\$ 185,076		\$ 185,076
MH WO HSA CWS Non-IVE Overmatch	251962-10002-10001803-0005		\$ 65,376	\$ 65,376
MH CYF County General Fund	251962-10000-10001670-0001	\$ 14,280		\$ 14,280
MH CYF County General Fund	251962-10000-10001670-0001	\$ 121,672	\$ 40,000	\$ 161,672
				\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 520,384	\$ 40,000	\$ 65,376
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		\$ 520,384	\$ 40,000	\$ 65,376
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)		520,384	40,000	65,376
BHS UNITS OF SERVICE AND UNIT COST				
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Cost Reimbursement (CR)	
DPH Units of Service	130,096	222.04	204.55	130,523
Unit Type	Staff Minute	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) (DPH FUNDING SOURCES Only)	\$ 4.00	\$ 180.15	\$ 319.62	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) & Non-DPH FUNDING SOURCES)	\$ 4.00	\$ 180.15	\$ 319.62	
Published Rate (Medi-Cal Providers Only) & Rate (Medi-Cal Providers Only)	\$ 4.00	\$ 180.15	\$ 319.62	
Unduplicated Clients (UDC)	70	N/A	N/A	Total UDC 70

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000009127 **1000009127**

Program Name chotherapy Serv Psychotherapy Services

Program Code 38C84 & 38C85 38C8

B-3

2

2022-2023

10/28/22

		137228B				137226C		137228B					
		TOTAL		MH FED SDMC FFP (50%) CYF 15/10- 57, 59_ 251962- 10000-10001670- 0001		MH STATE CYF 2011 PSR-EPSDT - 251962-10002- 10001803-0005		H.S.A. - Other Non MediCal Client Support		MH CYF GENERAL FUND - 45/10-19 251962- 10000-10001670- 0001		MH Promotion	
Funding Term		7/01/2022-06/30/2023		7/01/2022-06/30/2023		7/01/2022-06/30/2023		7/01/2022-06/30/2023		7/01/2022-06/30/2023		7/01/2022-06/30/2023	
Position Title	FTE	Salaries		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
CLINICAL SOCIAL WORKER I/II/III	0.50	\$	43,535	0.18	\$ 15,769	0.17	\$ 14,639	0.00	\$ -	0.15	13,127	0.00	\$ -
CLINICAL SOCIAL WORKER I/II/III	0.25	\$	34,113	0.00	\$ -	0.00	\$ -	0.20	\$ 27,290	0.00	0	0.05	\$ 6,823
AMBUL CARE ADMSTN SUP	0.04	\$	4,730	0.01	\$ 1,713	0.01	\$ 1,591	0.00	\$ -	0.01	1,426	0.00	\$ -
Psychiatrist	0.02	\$	4,497	0.01	\$ 1,629	0.01	\$ 1,512	0.00	\$ -	0.01	1,356	0.00	\$ -
Psychologist	0.12	\$	13,378	0.04	\$ 4,846	0.03	\$ 3,173	0.00	\$ -	0.00	0	0.05	\$ 5,360
CLINICAL SOCIAL WORKER I/II/III	0.25	\$	34,437	0.09	\$ 12,474	0.08	\$ 11,580	0.00	\$ -	0.02	2,512	0.06	\$ 7,871
CLINICAL SOCIAL WORKER I/II/III	0.50	\$	43,535	0.18	\$ 15,769	0.17	\$ 14,639	0.00	\$ -	0.15	13,127	0.00	\$ -
ICAP Director	0.05	\$	3,550	0.05	\$ 3,550			0.00	\$ -		0	0.00	\$ -
Administrative Assistant	0.85	\$	56,794	0.31	\$ 20,571	0.29	\$ 19,098	0.00	\$ -	0.26	17,124	0.00	\$ -
AMBUL Care Administrative Coordinator II	0.50	\$	39,270	0.20	\$ 13,404	0.19	\$ 12,444	0.06	\$ 4,529	0.19	8,893	0.00	\$ -
CLINICAL SOCIAL WORKER I/II/III	0.10	\$	8,621	0.04	\$ 3,122	0.03	\$ 2,899	0.00	\$ -	0.03	2,599	0.00	\$ -
CSW I/II/III	0.35	\$	27,684	0.08	\$ 6,954	0.08	\$ 6,759	0.09	\$ 7,053	0.05	3,000	0.05	\$ 3,918
CLINICAL SOCIAL WORKER I/II/III	0.30	\$	27,220	0.11	\$ 9,859	0.10	\$ 9,153	0.00	\$ -	0.09	8,207	0.00	\$ -
Division Administrator	0.25	\$	31,250	0.09	\$ 11,319	0.08	\$ 10,508	0.00	\$ -	0.08	9,423	0.00	\$ -
Finance Analyst	0.10	\$	8,550	0.04	\$ 3,097	0.03	\$ 2,875	0.00	\$ -	0.03	2,578	0.00	\$ -
Totals:	4.33	\$	381,164	0.43	\$ 124,077	1.27	\$ 110,871	0.35	\$ 38,872	2.06	83,372	0.21	\$ 23,972
Employee Benefits:	40.00%	\$	152,465	40.00%	\$ 49,631	40.00%	\$ 44,348	40.00%	\$ 15,549	40.00%	33,349	40.00%	\$ 9,589
TOTAL SALARIES & BENEFITS		\$	533,629		\$ 173,707		\$ 155,220		\$ 54,420		116,721		\$ 33,561

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000009127
 Program Name Psychotherapy Services
 Program Code 38C8

Appendix Number B-3
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 10/28/22

137226B 137226C

Expense Categories & Line Items	TOTAL	MH FED SDMC FFP (50%) CYF 15/10-57, 59_ 251962-10000- 10001670-0001	MH CYF GENERAL FUND 251962- 10000-10001670- 0001	MH STATE CYF 2011 PSR- EPSDT - 251962-10002- 10001803-0005	MH Promotion	H.S.A. - Other Non MediCal Client Support
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23
Rent	\$ -					
Utilities (telephone, electricity, water, gas)	\$ -					
Building Repair/Maintenance	\$ -					
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 5,860	\$ 1,780	\$ 1,100	\$ 1,729	\$ 451	\$ 800
Photocopying	\$ -					
Program Supplies	\$ -					
Computer Hardware/Software	\$ -					
Materials & Supplies Total:	\$ 5,860	\$ 1,780	\$ 1,100	\$ 1,729	\$ 451	\$ 800
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License	\$ -					
Permits	\$ -					
Equipment Lease & Maintenance	\$ -					
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 5,337	\$ 1,813	\$ 1,475	\$ 1,680	\$ -	\$ 369
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Staff Travel Total:	\$ 5,337	\$ 1,813	\$ 1,475	\$ 1,680	\$ -	\$ 369
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
	\$ -					
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
UCSF Faculty and Staff Recharge	\$ 5,268	\$ 476	\$ 2,510	\$ 1,551	\$ 256	\$ 425
GAEL: General Automobile and Employee Liability Charges	\$ 3,164	\$ 1,030	\$ 692	\$ 920	\$ 199	\$ 323
Data Network Recharge	\$ 2,390	\$ 239	\$ 1,138	\$ 703	\$ 116	\$ 193
CCDSS: Computing and Communication Device Support Services	\$ 3,066	\$ 307	\$ 1,460	\$ 902	\$ 149	\$ 248
Other Total:	\$ 13,888	\$ 2,052	\$ 5,800	\$ 4,076	\$ 719	\$ 1,189
TOTAL OPERATING EXPENSE	\$ 25,085	\$ 5,645	\$ 8,374	\$ 7,485	\$ 1,170	\$ 2,358

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name	<u>UCSF / SFGH Psychiatry Infant-Parent Program (IPP)</u>	Page Number	<u>3</u>
Contract ID Number	<u>1000009127</u>	Fiscal Year	<u>2022-2023</u>
		Funding Notification Date	<u>10/28/2022</u>

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Subtotal:	0.00	\$ -
Employee Benefits:	0.0%	\$ -
Total Salaries and Employee Benefits:		\$ -

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Day Care Consultants	\$ 134,486
Spring Project	\$ 8,826
Psychotherapy Services	\$ 67,046
Total Operating Costs	\$ 210,358
Total Indirect Costs	\$ 210,358

APPENDIX D

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

1.4 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

1.5 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

1.6 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

1.7 Training Requirements.

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

1.8 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

1.9 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

1.10 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

1.11 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

1.12 Multi Factor Authentication.

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

1.13 Qualified Personnel.

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

1.14 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

1.15 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

1.16 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

1.17 Antivirus software.

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

1.18 Patch Management.

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

1.19 System Timeout.

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

1.20 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

1.21 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

of the City.

1.24 Security of PHI.

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

1.25 Data Security and City Data

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

1.26 Data Privacy and Information Security Program.

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

1.27 Disaster Recovery.

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

1.28 Supervision of Data.

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

1.31 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

1.32 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

1.33 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

1.34 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) provide cyber and technology errors and omissions insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity (RESERVED)

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

The Parties agree that as between them, all rights, including all intellectual property rights in and to the City Data and any derivative works of the City Data shall remain the exclusive property of the City.

3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. any action pertaining to a breach required by applicable federal and state laws.

3.2.1 Investigation of Breach and Security Incidents: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 **Written Report:** Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 **Notification to Individuals:** If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 **Sample Notification to Individuals:** If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

3.3 **Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

**Attachment 1 to Appendix D
System Specific Requirements**

I. For Access to SFDPH Epic through Care Link the following terms shall apply:

A. SFDPH Care Link Requirements:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

- a) Agency will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH Care Link:

3. Epic-Provided Terms and Conditions

- a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
- b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Application For Access and Compliance with Epic Terms and Conditions.

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: <https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

- a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: <https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

Attachment 2 to Appendix D

**Protected Information Destruction Order
Purge Certification - Contract ID # 1000009127**

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated July 1, 2018 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

Electronic Data: Per the Secretary’s guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization (“NIST”).

Hard-Copy Data: Per the Secretary’s guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

So Certified

Signature

Title:

Date:

Appendix F

Invoice

Contractor shall submit invoices according to the procedures established by the Department of Public Health.

The Invoice Analyst for the City shall email the Contractor the appropriate invoice template to use.

Failure to use the provided invoice template by the City may result in delayed payments.